3) November, 19th Testimony:

Hello, my name is Harley Keisch. Thank you for taking the time to hold this listening session.

I work as an RN in the CCU at Berkshire Medical Center in Pittsfield, Massachusetts.

I am a member of the Massachusetts Nursing Association.

I am not here representing the Medical Center.

I have three main points.

1. **First**, I believe the regulations should emphasize the primacy of the staff nurses' assessment in determining the stability of the patient. Not only because -- as Representative Garlick so eloquently explained in her testimony last time -- that is the intent of the law. But also simply because staff nurses are uniquely positioned to do so.

   No supervisor far from the floor could possibly know the minute-to-minute clinical status of a patient or how the changing environmental factors are impacting the nurse's ability to safely care for the patient better than the nurse on the ground.

   And only the nurses can judge how well his or her own skills and prior experiences match those required to care for a particular patient. For example, I may have never experienced caring for even a single patient with a ventricular bolt; my colleague may have cared for dozens.

2. **Second**, I think an acuity tool is just that, it is simply a "tool" or a "job aide" to help nurses as we go about making the decision of whether or not it is safe to accept the care of a second patient. As such, I think all acuity tools should have some specific required practical characteristics.
   - Any approved tool should be quick to use.
     - A reasonable goal is less than two minutes.
   - Any approved tool should, of course, help the nurse focus on and evaluate the most common environmental and clinical factors.
     - **However**, please recognize that the possible combinations of clinical and environmental factors are essentially infinite. No list can possibly be exhaustive. Any approved tool must therefore be flexible enough to account for this.
       - So it is my hope that any approved tool will be required to explicitly state: *"The listings of clinical conditions and environmental factors provided in this acuity tool are meant to be examples only."*

     AND to preserve the primacy of the nurses' judgment, I hope that any approved tool will be required to explicitly state: *"The absence of a specific clinical situation or environmental factor from the list does not automatically permit the manager to insert or substitute their judgment for that of the RN."*

3. **Third**, let me speak frankly here, I think it is self-evident that hospitals will be resistant to allocating the additional resources necessary for compliance.
    - It has been almost two months since the law went into effect yet, to my knowledge, where I work, the management has not yet even been willing to acknowledge that the law has gone into effect.
    - As a result, for one example, my hospital still has the expectation that it is okay for nurses to “cover” up to FOUR patients when other nurses go on break or travel off the unit.
    - The brevity of the time period spent "covering” should not be a factor.
        - For example, please consider that just last week I was responsible for the care of a patient whose condition changed -- in less than 20 minutes -- from hours of steadily improving hemodynamic stability to having to be shocked out of a dangerous cardiac rhythm in order to save his life. From the first noticeable changes in his symptoms to shocking him in less than one half of an hour. That is what goes on with critically ill patients. They are very sick. They are unstable. They are fragile and their progression can have sudden unexpected setbacks.
    - Without adequate staffing being provided by the hospitals, nurses will continued to be placed in the untenable situation of practicing illegally and -- most importantly -- unsafely-- shift-after-shift, day-after-day, week-after-week.
    - Therefore I hope, on the behalf of the patients, that the regulations you draft will provide the necessary encouragement to ensure compliance.
        - I thus strongly urge you to adopt the MNA's suggestion that all HPC grants be withheld for hospitals that are not in substantial compliance with the law.
        - I also urge you to compel detailed reporting of each non-compliance event, provide stiff penalties for non-reporting, and to provide easy public access to the data.
    - Finally, I would urge you to issue interim guidance to the hospitals clarifying their responsibility to move quickly towards compliance, to implement changes in staffing policy and procedure that place the decision on patient acceptance with the staff nurses, and to reinforce their staffing and other resources as necessary to enable staff nurses to implement their decisions.

Thank you.

Thank you again for accepting my testimony. Please feel free to contact me for clarification or additional information.

Respectfully,
Harley Keisch, R.N.