



Sen. Carol Ronen

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1 AMENDMENT TO SENATE BILL 867

2 AMENDMENT NO. _____. Amend Senate Bill 867 by replacing
3 everything after the enacting clause with the following:

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

1 nursing skills required for optimal outcomes and improved
2 quality of care within the system's environment.

3 Section 10. Definitions. In this Act:

4 "Acuity model" means an acuity tool developed and
5 implemented by a hospital, as determined by that hospital's
6 nursing care committee, that matches patient care needs and
7 nurse competency required for optimal outcomes into the
8 staffing plan.

9 "Department" means the Department of Public Health.

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

13 "Hospital" means an entity licensed under the Hospital
14 Licensing Act or organized under the University of Illinois
15 Hospital Act.

16 "Nursing care committee" means a committee to develop and
17 review a hospital's staffing plan, established pursuant to
18 Section 20.

19 "Registered professional nurse" means a person licensed as
20 a Registered Nurse under the Nursing and Advanced Practice
21 Nursing Act.

22 "Written staffing plan for nursing care services" means a
23 written plan for assignment of nursing staff based on minimum
24 staffing levels for each patient care unit and the adopted
25 acuity model linking patient care needs with nursing skills

1 required for optimal outcomes.

2 Section 15. Written staffing plan.

3 (a) Every hospital shall implement a written hospital-wide
4 staffing plan, adopted by the hospital's nursing care
5 committee, that includes a matrix for staffing decision-making
6 that provides for minimum direct care professional registered
7 nurse-to-patient staffing needs for each unit of care. The
8 written hospital-wide staffing plan shall include, but need not
9 be limited to, the following considerations:

10 (1) The complexity of complete care, assessment on
11 patient admission, patient admissions, discharges and
12 transfers, and volume; individual patient intensity; and
13 evaluation of the progress of the patient problems, ongoing
14 physical assessments, planning for patient discharge,
15 assessment after a change in patient condition, or
16 assessment of the need for patient referrals.

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

1 activities, professional expectations, preparation, and
2 experience.

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

5 (4) Architecture (geographical dispersion of patients,
6 size and layout of individual patient rooms, arrangement of
7 entire patient care units, and so forth); technology; same
8 unit or cluster of patients.

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

12 The charge nurse shall not be routinely assigned for direct
13 patient care in order to provide and accommodate changing
14 patient care needs and nurse availability.

15 As nurse and non-nurse staffing needs are identified from
16 the staffing-decision matrix, organizational policy should
17 reflect an organizational climate that values registered
18 nurses and other employees as strategic assets and exhibits a
19 true commitment to filling budgeted positions in a timely
20 manner.

21 (b) In addition to the written staffing plan, every
22 hospital shall adopt an acuity plan to adjust the staffing plan
23 for each patient care unit to provide staffing flexibility to
24 meet patient care needs.

25 Section 20. Nursing care committee.

1 (a) Every hospital shall establish a nursing care
2 committee. A hospital shall appoint members of the committee
3 such that at least 50% of the members of the committee must be
4 registered professional nurses providing direct patient care.

5 (b) The nursing care committee shall determine a written
6 staffing plan for the hospital based on the principles from the
7 staffing decision matrix components set forth in subsection (a)
8 of Section 15. In particular, the committee shall do the
9 following:

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

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

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

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

21 (5) Analyze and recommend changes to improve patient
22 care.

23 (6) Meet no less than monthly.

24 (7) Review annually the following: budgeting of
25 nursing care hours for each inpatient unit;
26 nurse-to-patient staffing guidelines for all inpatient

1 areas; and current acuity measures in use.

2 Section 25. Violation; complaint; penalty. Any nurse who is
3 an employee of a hospital that is subject to this Act may file
4 a complaint with the Department of Public Health regarding an
5 alleged violation of this Act without fear of retaliation,
6 discipline, or discharge. Upon receiving a complaint of a
7 violation of this Act, the Department may take any action
8 authorized under Section 7 or 9 of the Hospital Licensing Act.

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

11 (210 ILCS 85/7) (from Ch. 111 1/2, par. 148)

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

22 (b) Such notice shall be effected by registered mail or by
23 personal service setting forth the particular reasons for the

1 proposed action and fixing a date, not less than 15 days from
2 the date of such mailing or service, at which time the
3 applicant or licensee shall be given an opportunity for a
4 hearing. Such hearing shall be conducted by the Director or by
5 an employee of the Department designated in writing by the
6 Director as Hearing Officer to conduct the hearing. On the
7 basis of any such hearing, or upon default of the applicant or
8 licensee, the Director shall make a determination specifying
9 his findings and conclusions. In case of a denial to an
10 applicant of a permit to establish a hospital, such
11 determination shall specify the subsection of Section 6 under
12 which the permit was denied and shall contain findings of fact
13 forming the basis of such denial. A copy of such determination
14 shall be sent by registered mail or served personally upon the
15 applicant or licensee. The decision denying, suspending, or
16 revoking a permit or a license shall become final 35 days after
17 it is so mailed or served, unless the applicant or licensee,
18 within such 35 day period, petitions for review pursuant to
19 Section 13.

20 (c) The procedure governing hearings authorized by this
21 Section shall be in accordance with rules promulgated by the
22 Department and approved by the Hospital Licensing Board. A full
23 and complete record shall be kept of all proceedings, including
24 the notice of hearing, complaint, and all other documents in
25 the nature of pleadings, written motions filed in the
26 proceedings, and the report and orders of the Director and

1 Hearing Officer. All testimony shall be reported but need not
2 be transcribed unless the decision is appealed pursuant to
3 Section 13. A copy or copies of the transcript may be obtained
4 by any interested party on payment of the cost of preparing
5 such copy or copies.

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

1 subpoena issued out of a court.

2 (e) Any Circuit Court of this State upon the application of
3 the Director, or upon the application of any other party to the
4 proceeding, may, in its discretion, compel the attendance of
5 witnesses, the production of books, papers, records, or
6 memoranda and the giving of testimony before the Director or
7 Hearing Officer conducting an investigation or holding a
8 hearing authorized by this Act, by an attachment for contempt,
9 or otherwise, in the same manner as production of evidence may
10 be compelled before the court.

11 (f) The Director or Hearing Officer, or any party in an
12 investigation or hearing before the Department, may cause the
13 depositions of witnesses within the State to be taken in the
14 manner prescribed by law for like depositions in civil actions
15 in courts of this State, and to that end compel the attendance
16 of witnesses and the production of books, papers, records, or
17 memoranda.

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

19 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)

20 Sec. 9. Inspections and investigations. The Department
21 shall make or cause to be made such inspections and
22 investigations as it deems necessary. Information received by
23 the Department through filed reports, inspection, or as
24 otherwise authorized under this Act or under the Patient Acuity
25 Nursing Staffing Act shall not be disclosed publicly in such

1 manner as to identify individuals or hospitals, except (i) in a
2 proceeding involving the denial, suspension, or revocation of a
3 permit to establish a hospital or a proceeding involving the
4 denial, suspension, or revocation of a license to open,
5 conduct, operate, and maintain a hospital, (ii) to the
6 Department of Children and Family Services in the course of a
7 child abuse or neglect investigation conducted by that
8 Department or by the Department of Public Health, (iii) in
9 accordance with Section 6.14a of this Act, or (iv) in other
10 circumstances as may be approved by the Hospital Licensing
11 Board.

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

13 Section 99. Effective date. This Act takes effect January
14 1, 2008."