



## **HB 5033 – Nursing Care and Quality Improvement Act**

Summary prepared by Illinois Hospital Association

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**New Act.** Creates the “Nursing Care and Quality Improvement Act.”

**Application.** Applies to all hospitals licensed under the Hospital Licensing Act.

**Staffing Plan (§15).** Requires a hospital-wide staffing plan that is consistent with requirements mandated in (§20) that must take effect within one year of Act becoming effective.

### **Minimum Nurse-Patient Ratios (§20).**

- Prescribes the following numerical nurse-patient ratios for registered nurses providing direct patient care:
  - 1:1 in OR and Trauma emergency units;
  - 1:2 in Critical Care Units, including emergency critical care, intensive care, labor and delivery and post-anesthesia units;
  - 1:3 in antepartum, emergency room, pediatrics, step-down, and telemetry units;
  - 1:4 in intermediate care nursery, specialty care, medical or surgical units, and acute care psychiatric units;
  - 1:5 in rehabilitation units;
  - 1:6 in postpartum (3 couplets) and well-baby units.
- The nurse-patient ratios must be maintained at all times throughout each shift.
- Additional staff, including non-licensed staff, shall be assigned according to hospital’s documented patient acuity system that accounts for factors including severity of illness, need for specialized equipment and technology, complexity of clinical judgment, ability of self-care and licensure of personnel required.
- Nursing administrators, supervisors, managers and charge nurses with demonstrated competencies may relieve nurses during breaks, meals and other routine absences.
- IDPH:
  - Shall adopt rules within one year of effective date of Act;
  - May apply prescribed ratios to other units not specifically mentioned in the Act;
  - May increase minimum ratios if necessary to protect patient safety.
- Requirements will not apply during a declared state-of-emergency.
- Nurses from temporary nursing agencies may not be responsible for patient care units, without demonstrating clinical and supervisory competence.
- Requirements under this Section must take effect as soon as practicable, but not later than two years after effective date of Act.

### **Development and Reevaluation of Staffing Plan (§25).**

- Requires hospitals to provide nurse-to-patient ratios above the minimum ratios required under (§20), if appropriate, based on following factors:
  - Number of patients and acuity level of patients as determined by acuity system on a shift by shift basis;
  - Anticipated admissions, discharges and transfers of patients each shift;
  - Specialized nursing experience required on a particular unit;

- Staffing levels and services provided by other health care personnel;
- Level of technology available that affects direct patient care services;
- Level of familiarity with hospital practices, policies and procedures;
- Obstacles to efficiency presented by physical layout.
- Hospitals must specify system to document actual staffing for each shift and unit.
- Perform annual evaluation of staffing plan for each unit and update plan and acuity system appropriately.
- Staff planning and reevaluations must involve input from direct care nurses or their collective bargaining representative.
- Hospitals must annually submit staffing plans and annual updates to IDPH.

**Protection of Nurses and other individuals (§30).**

- Allows nurses to refuse assignments if:
  - The assignment violates any of the above provisions;
  - Nurse is not prepared by education, training or experience.
- Requirements of this section apply to refusals occurring on or after effective date of Act, except shall not apply before requirements of Section 15 of the Act apply to hospitals.
- Hospitals may not discharge, discriminate or retaliate against a nurse for any assignment refusals.
- Hospitals may not file complaints or reports related to assignment refusals against a nurse with professional disciplinary agency.
- Nurses are allowed to bring cause of action in State court for any hospital's retaliatory activities. If nurse prevails, will be entitled to one of following:
  - Reinstatement;
  - Reimbursement of lost wages, compensation, and benefits;
  - Attorney's fees;
  - Court costs;
  - Other damages.
- Nurses and "other individuals" may also file complaints with IDPH who is obligated to do the following:
  - Investigate the complaint;
  - Determine violation or not;
  - If violation occurred then issue order that nurse or complaining individual shall not suffer retaliatory actions from hospital employer.
- Hospitals may not engage in any retaliatory activity against any individual (not just nurses) who in good faith:
  - Reports a violation or suspected violation of this Act to IDPH, a public regulatory agency, a private accreditation body or management personnel of the hospital;
  - Initiates, cooperates or participates in an investigation or proceeding brought by IDPH, a public regulatory agency, a private accreditation body concerning matters covered by this Act; or
  - Informs or discusses with other individuals or with representatives of hospital employees a violation or suspected violation of this Act.
- Good faith is presumed if individual reasonably believes that information reported or disclosed is true and that a violation of the Act has or may occur.
- Requires conspicuous notice and posting of rights under this Act by the hospital within 18 months after effective date.

**Penalties (§35).** Permits IDPH to:

- Impose civil monetary penalties or suspend, revoke or place conditional provisions upon hospital licenses;

- Adopt by rule the amounts of civil monetary penalties for violations where safe patient care has been or may be negatively impacted;
- Consider each violation of a staffing plan as a separate violation;
- Allocate collected monies to go for nursing scholarships.