

PUT PATIENT SAFETY FIRST

VOTE NO ON 1

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October 8, 2018

Question 1: Bad for Patients, Bad for Communities, Bad for our Health System

By now you've heard of Question 1, the ballot question which would mandate rigid, one-size-fits-all Registered Nurse-to-patient ratios at all times, across all hospitals in Massachusetts. Hopefully you have read about this important issue in previous editions of *Shorelines*, seen it on TV ads or debated on social media, and even had casual conversations with family and friends. Through all of the communication shared so far, we hope that you have taken away that Question 1 would severely, negatively impact our Health System and the communities we serve.

There have been several inquiries about information and how you can better equip yourself, as colleagues of our Health System, to educate and inform those who may ask your opinion as professionals who work in healthcare. We've gathered some information for you to use in this short edition of *Shorelines* to help you better educate yourself about the ballot initiative that would change everything as it pertains to our Health System. If Question 1 passes on Tuesday, November 6, the negative impacts to our Health System are many. In order to pay for the additional nurses to comply with this rigid mandate, we may need to revert back to our core patient care business model from the 80s and

90s, where we would concentrate on medical and surgical services. All the momentum we've made as a Health System to provide key, specialty



services to the community in a convenient setting for our

patients would be in jeopardy and it's possible that patients may need to go into Boston for services that we can no longer provide.

If we are forced to reduce our services and programs, patients would experience barriers to access for those services that remain and will see longer wait times in the Emergency Department as the ratios will be applied in that unit as well. Our Health System alone would have to hire up to 250 nurses at a cost up to \$33 million and there is no way that this cost can be absorbed without making difficult choices. The impact will be felt across the state because if Question 1 is passed, it impacts ALL hospitals and according to a recent independent study by the Massachusetts Health Policy Commission, this will cost the entire state approximately \$949 million.

Insurance companies have come out against Question 1 as they know that it will result in higher premiums, deductibles and co-pays—costs that will go right to our patients and families, and that is not what we want. We've built our Health System in a way to care for patients in the right place at the right time, and Question 1 erodes our flexibility, both at the bedside and with our decision making for the future. We encourage all of you to educate and inform yourselves so you can have these key conversations with voters who ask. Question 1 is bad for patients, bad for communities and bad for our Health System. Please read through the important information in this edition and go to [Route 55](#) for more useful tools to help you.

Please also visit the [Coalition to Protect Patient Safety's website](#) here to learn how you can get involved in spreading the word!

Thank you for your time and for reading about this important issue.

Our Health System exists to benefit the people of our region by promoting good health, and by healing, caring and comforting.

South Shore Hospital
South Shore Medical Center
South Shore NeuroSpine
South Shore VNA
Home & Health Resources
Hospice of the South Shore

Health Provider Services Organization
South Shore Physician Ambulatory Enterprise
South Shore Physician Hospital Organization
Physician Organization of the South Shore
South Shore Health System Foundation
Friends of South Shore Health System



**South Shore
Health System**

SouthShoreHealth.org

Question 1 Impact on South Shore Health System

We know that Question 1 will cost South Shore Health System up to \$33 million but what does that really mean in terms of the impact on our organization-- What will change? What services will be reduced or eliminated in order to pay for this unfunded mandate? What will our Health System look like if Question 1 passes?

We have developed the following infographic, which we hope will help you to understand what could result from Question 1:

- **Emergency Capacity:** Our emergency room capacity will decrease by 44 percent and nearly 120 people may experience care delays each day. This is a direct result of the implementation of the ratios and not being able to serve any more patients than allowed by ratio at any given time.
- **Home Care Capacity:** It is likely that South Shore Health System will need to recruit nurses directly from our own Home Care program to fill the needs at the hospital. If we are unable to recruit new nurses to the Home Care program, 440 individuals, or 25 percent of our current patients, will be left without critical services to keep them in their homes.
- **Hospital Bed Capacity:** Hospitals will have 37 days to implement Question 1. That is 37 days to recruit, hire and train nurses to be ready to treat patients. It is unreasonable to think that we will be able to do this and therefore, we are assuming that we will be unable to staff at least 28, or 10 percent, of our medical/surgical beds.

This is just an example of the potential real impact of Question 1 on our patients and communities. Please continue to get educated and informed on this critical issue!

Figuring Out Fact from Fiction

Supporters of Question 1, most notably the union who supported the bill, have walked back on recent claims that the proposal will go into effect immediately on January 1.

Proponents of the bill are saying that the implementation date is actually flexible, and that the Massachusetts Hospital Association (MHA) and the Coalition to Protect Patient Safety (CPPS) are misleading the public about how much this will change everything once the new year comes along.

But here's the TRUTH!

The proposal explicitly states, "This act shall take effect on January 1, 2019." It also provides that "the Massachusetts Health Policy Commission shall not promulgate any regulation that directly or indirectly permits any delay, temporary or permanent waiver, or modification of the requirements."

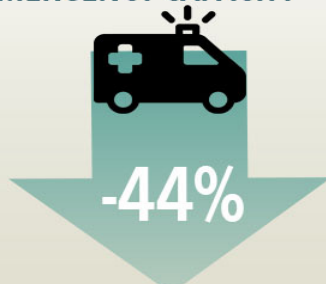
The union is trying to create confusion around this very finite detail because they know voters are rightly concerned about the unrealistic 37-day implementation plan and its possible impact on patient safety and quality of care.

Voters have done their research. They know California had five years to implement their law, a law that is far less stringent than Question 1, and they still struggled.

To ready the full text of the bill please visit: https://www.sec.state.ma.us/ele/ele18/ballot_questions_18/ballot_questions18.htm

The Impact of Rigid Staffing Ratios on South Shore Health System

EMERGENCY CAPACITY



Nearly 120 will be untreated each day

HOME CARE CAPACITY



400 left without services each day

HOSPITAL BED CAPACITY



28 medical/surgical beds will close

Vote NO on 1!



Health Policy Commission Study Finds Question 1 Would Cost \$949 Million

Question 1, the ballot initiative that would mandate nurse-staffing ratios at all Massachusetts hospitals, would cost the Commonwealth up to \$949 million if passed, according to an independent study released by the Health Policy Commission (HPC) on October 3. The effect of Question 1 would hit community hospitals like ours the hardest, affecting patient wait times in Emergency Departments, and putting the public in harm's way by potentially reducing or eliminating key programs and services.

The HPC's study closely aligns with the previous estimates released by The Coalition to Protect Patient Safety (CPPS), which is Voting NO and has the support of ALL Massachusetts hospitals. Through an independent consultant, CPPS estimated that it would cost up to \$1.3 billion statewide, in the first year alone. The Health Policy Commission stated that its findings were "conservative" as it does not include any costs related to implementation in emergency departments, observation units, and outpatient departments, as well as other one-time costs. The CPPS and HPC cost estimates are in stark contrast to the \$47 million estimate released by supporters for Question 1.

"This is an absolutely terrifying day for health care in our state," The Coalition for Patient Safety (CPPS) said in a statement following the HPC study. "The Health Policy Commission's analysis confirms that the negative consequences are too great and the costs are too high for rigid, government mandated nurse staffing ratios in the Commonwealth. This puts the cost question to bed."

The Health Policy Commission also included in its study a deeper dive into the effect that mandated nurse staffing ratios had on California, the only state in the country to adopt this practice. These are the takeaways:

- There was a significant increase in nurse staffing in California hospitals post implementation of ratios.
- There was a moderate effect on RN wages post-implementation of ratios with wage increases ranging from 0 percent to 8 percent.
- There was no systematic improvement in patient outcomes post-implementation of ratios.
- There has been no comprehensive, retrospective analysis of implementation costs.

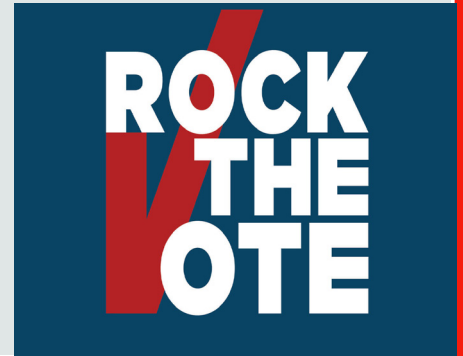
Question 1 is wrong for Massachusetts, wrong for our communities, and wrong for our Health System. To see the full report from the Health Policy Commission please visit: <https://www.mass.gov/orgs/massachusetts-health-policy-commission>

Register to Vote and Vote Early!

If you know you are working on Election Day on Tuesday, November 6, please be aware that Massachusetts does have early voting starting on October 22 and running through November 2.

Early voting is easy, convenient and can help you avoid those long lines on Election Day, especially if you are working a shift. Learn how to vote early by following this link [here!](#)

Don't forget to "Rock the Vote!" Learn how to register to vote and more [here!](#)



How You Can Get Involved with NO on Question 1

Although we have connected with thousands of voters over the past few months, we still have more work to do and we need your help! From now until November 6, our focus is on how we will "Get Out The Vote" (GOTV). This may be your first time getting involved in an election and may need more information on how you can get involved. Voters want to hear directly from you and we want to provide you with all the tools for you to be successful.

Please contact Suzanne Cray Tessier, Director of Government Relations and Regulatory Affairs, at SCray@SouthShoreHealth.org.

You can continue to review information on Question 1 on Route 55 and for more ideas on how to get involved, you can also visit the "Get Involved" section of CPPS' website at: <https://www.protectpatientsafety.com/get-involved/>.

We are looking for those interested in holding signs, learning more about social media posts, and looking for those interested in speaking to the public. Please reach out!



Timothy Quigley, DNP, RN, MBA, NEA-BC, Vice President of Acute Care Operations, Chief Nursing Officer, speaks to members of the public about why he's voting NO on 1.

Frequently Asked Questions on How To Educate and Inform

As colleagues of South Shore Health System, many people may come to you for your opinion on what they should think about Question 1. We feel it is our responsibility to educate and inform those of the severe, negative impacts that Question 1 could have on our Health System, and the communities we serve. Below are a few questions and answers that you can use to inform your friends, loved ones, neighbors and patients about the impact of Question 1 on our Health System.

We've heard that 86 percent of nurses are in support of Question 1. Is that true?

The 86 percent figure referenced in a Massachusetts Nurses Association's (MNA) advertisement is drawn from a survey conducted months ago and was paid for by the union, which represents less than 25 percent of the 124,000 licensed nurses in the state. The extremely small survey considered only 302 respondents, nearly half of which were its own union members, and asked if those supported "safe patient limits"; not if they supported Question 1.

I've heard two very different numbers about what Question 1 would cost? What is the right answer?

The MNA recently released a report stating that Question 1 would only cost a total of \$47 million. Their report was authored by a former president of the MNA that grossly underestimates the staggering and unfunded economic impact of mandated nurse staffing ratios. Other independent studies, including one by the Health Policy Commission, have set the cost at much closer to \$1 billion. If Question 1 passes, we would have to fill nearly 250 nursing positions by January 1, 2019, at a cost of up to \$33 million for our Health System, putting key programs and specialty services, which we have worked so hard to develop and bring to our community, in jeopardy.

If a hospital is fined \$25,000 for falling outside of the ratio, where does the money go?

It is our understanding that the enforcement fines would be distributed into the Commonwealth's General Fund, which is used to fund all of state government. There is no earmarked, or specific, purpose or allocation of the funds so the fines could be used for anything.

What other states have nurse staffing ratios?

California is the only state that has implemented mandatory nurse staffing ratios, and there is no evidence that the quality of care patients receive has increased. Similar efforts in other states to impose nurse-to-patient ratios have been soundly rejected. Supporters of Question 1 have been unsuccessfully pushing this proposal in Massachusetts for more than 20 years.

Is there evidence that strict nurse-to-patient ratios really work?

There are no scientific studies or reports that demonstrate the effectiveness of this government-forced, one-size-fits-all nurse staffing in improving quality of care. None of the studies that address nurse staffing recommend a specific formula that would improve patient outcomes or validate any arguments for this proposal.

Who opposes Question 1?

The list of supporters of NO on 1 continues to grow each and every day! There is strong opposition to Question 1 from across all Massachusetts hospitals, professional nursing associations, healthcare and business organizations, community health centers, insurance companies, home and VNA service providers, and many, many more. See the full list of groups voting NO [here!](#)

Shorelines is published by the Internal Communications department. Contact editor Tom Layman at TLayman@SouthShoreHealth.org or (781) 624-8392. Shorelines is distributed through eSplash and is available in Lotus Notes in the Shorelines database.

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