



*Senator Moore:*  
**A Leader in  
Patient Safety.**

## Senator Moore: A Leader in Patient Safety.

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*"You must never so much as think whether you like it or not, whether it is bearable or not; you must never think of anything except the need, and how to meet it."*

- Clara Barton, Founder of the American Red Cross

**M**assachusetts needs nurses. They are the backbone of our state's health care industry, providing direct care to patients, coordinating treatment with doctors and communicating with family members. Nurses' dual roles as caregiver and care coordinator make them uniquely able to prevent medical errors and ensure patients receive only the highest quality of care. This is why I have spent the last 10 years working to strengthen the nursing profession and ensure that Massachusetts has an adequate, well trained and experienced nursing workforce.

I approach this task with three goals: 1) to expand and improve nurse training; 2) to support the nursing profession; 3) to focus on patient safety.

What this approach does not include is any provision for specific nurse – to – patient staffing ratios. The reason for this is that while there is considerable research that supports the importance of adequate nursing, no evidence-based research has been able to clearly identify what specific ratios are appropriate. The reasons for this are that the condition of patients can change for better or worse within a shift; the physical ability, education, and experience of the nurses on duty varies among nurses; and the hospital setting, availability of support staff, and technology vary widely among hospitals.

This report provides a brief overview of some of my efforts over the last decade to improve patient safety and support the nursing profession in Massachusetts. I hope you find it informative.



State Senator  
Worcester and Norfolk District



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## Highlights of Senator Moore's Nursing Initiatives

### EXPAND AND IMPROVE NURSE TRAINING

- **Establishment of the Clara Barton Nursing Excellence Program (S. 1244)**

\$30 million to begin funding nursing student loan repayment assistance, a nursing scholarship program, a matching grant program with hospitals to promote more clinical settings, nursing faculty bonuses of \$25,000/yr. for up to ten years to make teach more competitive with clinical nursing, and \$5,000/yr. stipends for experienced nurses to mentor new nurses.

- **Support and Funding of the Board of Higher Education's Nursing Initiative (S. 674 / H. 1162)**

Continue work with the Board of Higher Education's Nursing Initiative to widen the educational pipeline for nurses. With funding in the State Budget, the initiative has networked between institutions of higher learning and the health care industry to widen the nursing education pipeline and coordinate curriculum among nursing colleges. The goal of the initiative is to ensure that Massachusetts is training enough nurses with the right skills to give patients the safest, most effective care possible.

### SUPPORT THE NURSING PROFESSION

- **Hold Hospitals Accountable for Nurse Staffing Levels (S. 1244)**

Require hospitals to publicly post staffing plans addressing patient needs by identifying the appropriate number and mix of nursing staff for each hospital specific to each shift and unit.

The Department of Public Health evaluating the effectiveness of each hospital's staffing plans in addressing patient needs.

- **Ensure Nurses have the equipment necessary to safely move patients (S. 1294)**

Require that every licensed health care facility implement an evidence-based policy for safe handling and movement of patients. These policies would include training in best practices and a "no lift pledge" in which health care providers would commit to maintaining the equipment needed to safely move patients. To ensure that nurses are graduating with the proper training in patient handling, require the Board of Higher Education to review the curriculum at the commonwealth's nursing schools. It also instructs the Board of Registration in Nursing to review a nurse's knowledge of patient movement in its licensing process.

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## Highlights of Senator Moore's Nursing Initiatives

- **Restrict Mandatory Overtime (S. 1244)**

Limit nursing work hours and mandatory overtime by prohibiting nurses from working more than 12 hours in any given shift, not to exceed 16 hours in a 24 hour period. Prohibits any disciplinary action for refusing to work beyond the specified hours. A nurse who works 12 consecutive hours in a shift must be given 10 hours off from any work between shifts.

- **Expand the role of nurse practitioners and physician assistants by requiring insurers to recognize them as primary care providers and list them on any publicly available list of participating providers. (S. 2526)**

### FOCUS ON PATIENT SAFETY

- **Public Reporting of Hospital Acquired Infections & Preventable Medical Errors (S. 2517 / S. 2526)**

Require hospitals to report their rates of medical errors and hospital acquired infections (HAIs). This will give patients and their families important tools to protect themselves against these devastating yet preventable adverse medical outcomes and force hospitals to take all necessary steps to ensure that they are providing the safest care possible.

- **Expand the use of supportive medical technology in health care (S. 2526)**

Set a deadline of 2012 for statewide adoption of Computerized Physician Order Entry systems (CPOE). After this date, the use of CPOE systems would be required for hospital licensure.

Require statewide adoption of electronic health records by the year 2015 to improve patient safety and lower costs. After this deadline, physician competency in health information technology would be required for medical board registration.

These technologies reduce the administrative burden placed on health care workers giving them more time to spend caring for patients while also reducing the rates of medical error.

- **Pay Health Care providers for their performance (Ch. 58 of the Acts of 2006)**

Reform the way we pay hospitals to incentive providing the best quality of care possible.

- **Reduce the Rates of patient falls in health care institutions (S. 421 / 422)**

Falls among senior citizens age 65 and over are more common than strokes with equally devastating consequences. This bill would explore ways Massachusetts can reduce the rates of these falls and better ensure the safety of patients across the Commonwealth

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Senator Moore is an acknowledged leader in promoting patient safety. Some of the initiatives he has guided include:

- **Chapter 54 of the Acts of 2000** improved the Emergency Medical Services System to better protect patients in emergency situations.
- **Chapter 252 of the Acts of 2000** helped to prevent nurses and other health care workers from needlestick injuries.
- **Chapter 184 of the Acts of 2002** included provisions and funding for the Betsy Lehman Center for Patient Safety and Medical Error Reduction.
- **Chapter 133 of the Acts of 2003** reformed legal signature laws to allow for electronic signatures for electronically transmitted prescriptions.
- **Chapter 58 of the Acts of 2006** (Massachusetts' Landmark Health Care Reform Law) included requirements for a statewide infection prevention program and funding of \$1 million.
- **Chapter 130 of the Acts of 2007** established an Electronic Records Task Force and Senator Moore has been named as a member of this new Task Force.
- Additionally, Senator Moore has been a leader in funding the Patient Safety Center, the Statewide Infection Control Program and the Nursing Workforce Project through several state budgets.

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### Legislation sponsored by Senator Moore in the 2007-2008 Legislative Session to Improve Patient Safety and Promote a Safe Working Environment for Nurses

#### **S. 1244 - AN ACT TO PROMOTE SAFE PATIENT CARE AND SUPPORT THE NURSING PROFESSION.**

*Sponsored by Sen. Moore*

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 through staffing patterns.

- 10/24/07 - Public Hearing before the Public Health Committee.
- 3/8/08 - Reported favorably by committee accompanying House Bill No. 2059 and referred to the Health Care Financing Committee.

#### **S. 422 - AN ACT TO PREVENT FALLS AMONG OLDER ADULTS.**

*Sponsored by Sen. Moore*

This bill amends the duties of the Executive Office of Elder Affairs to require the Secretary of Elder Affairs to: (1) oversee and support a statewide education campaign focusing on reducing falls among older adults, on preventing repeat falls, and on educating health professionals about falls risk, assessment, and prevention; and (2) award grants for local, regional and statewide education campaigns.

- 5/2/07 - Public Hearing before the Elder Affairs Committee
- 6/14/07 - Reported favorably by committee and referred to the Health Care Financing Committee.
- 7/26/07 - Committee recommended ought to pass and referred to the Senate Ways and Means Committee.

#### **S. 1269 - AN ACT REQUIRING THE REPORTING OF HOSPITAL ACQUIRED INFECTIONS.**

*Sponsored by Sen. Moore*

This bill, which is model in part on a landmark bill passed in New York, would require all acute care hospitals to track and then report certain types of hospital-acquired infections. Initially, all hospitals will be required to track and report hospital acquired infections that occur in critical care units to include surgical wound infections and central line related bloodstream infections. The Department could then add additional types of hospital acquired infections.

- 10/24/07 - Public Hearing before the Public Health Committee.
- 2/26/08 - Reported favorably by committee accompanying a new draft, Senate, No. 2517 and referred to the Health Care Financing Committee

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### Legislation sponsored by Senator Moore in the 2007-2008 Legislative Session to Improve Patient Safety and Promote a Safe Working Environment for Nurses

#### **S. 1277 - AN ACT TO PROMOTE HEALTHCARE TRANSPARENCY AND CONSUMER-PROVIDER PARTNERSHIPS.**

*Sponsored by Sen. Moore and Rep. Denise Provost)*

Medical errors injure approximately 1 million Americans each year during the course of their hospital stay; up to 100,000 of those patients die as a result. This bill would reduce such adverse outcomes and reform how doctors notify both patients and the commonwealth about these errors when they do occur. Specifically, the bill asks hospitals to follow the recommendations of the Department of Public Health's Statewide Infection Prevention and Control Initiative to reduce medical errors. It would require hospitals to notify patients about medical errors, publicly report infection rates and report so called "never events" to DPH. The bill would also exempt a doctor's apology from lawsuits and require hospitals to establish Rapid Response Teams which patients and families could activate when immediate medical attention is needed.

- 9/10/07 - Public Hearing before the Public Health Committee.
- 2/26/08 - Reported favorably by committee accompanying a new draft, Senate, No. 2517 and referred to the Health Care Financing Committee

#### **S. 1247 - AN ACT RELATIVE TO SAFE WORK HOURS FOR PHYSICIANS IN TRAINING AND PROTECTION OF PATIENTS.**

*Sponsored by Sen. Moore*

This bill would authorize and direct the Department of Public Health to promulgate rules and regulations relative to limiting the number of hours medical interns and resident-physicians work in any given week. Currently, most interns and resident-physicians work anywhere from 100-120 hours a week. This bill would also create an advisory board within DPH that would assist the department in drafting the regulations and would serve in an advisory capacity for future revisions of said regulations.

- 10/10/07 - Public Hearing before the Public Health Committee.
- 11/08/07 - Reported favorably by committee and referred to the Health Care Financing Committee.

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### Legislation sponsored by Senator Moore in the 2007-2008 Legislative Session to Improve Patient Safety and Promote a Safe Working Environment for Nurses

#### **S. 1294 - AN ACT REQUIRING THE USE OF EVIDENCE-BASED PRACTICES FOR SAFE PATIENT HANDLING AND MOVEMENT.**

*Sponsored by Sen. Moore*

Nursing personnel are consistently listed as one of the top ten occupations for work-related musculoskeletal disorders, with incidence rates of 8.8 per 100 in hospital settings and 13.5 per 100 in nursing home settings.

This bill aims to reduce these rates of injury among nurses by requiring that every licensed health care facility implement an evidence-based policy for safe handling and movement of patients. These policies would include training in best practices and a "no lift pledge" in which health care providers would commit to maintaining the equipment needed to safely move patients. To ensure that nurses are graduating with the proper training in patient handling, S. 1294 instructs the Board of Higher Education to review the curriculum at the commonwealth's nursing schools. It also instructs the Board of Registration in Nursing to review a nurse's knowledge of patient movement in its licensing process.

- 10/24/07 - Public Hearing before the Public Health Committee.
- 2/28/08 - Reported favorably by committee accompanying House Bill No. 2052, to the Health Care Financing Committee.

#### **S. 419 - AN ACT RELATIVE TO THE SAFE ADMINISTRATION OF MEDICATIONS AND LEGIBLE PRESCRIPTIONS**

*Sponsored by Sen. Moore*

This bill requires the Executive Office of Health and Human Services, in conjunction with the Department of Public Health and the Board of Registration of Pharmacy, to convene a task force to develop recommendations for the reduction of medication and prescription errors. The task force, the members of which are enumerated in the legislation, shall consider various methods to reduce medication errors, develop education programs for practitioners writing prescriptions, and study labeling and packaging issues.

- 5/17/07 - Public hearing before the Elder Affairs Committee
- 10/25/07 - Bill reported favorably by committee and referred to the Health Care Financing Committee.

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### Legislation sponsored by Senator Moore in the 2007-2008 Legislative Session to Improve Patient Safety and Promote a Safe Working Environment

#### **S. 420 - AN ACT RELATIVE TO COLLABORATIVE DRUG THERAPY MANAGEMENT.**

*Sponsored by Sen. Moore*

This legislation would authorize pharmacists to engage in collaborative drug therapy management practice under the supervision and direction of a physician. Prescription drugs and pharmaceutical care are essential tools in today's health care delivery system. Collaborative drug therapy management combines the skill and expertise of physicians and pharmacists to improve pharmaceutical care for patients and health care consumers. Participation in collaborative drug therapy management practice would be completely voluntary. Only pharmacists and physicians who agree to collaborate would enter into an agreement and develop mutually agreed upon collaborative practice protocols. Over 39 states have authorized collaborative drug therapy management practice. As a recognized leader in the provision of quality health care, it is time for Massachusetts to adopt this well-established and successful pharmaceutical care initiative.

- 5/17/07 - Public hearing before the Elder Affairs Committee
- 6/4/07 - Discharged to Health Care Financing Committee
- 7/19/07- Bill reported favorably by committee and referred to Senate Ethics and Rules Committee

#### **S. 2526 - AN ACT PROMOTING COST CONTAINMENT, TRANSPARENCY AND EFFICIENCY IN THE DELIVERY OF QUALITY HEALTH CARE.**

*Sponsored by Sen. President Therese Murray, Sen. Moore and other members of the General Court*

This bill addresses the critical areas of primary care access, transparency and efficient use of resources and technology to drive down escalating costs in our health care system. Among its key provisions:

The bill requires statewide adoption and compatibility of electronic medical records by 2015, backed by a public commitment of \$25 million a year to accelerate the program. Physicians would have to show competency in the technology for medical board registration. The bill also sets a deadline of 2012 for statewide adoption of Computerized Physician Order Entry systems (CPOE). After this date, the use of CPOE would be required for hospital licensure.

The bill prohibits pharmaceutical agents from offering gifts and physicians from accepting gifts of any kind. The ban extends to physicians' staff and family members. The legislation allows distribution of drug samples to doctors for the exclusive use of their patients.

The bill seeks to increase the workforce capacity of nurses and primary care physicians through loan forgiveness programs and expanded enrollment at the state medical school. The bill also allows patients to choose nurse practitioners as their primary care providers.

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The bill requires a public hearing for hospitals and insurance companies to justify consumer costs and make cost-reduction recommendations. The legislation also authorizes public review of any insurance company submitting rate increases above 7 percent.

The bill creates a statewide standard for uniform billing and coding among health care providers and insurance companies to reduce operational expenses of claims processing.

The enhances the “determination of need” process to help maintain standards of quality and ensure the efficient and equitable deployment of health care resources across the Commonwealth, avoiding the costly duplication of services.

The bill includes a Purchasing Reform initiative to coordinate public and private “pay-for-performance” efforts to drive quality and efficiency in the market.

The bill authorizes of the Department of Insurance to investigate the costs of medical malpractice coverage for health care providers.

- 3/12/08 - Public hearing before the Health Care Financing Committee. No report as yet.

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### Senator Moore is a Recognized Leader in the Effort to Improve Patient Safety and Promote a Safe Working Environment for Nurses

- ★ **Massachusetts Nurses Association’s Frank M. Hynes Legislator of the Year Award (2001).** Presented by to Senator Moore in recognition of Senator Moore’s “exceptional contributions to nursing and health care.”
- ★ **Massachusetts School Nurses Organization Legislator of the Year Award (2001).** Presented to Senator Moore in “appreciation for his outstanding leadership in promoting the health of children.”
- ★ **Massachusetts Organization of Nurse Executives Legislator of the Year Award (2004).** Presented by in recognition of Senator Moore’s “leadership in promoting the profession of nursing in the Commonwealth.”
- ★ **UMASS Amherst School of Nursing Glen Gordon Friend of Nursing Award (2005).** The award, named in honor the outstanding contributions of Dr. Glen Gordon as a friend and supporter of Nursing, is given each year to an individual who is not a nurse, but who has strongly supported the mission and goals of the UMASS Amherst School of Nursing.

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- ★ **Betsy Lehman Patient Safety Recognition Award (2005).** Presented by the Betsy Lehman Center for Patient Safety and Medical Error Reduction to recognize Senator Moore's leadership and innovation in patient safety, including public awareness, education and promotion of systems-based solutions through the implementation of best practices.
- ★ **Becker College Nursing Symposium Recognition Award (2005).** Presented in appreciation for Senator Moore's participation in the school's Nursing Symposium.
- ★ **Massachusetts Association of Registered Nurses "President's Award." (2006).** Presented in recognitions of Senator Moore's "persistence and courage to do the right thing while making a difference in health care."
- ★ **Massachusetts College of Pharmacy and Health Sciences Health Care Leadership Award (2006).** Presented to Senator Moore in recognition of his "significant and lasting contributions to the quality of health care received by the citizens of Massachusetts."
- ★ **Massachusetts Public Health's "Public Health Leadership Award" (2008).** Presented by the department in conjunction with the state's Public Health Council in recognitions of Senator Moore's "bold and effective leadership in reducing hospital acquired infections (HAI)."
- ★ **Massachusetts Coalition of School-Based Health Centers' Legislator of the Year Award (2008).** Presented in recognition of Senator Moore's advocacy on behalf of School-Based Health Centers.

## Dueling Staffing Bills in Massachusetts

### Tips for Policymakers

The Massachusetts legislature will consider two competing nurse staffing bills during its 2007–2008 session: House Bill 2059 and Senate Bill 1244. While both bills are known as Patient Safety Acts, contain substantial nursing workforce development initiatives, and ban mandatory overtime, the bills differ on other strategies for ensuring safe, quality patient care. One extends the California ratio model, while the other rejects ratios in favor of public disclosure and quality improvement mechanisms.

House Bill 2059 would empower the Department of Public Health (DPH) to establish ratios and provisions for standardizing patient classification systems in hospitals statewide. Hospitals would have some degree of flexibility in implementing the ratios since each unit would have two ratios: a standard and an outer patient limit that could allow for increasing a nurse's patient load if acuity levels were low. The bill also calls for workplace improvements such as prohibiting the delegation of nursing duties to non-nursing staff; requiring the orientation of float nurses, and strongly discouraging the understaffing of other critical health care workers such as LPNs and unlicensed assistive personnel—provisions that reflect lessons learned from California's ratio experience, says Representative Christine E. Canavan, RN (D-Brockton), the bill's chief sponsor.

"A large number of RNs in Massachusetts don't want to work at the bedside because of adverse working conditions," says Canavan. "This is currently the only bill fighting the problem where the problem lies: retention of nurses in hospitals. There is a symbiotic relationship between working conditions and quality of

care: if you improve working conditions, you improve patient care."

The Massachusetts Nurses Association, part of the Coalition to Protect Massachusetts Patients, supports H.2059. The coalition includes 124 health care, patient advocacy, labor, senior, education, and social justice groups ([www.massnurses.org](http://www.massnurses.org)). Hospital executives, the Massachusetts Hospital Association, the Massachusetts Organization of Nurse Executives ([www.massone.org](http://www.massone.org)), and some 35 other groups—primarily professional societies, health care provider associations, and business groups—oppose H.2059. Many of these groups are supporting Senate Bill 1244.

"Instead of arbitrarily requiring a set number of patients for whom nurses would care, and hoping that that produces safe care, we want to measure patient outcomes and hold hospitals to high standards," says Richard T. Moore (D-Uxbridge), S.1244's chief sponsor. "The standards would be nurse-sensitive measures that have been cited and validated nationally."

This bill requires hospitals to publicly post and submit their staffing plans to DPH for possible random audits and to create—through their quality improvement programs—a process to monitor and report performance data on no less than three nurse-sensitive measures (one of which would be patient care hours per patient day). A nursing center within DPH would select the measures for statewide use, aggregate the hospital data, and report annually on hospital-specific results as well as industry trends and best practices. To prevent fatigue, S.1244 would cap nurses' work hours by shift, day, and week. (Visit [www.mass.gov/legis](http://www.mass.gov/legis) for bills.)

**Avoid using ratios as a panacea**  
Policymakers and practitioners should regard ratios not as a magic bullet for all nurse staffing problems, but rather as one possible part of a larger policy picture that ought to include improvement of nurses' workplaces.

**Assess the link between nursing quality and patient care**  
So far, available research only suggests that patient care is linked with the quality of nursing patients receive. Funding is needed for further research to study this critical link.

**Standardize classification systems**  
A number of states employ patient-classification systems to determine optimum nurse staffing. Experts suggest that, to work best, these systems should employ standardized software that has been independently verified and is transparent to those who use it—nurses themselves.

**Provide stronger enforcement provisions**  
Nurse staffing policies should incorporate provisions to give their state's department of health authority to impose fines or other financial penalties on facilities out of compliance with the policy.

**Consider capacity**  
Policymakers must ask themselves whether there are enough nurses in their states to meet the requirements of the policies they are considering.

**When considering policy, listen to a diversity of nurses' opinions**  
Policymakers must hear the voices of both union and nonunion nurses, professional associations, and labor unions.



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