
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

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REFERRED TO COMMITTEE ON HEALTH, MARCH 13, 2017

AN ACT

1 Providing for the compilation of daily nursing staff reports by
2 hospitals, for public posting of reports and for reporting to
3 the Department of Health; and imposing duties on the
4 Department of Health.

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5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 CHAPTER 1

8 GENERAL PROVISIONS

9 Section 101. Short title.

10 This act shall be known and may be cited as the Hospital
11 Nursing Staff Report Card Act.

12 Section 102. Purpose.

13 The General Assembly finds and declares as follows:

14 (1) The purpose of this act is to provide the public
15 information about nurse staffing practices in hospitals in
16 this Commonwealth so that patients can make informed
17 decisions about their choices of health care providers.

18 (2) Information on nurse staffing levels, including the
19 nurse staffing plan, which contains the number of registered
20 nurses, licensed practical nurses, certified nursing
21 assistants and unlicensed assistive personnel on duty, should
22 be made available to the public in recognition of the fact
23 that hospital caregivers contribute to improved patient
24 safety and health care outcomes.

25 Section 103. Definitions.

26 The following words and phrases when used in this act shall
27 have the meanings given to them in this section unless the
28 context clearly indicates otherwise:

29 "Actual hours worked." The actual hours worked by a nurse
30 providing direct patient care during any portion of the nurse's

1 shift. The term includes a nurse's fifteen-minute breaks. The
2 term does not include meal breaks, benefit time, vacation,
3 medical leave, orientation, education or committee time.

4 "Department." The Department of Health of the Commonwealth.

5 "Direct care nurse" and "direct care nursing staff." A unit-
6 based registered nurse, licensed practical nurse or certified
7 nursing assistant with direct responsibility to oversee or carry
8 out medical regiments or nursing care for one or more patients.
9 The term does not include caseworkers, educators or nurse
10 specialists, including a stoma nurse specialist, cardiac
11 rehabilitation nurse or wound care nurse, who concentrates on
12 only one facet of a patient's care and who interacts with
13 multiple patients in various hospital units.

14 "Hospital." A health care facility licensed under the act of
15 July 19, 1979 (P.L.130, No.48), known as the Health Care
16 Facilities Act. The term includes critical access and long-term
17 acute care hospitals in both the private and public sector.

18 "Long-term acute care hospital." A hospital or health care
19 facility that specializes in providing acute care to medically
20 complex patients with an anticipated length of stay of more than
21 25 days. The term includes a free-standing and a hospital-
22 within-hospital model long-term acute care facility.

23 "Nursing care." A care service that falls within the scope
24 of practice provided in the act of May 22, 1951 (P.L.317,
25 No.69), known as The Professional Nursing Law, or is otherwise
26 encompassed within recognized professional standards of nursing
27 practice, including assessment, nursing diagnosis, planning,
28 intervention, evaluation, patient teaching, discharge planning
29 and patient advocacy.

30 "Overflow." When the volume of patients outnumbered the beds

1 of a licensed unit and the beds in another licensed unit are
2 used for those patients.

3 "Patient care unit." A unit within a hospital that:

4 (1) is a specific geographical or physical location
5 within the hospital;

6 (2) is designated a specific cost center; or

7 (3) provides clinical services by a generic class of
8 levels of support functions, equipment, care or treatment
9 provided to patients.

10 "Shift." A standardized reporting period based upon the
11 actual standard of scheduling shifts common to the hospital to
12 be reported as either three eight-hour periods, consisting of
13 morning, evening and night periods, or two 12-hour periods,
14 consisting of day and night. The emergency room and the
15 postanesthesia care unit, in those hospitals where the
16 postanesthesia care unit is open 24 hours daily, shall report a
17 24-hour shift.

18 "Sitters." Companions to patients at high risk of falls,
19 suicide or other conditions.

20 "Turnover rate." The percentage of direct care nursing staff
21 that leaves a unit, either voluntarily or involuntarily.

22 "Unlicensed assistive personnel." An unlicensed individual
23 who is trained to function in an assistive role to a licensed
24 nurse in the provision of patient or client activities as
25 delegated by the nurse.

26 CHAPTER 2

27 NURSING STAFF REPORTING

28 Section 201. Nursing staff report.

29 (a) General rule.--A hospital shall compile a daily report
30 on each patient care unit and shift containing the following

1 information:

2 (1) The number of each of the following types of staff
3 per four-hour time period providing direct patient care:

- 4 (i) Registered nurses.
- 5 (ii) Licensed practical nurses.
- 6 (iii) Certified nursing assistants.
- 7 (iv) Unlicensed personnel.

8 (2) The relative number of patients to each of the
9 following types of staff:

- 10 (i) Registered nurses.
- 11 (ii) Licensed practical nurses.
- 12 (iii) Certified nursing assistants.
- 13 (iv) Unlicensed personnel.

14 (3) The current direct care nurse staffing schedule and
15 assignment roster.

16 (4) The availability, by number of hours on the shift,
17 that a unit clerk or unit secretary is available exclusively
18 for the specified patient care unit.

19 (5) Whether patients requiring scheduled or emergency
20 respiratory treatments have had treatments that were
21 administered by a respiratory therapist or the direct care
22 nursing staff of the unit.

23 (6) Percentage of temporary or agency nurses who are
24 employed by an outside entity included in the shift staff.

25 (7) The methods used by the hospital for determining and
26 adjusting staffing levels.

27 (8) The registered nurse, licensed practical nurse and
28 certified nursing assistant turnover rate for the previous
29 month.

30 (9) The number and types of complaints under the act of

1 June 10, 2009 (P.L.1, No.1), known as the Preventable Serious
2 Adverse Events Act, filed with the hospital concerning
3 patient care for the previous month.

4 (b) Reporting method.--The report required under subsection
5 (a) shall be compiled as follows:

6 (1) For each patient care unit, a hospital shall count
7 the number of patients and direct care nursing staff based on
8 hours worked for each category of direct care nursing staff,
9 excluding other licensed health care professionals, one hour
10 before the end of each shift.

11 (2) For each emergency department, a hospital shall
12 count the number of patients registered during the four-hour
13 shift and the number of direct care nursing staff based on
14 hours worked for each category of direct care nursing staff,
15 excluding other licensed health care professionals, one hour
16 before the end of each shift.

17 (3) For each postanesthesia care unit, a hospital shall
18 count the number of patients that were in the postanesthesia
19 care unit during the shift and the number of direct care
20 nursing staff, based on hours worked for each category of
21 direct care nursing staff, excluding other licensed health
22 care professionals, one hour before the end of each shift.

23 (4) For each mother and baby unit, a hospital shall
24 report direct care nursing staff hours under the obstetrics
25 unit, not the newborn nursery. A mother and baby should each
26 be reported as a separate patient.

27 (5) For each psychiatric and behavioral unit, licensed
28 mental health counselors, activity therapists and
29 recreational therapists providing direct patient care shall
30 be considered as licensed practical nurses. Staffing hours

1 for unlicensed mental health technicians or other unlicensed
2 personnel will be included as unlicensed personnel hours.

3 (6) Graduate nurses who participate in an internship
4 program shall not be included in determining the relative
5 number of patients to direct care nursing staff, except
6 orientee or graduate nurse hours shall be included when the
7 graduate nurse has completed the designated time-defined
8 orientation and reaches the point where the graduate nurse is
9 considered part of the staff matrix, the graduate nurse's
10 work hours are charged to the unit and the graduate nurse is
11 replaced if the nurse calls in sick.

12 (7) When a direct care nurse works beyond the nurse's
13 shift into the next shift, the actual hours should be
14 included in the daily posting forms for all shifts that the
15 nurse worked.

16 (8) Hospital management and support staff who do not
17 provide direct patient care may not be included in the daily
18 reporting forms.

19 (9) Sitters, including registered nurses acting as
20 sitters, will be considered unlicensed assistive personnel
21 only if they provide other direct patient care in addition to
22 observation. Sitters providing only companion service may not
23 be included in the actual hours worked for unlicensed
24 assistive personnel.

25 (10) When overflow beds are used for patients, the
26 patients shall be included in the daily report of the patient
27 care unit where the patient is receiving care.

28 (11) The staff relative number reporting shall be to one
29 decimal point. If a hospital patient care unit does not have
30 a direct care nursing staff for a particular category, a zero

1 should be entered on the report for that staff category.

2 Section 202. Posting.

3 A hospital shall post the report required under section 201
4 as follows:

5 (1) The report, with respect to each shift, shall be
6 posted no later than one hour after the beginning of the next
7 shift.

8 (2) The report shall be prominently displayed in a
9 location visible to the public on the patient unit.

10 (3) The report shall be easily readable in its posted
11 form.

12 Section 203. Submission of report to department.

13 A hospital shall submit the daily reports for the previous
14 month to the department no later than the 15th day of each
15 month.

16 Section 204. Retention of records.

17 All daily reports and records required to compile the report
18 under section 201 shall be retained by the hospital for a period
19 of five years and be posted on the hospital's publicly
20 accessible Internet website.

21 Section 205. Divisions and subsidiaries.

22 If a hospital is a division or subsidiary of another entity
23 that owns or operates another hospital or related organizations,
24 the report under section 201 shall be for the specific division
25 or subsidiary and not for another entity.

26 Section 206. Whistleblower protection.

27 (a) General rule.--A hospital shall not discriminate,
28 retaliate, intimidate, threaten or punish an employee with
29 respect to compensation or the terms, conditions or privileges
30 of employment when the employee in good faith, individually or

1 in conjunction with another person, does any of the following:

2 (1) Discloses to a nursing staff supervisor or manager,
3 private accreditation organization, nurse's collective
4 bargaining agent or regulatory agency, an activity, policy or
5 practice of a hospital that violates this act or other law or
6 rule or that the employee believes poses a risk to the
7 health, safety or welfare of a patient or the public.

8 (2) Initiates, cooperates or otherwise participates in
9 an investigation or proceeding brought by a regulatory agency
10 or private accreditation body concerning matters covered by
11 this act or a law or rule that the employee reasonably
12 believes poses a risk to the health, safety or welfare of a
13 patient or the public.

14 (3) Objects or refuses to participate in an activity,
15 policy or practice of a hospital that violates this act or a
16 law or rule the department or a reasonable person would
17 believe poses a risk to the health, safety and welfare of a
18 patient or the public.

19 (4) Participates in a committee or peer review process
20 or files a report of complaint that discusses allegations of
21 unsafe, dangerous or potentially dangerous care within a
22 hospital.

23 (b) Employee good faith.--An employee is presumed to act in
24 good faith if the employee reasonably believes the following:

25 (1) The information reported or disclosed is true.

26 (2) A staffing violation has occurred or may occur.

27 (c) Notice to hospital.--

28 (1) The protection under subsection (a) shall not apply
29 to an employee unless the employee gives written notice to a
30 direct nursing supervisor or direct nursing manager of the

1 activity, policy, practice or violation that the employee
2 believes poses a risk to the health of a patient or the
3 public and provides the manager a reasonable opportunity to
4 correct the problem.

5 (2) The direct nursing supervisor or direct nursing
6 manager shall respond in writing to the employee within seven
7 days to acknowledge that the notice was received. The direct
8 nursing supervisor or direct nursing manager shall provide
9 written notice of an action taken within a reasonable time of
10 receiving the employee's notice.

11 Section 207. Forms.

12 The department shall develop standardized reporting forms to
13 be used in all hospitals for reporting under this act.

14 Section 208. Quarterly reports.

15 (a) General rule.--The department shall produce a quarterly
16 report for each hospital that shows the average direct care
17 nurse staffing levels for each unit for a three-month period as
18 follows:

19 (1) Relative number of patients to staff for each type
20 of patient care unit.

21 (2) Turnover rate for direct care nursing staff.

22 (3) Percentage of contractual direct care nursing staff
23 utilized.

24 (4) Daily numbers of direct care nursing staff and
25 patients in the emergency department.

26 (5) Daily number of nonregistered nurse health care
27 practitioners.

28 (b) Posting.--The quarterly reports produced by the
29 department shall be made available to the public on the same
30 publicly accessible Internet website as the quality control

1 measures reporting for health care facilities. The department
2 shall post quarterly reports January 31, April 30, July 31 and
3 October 31 of each year. The data in the quarterly reports must
4 cover a period ending not earlier than one month prior to
5 submission of the report.

6 Section 209. Monitoring.

7 The department shall be responsible for monitoring the
8 reports from all hospitals in this Commonwealth for variances
9 between periods and to compare the reports to the reported
10 quality control measures to determine if there are correlations
11 or deficiencies in the quality control measures.

12 Section 210. Compliance by hospitals.

13 The department shall be responsible for ensuring compliance
14 with this act as a condition of licensure under the act of July
15 19, 1979 (P.L.130, No.48), known as the Health Care Facilities
16 Act, and shall enforce compliance in accordance with the
17 provisions of the Health Care Facilities Act.

18 CHAPTER 3

19 MISCELLANEOUS PROVISIONS

20 Section 301. Effective date.

21 This act shall take effect in 90 days.