

Letter: Mass. hospitals need nurse staffing flexibility – Berkshire Eagle, September 26, 2018

To the editor:

There is much confusion around Question 1 on the November ballot. Well-meaning people on both sides have expressed their concern that unless you follow their recommendations, patients will be less safe. As a founding member and past chairman of the National Patient Safety Foundation and a patient safety consultant, I hope to add some clarity.

Similar-looking lawn signs have proliferated. Each begin with the endorsement "Nurses say ." Some recommending a No vote on Question 1, others a Yes vote. The Massachusetts Nurses Association, a union advocacy group, supports Question 1. The American Nurses Association, a national professional organization whose mission is "Nurses advancing our profession to improve health," opposes it.

Does limiting the number of patients per nurse improve health care and patient safety? The answer is not so simple. Medical care is extremely complex. The ideal health system must balance three goals: cost, access and quality. Some improvements in quality or safety may increase costs and make health care less available.

Question 1 would create mandatory, rigid staffing levels that vary based on the hospital unit not necessarily considering the severity of patients' illness. With a worldwide nursing shortage and the aging nursing workforce, these staffing levels may not be achievable.

Health care is dynamic. In the short-term, a patient's condition may suddenly change, requiring more or less attention. In the long term, changes in health care delivery with new technology, such as better electronic records or additional personnel to relieve nurses of some work, may make currently recommended staffing levels outdated.

Flexible guidelines are usually better than rigid laws. We can look at results in California, the only state to have such staffing mandates. After 15 years, some of their safety outcomes have improved, such as post-operative infections, while others, such as falls and bedsores, have worsened. Some California hospital costs have dramatically increased, while other hospitals have been forced to close. Massachusetts doesn't have to try this legislative experiment again.

Simple solutions to complex problems are neither simple nor real solutions. Staffing must be flexible. We must develop new ways to deliver more patient centered, safe and efficient health care.

As we get closer to Nov. 6, I am sure that the rhetoric will only increase the confusion. One thing is clear to me: Legislatively mandated nurse staffing ratios are bad medicine. You should vote No on Question 1.

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