

AMENDMENTS TO HOUSE BILL NO. 574

Sponsor: REPRESENTATIVE FRANKEL

Printer's No. 1521

1 Amend Bill, page 1, line 10, by inserting after "license"

2 ; providing for professional nurse safe staffing standards

3 Amend Bill, page 5, by inserting between lines 10 and 11

4 Section 3.1. The act is amended by adding a chapter to read:

5 CHAPTER 8-A

6 PROFESSIONAL NURSE SAFE STAFFING STANDARDS

7 Section 801-A. Scope of chapter.

8 This chapter relates to professional nurse staffing standards
9 in a general or special hospital, or ambulatory surgical
10 facility that will ensure patient safety and the delivery of
11 quality health care to patients.

12 Section 802-A. Definitions.

13 For the purposes of this chapter, following words and phrases
14 when used in this chapter shall have the meanings given to them
15 in this section unless the context clearly indicates otherwise:

16 "Acuity system." A measurement system that is based on
17 scientific data and compares the registered nurse staffing level
18 in each nursing department or unit against actual nursing care
19 requirements of each patient, taking into consideration the
20 health care work force on duty and available to work appropriate
21 to their level of training or education, in order to predict
22 registered nursing direct-care requirements for individual
23 patients based on the severity of patient illness. The system
24 shall be both practical and effective in terms of hospital
25 implementation.

26 "Direct-care registered nurse." A registered nurse who has
27 accepted direct responsibility and accountability to carry out
28 medical regimens, nursing or other bedside care for patients.

29 "Direct patient care." Care provided by a nurse with direct
30 responsibility to carry out medical regimens or nursing care for
31 one or more patients.

32 "Health care facility." A general or special hospital, or
33 ambulatory surgical facility.

34 "Health care worker." An employee, independent contractor,
35 licensee or other individual authorized to provide services in a
36 medical facility.

37 "Patient safety officer." An individual designated by a

1 medical facility under section 309 of the act of March 20, 2002
2 (P.L.154, No.13), known as the Medical Care Availability and
3 Reduction of Error (Mcare) Act.

4 "Professional nurse." Any person who holds a license to
5 practice professional nursing under the act of May 22, 1951
6 (P.L.317, No.69), known as The Professional Nursing Law.

7 "Safe staffing committee" or "committee." The Professional
8 Nurse Safe Staffing Committee established under section 804-A.

9 "Safe staffing plan" or "plan." The professional nurse safe
10 staffing plan established under section 806-A.

11 Section 803-A. Development of professional nurse safe staffing
12 standards.

13 A health care facility shall develop, validate and implement
14 a professional nurse safe staffing plan for the purpose of
15 ensuring the health and safety of patients. The plan shall be
16 developed internally by a Professional Nurse Safe Staffing
17 Committee established under section 804-A which shall include as
18 members professional nurses providing direct care to patients in
19 the facility.

20 Section 804-A. Professional Nurse Safe Staffing Committee.

21 (a) Establishment.--A health care facility shall establish a
22 Professional Nurse Safe Staffing Committee no later than 60 days
23 following the effective date of this chapter. The committee
24 shall meet at least three times per year.

25 (b) Membership.--Members of the committee shall include the
26 chief nursing officer, a member of the medical staff and the
27 patient safety officer if the facility has designated one. At
28 least 50% of the individuals selected to serve on the committee
29 shall consist of professional nurses who provide direct patient
30 care in the facility. Selection of professional nurses to the
31 committee shall be made in a manner to ensure adequate committee
32 representation of all the types of nursing care provided in the
33 facility.

34 (c) Existing committees.--Any committee or other similar
35 group established by a health care facility to engage in issues
36 related to nurse staffing standards prior to the effective date
37 of this chapter shall be required to conform to the provisions
38 of this chapter within 60 days of its effective date.

39 Section 805-A. Duties and responsibilities of committee.

40 The committee shall have the following duties and
41 responsibilities:

42 (1) Develop and adopt a plan prescribed in section 806-A
43 no later than 120 days following the enactment of this
44 chapter.

45 (2) Evaluate the plan on an ongoing basis by collecting
46 nursing-sensitive indicators including:

47 (i) Patient falls.

48 (ii) Pressure ulcers.

49 (iii) Staff mix.

50 (iv) Hours per patient day.

51 (v) Nursing staff satisfaction.

1 (vi) Patient satisfaction with:
2 (A) Nursing care.
3 (B) Overall care.
4 (C) Pain management.
5 (D) Patient education.
6 (vii) Turnover and vacancy rates.
7 (viii) Overtime use.
8 (ix) Use of supplemental staffing.
9 (x) Musculoskeletal injuries.
10 (xi) Flexibility of human resource policies and
11 benefit packages.
12 (xii) Evidence of compliance with Federal, State and
13 local regulations.
14 (xiii) Levels of nurse staff satisfaction.
15 (3) Revise the plan as it affects each inpatient unit
16 based on the most recent evaluation of the plan, if
17 necessary.
18 (4) Develop or adopt a patient acuity system containing,
19 at a minimum, the standards set forth in section 807-A.
20 (5) Receive reports from the patient safety officer or
21 other designated person under section 809-A.
22 (6) Ensure the investigation of all reports of any
23 noncompliance with the plan, and take such action as is
24 immediately necessary to ensure compliance.
25 (7) Annually report to the administrative officer and
26 governing body of the health care facility regarding the
27 effectiveness of the plan and any revisions made to the plan.
28 (8) Establish a mechanism for obtaining input from
29 professional nurses in all inpatient care units who provide
30 direct patient care for the purpose of developing, reviewing
31 and revising the plan.
32 Section 806-A. Professional nurse safe staffing plan.
33 (a) Establishment.--A plan shall be established for each
34 inpatient unit. The plan shall be, at a minimum, consistent with
35 current staffing standards established by health accreditation
36 organizations or national professional nursing organizations.
37 (b) Guidelines.--The plan shall be based on nursing and
38 patient factors that yield appropriate staffing levels to ensure
39 that the health care facility has a staff of competent
40 professional nurses with specialized skills needed to meet
41 patient needs. The factors to be considered shall include but
42 not be limited to:
43 (1) The characteristics of the nursing staff including,
44 at a minimum, staff consistency, skill mix, preparation and
45 clinical experience and the competency of clinical and
46 nonclinical support staff the nurse must collaborate with or
47 supervise.
48 (2) Patient acuity as determined by the health care
49 facility's patient acuity system under section 807-A.
50 (3) Patient volume.
51 (4) Unit activity, including the amount of time needed

1 for patient education, ongoing physical assessments, new
2 admissions, discharges and transfers.

3 (5) The physical environment in which care is provided
4 including the physical architecture of each unit, patient
5 location and available technology of the health care
6 facility.

7 (c) Reporting system.--The plan shall also contain
8 information informing health care workers about the confidential
9 reporting system established by the department under section
10 809-A for the reporting of any occurrence of noncompliance with
11 the staffing requirements of the plan.
12 Section 807-A. Patient acuity system.

13 Every health care facility shall be required to adopt and
14 utilize a patient acuity system that shall include the following
15 standards:

16 (1) The availability of specialized equipment and
17 technology.

18 (2) The number of patients requiring care.

19 (3) The level of intensity of nursing interventions
20 required and the complexity of clinical nursing judgment
21 needed to design, implement and evaluate the nursing care
22 plan for each patient that is consistent with professional
23 standards of care.

24 (4) The amount of nursing care needed, both in number of
25 direct-care professional nurses and skill mix of nursing
26 personnel required on a daily basis for each unit, the
27 proximity of patients, the proximity and availability of
28 other resources, facility design and personnel that have an
29 effect upon the delivery of quality patient care.

30 (5) Patient care services provided by professional
31 nurses and licensed practical nurses and other health care
32 personnel.

33 Section 808-A. Duties and responsibilities of health care
34 facility.

35 For purposes of this chapter, a health care facility shall
36 have the following duties and responsibilities:

37 (1) Within 30 days from the date on which the committee
38 adopts its initial plan following the effective date of this
39 chapter, and no later than November 1 of each year
40 thereafter, validate the adopted plan and patient acuity
41 system along with a written certification by its chief
42 nursing officer that the plan is sufficient to provide
43 adequate and appropriate delivery of health care services to
44 patients for the ensuing year.

45 (2) Provide copies of its plan in accordance with each
46 of the following:

47 (i) Each professional nurse working within a
48 facility shall receive a copy of the plan for each unit
49 to which the nurse is assigned.

50 (ii) Except as prescribed in subparagraph (i), a
51 copy of the plan shall be provided to any person who

1 requests it for a fee not to exceed the actual copying
2 cost incurred by the facility.

3 (3) Post a notice in a conspicuous location within the
4 facility informing the general public of the availability of
5 the plan. The notice shall specify the appropriate person,
6 office or department to be contacted to review or obtain a
7 copy of the plan.

8 (4) Prohibit any retaliatory action against a health
9 care worker for reporting a violation of this chapter in
10 accordance with the act of December 12, 1986 (P.L.1559,
11 No.169), known as the Whistleblower Law.

12 Section 809-A. Reporting and whistleblower protection.

13 (a) General rule.--A person who reasonably believes that the
14 health care facility is not in compliance with the professional
15 nurse staffing levels in the facility's plan shall immediately,
16 or as soon thereafter as reasonably practicable, report the
17 violation to the patient safety officer, who shall submit a
18 report of the alleged violation to the committee. If the
19 facility does not employ a patient safety officer, an
20 appropriate person shall be designated by the committee to
21 handle the reports.

22 (b) Procedure.--A person who has complied with subsection
23 (a) may file an anonymous report regarding a violation of the
24 plan with the department. Upon receipt of the report, the
25 department shall give notice to the affected health care
26 facility that a report has been filed and require the facility
27 to take whatever action is necessary to become compliant with
28 the plan. The health care facility shall provide the department
29 with a statement describing the actions taken no later than 30
30 days after receiving notice under this subsection. At any time
31 the department deems necessary, the department may conduct its
32 own review and investigation of the report to ensure that the
33 facility is in compliance with the plan.

34 (c) Protection.--A health care facility shall not
35 discriminate or take retaliatory action against a health care
36 worker or any other person who discloses a policy or practice of
37 the facility that an employee or person believes violates this
38 chapter. Discriminating or retaliatory actions shall include
39 discharge from employment, suspension, demotion, harassment,
40 denial of employment or promotion, layoff of nursing staff or
41 other adverse action.

42 Section 810-A. Powers and duties of the department.

43 For purposes of this chapter, the department shall have the
44 power and its duties shall be:

45 (1) To adopt and promulgate any regulations necessary to
46 carry out the purposes and provisions of this chapter.

47 (2) To establish a confidential reporting system under
48 section 809-A(b) and inform each health care facility about
49 the reporting system.

50 (3) To review and investigate as necessary any reported
51 violations of this chapter.

1 Section 811-A. Penalties.

2 In addition to any penalty which may be imposed under this
3 act, a health care facility which fails to comply with any
4 provision of this chapter may be subject to an administrative
5 penalty of \$1,000 per day imposed by the department.