



Illinois Hospital Association

ILLINOIS HOSPITALS COMMITTED TO ENHANCING NURSES' WORK ENVIRONMENT

The hospitals of Illinois are engaged in many efforts to provide an excellent workplace environment and provide rewarding career opportunities for nurses. As part of that commitment to nurses, over the past five years, IHA and the hospital community have worked with the General Assembly to support the enactment of a series of landmark legislation to enhance nurses' work environment, increase the nurse supply, and promote patient safety.

Illinois is unique as the only state that has passed such comprehensive and extensive nursing legislation. Each one of Illinois' new laws, including this year's groundbreaking Patient Acuity Nurse Staffing bill, reflect the concerns of both staff nurses and hospitals in order to best serve and deliver quality, patient care.

Below is a summary of each of these landmark laws:

The first law of its kind in the country, the **Hospital Report Card Act (HRCA)** (PA93-0563 in 2003) is intended to provide Illinois consumers a picture of each hospital's staffing process and effectiveness as it relates to a critical public interest – patient outcomes. The HRCA provides consumers access to useful information about nursing coverage and patient outcomes. The HRCA requires Illinois hospitals to share their current unit schedules, nurse-patient assignment rosters, and the methodologies to determine and adjust staffing levels with the public upon request. And, following the state's official rulemaking process, hospitals will be required to report extensive nurse staffing information and infection measures to the Illinois Department of Public Health (IDPH) for public disclosure.

Illinois became the 11th state to **prohibit the use of mandated overtime** in hospitals when the Prohibition of Mandated Overtime (PA94-349) became law in 2005. Only in the event of an unforeseen emergent circumstance may nurses be required to work overtime and then only for four hours beyond a nurse's predetermined, agreed-to work shift. Should they choose to do so, nurses are able to voluntarily assume extra hours beyond their regularly assigned work schedules.

Illinois became only the third state in the nation to enact **Adverse Health Care Event Reporting Law** as embodied in PA94-242 in 2005. This legislation requires hospitals and Ambulatory Surgery Treatment Centers to report any adverse health care event to IDPH along with a root cause analysis and implement a corrective action plan.

Housed within the Illinois Department of Financial and Professional Regulation, the **Illinois Center for Nursing (ICN)** was created in 2006 under PA94-1020. The ICN will work with industry professionals and educational institutions to ensure that Illinois has the nursing workforce necessary to meet the demands of a growing and aging population. The ICN is examining the current demand for nurses, the number of nurses our educational system is producing, the rate of nurses retiring, and the needs of the overall nursing workforce to better understand the state of the nursing shortage in Illinois. The ICN will also develop strategic initiatives to recruit new nurses, offer ongoing training to practicing nurses to ensure constant skill development, retain nursing professionals currently practicing, and promote excellence in nursing education.

Nurse Staffing by Patient Acuity: PA95-0401 (2007) addresses staff planning using a hospital's acuity model, based on recommendations from a nursing care committee comprised of 50% direct care nurses. This new law assures direct care staff a significant voice in the nurse staffing process; aligns staffing considerations based on patient needs and nursing resources; reinforces an evidence-based approach to nurse staffing; and recognizes the diverse staffing needs from patients needing care at large academic medical centers to smaller, critical access hospitals and all points in between.

Illinois has taken the lead in enacting legislation to both address the quality of health care and the working environment for nurses and other health care professionals.

At the same time, the hospital community and many nurses across the state have evaluated mandated nurse-patient ratio proposals and considered California's negative experience – unhappy caregivers, dissatisfied patients and reduced access to care.

Health care professionals also have serious concerns about the negative impact not only to their professional autonomy and their ability to deliver quality care to their patients, but also the ways in which mandatory ratios are likely to reduce access to patient services, creating unintended consequences and/or causing harm to the communities where the nurses work.