



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

SB0361

Introduced 2/7/2007, by Sen. Carol Ronen

SYNOPSIS AS INTRODUCED:

New Act

210 ILCS 85/7

210 ILCS 85/9

from Ch. 111 1/2, par. 148

from Ch. 111 1/2, par. 150

Creates the Patient Acuity Nursing Staffing Act and amends the Hospital Licensing Act. Provides that every hospital shall implement a written hospital-wide staffing plan that includes a matrix for staffing decision-making that provides for minimum direct care professional registered nurse-to-patient staffing needs for each unit of care. Sets forth items that must be included in the staffing plan. Provides that every hospital shall establish a nursing care committee, which shall determine a written staffing plan for the hospital; sets forth particular responsibilities of the committee. Provides that any nurse who is an employee of a hospital that is subject to the Patient Acuity Nursing Staffing Act Act may file a complaint with the Department of Public Health regarding an alleged violation of the Act without fear of retaliation, discipline, or discharge. Provides that upon receiving a complaint of a violation, the Department may take any action authorized under certain provisions of the Hospital Licensing Act, including denial, suspension, or revocation of a permit or license or making an inspection or investigation. Effective January 1, 2008.

LRB095 09342 DRJ 29537 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Patient Acuity Nursing Staffing Act.

6 Section 5. Findings. The legislature finds and declares all
7 of the following:

8 (1) The State of Illinois has a substantial interest in
9 promoting quality care and improving the delivery of health
10 care services in health care facilities in the State.

11 (2) Numerous studies have shown that improved patient
12 outcomes are directly correlated to direct care registered
13 nurse staffing levels.

14 (3) Evidence-based studies have shown that the basic
15 principles of staffing in the acute care setting should be
16 based on the complexity of patients' care needs matched to
17 nursing skills required for optimal outcomes and improved
18 quality of care within the system's environment.

19 Section 10. Definitions. In this Act:

20 "Acuity model" means an acuity tool developed and
21 implemented by a hospital, as determined by that hospital's
22 nursing care committee, that matches patient care needs and

1 nurse competency required for optimal outcomes into the
2 staffing plan.

3 "Department" means the Department of Public Health.

4 "Direct patient care" means a registered professional
5 nurse with direct responsibility to carry out medical regimens
6 or nursing care for one or more patients.

7 "Hospital" means an entity licensed under the Hospital
8 Licensing Act or organized under the University of Illinois
9 Hospital Act.

10 "Nursing care committee" means a committee to develop and
11 review a hospital's staffing plan, established pursuant to
12 Section 20.

13 "Registered professional nurse" means a person licensed as
14 a Registered Nurse under the Nursing and Advanced Practice
15 Nursing Act.

16 "Written staffing plan for nursing care services" means a
17 written plan for assignment of nursing staff based on minimum
18 staffing levels for each patient care unit and the adopted
19 acuity model linking patient care needs with nursing skills
20 required for optimal outcomes.

21 Section 15. Written staffing plan.

22 (a) Every hospital shall implement a written hospital-wide
23 staffing plan, adopted by the hospital's nursing care
24 committee, that includes a matrix for staffing decision-making
25 that provides for minimum direct care professional registered

1 nurse-to-patient staffing needs for each unit of care. The
2 written hospital-wide staffing plan shall include, but need not
3 be limited to, the following considerations:

4 (1) The complexity of complete care, assessment on
5 patient admission, patient admissions, discharges and
6 transfers, and volume; individual patient intensity; and
7 evaluation of the progress of the patient problems, ongoing
8 physical assessments, planning for patient discharge,
9 assessment after a change in patient condition, or
10 assessment of the need for patient referrals.

11 (2) The complexity of clinical professional nursing
12 judgment needed to design and implement the patient's
13 nursing care plan, the need for specialized equipment and
14 technology, and the skill mix of other personnel providing
15 or supporting direct patient care not required by direct
16 care registered professional nurse; the learning curve for
17 individuals and groups of nurses; staffing consistency,
18 continuity, and cohesion; cross-training; control of
19 practice; and involvement in quality improvement
20 activities, professional expectations, preparation, and
21 experience.

22 (3) Patient characteristics and the number of patients
23 for whom care is being provided.

24 (4) Architecture (geographical dispersion of patients,
25 size and layout of individual patient rooms, arrangement of
26 entire patient care units, and so forth); technology; same

1 unit or cluster of patients.

2 Ongoing patient assessments of a unit's patient acuity
3 level and nursing staff required shall be routinely made by the
4 patient care coordinator or charge nurse.

5 The charge nurse shall not be routinely assigned for direct
6 patient care in order to provide and accommodate changing
7 patient care needs and nurse availability.

8 As nurse and non-nurse staffing needs are identified from
9 the staffing-decision matrix, organizational policy should
10 reflect an organizational climate that values registered
11 nurses and other employees as strategic assets and exhibits a
12 true commitment to filling budgeted positions in a timely
13 manner.

14 (b) In addition to the written staffing plan, every
15 hospital shall adopt an acuity plan to adjust the staffing plan
16 for each patient care unit to provide staffing flexibility to
17 meet patient care needs.

18 Section 20. Nursing care committee.

19 (a) Every hospital shall establish a nursing care
20 committee. A hospital shall appoint members of the committee
21 such that at least 50% of the members of the committee must be
22 registered professional nurses providing direct patient care.

23 (b) The nursing care committee shall determine a written
24 staffing plan for the hospital based on the principles from the
25 staffing decision matrix components set forth in subsection (a)

1 of Section 15. In particular, the committee shall do the
2 following:

3 (1) Develop, adopt, and implement minimum staffing
4 levels for each patient care unit.

5 (2) Develop, adopt, and implement an acuity model to
6 provide staffing flexibility that links changing patient
7 acuity with nursing with nursing skills required.

8 (3) Develop and implement a written staffing plan
9 incorporating the items described in subsections (a) and
10 (b) of Section 15.

11 (4) Post the written staffing plan in a conspicuous and
12 accessible location for both patients and direct care
13 staff, as required under the Hospital Report Card Act.

14 (5) Analyze and recommend changes to improve patient
15 care.

16 (6) Meet no less than monthly.

17 (7) Review annually the following: budgeting of
18 nursing care hours for each inpatient unit;
19 nurse-to-patient staffing guidelines for all inpatient
20 areas; and current acuity measures in use.

21 Section 25. Violation; complaint; penalty. Any nurse who is
22 an employee of a hospital that is subject to this Act may file
23 a complaint with the Department of Public Health regarding an
24 alleged violation of this Act without fear of retaliation,
25 discipline, or discharge. Upon receiving a complaint of a

1 violation of this Act, the Department may take any action
2 authorized under Section 7 or 9 of the Hospital Licensing Act.

3 Section 90. The Hospital Licensing Act is amended by
4 changing Sections 7 and 9 as follows:

5 (210 ILCS 85/7) (from Ch. 111 1/2, par. 148)

6 Sec. 7. (a) The Director after notice and opportunity for
7 hearing to the applicant or licensee may deny, suspend, or
8 revoke a permit to establish a hospital or deny, suspend, or
9 revoke a license to open, conduct, operate, and maintain a
10 hospital in any case in which he finds that there has been a
11 substantial failure to comply with the provisions of this Act,
12 the Hospital Report Card Act, the Patient Acuity Nursing
13 Staffing Act, or the Illinois Adverse Health Care Events
14 Reporting Law of 2005 or the standards, rules, and regulations
15 established by virtue of any of those Acts.

16 (b) Such notice shall be effected by registered mail or by
17 personal service setting forth the particular reasons for the
18 proposed action and fixing a date, not less than 15 days from
19 the date of such mailing or service, at which time the
20 applicant or licensee shall be given an opportunity for a
21 hearing. Such hearing shall be conducted by the Director or by
22 an employee of the Department designated in writing by the
23 Director as Hearing Officer to conduct the hearing. On the
24 basis of any such hearing, or upon default of the applicant or

1 licensee, the Director shall make a determination specifying
2 his findings and conclusions. In case of a denial to an
3 applicant of a permit to establish a hospital, such
4 determination shall specify the subsection of Section 6 under
5 which the permit was denied and shall contain findings of fact
6 forming the basis of such denial. A copy of such determination
7 shall be sent by registered mail or served personally upon the
8 applicant or licensee. The decision denying, suspending, or
9 revoking a permit or a license shall become final 35 days after
10 it is so mailed or served, unless the applicant or licensee,
11 within such 35 day period, petitions for review pursuant to
12 Section 13.

13 (c) The procedure governing hearings authorized by this
14 Section shall be in accordance with rules promulgated by the
15 Department and approved by the Hospital Licensing Board. A full
16 and complete record shall be kept of all proceedings, including
17 the notice of hearing, complaint, and all other documents in
18 the nature of pleadings, written motions filed in the
19 proceedings, and the report and orders of the Director and
20 Hearing Officer. All testimony shall be reported but need not
21 be transcribed unless the decision is appealed pursuant to
22 Section 13. A copy or copies of the transcript may be obtained
23 by any interested party on payment of the cost of preparing
24 such copy or copies.

25 (d) The Director or Hearing Officer shall upon his own
26 motion, or on the written request of any party to the

1 proceeding, issue subpoenas requiring the attendance and the
2 giving of testimony by witnesses, and subpoenas duces tecum
3 requiring the production of books, papers, records, or
4 memoranda. All subpoenas and subpoenas duces tecum issued under
5 the terms of this Act may be served by any person of full age.
6 The fees of witnesses for attendance and travel shall be the
7 same as the fees of witnesses before the Circuit Court of this
8 State, such fees to be paid when the witness is excused from
9 further attendance. When the witness is subpoenaed at the
10 instance of the Director, or Hearing Officer, such fees shall
11 be paid in the same manner as other expenses of the Department,
12 and when the witness is subpoenaed at the instance of any other
13 party to any such proceeding the Department may require that
14 the cost of service of the subpoena or subpoena duces tecum and
15 the fee of the witness be borne by the party at whose instance
16 the witness is summoned. In such case, the Department in its
17 discretion, may require a deposit to cover the cost of such
18 service and witness fees. A subpoena or subpoena duces tecum
19 issued as aforesaid shall be served in the same manner as a
20 subpoena issued out of a court.

21 (e) Any Circuit Court of this State upon the application of
22 the Director, or upon the application of any other party to the
23 proceeding, may, in its discretion, compel the attendance of
24 witnesses, the production of books, papers, records, or
25 memoranda and the giving of testimony before the Director or
26 Hearing Officer conducting an investigation or holding a

1 hearing authorized by this Act, by an attachment for contempt,
2 or otherwise, in the same manner as production of evidence may
3 be compelled before the court.

4 (f) The Director or Hearing Officer, or any party in an
5 investigation or hearing before the Department, may cause the
6 depositions of witnesses within the State to be taken in the
7 manner prescribed by law for like depositions in civil actions
8 in courts of this State, and to that end compel the attendance
9 of witnesses and the production of books, papers, records, or
10 memoranda.

11 (Source: P.A. 93-563, eff. 1-1-04; 94-242, eff. 7-18-05.)

12 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)

13 Sec. 9. Inspections and investigations. The Department
14 shall make or cause to be made such inspections and
15 investigations as it deems necessary. Information received by
16 the Department through filed reports, inspection, or as
17 otherwise authorized under this Act or under the Patient Acuity
18 Nursing Staffing Act shall not be disclosed publicly in such
19 manner as to identify individuals or hospitals, except (i) in a
20 proceeding involving the denial, suspension, or revocation of a
21 permit to establish a hospital or a proceeding involving the
22 denial, suspension, or revocation of a license to open,
23 conduct, operate, and maintain a hospital, (ii) to the
24 Department of Children and Family Services in the course of a
25 child abuse or neglect investigation conducted by that

1 Department or by the Department of Public Health, (iii) in
2 accordance with Section 6.14a of this Act, or (iv) in other
3 circumstances as may be approved by the Hospital Licensing
4 Board.

5 (Source: P.A. 90-608, eff. 6-30-98; 91-242, eff. 1-1-00.)

6 Section 99. Effective date. This Act takes effect January
7 1, 2008.