



# NEW ENGLAND BAPTIST HOSPITAL

**Testimony in Opposition to Senate Bill 557**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 1008**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 3843**

*An Act Relative to Patient Safety*

**Testimony in Opposition to House Bill 3844**

*An Act to Limit Excessive Hospital Operating Margins and CEO Compensation Through Greater Financial Transparency*

*Submitted to the Joint Committee on Health Care Financing by:*

Mary Sullivan Smith, RN, MS

Vice President, Clinical Operations and Chief Nursing Officer

New England Baptist Hospital

March 24, 2014

Chairman Welch, Vice-Chair Benson and distinguished members of the Health Care Financing Committee. My name is Mary Sullivan Smith and I have been a registered nurse in Massachusetts for 36 years. I am the Chief Nursing Officer and Vice President of Clinical Operations at New England Baptist Hospital. I am also a member of the Organization of Nurse Leaders MA/RI. I wish to be recorded in opposition to Senate Bill 557, House Bill 1008, House Bill 3843 and House Bill 3884. As a seasoned registered nurse and nurse leader, I respectfully request that that committee reject these proposals to ensure that high quality and affordable care continue to be available to the citizens of the Commonwealth of Massachusetts. These proposals which mandate staffing ratios reject the professional judgment and critical thinking skills supported by the education and training of registered nurses. As well, this staffing construct does not honor or recognize the value of the entire health care team. This cookie-cutter approach to patient care assignments threatens professional autonomy and decision making. A one-size-fits-all ratio defies the delivery of individualized patient centered care. Nursing assignments must be made based on the acuity or severity of illness of each patient. This means that a nurse may have a lesser assignment if a patient requires additional care while another nurse may have patients that are well along the recovery trajectory thereby having the ability to care for more patients. Additionally, a fixed ratio platform is fiscally irresponsible. The Massachusetts Nurses

Association, which represents twenty percent of the nurses in the Commonwealth, is calling for an acuity system to add additional staff based on a number and has no provision for decreasing staff when appropriate. Nurse leaders are adept in managing multimillion dollar budgets using staffing methodologies that are validated. All the while nurse leaders are focused on the delivery of high quality care with safety and excellent patient outcomes being the most important aspects of the work that they are accountable to ensure is provided. Nurses, whether at the bedside or in the boardroom, are stewards of care delivery and the resources required to deliver that care.

Nursing is an evidenced based practice profession. Changes in patient care delivery are made based on qualitative and quantitative information. There is absolutely no literature to support that mandated staffing ratios improve patient outcomes or satisfaction. Throughout my entire leadership career, which has spanned some three decades, I have been passionate about ensuring the safety and satisfaction of patients through the professional practice of nursing. I inherently understand the important and unique role of the registered nurse as the vanguard of patient care and safety. I have created and endorsed professional practice environments that educate, coach and mentor nurses to practice at the top of their license. I know that nurses at the bedside are best able to determine what their patients need in terms of the level of nursing care. Regulations that tell nurses the number of patients they must care for is a prescription for failure as they diminish critical thinking skills necessary to ensure each and every patient's needs are met.

The time for a formula based nurse to patient ratio has passed. The nation has made incredible strides in improving the care of patients and reimbursement is now tied to patient outcomes. Transparency about patient outcomes should be the drivers for nurse staffing. In Massachusetts, every hospital publishes staffing, planned and actual, as well as nurse sensitive measures, such as patient falls and skin breakdown. I urge the committee members to avail themselves of this information via the Massachusetts Hospital Association @ [www.patientcarelink.org](http://www.patientcarelink.org). It is reassuring to see the high quality care provided by nurses around the Commonwealth.

New England Baptist Hospital is a specialty hospital. Our nurses are expert in the care of musculoskeletal needs and they are best positioned to determine the staffing requirements of our patients. Our care and quality are exemplary and our nurse to patient ratio is excellent. We have among the lowest infection rates and highest patient satisfaction in the nation. Our nurses are satisfied with their work as evidenced by our nationally benchmarked professional environment scale survey. We have a talented team to assist nurses in the care of our patients. Nurse Practitioners, including pain and psychiatric clinical nurses specialists, Physician Assistants, Physical and Occupational Therapists, Patient Care Technicians, Nursing Assistants, Mobility Aides and Clerical staff all help to round out the care experience for our patients. Specialty teams such as our Raid Response Team and Wound Consult Service bring expertise to the bedside to support nurses and patients. I support this team approach as it allows for all disciplines and trained support staff to bring their expertise to bear to help create our great outcomes. I reject the notion that a government mandated staffing ratio is necessary to improve care as evidenced by the excellent outcomes that we have been able to achieve at New England Baptist Hospital. The team at the bedside, led by the registered nurse, is best poised to plan, deliver and evaluate patient care. I urge you to not tamper with a currently successful formula.

I wish to also express my opposition to House Bill 3844. This legislation proposes caps on operating margins and CEO compensation. The proposals are arbitrary and may actually damage the health care landscape in the Commonwealth.

I wish to thank you for the opportunity to share my perspective as a nurse leader with the members of the Joint Committee on Health Care Financing. I respectfully ask the committee to oppose to Senate Bill 557, House Bill 1008, House Bill 3843 and House Bill 3844.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Sullivan Smith".

Mary Sullivan Smith, RN, MS  
Vice President, Clinical Operations and Chief Nursing Officer  
New England Baptist Hospital