

COALITION TO
PROTECT
PATIENT SAFETY



Ballot Question #1: Mandated Nurse-Patient Ratios

September 24, 2018

OVERVIEW: MNA BALLOT INITIATIVE

The Massachusetts Nurses Association is advancing a ballot initiative to mandate minimum nurse staffing levels in all units:

- at all times,
- in all hospitals,
- with no flexibility, regardless of local circumstances.

The initiative would:

- increase hospital costs,
- impose mandated, at-all-times ratios between registered nurses and patients;
- require hospitals to comply with the ratios without reducing staffing levels of other non-RNs (other health care workers, service, maintenance, administrative, etc.);
- require implementation of a patient acuity system, used to increase staffing above the mandated ratios;
- and impose a \$25,000 per-violation, per-day fine on providers that do not comply.

Ratios are costly, with no guarantee of improved quality, and run counter to reform where payment is tied to quality and patient satisfaction.

NURSE STAFFING QUESTION

- The MNA represents less than 25 percent of nurses in Massachusetts.
- They have proposed legislative variations of this proposal for over 20 years.
- California is currently the only state to impose mandatory nurse staffing levels. There is no evidence that quality of care has improved as a result.
- Several other states have since considered similar mandates, but all attempts to pass such a law have been rejected.

COST OF IMPLEMENTATION: Aggregate Statewide Cost

Ballot Question #1 Implementation Costs

Wages & Benefits **\$872m**

Recruitment Costs **\$86m**

Turnover Costs **\$249m**

Training Reimbursement **\$46m**

Acuity Tool Costs **\$58m**

+ Add'l State Spending **\$100m**

TOTAL ADDED COST
\$1.3B IN YEAR 1
\$900M ANNUALLY

**ADDITIONAL STATE
SPENDING**
\$100M IN YEAR 1
\$20M ANNUALLY

Nurse Staffing Ballot Initiative – Question #1

- Estimated to cost \$900M a year
 - Total hospital industry operating margins in 2016 were \$742 million

Impact to Partners Hospitals*	Millions
Brigham and Women's Faulkner Hospital	\$10.1
Brigham and Women's Hospital	\$24.7
Cooley Dickinson Hospital	\$6.5
Martha's Vineyard Hospital	\$2.6
Massachusetts Eye and Ear	\$4.2
Massachusetts General Hospital	\$34.1
McLean Hospital	\$10.8
Nantucket Cottage Hospital	\$2.6
Newton-Wellesley Hospital	\$16.4
North Shore Medical Center	\$19.4
Spaulding Hospital - Cambridge	\$3.5
Spaulding Rehabilitation Hospital	\$4.6
Spaulding Rehabilitation Hospital - Cape Cod	\$1.9
Total:	\$141.4

*MHA estimates

COST OF IMPLEMENTATION: RN Deficit

Estimated New RN Deficit:

PLUS:

The *Current RN vacancy rate* of at least 1,200 RNs
(5.3% of all budgeted RN positions)¹.

Total RN Deficit: 5911 RNs²

¹MHA and ONL 2016 Survey of Hospital Nurse Staffing Issues in Massachusetts. Survey respondents make up 81% of MA acute hospital discharges and therefore, the vacancy rate is likely higher than reported⁴ Source: MA Department of Health Data Brief: Health Professions Data Series – Registered Nurse 2014. August 2016.

² Local Choices v. Statewide Mandates in Massachusetts, MassInsight & BW Research Analysis if Proposed Mandated Nurse Staffing Ratio

EFFECT BEYOND HOSPITALS

- Increasingly efforts to provide care in the home or community highlight the essential role of nursing in these settings.
- This law would dramatically drain nurses from community care settings:
 - Home care
 - Rehabilitation
 - Assisted living
 - Long-term care
 - Community Health Centers
 - Substance use disorder treatment settings
 - Hospice
 - School-based health



Mandated NSRs: Destabilization of BH System



Mandated Nurse Staffing Ratios

\$223M a year added costs
Inability to admit 1 in 3 patients
Clinical team disruption

Chronic Underpayment and
Low/No Margins: 60c/\$

Ongoing Behavioral
Health Clinicians
Shortage

Increase In
Mental Health
Disorders &
Overdose Cases

- Longer Wait Times
- Decreased Capacity
- Worsening Opioid Crisis

NURSE STAFFING RATIOS IN CALIFORNIA

Passed in California in 1999; First phase of implementation in 2004 following **5 years to research, debate, and set specific staffing ratios, despite a lack of evidence for any specific optimal staffing ratio**; Fully implemented in 2008

	California	Massachusetts
Penalties	No penalty; DPH requires a plan of correction from non-compliant hospitals	Hospitals fined up to \$25,000 per incident, per day
Ratios (Sample units)	Medical-Surgical Units: 1:6 initially; 1:5 final Psychiatric: 1:6 Maternity: 1:8 (4 mother/infant pairs)	Medical-Surgical Units: 1:4 Psychiatric: 1:5 Maternity: 1:6 (3 mother/infant pairs)

The Law DID...	The Law Did NOT...
<ul style="list-style-type: none"> • Increase nurse staffing levels • Increase hospital costs • Lead to staffing cuts to non-nurse staff • Lead to cuts to programs and services • Increased wait times in emergency departments • Disproportionately affect safety-net hospitals • Decrease uncompensated care in some hospitals 	<ul style="list-style-type: none"> • Improve patient outcomes • Allow hospitals to maintain flexible staffing • Lead to universal support by CA nurses • Improve nurse autonomy • Improve job satisfaction for all nurses in direct patient care

1. Kravitz, R. L., Sauve, M. J., Hodge, M., Romano, P. S., Maher, M., Samuels, S., ... & Welsh, J. (2002). Hospital nursing staff ratios and quality of care. Final report of evidence, administrative data, an expert panel process, and a hospital staffing survey.

Quality Comparisons: MA vs. CA

After 14 years of mandated ratios, California still falls behind Massachusetts in every major area of quality performance

MA	Quality Category	CA
Better	Mortality	Worse
Better	Infections	Worse
Better	Patient Safety	Worse
Better	ER Wait Times	Worse
Better	Patient Satisfaction	Worse

Source: Hospital Compare

Category	MA Rank	CA Rank
Overall Performance*	2	14
Prevention and Treatment*	1	40
30-Day Hospital Mortality*	1	8
Infant Mortality*	3	4
Hospital Discharge Instructions*	7	43
Patient-centered Hospital Care*	37	45
Leapfrog Hospital Safety Grade (2018)	4	25

**Source: Commonwealth Fund, 2018*

THE LEAPFROG HOSPITAL SAFETY GRADE BOOK

Percentage of hospitals at each grade level per state	A	B	C	D	F
MASSACHUSETTS	54	30	16	0	0
CALIFORNIA	29	29	34	5	3