



BALLOT QUESTION 1 NOVEMBER 6

The ballot question facing voters in November would enable the government to mandate rigid staffing ratios for all Massachusetts hospitals and dictate the number of patients a nurse would be allowed to care for at any time, with no flexibility based on what a patient truly needed. This proposal would be devastating to North Shore Medical Center (NSMC) and cost the state nearly \$1 billion per year to implement.

Potential impact to patients of NSMC



Significantly longer waits in the Emergency Room



Potential closure of 40 beds in Salem; 17% of total



Jeopardize plans to open 50+ new psych beds in 2019



\$19 M - \$ 23 M in additional annual expense

Patient services would suffer

If Question 1 passes, NSMC could anticipate significant cuts in available beds and services. Patients could also expect sizeable increases in wait times in the Emergency Department. NSMC would also have to reconsider plans to add the 54 psychiatry beds under construction today and slated to open next year.

Expectations are unrealistic

This proposal will require hospitals in Massachusetts to hire an estimated 5,911 registered nurses by January 2019, at a time when Massachusetts already faces a nursing shortage, especially in hard-to-staff areas such as psychiatry, emergency and surgery. Hospitals that could not recruit the required number of nurses would be forced to close or curtail services or face considerable fines. Based on current recruiting challenges, NSMC estimates it may have to close up to 40 of its 233 medical/surgical beds (17%).



Cost to NSMC and healthcare system is devastating

This ballot initiative would cost NSMC nearly \$20 million a year. State-wide, the proposal would cost nearly \$1 billion per year to implement and devastate care throughout our communities. Furthermore, these costs would be passed on to all of us in the form of higher healthcare premiums and co-pays

No evidence that rigid ratios improve quality: Since 1999, California has been the only state in the US to implement nurse staff ratios and there has been no credible evidence that it has improved health care quality. What it has increased are wait times in emergency departments and cuts to non-nurse staffing positions and available beds.

Current model is better for patients: Today, staffing takes into account the complexities of a patient care unit. We consider our patients' conditions, how sick they are, nurse capabilities, skills of other care team members, and the overall activity expected on a unit on a given day. Allowing this flexibility ensures that our patients receive the care they need in a highly complex and variable environment and enables our nurses to use their education, expertise and sound judgement to make the right decisions for patients.

NSMC opposes Question 1. We cannot overstate how damaging this proposal would be for NSMC and our community. We are committed to working with our nurses, physicians and staff to improve care and enhance the working environment at NSMC. Question 1, however, is a step backward and will reverse so much of the good work we have done together.