

SENATE No. 1066

The Commonwealth of Massachusetts

PRESENTED BY:

Richard T. Moore

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 passage of the accompanying bill:

An Act relative to patient safety.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Richard T. Moore</i>	<i>Worcester and Norfolk</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>

SENATE No. 1066

By Mr. Richard T. Moore, a petition (accompanied by bill, Senate, No. 1066) of Richard T. Moore, John W. Scibak, Benjamin Swan, Denise Provost and other members of the General Court for legislation relative to patient safety. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION

SEE

□ □ SENATE
□ , NO. 1141 OF 2011-2012.]

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

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, as appearing in the 2010
2 Official Edition, is hereby amended by 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 30 days of the start of the hospital fiscal year, a written operating
5 plan designed to eliminate emergency room overcrowding and diversions. The plan shall include
6 the following:

7 (1) A comprehensive assessment of emergency room wait times for the prior fiscal year,
8 including the average wait time and the number of complaints submitted to the hospital regarding
9 wait times in the emergency room, and a review of steps taken to reduce the wait time. The
10 assessment shall also include the number of hours the emergency room was on diversion status,
11 broken down by day of the week, and the actual number of emergency diversions for the prior
12 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 year,
17 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 number
19 of emergency room diversions, the average wait time to receive emergency services, and/or the
20 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 20 days after filing, based on a determination as to whether the plan adequately addresses
23 the needs of emergency room patients. If said plan has not been acted upon by the department
24 within 20 days, the plan shall be deemed approved. If the department disapproves of said plan,
25 the hospital shall submit a revised plan within 20 days. If the revised plan continues to be
26 disapproved, or if a hospital fails to submit a plan, the commissioner may take any action
27 deemed appropriate.