



Illinois Hospital Association

## **SB 867: Nurse Staffing by Patient Acuity**

*Summary prepared by the Illinois Hospital Association June 2007*

**Amends Hospital Licensing Act.** Adds the Nurse Staffing by Patient Acuity Act as a condition of licensure to Section 10 of the existing Hospital Licensing Act. Takes effect on January 1, 2008.\*

**General Assembly Findings** (§10.10(a)). The state's interest in promoting quality care supports nurse staffing principles in acute care settings that are evidence-based and account for the complexity of patients' care needs aligned with available nursing skills.

**Definitions** (§10.10(b)). Key definitions include:

- *Acuity model* – allows for each hospital to select and implement an assessment tool for assessing patient care needs and aligning needs with nursing skills consistent with professional nursing standards. The hospital's nursing care committee recommends the acuity tool.
- *Nursing care committee* - provides that either an existing or a newly created nursing committee or committees contribute to the development, recommendation and review of the hospital's nurse staffing plan. The committee(s) may function, in part or in whole, in order to meet the stated purpose.
- *Written staffing plan* – requires written hospital-wide plan to guide assignment of patient care nursing staff for inpatient units based on facility's adopted acuity model.

**Written Staffing Plan** (§10.10(c)). Requires every hospital to:

1. Implement a written staffing plan as recommended by a nurse care committee(s) that provides for minimum direct care professional registered nurse-to-patient staffing needs.

The staffing plan must include the following patient and nurse considerations:

- (a) Complexity of complete care, admission assessment, volume of admissions, transfers and discharges, patient progress, ongoing physical assessment, discharge planning, changes in patient condition, patient referral needs;
- (b) Complexity of clinical judgment for patient's nursing care plan, need for specialized equipment and technology, available skill mix of other direct patient care personnel, involvement in quality improvement activities, professional preparation and experience;
- (c) Patient acuity and the number of patients for whom care is being provided;
- (d) Ongoing assessment of a unit's patient acuity level and nursing staff needed;
- (e) Identification of additional RNs in event unexpected patient care needs exceed planned workload.

2. Identify an acuity model that can adjust the staffing plan for each inpatient care unit.
3. Post the staffing plan in a conspicuous location for both patients and direct care staff.

**Nursing Care Committee** (§10.10(d)). Mandates that every hospital shall:

- (1) Appoint a committee where at least 50% of the members are registered nurses providing direct patient care;
- (2) Give significant regard and weight to the nursing care committee's recommendations for the adoption and implementation of the written staffing plan;
- (3) Allow nursing care committee to provide input and feedback on:
  - Selection, implementation and evaluation of minimum staffing levels for inpatient care units;
  - Selection, implementation and evaluation of an acuity model;
  - Selection, implementation, and evaluation of written staffing plan that incorporates prescribed items;
  - Nurse-patient staffing guidelines for all inpatient areas and the current acuity tools and measures.

**Collective Bargaining Agreements** (§10.10(e)). Provides that this Act does not limit, alter, or modify any terms, conditions or provisions of an existing collective bargaining agreement.

*\*Please Note: IDPH is the designated state agency responsible for ensuring compliance with the Act as a condition of licensure, and shall enforce compliance according to the provisions of the Hospital Licensing Act.*