

HB2939



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB2939

Introduced 2/23/2011, by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

210 ILCS 85/10.10

Amends the Hospital Licensing Act. Provides that a copy of the written staffing plan for nursing care services shall be provided to any member of the general public upon request.

LRB097 09339 RPM 49474 b

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 5. The Hospital Licensing Act is amended by
5 changing Section 10.10 as follows:

6 (210 ILCS 85/10.10)

7 Sec. 10.10. Nurse Staffing by Patient Acuity.

8 (a) Findings. The Legislature finds and declares all of the
9 following:

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

13 (2) Evidence-based studies have shown that the basic
14 principles of staffing in the acute care setting should be
15 based on the complexity of patients' care needs aligned
16 with available nursing skills to promote quality patient
17 care consistent with professional nursing standards.

18 (3) Compliance with this Section promotes an
19 organizational climate that values registered nurses'
20 input in meeting the health care needs of hospital
21 patients.

22 (b) Definitions. As used in this Section:

23 "Acuity model" means an assessment tool selected and

1 implemented by a hospital, as recommended by a nursing care
2 committee, that assesses the complexity of patient care needs
3 requiring professional nursing care and skills and aligns
4 patient care needs and nursing skills consistent with
5 professional nursing standards.

6 "Department" means the Department of Public Health.

7 "Direct patient care" means care provided by a registered
8 professional nurse with direct responsibility to oversee or
9 carry out medical regimens or nursing care for one or more
10 patients.

11 "Nursing care committee" means an existing or newly created
12 hospital-wide committee or committees of nurses whose
13 functions, in part or in whole, contribute to the development,
14 recommendation, and review of the hospital's nurse staffing
15 plan established pursuant to subsection (d).

16 "Registered professional nurse" means a person licensed as
17 a Registered Nurse under the Nurse Practice Act.

18 "Written staffing plan for nursing care services" means a
19 written plan for guiding the assignment of patient care nursing
20 staff based on multiple nurse and patient considerations that
21 yield minimum staffing levels for inpatient care units and the
22 adopted acuity model aligning patient care needs with nursing
23 skills required for quality patient care consistent with
24 professional nursing standards.

25 (c) Written staffing plan.

26 (1) Every hospital shall implement a written

1 hospital-wide staffing plan, recommended by a nursing care
2 committee or committees, that provides for minimum direct
3 care professional registered nurse-to-patient staffing
4 needs for each inpatient care unit. The written
5 hospital-wide staffing plan shall include, but need not be
6 limited to, the following considerations:

7 (A) The complexity of complete care, assessment on
8 patient admission, volume of patient admissions,
9 discharges and transfers, evaluation of the progress
10 of a patient's problems, ongoing physical assessments,
11 planning for a patient's discharge, assessment after a
12 change in patient condition, and assessment of the need
13 for patient referrals.

14 (B) The complexity of clinical professional
15 nursing judgment needed to design and implement a
16 patient's nursing care plan, the need for specialized
17 equipment and technology, the skill mix of other
18 personnel providing or supporting direct patient care,
19 and involvement in quality improvement activities,
20 professional preparation, and experience.

21 (C) Patient acuity and the number of patients for
22 whom care is being provided.

23 (D) The ongoing assessments of a unit's patient
24 acuity levels and nursing staff needed shall be
25 routinely made by the unit nurse manager or his or her
26 designee.

1 (E) The identification of additional registered
2 nurses available for direct patient care when
3 patients' unexpected needs exceed the planned workload
4 for direct care staff.

5 (2) In order to provide staffing flexibility to meet
6 patient needs, every hospital shall identify an acuity
7 model for adjusting the staffing plan for each inpatient
8 care unit.

9 (3) The written staffing plan shall be posted in a
10 conspicuous and accessible location for both patients and
11 direct care staff, as required under the Hospital Report
12 Card Act. A copy of the written staffing plan shall be
13 provided to any member of the general public upon request.

14 (d) Nursing care committee.

15 (1) Every hospital shall have a nursing care committee.
16 A hospital shall appoint members of a committee whereby at
17 least 50% of the members are registered professional nurses
18 providing direct patient care.

19 (2) A nursing care committee's recommendations must be
20 given significant regard and weight in the hospital's
21 adoption and implementation of a written staffing plan.

22 (3) A nursing care committee or committees shall
23 recommend a written staffing plan for the hospital based on
24 the principles from the staffing components set forth in
25 subsection (c). In particular, a committee or committees
26 shall provide input and feedback on the following:

1 (A) Selection, implementation, and evaluation of
2 minimum staffing levels for inpatient care units.

3 (B) Selection, implementation, and evaluation of
4 an acuity model to provide staffing flexibility that
5 aligns changing patient acuity with nursing skills
6 required.

7 (C) Selection, implementation, and evaluation of a
8 written staffing plan incorporating the items
9 described in subdivisions (c)(1) and (c)(2) of this
10 Section.

11 (D) Review the following: nurse-to-patient
12 staffing guidelines for all inpatient areas; and
13 current acuity tools and measures in use.

14 (4) A nursing care committee must address the items
15 described in subparagraphs (A) through (D) of paragraph (3)
16 semi-annually.

17 (e) Nothing in this Section 10.10 shall be construed to
18 limit, alter, or modify any of the terms, conditions, or
19 provisions of a collective bargaining agreement entered into by
20 the hospital.

21 (Source: P.A. 95-401, eff. 1-1-08; 96-328, eff. 8-11-09.)