

HB3660



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3660

Introduced 2/22/2021, by Rep. Janet Yang Rohr

SYNOPSIS AS INTRODUCED:

210 ILCS 85/10.10

Amends the Hospital Licensing Act. Provides that hospital-wide staffing plans shall include consideration of infant acuity and the number of infants for whom care is being provided. Effective immediately.

LRB102 15005 CPF 20360 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
9 the following:

10 (1) The State of Illinois has a substantial interest
11 in promoting quality care and improving the delivery of
12 health 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
12 created 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
20 nursing staff based on multiple nurse and patient
21 considerations that yield minimum staffing levels for
22 inpatient care units and the adopted acuity model aligning
23 patient care needs with nursing skills required for quality
24 patient care consistent with 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
13 need 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 (F) Infant acuity and the number of infants for
6 whom care is being provided.

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

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

16 (d) Nursing care committee.

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

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

24 (3) A nursing care committee or committees shall
25 recommend a written staffing plan for the hospital based
26 on the principles from the staffing components set forth

1 in subsection (c). In particular, a committee or
2 committees shall provide input and feedback on the
3 following:

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

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

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

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

17 (4) A nursing care committee must address the items
18 described in subparagraphs (A) through (D) of paragraph
19 (3) semi-annually.

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

24 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;
25 97-813, eff. 7-13-12.)

26 Section 99. Effective date. This Act takes effect upon

1 becoming law.