

1 AN ACT concerning health care.

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 Nursing Care and Quality Improvement Act.

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

8 (a) Health care services are becoming complex and it is
9 increasingly difficult for patients to access integrated
10 services.

11 (b) Quality of patient care is jeopardized because of
12 staffing changes implemented in response to managed care.

13 (c) To ensure the adequate protection of patients in
14 acute care settings, it is essential that qualified
15 registered nurses be accessible and available to meet the
16 needs of patients.

17 (d) The basic principles of staffing in the acute care
18 setting should be based on the patient's care needs, the
19 severity of condition, services needed, and the complexity
20 surrounding those services.

21 Section 10. Definitions. As used in this Act:

22 "Critical care unit" means a unit that is established to
23 safeguard and protect patients whose medical conditions are
24 severe enough to require continuous monitoring and complex
25 intervention by registered nurses.

26 "Hospital unit" means a critical care unit, burn unit,
27 labor and delivery room, postanesthesia service area,
28 emergency department, operating room, pediatric unit,
29 step-down or intermediate care unit, specialty care unit,

1 telemetry unit, general medical care unit, subacute care
2 unit, and transitional inpatient care unit.

3 "Nurse" and "registered nurse" means any person licensed
4 as a registered nurse or registered professional nurse under
5 the Nursing and Advanced Practice Nursing Act.

6 Section 15. Nurse-to-patient ratios. By January 1, 2004,
7 the Department of Public Health shall adopt rules that
8 establish minimum, specific, and numerical registered
9 nurse-to-patient ratios by registered nurse classification
10 and by hospital unit for all health facilities licensed
11 pursuant to the Hospital Licensing Act. The Department shall
12 adopt these rules in accordance with the Department's
13 licensing and certification rules and other professional and
14 vocational rules under Illinois law. The Department shall
15 review these rules 5 years after adoption and shall report to
16 the General Assembly regarding any proposed changes.
17 Flexibility shall be considered by the Department for rural
18 general acute care hospitals in response to their special
19 needs. The rules addressing the emergency department shall
20 distinguish between regularly scheduled core staff registered
21 nurses and additional registered nurses required to care for
22 critical care patients in the emergency department.

23 These ratios shall constitute the minimum number of
24 registered nurses that shall be allocated at all times.
25 Additional staff shall be assigned in accordance with a
26 documented patient classification system for determining
27 nursing care requirements, including the severity of the
28 illness; the need for specialized equipment and technology,
29 the complexity of clinical judgment needed to design,
30 implement, and evaluate the patient care plan and the ability
31 for self-care; and the licensure of the personnel required
32 for care. All licensed health facilities shall adopt written
33 policies and procedures for training and orientation of

1 nursing staff.

2 Section 20. Floating.

3 (a) No registered nurse shall be assigned to a nursing
4 unit or clinical area unless that nurse has first received
5 orientation in that clinical area sufficient to provide
6 competent care to patients in that area and has demonstrated
7 current competence in providing care in that area.

8 (b) The written policies and procedures for orientation
9 of nursing staff shall require that all temporary personnel
10 shall receive orientation and be subject to competency
11 validation.

12 (c) The rules adopted by the Department shall augment
13 and not replace existing nurse-to-patient ratios that exist
14 in rules or law.

15 Section 25. Registered nurse staff planning. Each
16 hospital shall be responsible for the development and
17 implementation of a written hospital-wide staffing plan for
18 nursing services. A hospital shall have a process that
19 ensures the consideration of input from direct care clinical
20 staff in the development, implementation, monitoring,
21 evaluation, and modification of the staffing plan. At least 6
22 of the members of the committee charged with developing,
23 implementing, monitoring, evaluating, and modifying the
24 staffing plan shall be nurses and at least half of the nurse
25 members shall be registered nurses who provide direct patient
26 care. The staffing plan shall include:

27 (1) Competency validation for registered nurses
28 based on the statutorily recognized duties and
29 responsibilities of the registered nurse and the
30 standards which are specific to each patient care unit.

31 (2) A patient classification system that
32 establishes staffing requirements by unit, patient, and

1 shift; determines staff resource allocation based on
2 nursing care requirements for each shift and each unit;
3 establishes a method by which the hospital validates the
4 reliability of the patient classification system; and
5 incorporates a method by which the hospital improves
6 patient outcomes based on clinical data.

7 (3) Written nursing service policies and procedures
8 based on current standards of nursing practice and
9 consistent with the nursing process, which includes:
10 assessment, nursing diagnosis, planning, intervention,
11 evaluation, and patient advocacy. The hospital
12 administration and the governing body shall review and
13 approve all policies and procedures that relate to
14 nursing service at least once every 3 years.

15 (4) Provisions for a complete orientation to the
16 hospital and assigned patient care unit before receiving
17 patient care assignments, and a written, organized
18 in-service education program for all patient care
19 personnel, including temporary staff.

20 The Department of Public Health may establish by rule
21 additional criteria for staffing plans.

22 Section 30. Penalties. The Department of Public Health
23 may impose civil penalties or suspend, revoke, or place
24 conditional provisions upon a license of a hospital for a
25 violation of any provision of this Act. The Department shall
26 adopt by rule a schedule establishing the amount of civil
27 penalty that may be imposed for any violation of Sections 15
28 through 25 of this Act when there is a reasonable belief that
29 safe patient care has been or may be negatively impacted.
30 Each violation of a staffing plan shall be considered a
31 separate violation.

32 Section 35. Nursing scholarship appropriations. Revenues

1 collected from fines incurred under this Act shall be
2 allocated to the Department of Public Health for nursing
3 scholarships awarded pursuant to the Nursing Education
4 Scholarship Law in addition to any other monies set aside and
5 appropriated to the Department of Public Health for nursing
6 scholarships awarded pursuant to the Nursing Education
7 Scholarship Law.

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.