

Letter: Nurse leaders know dangers of Question 1 – Berkshire Eagle, October 19, 2018

To the editor:

Nurses' work is critical to healing and recovery of patients. Nurses are with patients 24/7, administering medications, performing essential treatments, educating, providing emotional support and assessing and evaluating conditions to ensure the plan of care is appropriate and revising it when necessary. Nurses work in partnership with the physicians, advance practice providers and other clinical and support staff. As nurse leaders our main priority is to ensure patients are well cared for through appropriate safe staffing, and developing and implementing nursing practices, protocols and guidelines supporting safe patient care and quality patient outcomes.

Nurse managers collaborate with bedside nurses to make necessary staffing decisions to support the care of our patients. Nurses at the bedside make staffing assignment decisions every day, every shift, every hour. They work together as a team to ensure the patients' condition, skill set of the nurse, and number of admissions and discharges, are taken into consideration when creating and modifying assignments. Nothing in health care is static, so why would mandated, rigid staffing limits support the care of any patient? Flexibility and teamwork is the key to providing our patients with optimal care.

Nurse staffing should not be decided by a ballot question and mandated by the government. We have staffing guidelines for each area of care. These guidelines are recommended by nursing professional organizations, such as the Association of periOperative Registered Nurses and the Association of Women's Health, Obstetric and Neonatal Nurses. In addition to these recommendations we follow the American Nurses Association's guidelines for nurse staffing plans.

As good as mandated ratios and more nurses may sound, passage of Question 1 will negatively impact your access to local services and timeliness of care. We are fortunate this community hospital, BMC, has the outstanding services, community access and health outcomes many others do not. Question 1 puts these services and this access at risk.

The Massachusetts Health Policy Commission, an independent state agency, states this bill will create longer wait times in all emergency departments and cause increased boarding for patients waiting for inpatient beds. Important hospital and community services may close and beds may be taken out of service because there aren't enough nurses to support the mandated ratio. Berkshire Medical Center has estimated that the law would reduce our bed capacity by 59 beds. One third of these beds would be in behavioral health services. The additional nurses needed, at least 3,000 statewide and over 120 here, will cost over \$900 million per year. Some of this cost will most likely be passed on to the consumer in insurance premiums. Nurses may be pulled from community services to perform bedside care, leaving these programs without registered nurses. Will these services close?

For these reasons BMC nursing leadership and many bedside nurses, including many LPNs who will no longer be permitted to be assigned patients in the hospital, are voting NO on Question 1.

All nursing leaders have been bedside nurses. We became nurse leaders because we care deeply for our patients and are passionate about delivering the very best care. The meaning and purpose of our work is to serve our community members at their most vulnerable time. We care about you. Question 1 puts this at risk. Vote No on Question 1.

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