# SENATE . . . . . . . . . . . . . . . No.

# The Commonwealth of Massachusetts

#### PRESENTED BY:

## Moore, Richard (SEN)

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: Moore, Richard (SEN) DISTRICT/ADDRESS:

Worcester and Norfolk

## [SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. S01272 OF 2007-2008.]

## The Commonwealth of Alassachusetts

In the Year Two Thousand and Nine

#### 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:

SECTION 1. Section 51 of Chapter 111 of the General Laws, as appearing in the 2006 1 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 with the 4 department, within thirty (30) days of the start of the hospital fiscal year, a written operating plan 5 designed to eliminate emergency room overcrowding and diversions. The plan shall include the 6 following: 7 1) A comprehensive assessment of emergency room wait times for the prior fiscal year, including the average wait time and the number of complaints submitted to the hospital regarding 8 wait times in the emergency room, and a review of steps taken to reduce the wait time. The 9

10 assessment shall also include the number of hours the emergency room was on diversion status,

broken down by day of the week, and the actual number of emergency diversions for the priorfiscal year;

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

16 3) The anticipated impact the plan will have on staffing ratios and, after the first year, the17 actual impact the plan has had for the previous year;

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

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