



**The Organization of Nurse Leaders of Massachusetts and Rhode Island (ONL of MA& RI)** is submitting the following narrative and letter of reference as a self-nomination for the AONE Chapter Achievement Award for 2015.

ONL consists of over 700 nurse leaders from various practice settings. Virtually all acute-care hospitals in the Commonwealth are represented along with a growing number of members from other settings, including homecare, long-term care, academia and a representative from the Massachusetts Hospital Association (MHA). Collectively, the membership employs over 45,000 nurses and healthcare workers and administers over \$1 billion in operating budgets annually.

ONL's vision is to be the voice of nursing leadership throughout MA. and RI. Our mission is threefold: 1) to shape the current and future healthcare through leadership, innovation and research; 2) to advance the profession of nursing through the integration of practice, education and research; 3) to inspire and develop current and aspiring nurse leaders. Our core values consist of innovation, leadership, excellence, advocacy, and diversity.

Two of ONL's priorities for our 2013-2016 Strategic Plan focus on Public Policy, specifically: 1) using our voice as nurse leaders to influence public policy development and legislation related to health care and the profession of nursing; 2) engaging, informing, and educating ONL members, the public, legislators, regulators and payors on issues related to nursing and the delivery of safe, high quality patient care.

### **Historical perspective**

Ever since 1996, ONL, which was formerly Massachusetts Organization of Nurse Executives (MONE), and MHA have been engaged in strategies aimed at developing public policy strategies to oppose any mandatory nurse staffing legislation proposed by the Massachusetts Nurses Association (MNA). Both organizations shared grave concerns about how rigid legislation would impact the health care delivery in the state. In 2004, MONE and MHA began working more intentionally having formal dialogues about what was needed to ensure that patients and caregivers respectively, were able to receive and give the highest quality care. These discussions identified significant

common ground, a synergistic set of priorities and many common concerns and interests in pursuing resolutions and improvements. The synergy of ideas and goals resulted in a formal commitment by both organizations to work effectively and collaboratively together in the years ahead. Under the joint leadership of the then MONE's and MHA's Executive Directors, Presidents, and Boards of Directors, statewide regional meetings were set up for chief executive officers (CEOs) and chief nursing officers (CNOs) and later chief medical officers (CMOs). All agreed there were real issues to discuss and that there was a need for candor, conversation, collaboration and commitment. There were key areas of agreement:

- Everything starts with the patient and family
- Increased interdisciplinary and interdepartmental collaboration and leadership is necessary
- A desire to break down silos among senior executives (C-Suite) is critical
- The practice environment is critical in delivering quality patient care and ensuring an effective workforce
- Public confidence and trust is essential

The partnership continued to evolve as a result of these initial meetings and it was determined that it would be necessary to engage all the stakeholders in the process of formulating a plan. MONE and MHA decided to build on the current work and to go much further by building on real accomplishments in the state, such as reducing errors and improving quality. In addition, all agreed that accountability to and transparency with the public was needed to show what hospitals were doing and would commit to doing in the future. Leadership of both organizations became so committed to a common agenda, trust was built and a strong partnership was forged. This resulted in a statewide platform that became what is known as ***Patients First*** (now called *PatientCareLink*).

*Patients First* was a first-in-the-nation, voluntary commitment by hospitals to work collaboratively to create practices and innovations to enhance excellence in patient care. Hospitals embraced new strategies to reduce medical errors, increase safety and efficiency, open up communication and increase transparency by publicly reporting nurse staffing plans and nurse sensitive quality indicators. Hospitals also pledged to develop new solutions to alleviate nursing and other caregiver staff shortages. Now *PatientCareLink*, ([www.patientcarelink.org](http://www.patientcarelink.org)), gives patients and families unprecedented access to information and knowledge about their local hospitals. This remarkable accomplishment, implementing a statewide quality and safety agenda for the benefit of our patients was the result of a true partnership; built on trust and common goals.

However, *Patients Care Link* was not enough to hold back the MNA from reintroducing legislation every two years seeking to implement mandated nurse staffing ratios. Because ONL and MHA had forged such a strong partnership, we had been successful in defeating any legislative gains until 2013.

## **Present Day**

Advocacy efforts were successful as the Massachusetts Legislature opted not to enact nurse staffing ratio legislation year after year. However, 2013 brought about a major shift in strategy from the MNA, pursuing for the first time a campaign to bring two referendums to the public as ballot questions. One of these ballot referendums related to more stringent nurse patient ratios in medical surgical units and ICUs and the second ballot referendum was concerned with capping CEO salaries and a cap on hospital profit margins. Both ONL and MHA strongly opposed both ballot referendums.

During the year leading up to the 2014 elections, ONL provided strategic analysis and exceptional leadership not only to its over 700 members, but to the larger nursing and health care community as well. ONL in partnership with MHA and the former Massachusetts Association of Registered Nurses (MARN) now referred to as the American Nurses Association of Massachusetts (ANA-MA) co-led efforts opposing the two ballot questions put forth by the Massachusetts Nursing Association. Again ONL offered expert strategic guidance, providing the nursing perspective in strategic discussions and leading education and engagement efforts from the bedside to the boardroom. Supporting nurse leaders in growing and learning as well as committing to investigating allegations of unsafe nursing assignments is one of the most visible ways in which ONL has raised its collective hand to lead through this conversation about safe staffing and making reasonable, informed and appropriate nursing assignments. ONL's CEO, Sharon Gale, emphasized this commitment during ONL's quarterly meetings as well as during public hearings with legislators. The organization's commitment to safe patient care is ever-present and guides ONL's advocacy work.

As a testament to the leadership provided by ONL, the CEO, Sharon Gale MS, RN, FAAN President Christine Klucznik MS, RN and President-Elect Joan Vitello PhD, RN, NEA-BC, FAHA, FAAN were engaged, along with Patricia Noga Ph.D, RN, NEA-BC, VP of Clinical Affairs at MHA and a team of colleagues from MHA in an unprecedented highly confidential negotiation brokered by the incoming Senate President. The intent of these negotiations was to try to reach consensus on a legislative solution to avoid moving forward with the ballot referendums. The incoming Senate President acted as negotiator between the MNA and ONL/MHA to craft language limiting staffing in an ICU. After almost 6 weeks of confidential compromises, a final agreed upon bill was successfully passed by the Massachusetts Legislature and signed into law by the

Governor as Chapter 155 Acts of 2014. The new law provides the following key provisions:

- Patient assignment in ICUs will be 1:1 or 1:2 depending on the stability of the patient as assessed by the acuity tool and staff nurses including the nurse manager or designee
- ▶ An acuity tool shall be selected by each hospital in consultation with staff nurses and other appropriate medical staff
- ▶ Health Policy Commission (HPC) will promulgate regulations governing implementation and operation of the law
- ▶ 3-5 related patient safety quality indicators shall be reported to the public.

The collaborative efforts of ONL and MHA were successful in the MNA rescinding their ballot referendums thus avoiding a public vote during the fall elections. The result was a thoughtfully crafted piece of legislation that outlines an approach to nursing assignments in the ICU.

ONL, MHA and ANA-MA's leadership did not end with passage of the legislation in June of 2014 but rather it continued to expand through the convening of two workgroups to advance and guide the advocacy needed to influence the Health Policy Commission (HPC), the group charged with developing the regulations needed to implement the new ICU nurse staffing law. The HPC was now charged with promulgating regulations related to the acuity tool required for assessment of patients, quality measures and reporting frequency.

ONL and MHA convened multiple meetings with members of the Health Policy Commission and a tour of four different ICUs at two of Boston's large teaching hospitals. The two workgroups, which were co-led with MHA, included various levels of nurse leaders from hospitals across the state. A testament to the engagement of nurses involved in these work groups is that ONL and MHA built 5 panels of nurses who presented expert testimony to educate and influence the regulations being developed to implement this new law.

At the end of 2014, and in writing this nomination, the Health Policy Commission is in the process of developing a draft of regulations that will affect the implementation of the ICU staffing law. ONL continues to engage with the Health Policy Commission and to provide information that supports their efforts.

On other health policy topics, ONL is gearing up for the new legislative session that will begin in January 2015. Consistent with ONL's vision to be the voice of nursing leadership, efforts will focus on both the delivery of health care and the practice of nursing throughout Massachusetts and Rhode Island.

Reflective of ONL's strategic priority to influence public policy and to engage, educate and inform nurses, legislators and the public about issues related to nursing and safe patient care ONL's Government Affairs Committee is charged with monitoring state and federal legislative and regulatory activities for their relevance to ONL, patient care, and all aspects of nursing care and to make recommendations regarding positions and actions to the ONL Board. This committee, in collaboration with the ONL Board has prepared position statements and offered expert testimony on a wide range of proposed bills/ health policies from the Nurse Licensure Compact, APRN scope of practice delegation of medication administration in the home environment and Ebola preparedness.

As we reflect back on ONL's achievements for 2014, we are most proud of the fact that ONL succeeded in its primary goal to be the voice of nursing leadership in Massachusetts and Rhode Island. We raised our voices and we saw an immediate impact on one of the most contentious and long-standing legislative battles over mandatory nurse staffing ratios. Now we are committed to expanding the voice of nursing leadership as we prepare for the 2015 legislative session. We thank you for your consideration of this nomination for the AONE Chapter Achievement Award for 2015.