

SENATE No. 1086

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 to promote safe patient care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Richard T. Moore</i>	<i>Worcester and Norfolk</i>
<i>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>
<i>Michael R. Knapik</i>	<i>Second Hampden and Hampshire</i>

SENATE No. 1086

By Mr. Richard T. Moore, a petition (accompanied by bill, Senate, No. 1086) of Richard T. Moore, Michael F. Rush and Michael R. Knapik for legislation to promote safe patient care. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act to promote safe patient care.

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. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition,
2 is hereby amended by inserting after section 228 the following section:-

3 Section 229. (a) For the purposes of this section, the the following words shall have the
4 following meanings:

5 “Department”, the department of public health.

6 “Hospital”, a hospital licensed under section 51 of chapter 111, the teaching hospital of
7 the University of Massachusetts medical school, a private licensed hospital; provided, however,
8 that “hospital” shall not include a hospital or unit classified as either an inpatient rehabilitation
9 facility, an inpatient psychiatric facility, an inpatient substance abuse facility, or a long term care
10 hospital by the federal Centers for Medicare and Medicaid Services, as well as a state-owned and
11 state-operated general acute care hospital, or an acute care unit within a state-operated facility.

12 “Staffing plan”, a written report that indicates the team of patient care professionals
13 involved in the direct care of patients for the following units in each hospital: medical, surgical,
14 critical care, skilled nursing care, step down or intermediate care, emergency departments, and
15 such other units as determined by the Department.

16 (b) A hospital shall report to the department on an annual basis its staffing plan for the
17 preceding hospital fiscal year. The staffing plan shall include, but not be limited to, the
18 following:

19 consideration and inclusion of patient care professionals who have productive hours with
20 direct patient care responsibilities greater than 50% of their shift who are counted in the staffing
21 matrix and replaced if they call in sick; provided however that such staffing plan shall exclude
22 monitor technicians, student nurses and sitters/patient observers; the patient centered nursing
23 activities carried out by unit-based staff in the presence of the patient (e.g., medication
24 administration, nursing treatments, nursing rounds, admission/transfer/discharge, patient
25 teaching, patient communication) and nursing activities that occur away from the patient that are
26 related (e.g., coordination of patient care, documentation, treatment planning); and in a general
27 narrative form appended to the report, discuss the complexity of clinical judgment needed to
28 design and implement a patient’s nursing care plan, the need for specialized equipment and
29 technology, the skill mix of other patient care team members providing or supporting direct
30 patient care, and involvement in quality improvement activities, professional preparation and
31 experience.

32 The department shall post the reports in an electronic format, as determined by regulation
33 promulgated by the department, published on the department website and available to the public.

34 The department shall further develop a process to collect, monitor and evaluate evidence-
35 based nurse-sensitive clinical performance measures, from the nationally recognized measures
36 endorsed by the National Quality Forum that measure how well hospitals prevent pressure ulcers,
37 patient falls, and patient falls with injury. The department shall require reporting of information
38 based on existing state and federal data reporting requirements. The department shall annually
39 issue to the general public hospital-specific data and aggregated industry trends developed from
40 these reports.

41 SECTION 2. Section 1 of this act shall take effect on October 1, 2014.