

**5 POINT PLAN FOR REAL REFORM
OF THE MASSACHUSETTS HEALTH CARE SYSTEM**

**POINT 3
PROMOTING SAFE PATIENT CARE
& SUPPORTING THE NURSING PROFESSION**

Developed in cooperation with Health Care Leadership Forum

Summary

This bill will provide a process to bolster the supply of nurses and nurse faculty through incentives for students and matching grants for hospitals. It also creates a public accountability process for developing staffing patterns for patient care. The bill further provides a process to evaluate and report on measures to improve the quality of patient care and ensure transparency in hospital nurse staffing. Rather than the Safe Nurse Staffing Ratio Plan that impose a one-size-fits-all mandated nurse staffing ratio with punitive fines for failure to achieve the ration, the concept of this bill is to provide for increasing the pool of available nurses through incentives and to measure each hospitals efforts to provide sufficient staff to produce good quality outcomes using national developed nurse-sensitive measures. The concern with the mandated staffing ratio concept is that it increases demand for nurses, at a time when there is a growing nurse shortage, without directly addressing an increase in supply of nurses. The unintended consequences are that larger, better funded health care facilities might be able to attract and retain sufficient RN's to achieve the ratios, at the expense of struggling community hospitals, community and neighborhood health centers, school nurses, and skilled nursing facilities, leaving them with the need to close facilities thereby leaving large areas of the state with inadequate access to care. Other consequences of the mandated ratio bill would be to increase pressure to import foreign nurses and to expand use of nursing pools. The Safe Patient Care Plan has the support of the Health Care Leadership Forum composed of major industry health purchaser groups and hospital provider groups, the American Nurses Association, the Massachusetts Association of Registered Nurses, the Massachusetts Organization of Nurse Executives, and the Massachusetts Hospital Association.

Section 1. Analysis of Workforce and Faculty Resources

Directs the Secretary of Administration and Finance to review the efficacy of current workforce development programs and recommend the redesign of state initiatives to ensure a coordinated focus on enhancing the development of the health care workforce. Report is due April 15, 2006. It also directs the Board of Higher Education to analyze the nurse faculty shortage in both publicly funded and private schools of nursing. The Board will compile information necessary to understand the full scope of the shortage and make recommendations to enhance the nurse faculty pipeline. The report is due on April 15, 2006 and will be compiled in collaboration with the Department of Labor and Workforce Development, the Board of Registration in Nursing, and the Massachusetts Center for Nursing, Inc.

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Section 2: Promoting Health Care Professions

Directs the Executive Office of Economic Development to develop a statewide plan to promote health care professions to the general public, including young adults and adult career changers.

Section 3. Enhancing the Availability of Nursing Workforce Data

Creates a repository for all nursing workforce data collected by the Commonwealth. This section requires all state agencies that collect data, conduct surveys or gather information related to the practice of nursing, the supply of nursing workforce, the supply of nursing faculty or any other nursing workforce issue, to regularly submit such data to the Massachusetts Center for Nursing, Inc. (MCN). MCN is a unique collective of nursing organizations working together to shape a healthy future for the profession of nursing and for the people of Massachusetts through collaboration and innovation.

Section 4. Establishing the Clara Barton Nursing Excellence Programs

Creates the Clara Barton Nursing Excellence Trust Fund and appropriates \$30 million to fund the Clara Barton Nursing Excellence Programs. These programs include: a student loan repayment program and a faculty position payment program; an expert nursing corps to provide mentoring services to incoming or novice nurses; a grant program for higher education and health care institutions to foster partnerships that promote the recruitment and retention of nurses; a scholarship program to encourage outstanding students to pursue nursing as a profession; and, a matching grant program to provide a dollar-for-dollar match for any hospital that commits resources or personnel to nurse education programs.

Section 5. Addressing the Nursing Faculty Shortage in Public Institutes of Higher Education

Facilitates the expedited hiring of nurse faculty at publicly funded schools of nursing. An early retirement incentive program instituted by the state has exacerbated an existing shortage of nursing faculty. This section gives priority to the rehiring of nurse faculty positions by deeming them to be of a critical and essential nature.

Section 6. Accountability for Nurse Staffing

Requires that all hospitals licensed by the Department of Public Health file and post a nurse staffing plan that addresses patient nursing needs by identifying the appropriate number and mix of staff for each hospital, specific to each shift in the hospital inpatient units, special care units, and emergency departments by day of week. The nurse staffing plan will address patient nursing needs in each hospital and set forth a mechanism to obtain input from all members of the patient care team. Each plan will identify relevant factors, such as: the number of patients in a unit, the intensity of care required; skill and experience of various care givers including registered nurses, licensed practical nurses, ancillary personnel, and other members of the patient care team consistent with the level of authority and responsibility delegated under state licensure; admission, discharge, and transfers;

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geography of a unit; and the availability of technological support. This section also requires that the nurse staffing plan shall be reviewed and updated when necessary to reflect significant variations in services, approved by the hospital board, describe how it meets applicable JCAHO nurse staffing standards, and be filed with DPH on an annual basis. Hospitals will be subject to penalties for failure to submit the plan and are subject to random audits by DPH to ensure that the plan meets the various criteria outlined in the section.

Section 7. Evaluation of Patient Care Using Nurse-Sensitive Performance Measures

Requires hospitals , through their quality improvement programs, to institute a process to collect, monitor, and evaluate patient care through the statewide use of three evidence-based nurse-sensitive performance measures. The measures will be selected by the Betsy Lehman Center from the National Quality Forum nurse-sensitive performance measures, and will include patient care hours per patient day. The Center will develop the annual reporting process and will publicly report both hospital-specific performance measure data and aggregated industry trends and best practices developed from the annual reports.

Section 8. Commission to Review the Analysis of the Institute of Medicine Findings

Establishes a broad-based commission within the Executive Office of Health and Human Services to analyze the Institute of Medicine's 2003 report "Keeping Patients Safe: Transforming the Work Environment of Nurses". The commission shall study key findings of the report and make recommendations for implementation of the findings based on existing state regulations, workforce shortages, and the current financing of hospital care in Massachusetts. The Commission will be jointly chaired by the Chairmen of the Joint Committee on Health Care and will issue a report within six months of the effective date of the act.

Section 9. Application of this Act

Establishes the effective dates of this legislation.