Dear Senator Comerford, Representative Decker and members of the Joint Committee on Public Health,

The American Nurses Association Massachusetts respectfully submits testimony regarding **HB2339/SB1527 An Act establishing a commission on quality patient outcomes and professional nursing practice.** ANA Massachusetts is the largest voluntary professional nursing organization in Massachusetts, representing over 151,000 nurses in the Commonwealth and advocating on behalf of their safety and wellbeing in the workplace.

In November 2018, a divisive ballot question, the Initiative Petition for a Law Relative to Patient Safety and Hospital Transparency regarding nurse staffing ratios raised awareness to ongoing challenges in care delivery. Over 70% of the voters in this Commonwealth voted against the ballot initiative yet significant tension occurred within the nursing body leading up to the vote. It goes without question that all nurses want to provide high quality care to our patients - the challenge lies in the best way to do so.

This ballot initiative fostered a dialogue between nurses, hospitals, and consumers to examine healthcare in a different way. The issue of safe staffing has always been challenging to standardize given the innumerable variables in hospitals and healthcare. Appropriate nurse staffing is vital to overall patient outcomes, including decreased adverse events, decreased readmissions and patient satisfaction. What was learned since voters rejected the ballot initiative is that the citizens of the commonwealth and its nurses do not want rigid ratios and that one size does not fit all.

A critical lesson learned by the citizens of the Commonwealth from the ballot initiative that prompted the call to action for this commission is that California is the only state with mandated nurse: patient staffing ratios in all acute care hospital units. After an extensive analysis, the Massachusetts Health Policy Commission concluded “There was no systematic improvement in patient outcomes post-implementation of ratios” in California. The major impact seen was the increase in nursing satisfaction levels.

Other states that have tried to implement a mandated ratios approach have also been less than successful with little to no effect on patient outcomes indicators or nurse sensitive patient quality indicators. We believe the commission needs to examine other state’s previous legislative experiences
as well as potential regulatory solutions to best serve the citizens of the Commonwealth.

One example of a successful piece of state legislation to address nurse staffing in the acute care health sector is the recent passage of the Illinois Nurse Staffing Improvement Act, SB21534. A bipartisan proposal that began as an initiative of the American Nurses Association-Illinois and the Illinois Health and Hospital Association, it allows Illinois nurses to have a voice in determining appropriate staffing levels. The bill strengthens already existing Nursing Care Committees to develop staffing plans and requires hospitals to adopt them or risk fines if credible reasons cannot be provided for not adopting them. A similar bill recently passed in New York requiring hospital committees comprised of at least 50% direct front line care staff. In this bill, the staffing plan would take in account each unique nursing unit and consider characteristics of the patient population, census, skill mix and other important variables.

Recent experience in the early days of the COVID-19 pandemic illustrated the critical role of nurses in providing life-saving care to the most seriously ill patients affected by this virus. Nurses and healthcare facilities responded to this challenge in various ways, including innovative and flexible ways to match nurse skills with patient needs. For example, one institution in neighboring Connecticut created color-coded teams based on RN experience and credentials. Patients received the needed care and nurses were able to provide care that best aligned with their expertise. This example demonstrates how collaborative staffing decisions can take into account the numerous variables associated with providing care.

ANAMASS is a constituent member of the American Nurses Association, which represents over 4 million registered nurses across the nation. The ANA sets and promulgates the scope and standards for nursing practice as well as the profession’s Code of Ethics. The ANA recently updated their staffing principles to identify the major elements required to ensure appropriate nurse staffing and ultimately positively affecting patient outcomes. A copy of the ANA’s Principles for Nurse Staffing, 3rd edition is attached.

The core components of appropriate nurse staffing as identified by the ANA Principles for Nurse Staffing are:

- Registered nurses are full partners working with other healthcare professionals in the collaborative, interprofessional delivery of safe, quality health care.
- All settings should have well-developed staffing guidelines with measurable nurse-sensitive outcomes specific to that setting and healthcare consumer that are used as evidence to guide daily staffing.
- Registered nurses at all levels within a healthcare system must have a substantive and active role in staffing decisions to assure availability of the necessary time with patients to meet care needs and overall nursing responsibilities.
- Staffing needs must be determined based on an analysis of consumer healthcare status (e.g., degree of stability, intensity, and acuity) and the environment in which the care is provided. Other considerations include professional characteristics; competencies, experience, and skill set; staff mix; and previous staffing patterns that have been shown to improve care outcomes.
- Appropriate nurse staffing should be based on allocating the appropriate number of
competent practitioners to a care situation, meeting consumer-centered and organizational outcomes, pursuing quality of care indices, meeting federal and state laws and regulations, and assuring a safe, high-quality work environment.

- Cost effectiveness is an important consideration in delivery of safe, quality care. Nurse leaders must evaluate and balance patient care needs and the overall nursing care resources and costs expended for care.
- Reimbursement structures should not influence nurse staffing patterns, or the level of care provided.

Establishing a Commission on Quality Patient Outcomes and Professional Nursing Practice to examine evidence-based staffing principles and to review and make safe staffing recommendations would be the best way to actualize the Institute of Medicine’s Future of Nursing key recommendations that nurses should practice to the full extent of their education and experience and be full partners in redesigning health care. Nursing care is complex and multifaceted, and the solution is not as simple as increasing the number of nurses. Dynamic and nimble processes and solutions are needed especially considering the current and future nurse shortage.

HB2339/SB1527 would establish a 17-member Commission, chaired by the Secretary of Health and Human Services or designee and include, but not be limited to, nursing organizations (ANAMASS, Massachusetts Nurses Association, Emergency Nurses Association), consumer groups, the Massachusetts Health and Hospital Association, government officials, and others. This commission will be charged to examine evidence-based nurse staffing standards in hospitals and to review and make recommendations regarding safe staffing practices.

The first step would be to listen to nurses across the Commonwealth to better understand the challenges they are facing as well as seek comments from the general public and to seek advice from experts in the field. The benefits of establishing a commission include working together to examine and understand issues of concern for nurses and to provide recommendations and solutions that are agreed upon by all members on behalf of the nursing profession. The goals of this Commission are to improve overall patient care environment, quality outcomes, and nurse satisfaction. An annual report would be required by the Commission and filed with the Legislature.

HB2339/SB1527 will allow for a variety of key stakeholders to be at the table to continue a discussion regarding appropriate staffing in hospitals which goes beyond rigid mandated ratios. It is essential this work is continued in the best interest of the Commonwealths’ citizens, both patients and nurses. In addition to hospitals, the Commission could also address critical nurse staffing issues that exist in other care settings, including long term care and psychiatric facilities. Experience has shown us that appropriate staffing methods prevent serious illness and save lives. The American Nurses Association Massachusetts implores you to support HB2339/SB1527.

Thank you for your time and attention to this incredibly important matter.

Respectfully submitted,
References

2. Massachusetts Question 1 2018 https://ballotpedia.org/Massachusetts_Question_1,_Nurse-Patient_Assignment_Limits_Initiative_(2018)