



**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*

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

Kathy Schuler RN, MS, NE-BC Vice President for Patient Care, Chief Nursing Officer  
Winchester Hospital and Immediate Past President, Organization of Nurse Leaders MA/RI  
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Chairman Welch, Vice-Chair Benson and distinguished members of the Health Care Financing Committee, my name is Kathy Schuler and I have been a registered nurse in Massachusetts for 36 years. I am the Vice President for Patient Care and Chief Nursing Officer at Winchester Hospital and the Immediate Past President of the Organization of Nurse Leaders of MA/RI. I wish to be recorded in opposition to **Senate Bill 557; House Bill 1008; and House Bill 3843.**

As a nurse leader my greatest responsibility is to ensure high quality, safe care to the patients my organization serves. The best way to accomplish this goal is to ensure that there is always a team of skilled professionals who have the resources they need to plan and provide the individual care a patient needs. Our nurses' greatest responsibility is the same as mine, the provision of safe, high quality care to our patients. Nurses do this by using their professional judgment to flex assignments based on their assessed individual patient acuity. The acuity of patients can change several times over the course of a single shift and a set ratio will not work in an environment that changes this quickly.

On the panel with me today are two of Winchester Hospital's expert nurses. Among their many skills they each have an exceptional ability to organize a patient assignment, to assess a patient's needs and quickly implement the appropriate interventions. They are expert users of our electronic documentation system and they have administered the medications they will give on any day many times before. They perform very differently than a nurse who has just graduated. The novice nurse might be a little less efficient, may need to consult with colleagues a little more often and may need to research medications prior to administration.

Recognizing that nurses with experience grow from novice to expert, their patient assignments should not all be the same. A nurse is not a nurse is not a nurse. They are not interchangeable and set ratios will not work.

In my years of practice I have had the opportunity to work at seven different hospitals in Massachusetts. From my experience I can tell you that each hospital and the patient population it serves and the composition of the team available to provide care is very different. For example, Winchester Hospital is very different than Massachusetts General Hospital. We are alike in some ways. Both organizations are Magnet designated, meaning they have been recognized by the American Nurses Credentialing Center for excellence in nursing, both organizations have a reputation for exceptional patient outcomes, we each have high patient and nurse satisfaction levels. Both were recently named to the RNtoBSN.com list of the 30 Most Nurse Friendly Hospitals in the country. But we do not staff the same way to achieve these outcomes, nor should we. Our patient populations, acuity and complexity are different. A hospital is not a hospital is not a hospital and set ratios will not work.

A few years ago Winchester Hospital opened a new medical-surgical unit. Once the unit opened we noticed something interesting. The staffing plan needed to be adjusted; the unit needed more staff than other like units in the hospital. How did we know that? Our nurses told us that due to the physical space of the new unit they were not able to respond to patients as quickly as they wanted to without additional staff. Even two units in the same organization that seemly have the same patient populations and acuity can be different and set ratios will not work.

As professionals, nurses hold the responsibility to continue to examine the outcomes of our current practice and to implement innovative strategies to continue to improve those outcomes. As we work on complex issues such as readmissions it is more important than ever to work as a team and to recognize that the team extends across the continuum of care. We need new solutions to improve the health of our population. The fifteen year old proposed legislation in front of you today stifles creative approaches by imposing the 'one size fits all' solution to very complex issues and will not work.

Nurses as professionals should govern our own practice, not the government. Diminution of this professional autonomy by mandated ratios caused Peter Buerhaus RN, Senior Advisor to President Obama's Healthcare Taskforce, to comment "Ratios are a bankrupt idea, and their widespread implementation could slowly bankrupt the nursing profession. I would not want to be associated with a profession that allowed itself to be dummed down to the point where it self-inflicted onto the profession the very notion it abhors: a nurse is a nurse is a nurse."

The 'one size fits all' approach that does not work for individual patients also does not work for nurses.

Thank you for the opportunity to provide my perspective as a nurse leader on this legislation. I respectfully ask the Committee to oppose **Senate Bill 557; House Bill 1008; House Bill 384.**

Sincerely,

Kathy Schuler