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AT PARTNERS, NURSES SAY HOSPITALS CAN AFFORD STAFFING REQUIREMENTS

By Chris Triunfo

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SOMERVILLE, MASS. AUG. 21, 2018.....Hospitals campaigning against patient limits for nurses are making false claims about their ability to afford patient care limits, according to nurses, who traveled to the headquarters of one of the state's largest care providers to make their point on Tuesday.

Outside Partners HealthCare in Somerville, nurses from the Massachusetts Nurses Association (MNA), along with members from the Teamsters, drew attention to the facility, estimating its cost at \$464 million, and said hospital executive salaries that run into millions of dollars and expensive facility expansions prove the industry has the financial capacity to invest in nurses.

In Question 1 on the November ballot, the nurses propose to allow government-mandated nurse staffing ratios in every hospital across the Commonwealth. If approved, there would also be a \$25,000 fine on hospitals that violate those ratios. The exact ratios would vary depending on the hospital department and the type of patients for which the nurse is caring.

The nurses aligned with the ballot committee behind Question 1 say information about hospital finances from the Center for Health Information and Analysis show that a majority of hospital health systems reported positive margins in 2017, and 49 of 62 reported a surplus.

"Hospital executives are the reason that we need safe patient limits in the first place," said Donna Kelly-Williams, the president of the MNA. "[They] have ignored nurses concerns, claiming a lack of resources for safe patient care, while pocketing seven-figure salaries."

She also said that those same executives are using the money for costly television advertisements, with the sole intent of confusing voters. "I had a family member congratulate me on an ad he saw, saying that it was really well made. It was actually made by the opponents of the bill, with an executive from Partners dressed in scrubs," she said, pointing at the building behind her. "All they want to do is confuse people into voting no," she said.

The contentious ballot question has upped the stakes over a decades-long debate between much of the health care industry and the MNA. Advocates for patient limits have been lobbying for the legislation for over 20 years, but according to the Committee to Ensure Safe Patient Care, nothing could be done through legislative branches due to the influence hospital executives have on Beacon Hill.

In 2014, legislation limiting the number of patients for nurses working in intensive care units was signed into law, but for the MNA, that isn't enough.

Currently, aside from ICUs, there is no law or limit on the number of patients that can be assigned to a nurse at one time in the Bay State. Proponents of the ballot question say patient limits would dramatically improve patient safety in hospitals by setting a "safe maximum limit" on the number of patients assigned to a nurse at one time, while providing flexibility to adjust nurses' patient assignments based on specific patient needs. The initiative has won support from over 120 groups across the state and country, including health and safety organizations, community groups, unions and elected officials.

Hospital and business industry opponents of Question 1, who are united under the Coalition to Protect Patient Safety, say it will drive up health care costs and assert that discretion, rather than strict nurse staffing requirements, is the best way to ensure that providers deliver safe and efficient care.

In the last few weeks, mayors from across Massachusetts have announced their opposition to Question 1 as well. In a joint letter led by Mayor Gail Infurna of Melrose, who is a registered nurse, the mayors said "the staggering price of Question 1 will jeopardize many of the state's community hospitals, which lack the same federal and philanthropic support enjoyed by the Boston teaching hospitals." There are also 22 chambers of commerce listed as supporters of the Coalition, citing the adverse effect the initiative would have on community hospitals.

When asked about community hospitals, Kelly-Williams addressed where hospitals choose to put their finances, saying that, "Hospitals right now are making choices about where to invest their money. Whether it is in staffing and ensuring that their patients are cared for safely, or if they have decided to invest in buying other hospitals in other states, or even in other countries, it is a choice that is made by hospitals where they put their finances."

Kate Norton, a spokeswoman for the nurse-backed Question 1 committee, called the issue of rising costs to community hospitals "the same fear-mongering claims made when California was considering this law, and it just didn't happen. The ongoing threats about program and service closures are the same fear-mongering tactics used by the opposition in California some ten years ago, when safe patient limits were implemented there. The reality is that no hospitals - not a single one - closed as a result of safe patient limits. California healthcare costs and spending fall far below both the national and Massachusetts averages."

During the press conference, Kelly-Williams emphasized that the priority of the MNA is the patients rather than the nurses themselves. "What we represent is the patients, and we represent the nurses that are working in the hospitals at patients' bedsides." According to Kelly-Williams, the MNA represents 25,000 registered



Massachusetts Nurses Association president Donna Kelly-Williams said large health care groups like PartnersHealth are "deceptive." [Photo: Chris Triunfo/SHNS]

nurses in the Commonwealth, about a quarter of the state's total.

Among the groups opposing the ballot initiative is the Massachusetts chapter of the American Nurses Association (ANA), a group that is also led by registered nurses. In a statement, Donna Glynn, the president of the ANA Massachusetts, accused the MNA of holding a publicity stunt.

"Patients deserve quality care driven by the careful decisions of professional nurses, doctors and Massachusetts' top-rated hospitals - not by a union's self-serving attempt to increase its membership. Today served as further proof that the union - which represents less than 25% of nurses in the Commonwealth - is set on distracting voters from the truth behind Question 1: it is bad for patients, wrong for Massachusetts and opposed by leading nursing organizations throughout the state," Glynn said.

Kelly-Williams said that the ANA is primarily made up of "nurse executives and nurse managers," rather than nurses who work directly with patients. "There are registered nurses who are not at your bedside," she said. "They are not the ones who know what is best for patients."

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