

Beacon Hill Byline by Mary Rogeness

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How Many Nurses?

Hospital nurses are the front line providers of bedside care to anyone who enters a hospital as a patient, whether the admission is surgical, maternity or through the emergency department. And today's care is light years away from that some time ago, when patients spent many days hospitalized for recovery from life's traumas. Those 7 to 10-day stays are definitely a thing of the past. Nurses now assume ever-increasing responsibility for patients who have serious medical needs.

As the responsibilities of nurses have changed over the years, the staffing and assignment of nurses has changed as well. And the staffing may change even more if a bill before the legislature is enacted.

The Massachusetts Nurses Association is working to change hospital practices of assigning nursing duties through a bill entitled "An act ensuring patient safety." The bill, refiled from the previous legislative session, has triggered messages of support or opposition to my office, the latest being a huge influx of postcards and phone calls in opposition to the bill.

As of this week, I have received more than 600 cards, and the cards have prompted me to examine the bill fully. Here is my reaction to the bill.

The nine-page bill appears to have the primary goal of establishing ratios of nurses to hospital patients in a variety of situations. For example, medical and surgical patients would have a 1:4 ratio; emergency room patients would have 1:3; intensive care patients would have 1:2. Ratios are specified for 25 different settings. Failure to maintain those ratios can lead to fines up to \$25,000 a day.

Sounds simple, doesn't it? More nurses mean more attention. More attention means better care. But it's not really that simple. Hospitals have a complex combination of patient care providers. They fill positions by considering a number of variables. They are struggling to find registered nurses to fill positions even though they do not have the listed ratios in place. Local administrators state that they would be required to hire a significant number of unavailable registered nurses.

Mercy Medical Center now relies on a 1:5 ratio during day and evening hours for medical and surgical patients. Night shifts have a higher ratio. The proposed mandate would institute 1:4 for the entire 24 hour day, with an obvious increase in cost. Mercy administrators estimate that costs would increase by \$3 million a year. The emergency department (1:3) would have increased patient burden as individuals waited for admission to a room because that patient would ruin the 1:4 ratio for a nursing station.

Staffing goals that could not be met, staffing decisions that could not be made, and costs that could not be paid combine to lead me to oppose the bill. I do support a separate bill that focuses on our state's shortage of registered nurses, one of the shortcomings in patient care identified by the first bill.

This year 1,000 nursing school applicants were rejected because of space. I look forward to voting for the bill sponsored by Senator Richard Moore, Health Care Committee Chairman, that addresses the shortage of nurses by increasing educational opportunities and targeting scholarship assistance to aspiring nurses. The enactment and successful operation of the bill's proposals increase the supply of healthcare providers and protect us, our parents and children in the years to come.