

HOUSE No. 2024

The Commonwealth of Massachusetts

PRESENTED BY:

David M. Nangle

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act Relative to Patient Safety.

PETITION OF:

NAME:

David M. Nangle

Benjamin Swan

DISTRICT/ADDRESS:

17th Middlesex

11th Hampden

HOUSE No. 2024

By Mr. Nangle of Lowell, a petition (accompanied by bill, House, No. 2024) of David M. Nangle and Benjamin Swan relative to eliminating emergency room overcrowding and diversions. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act Relative to Patient Safety.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 51 of Chapter 111 of the General Laws is hereby amended by
2 inserting at the end thereof the following:

3 Each hospital in the Commonwealth that operates an Emergency Room shall annually file
4 with the Department, within thirty (30) days of the start of the hospital fiscal year, a written
5 operating plan designed to eliminate emergency room overcrowding and diversions. The plan
6 shall include the following:

- 7 1) A comprehensive assessment of emergency room wait times for the prior fiscal
8 year, including the average wait time and the number of complaints submitted to the hospital
9 regarding wait times in the emergency room, and a review of steps taken to reduce the wait time.
10 The assessment shall also include the number of hours the emergency room was on diversion
11 status, broken down by day of the week, and the actual number of emergency diversions for the
12 prior fiscal year;

13 2) A summary of the specific measures that the hospital will take in the current fiscal
14 year to eliminate overcrowding in the emergency room, such as adjusting elective surgery
15 schedules to reduce variability;

16 3) The anticipated impact the plan will have on staffing ratios and, after the first
17 year, the actual impact the plan has had for the previous year;

18 4) A defined set of measures by which to assess the plan's success, such as the
19 number of emergency room diversions, the average wait time to receive emergency services,
20 and/or the percentage of patients in a bed within one hour of arriving in the emergency room;

21 The Department shall notify the hospital that the plan has been approved or disapproved
22 within twenty (20) days after filing, based on a determination as to whether the plan adequately
23 addresses the needs of emergency room patients. If such plan has not been acted upon by the
24 Department within twenty (20) days, the plan shall be deemed approved. If the Department
25 disapproves of such plan, the hospital shall submit a revised plan within twenty (20) days. If the
26 revised plan continues to be disapproved, or if a hospital fails to submit a plan, the commissioner
27 may take any action deemed appropriate.