



Illinois Health and Hospital Association

Nurse Staffing Improvement SB2153

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Nurse Staffing Ratios - A Brief History

- ❖ Legislation to impose Nurse Staffing Ratios has been filed in the Illinois General Assembly nearly every year for the past 20 years.
- ❖ Each version would have mandated a 24/7/365 nurse-to-patient ratio across every unit, including all breaks and meals.

Presumes:

- Proposed nurse-to-patient ratios for each type of nursing unit
- Prescribes fixed number of patients for each nurse at all times
- Requires proposed ratios to be followed 24/7, even during breaks, meetings, in-services, etc.
- All patients have the same need
- All shifts require the same resources

Ignores:

- The existing law, which requires that nurses who are members of staffing committees can make recommendations on staffing in their own hospital
- Nurse education & experience
- Variances in patient acuity
- Additional nursing resources - e.g., unit clerks, patient care techs, patient transport
- Different needs on different shifts

Other Legislation:

Over the same period, legislation has been negotiated and enacted to address nursing workplace issues :

- Hospital Report Card Act (2004)
- Prohibition of Mandated Nurse Overtime (2005)
- Nurse Staffing by Patient Acuity Act (2007)
- Safe Patient Handling Act (2011)
- Health Care Violence Prevention Act (2018)
- Nurse Staffing Improvement Act (2021- anticipated)

Great News!



“I am very pleased to be able to report to you that late Sunday night the Illinois Senate joined the Illinois House in passing Senate Bill 2153, the Nurse Staffing Improvement Act, which amends the IL Nurse Staffing by Patient Acuity Act.

While SB2153 strengthens the voice of direct-care registered nurses, enhances the role of Nursing Care Committees, and holds hospitals more accountable, it does not specify nurse-patient ratios.

Thank you to everyone who worked with their legislators and nurses to achieve this excellent outcome.”

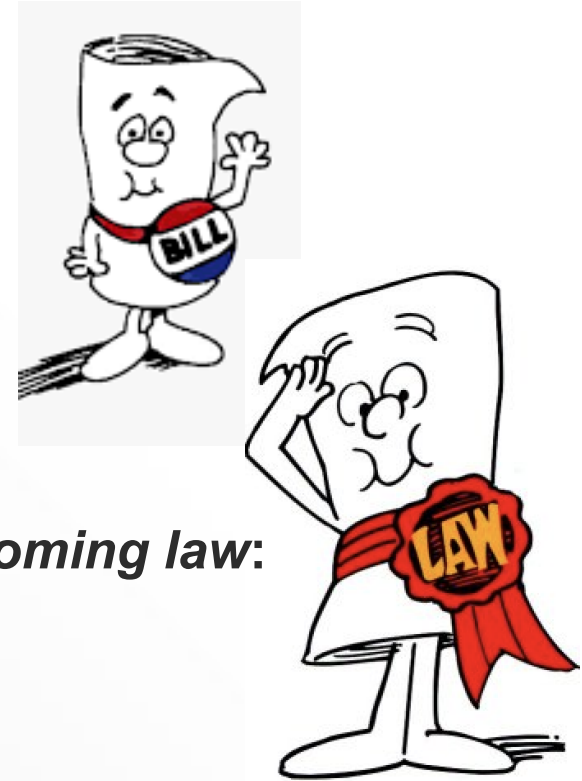
WooHoo!!

SB 2153 - Nurse Staffing Improvement

May 2021: Passed IL House with only 1 dissenting vote. Passed IL Senate unanimously.

Amends the Nurse Staffing Improvement Act by:

- Strengthening the voice of the direct-care registered nurse
- Enhancing the role of the Nursing Care Committee
- Elevating hospital accountability



Enhanced Requirements are *effective upon becoming law*:

- Hospital's Nursing Care Committee
- Staffing Plan and Nurse Concerns
- CNO Responsibilities
- Compliance and Enforcement.

SB 2153 - Nursing Care Committee

Updated:

1. Composition of at **least 55%** nurses who are providing direct inpatient care (*currently 50%*)
2. Co-Chair must be a direct care nurse (*new*)
3. Must meet at least six times per year (*currently semi-annually*)
4. Charge:
 - Prepare the hospital staffing plan
 - Prepare a twice/year report for nurses that discusses the considerations that went into developing the staffing plan (*new*)
 - Prepare an annual hospital governing board report that addresses the considerations, changes made based on committee recommendations, impact of changes, and recommendations for future changes (*new*)

SB 2153 – Staffing Plan / Nurse Concerns

Updated:

1. When developing/reviewing the staffing plan, issues to be considered include: patient outcomes; complaints related to staffing; the number of nursing hours provided compared to the number of patients on the unit; aggregate overtime nursing hours worked; and the degree to which actual shifts worked varied from what is provided for in the staffing plan
2. A process must be established for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel. The reports must be reviewed and addressed (*new*)
3. Retaliation is prohibited against an employee who expresses a concern or complaint regarding a violation of the *Nurse Staffing by Patient Acuity Act* or concerns related to nurse staffing

SB 2153 – CNO Responsibilities

New:

1. Requires the Chief Nursing Officer to provide a written explanation of the reasons why a staffing plan developed by the Committee was not adopted by the hospital
2. Requires the Chief Nursing Officer to provide for the Committee a written explanation of substantial changes proposed to be made to the plan prior to it being adopted by the hospital

SB 2153 – Compliance and Enforcement

New:

Authorizes IDPH to enforce compliance of these requirements by mandating the submission of a corrective action plan and fines.

- Corrective Action Plan
 - If a hospital demonstrates a pattern or practice of failing to substantially comply
 - Submitted to IDPH within 60 days
- Fines may be imposed if a hospital:
 1. Fails to implement a written staffing plan for nursing services, \$500/event
 2. Demonstrates a pattern or practice of failing to substantially comply with the corrective action plan within 60 days after the plan takes effect, \$500/event; second/subsequent time \$1,000/event

Violations may be publically disclosed.

SB 2153 – Addressing the Nurse Shortage

New:

- Money collected from non-compliance fines will flow into the Hospital Licensure Fund and fund scholarships under the Nursing Education Scholarship Law.
- Allows for the appropriation of \$500,000 in nurse scholarships annually from the Hospital Licensure Fund during academic years 2021-2022 through 2024-2025.

Now It's Up to You, *With a Little Help From Your Friends*

1. Begin implementing SB2153's provisions ASAP
 - ANA-IL, IONL, ICAHN and IHA are committed to assisting you. Resources are available at <https://www.team-iha.org/advocacy-policy/nurse-staffing-practices-at-member-hospitals>
 - Please tell us what other support/resources will help
2. Provide nurse awareness and education
 - Keep ALL your nurses informed of the good work being achieved by your Nurse Care Committee
3. Identify your staffing standards, best practices and benefits
 - Share your efforts with your CNO colleagues in order to build, sustain and improve together