

SENATE No. 1141

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

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].

[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.