

**SENATE . . . . . No. 1141**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Richard T. Moore***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to patient safety.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

*Richard T. Moore*

*Michael O. Moore*

**SENATE . . . . . No. 1141**

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By Mr. Moore, petition (accompanied by bill, Senate, No. 1141) of Moore and Moore for legislation relative to patient safety [Joint Committee on Public Health].

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 874 OF 2009-2010.]

**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Eleven**  
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An Act relative to patient safety.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 51 of Chapter 111 of the General Laws, as appearing in the 2008  
2 Official Edition, is hereby amended by inserting at the end thereof the following:

3           Each hospital in the Commonwealth that operates an emergency room shall annually file  
4 with the department, within thirty (30) days of the start of the hospital fiscal year, a written  
5 operating plan designed to eliminate emergency room overcrowding and diversions. The plan  
6 shall include the following:

- 7           1) A comprehensive assessment of emergency room wait times for the prior fiscal year,  
8 including the average wait time and the number of complaints submitted to the hospital regarding  
9 wait times in the emergency room, and a review of steps taken to reduce the wait time. The  
10 assessment shall also include the number of hours the emergency room was on diversion status,

11 broken down by day of the week, and the actual number of emergency diversions for the prior  
12 fiscal year;

13 2) A summary of the specific measures that the hospital will take in the current fiscal year  
14 to eliminate overcrowding in the emergency room, such as adjusting elective surgery schedules  
15 to reduce variability;

16 3) The anticipated impact the plan will have on staffing ratios and, after the first year, the  
17 actual impact the plan has had for the previous year;

18 4) A defined set of measures by which to assess the plan's success, such as the number of  
19 emergency room diversions, the average wait time to receive emergency services, and/or the  
20 percentage of patients in a bed within one hour of arriving in the emergency room.

21 The department shall notify the hospital that the plan has been approved or disapproved  
22 within twenty (20) days after filing, based on a determination as to whether the plan adequately  
23 addresses the needs of emergency room patients. If said plan has not been acted upon by the  
24 department within twenty (20) days, the plan shall be deemed approved. If the department  
25 disapproves of said plan, the hospital shall submit a revised plan within twenty (20) days. If the  
26 revised plan continues to be disapproved, or if a hospital fails to submit a plan, the commissioner  
27 may take any action deemed appropriate.