

NO on 1

BAD for Patients. WRONG for Massachusetts.

QUESTION 1: THE IMPACTS OF MANDATED STAFFING RATIOS



This November, Massachusetts will vote on Question 1, which is being pushed by a union representing less than 25% of nurses in the state. If passed, the law would impose government-mandated RN staffing ratios in every hospital throughout the state. These rigid ratios would be the same on every shift and at all times, in every hospital—large and small, teaching and community. This staffing mandate would override the judgment of nursing professionals who care for every patient. **This measure would cause dramatic and detrimental changes to professional nursing practice in Massachusetts.**

FOR PATIENT CARE, this would mean:

- Closure of hospital beds, units, or entire hospitals
- Delays in access to healthcare
- More frequent transportation of patients to other organizations to receive specialty care
 - Delays in initiation of patient care that could result in patient harm
 - Delays in emergency care due to delays in transferring patients from the ED to inpatient and critical care units
 - Delays in the transport of patients in clinical crisis from the community to specialty hospitals
 - Delays and cancellation of elective procedures
- Reduced availability of community based services and treatments

FOR NURSES IN MOST HOSPITALS, this rigid staffing law would affect nearly every aspect of nursing practice and employment, including:

- Taking away the nurse's autonomy and decision-making
- Increasing floating to other units
- Changing shift length and scheduling as organizations may be forced to move away from the 12-hour shift
- Nurses would no longer have a say in when or with whom they take their meal breaks
- Rapid response teams, IV teams, and other specialty teams may be eliminated
- Elimination of charge nurses who do not take a full patient assignment
- Elimination of CNS and RN educator roles and nurse managers would oversee multiple units
- Nurses will be required to perform non-nurse activities due to lack of support staff

- Elimination of financial resources to support certifications, continuing education, and tuition reimbursement
- Elimination of non-productive time that supports professional development, committee participation, nursing research and shared governance activities
- Closure of some community hospitals
- Increased mandatory overtime

OUTSIDE OF HOSPITALS, care is increasingly delivered within the community and nurses in non-acute settings are critical to those patients. If passed, this law would create a shortage of nurses in community settings and negatively impact the following areas:

- Addiction Treatment
- Rehabilitation
- Home care
- Assisted living
- Hospice
- Long-term care
- Community health centers

ICU STAFFING LAW: The Unintended Consequences

In 2014, legislation was passed that established minimum staffing levels in Massachusetts Intensive Care Units. However, there have been numerous unintended consequences, despite the ICU law NOT being "at all times." Unintended consequences include:

- **Adverse effects to patient care** by removing flexibility and nurse autonomy in care decisions
- **The loss of ICU beds**, including **NICU beds**, across the Commonwealth
- **Splitting up of infant siblings** and even the **temporary separation of newborns from their mothers**
- **Increase in patient transfers** to different hospitals
- **Backups** in emergency departments and post-anesthesia care units
- **Delayed transfers** of patients into and out of ICUs

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