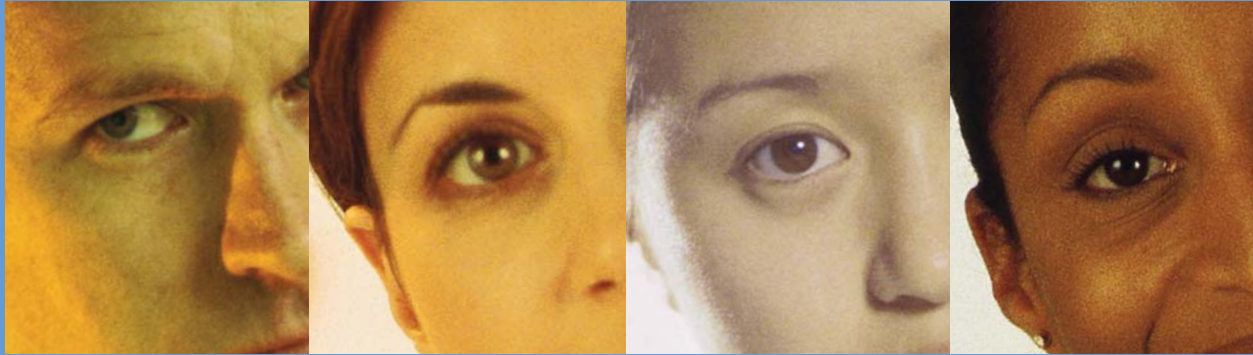


Discussion Guide

Working Together:



Illinois Nurse Staffing Laws and You



Illinois Hospital Association



Illinois Organization Of Nurse Leaders



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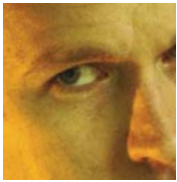
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Working Together:



Illinois Nurse Staffing Laws and You

Giving all Illinois nurses a voice in the safe-staffing debate

Dear Colleagues:

Hospitals and nurses have the same agenda – to provide the best patient care possible. As leaders of Illinois hospitals, we take great pride in the excellence of our nurses and the safe, quality care they provide. Staffing plans are – and should continue to be – driven by patient needs. Illinois hospitals plan their staffing and then adjust that plan according to changes in the **number of patients, the severity of their illness and the available staff skills mix**. Health care professionals are in the best position to determine appropriate staffing. Caregivers need to have the flexibility to adjust patient care from **moment to moment** to meet changing patient needs and to produce the best possible patient outcomes.

With today's increasing legislative activity in the area of nurse staffing, it is important for our Illinois hospital nurse leaders to engage their nurses in an open and honest discussion about staffing proposals that have recently become law and those currently being debated. Recent proposals before the Illinois legislature address the issue of nurse staffing levels and hospitals' work environment.

A major challenge confronting our hospitals is the chronic shortage of nurses, due primarily to a lack of nurse faculty and educational programs in Illinois colleges and universities. We support new investments in education, recruitment and retention of nurses to maintain high levels of care, reduce burdens on nurses, and ensure that nurses are operating in a supportive work environment. Illinois hospitals appreciate the Governor's and General Assembly's support in addressing nurse faculty issues, allocating more than \$2.8 million in 2006-2007 to strengthen important educational initiatives that will help to build a sufficient supply of qualified nurse faculty.

Health care professionals are in the best position to determine appropriate staffing

Current Illinois law related to nurse staffing:

the Hospital
Report Card Act
provides
Illinois
consumers
a picture of
each hospital's
staffing process
and effectiveness

The first law of its kind in the country, the Hospital Report Card Act (HRCA) was intended to provide Illinois consumers a picture of each hospital's staffing process and effectiveness as it relates to a critical public interest – patient outcomes. The HRCA provides consumers access to useful information about nursing coverage and patient outcomes. Since January 2004, Illinois hospitals are required to share their current unit schedules, nurse-patient assignment rosters, and the methodologies to determine and adjust staffing levels with the public upon request. Starting in 2007, following the state's official rulemaking process, hospitals will start reporting extensive nurse staffing information and infection measures to the Illinois Department of Public Health (IDPH) for public disclosure.

In 2005 Illinois became the 11th state to prohibit the use of mandated overtime in hospitals. Only in the event of an unforeseen emergent circumstance may nurses be required to work overtime and then only for four hours beyond a nurse's predetermined, agreed-to work shift. Should they choose to do so, nurses are able to voluntarily assume extra hours beyond their regularly assigned work schedules.

Additionally, several legislative proposals over the past five years are contributing to an ongoing debate as to whether Illinois would benefit from the state mandating fixed nurse staff-patient ratios 24 hours a day, seven days a week. Hospitals adamantly oppose the "minimum, specific and numerical" ratios as arbitrary and unfounded in scientific research. The right ratio has yet to be proven in study or practice. Ratios focus too simplistically and narrowly on numerical variables at the expense of all the other factors that contribute to safe, quality patient care and nurse satisfaction. The quality of hospital care is associated with a complex array of organizational and patient characteristics, with nurse staffing being just one of them. Because of the dynamic and diverse nature of patient care needs, nurse staffing cannot be distilled into a simple numerical formula. Furthermore, ratio proposals ignore that Illinois hospitals already comply with a myriad of laws that address safe staffing, including the Hospital Licensing Act, the Hospital Report Card Act and the prohibition against mandated overtime.

By working together, physicians, nurse leaders, direct care nurses, pharmacists and all members of the care team further enhance the patient-centered experience. That mission is compromised by government mandates for ratios that contribute nothing to increasing the supply of nurses and divert limited manpower and financial resources from direct patient care.

The Illinois Hospital Association/Illinois Organization of Nurse Leaders guide is designed to help hospital leaders carry out important discussions with patient care staff. It suggests best practices based on consultations with nurse leaders in hospitals who have held these staff forums with their nurses. It also contains educational and informational materials on various proposals in the context of our current Illinois environment. We recognize that every hospital culture is unique and encourage you to be innovative in tailoring the outreach to your specific situation.

IHA and IONL want to inform nurses, learn about their views on the best ways to provide safe, high-quality care and then help them take action by providing opportunities for advocacy. We do not want nurses' voices to be stifled or distorted in this important debate. Through this process of honest and open discussion, we can bring their views and values to the forefront to assure legislators and the public that the voices of all Illinois nurses are heard.

Sincerely,

*Ken Robbins, President
Illinois Hospital Association*

*Jane Read, President
Illinois Organization of Nurse Leaders*

nurse staffing
cannot
be distilled
into a simple
numerical formula

STAFF FORUMS

Open Forum Discussions

Identify
Nurse Advocates

Legislative Briefing

Mobilization

Based on experiences in Illinois and other states, we have found there are four main components of a successful consultation process involving nurses in open, honest discussions about this issue.

Open Forum Discussions

These are interactive meetings where CNEs and CEOs present factual information on existing staffing requirements and nurse-patient ratios and encourage discussion among nurses. These are not propaganda sessions. This is about informing nurses and hearing their views, which, in turn, will give hospitals greater insight into the best ways to address staffing concerns.

These sessions should be open to all — including non-nursing staff. The CNE and CEO should present a factual presentation (**see Power Point Presentation**) or fact sheet, then open the session up for discussion. Nurses should be encouraged to discuss the nurse staff information in the Hospital Report Card Act, explore how government-mandated ratios would impact their jobs, and consider how ratios would be implemented in a real life hospital environment.

Participants should be encouraged to complete a one-page feedback form (**Staff Nurse Feedback Form**) for CNEs to analyze the effectiveness of the discussion, gauge the willingness of nurses to advocate for safe staffing, and provide insights from the discussion.

Identify Nurse Advocates

From discussions and review of the feedback forms, CNEs and CEOs will be able to answer questions that arise from the nurses. You should also be able to identify nurses who understand the value of the Hospital Report Card Act as it relates to nurse staffing and the desire for legislative attention to focus on nurse supply initiatives, not mandated ratios.

At this point, you may offer these nurses further information and education on the provisions of the Hospital Report Card Act, including the law and implementing regulations. (See **Legislative Summaries**).

Legislative Briefings

These sessions are designed to prepare nurses to be effective advocates on behalf of hospitals and direct care nursing interests.

This discussion with nurses should center on various ways that the hospital involves, elicits and addresses specific nurse staff concerns. There should also be candid dialogue with nurses on ways to strengthen these exchanges, and to anticipate questions and answers from legislators or the public about nurses' views on legislative proposals affecting nursing and patient care. You may also want to invite a member of your hospital's government or public affairs team who might have more information about the details of the legislative process as it relates to nurse issues.

Helpful resources to facilitate discussions can be found in the Discussion Points, Questions and Answers and Myths and Resources Section.

STAFF FORUMS

Open Forum
Discussions

Identify
Nurse Advocates

Legislative Briefing

Mobilization

STAFF FORUMS

Open Forum

Discussions

Identify

Nurse Advocates

Legislative Briefing

Mobilization

Mobilization

The final stage of the process is to engage your nurses in lobbying legislators to support and advocate for greater investment in nursing interests that will increase both the supply and retention of Illinois' nurse workforce.

The goal is to mobilize nurses across the state to lobby legislators in your district and Springfield to support initiatives that enhance nursing and patient care resources and oppose those that add undue regulatory and administrative burdens. Should your nurses show a willingness to bring their views to the debate, IHA and IONL suggest a variety of activities that nurses can undertake, including:

- Letter writing to local legislators
- Participating in on-site legislative visits to the hospital and local area forums
- Writing op-eds and letters to local media
- Providing their views for publication in nurse and hospital literature
- Joining colleagues to lobby state legislators

We encourage CNEs to contact IHA and IONL when they have a core group of nurses willing to participate in advocacy activities. This will give us a statewide picture of our advocacy capacity and opportunities.

We all recognize the pressures facing caregivers and the wonderful job Illinois nurses do. This process should be open and educational. It has been suggested because we are aware many nurses feel their voices are not being heard. At no point should nurses feel they are being pressured or judged by their participation.

Safe Staffing Discussion Feedback Form

1. Did you find this discussion helpful in better understanding the various safe staffing measures being proposed?

Yes

No

2. Did you feel there was an open exchange of views and ideas?

Yes

No

3. Is there anything we could have done to improve the effectiveness of this discussion?

Yes

No

Comments _____

4. What information stood out for you as important about:

The Hospital Report Card Act?

State-mandated ratios?

Other?

5. What are the top three concerns that legislators should keep in mind when considering safe staffing in hospitals?

1. _____

2. _____

3. _____

6. Do you think it important that nurses voice their opinion about legislative proposals?

Yes

No

7. Would you be willing to join other nurses to voice your views to the legislature and others?

Yes

No

Name: _____ (optional)

Please use this form to make copies as needed.

Environment

Discussion Points

Nurses in Illinois are highly respected by the public and trusted to provide high-quality care

Environment

Hospital Report Card
Act

Numerous laws already exist that address nurse staffing and patient care

Mandated
Nurse – Patient
Ratios

Hospitals are engaged in numerous efforts to enhance patient safety and nurses' work environment and to increase the supply of nurses in Illinois

California Experience

Hospital Report Card Act

Illinois' law is first of its kind in United States

Provides the public a wide range of nurse staffing information

Profiles RN/LPN/assistive nursing personnel by clinical service area

Correlates nurse staffing to patient outcomes

Lets nurses decide what care is best and safest for patients

Discussion Points

Environment

Hospital Report Card Act

Mandated

Nurse – Patient

Ratios

California Experience

Mandated Nurse – Patient Ratios

Discussion Points

Environment

Prescribes fixed staffing ratio based on arbitrary numbers for 24/7/365 coverage

Hospital Report Card

Act

Presumes all nurses are equal, all patients have same need, and all patient care units are alike

Mandated

Nurse – Patient

Ratios

Does not allow flexibility for patient acuity or staff experience

California Experience

Misplaces value on static number and not moment-by-moment patient need

Ignores California experience and existing Illinois Hospital Report Card Act

California Experience

Staff nurses demoralized due to lack of control over patient care and breaks

Reduced number of assistive nursing personnel and ancillary service support, unprecedented increase in “travelers”

Delays in transfers, elective surgeries postponed, increased ER diversions and II hospital closures

Implementation cost estimated at \$1 million per hospital

CaNOC Impact Study (2005) – Despite increase in licensed staffing mix, no significant difference in falls and pressure ulcers incidence

Discussion Points

Environment

Hospital Report Card Act

Mandated

Nurse – Patient

Ratios

California Experience

Questions & Answers

Question

Do Illinois nurses have a voice in hospital policies affecting nursing care?

Answer

The importance of retaining nurses has long been valued by hospitals as nurses comprise the largest segment of their workforce. Furthermore, in these times of severe health care workforce shortages, Illinois hospitals are extremely attentive to the needs and concerns of their nursing staff, e.g. flexible staffing, on-site educational programs, child care, tuition reimbursement.

Additionally, **existing Illinois law requires hospitals to engage nurses in their staffing processes.** The hospital licensing requirements state that “planning, decision-making, and formulation of policies that affect the operation of the nursing service, the care of patients, or the environment of patients shall include nursing service representatives, and their recommendations shall be considered.” (77 Ill. Adm. Code 250.930). The new Hospital Report Card Act mandates that patients on each unit shall be evaluated near the end of each change of shift by criteria developed by the nursing service. (210 ILCS 86/15 (a)).

Question

How have ratios worked in California?

Answer

They haven't. Even though government mandated ratios were signed into law in 1999, actual implementation took four years. In the first six months of ratios in 2004, diversions jumped from 24% to 36% and over 900 elective surgeries were cancelled according to the California Hospital Association. Eleven hospitals have closed and others have reduced the number of assistive nursing personnel and ancillary service support. Staff nurses are challenged with doing more tasks with fewer hands. Furthermore, staff nurses express discontent with constraining their nursing judgment for managing their patient care assignments and break periods. The law's intent - to attract nurses to the bedside - remains unachieved, other than an increased influx of travelers.

Questions & Answers

Question

Some claim there is no nurse shortage?
Is that true?

Answer

The nurse shortage is well-documented. Hospitals in Illinois and across the country are facing the most severe shortage of nurses and other personnel in decades. Collaborative efforts involving hospitals, educators and government leaders across Illinois are underway to address our state's projected shortage of 21,000 registered nurses by 2020. Both the Governor's Critical Skills Shortage Initiative and the recent passage of Nurse Educator Assistance Act (SB 931) provide monetary resources and establish mechanisms to address immediate and long-term nurse shortage concerns.

Question

Is it fair to say that mandated ratios will put more nurses at the bedside in hospitals?

Answer

No, government mandated ratios are the wrong solution. What is fair to say is that the ratio law will not add one more health care worker to the supply of Illinois' nurses. The California experience has shown that ratios deny flexibility to those nurses who are already hard at work on patient care units. Nurses can no longer self-schedule days or time, or coordinate their meal and break periods as hospitals have to comply with set numerical ratios at all times, 24/7/365.

Questions & Answers

Question

Why don't hospital leaders hire more nurses?

Answer

Hospital leaders would like to hire more nurses. Illinois hospitals, however, are facing a shortage of health care workers that is steadily growing. In the midst of a shortage, mandated ratios will not increase the number of available nurses at the bedside.

Question

Isn't the hospital industry just worried about its bottom line?

Answer

No. Hospital's chief concern is having qualified nurses delivering the best care to patients to ensure safe, high-quality patient care and positive outcomes.

The fact is that any additional unfunded mandates, such as mandated nurse-patient ratios, require resources to implement. Resources are already being expended on the Hospital Report Card Act and while the ratio mandate would add no additional value to the staffing function, it clearly would require the diversion of dollars to implement. California hospitals estimated this figure at \$500 million. That is money that could be spent on hiring more nurses, addressing the nurse faculty and program capacity constraints, or adding technology assistance to bedside care.

Questions & Answers

Question

Some say government mandated-ratios result in fewer medical errors and patient deaths. Is that true?

Answer

A one-size-fits-all mandated ratio does not add any value to advancing Illinois' safety culture. Its rigid nature assumes that all hospitals and all nurses and all patients are the same. The reality is that variables affecting staffing go beyond just numbers - they include the patient's acuity, available nursing skill mix, the physical layout of the hospital and whether a hospital is in an urban, suburban or rural location.

Illinois hospitals are engaged in numerous initiatives that will promote patient safety and prevent medical errors more than mandates would. Some of these include activities addressing medication safety, infection prevention, improved communication during hand-offs, and rapid response teams. All patient safety activities involve the voice and participation of our direct care nurses. Additionally, nurse leaders in our hospitals currently set safe staffing plans that by current law and practice must be evaluated and adjusted at the end of each shift to meet the changing needs of each patient.

Illinois' Hospital Report Card Act provides the public with a range of nurse staffing information for each hospital per clinical service area, e.g., critical care, medical-surgical, etc. The information is supplied on a quarterly basis so that not only will the public initially have current staff information as it relates to patient outcomes, but in time Illinois will also have a comprehensive picture of nurse staffing across our state to better assess and provide for future nursing resources.

Myths and Realities

It is doubtful
that a
ratio law
would produce
additional
nurses
at the bedside

Myth

Government-mandated ratios take the acuity of the patient into account.

Reality

Every nurse knows that caring for 5 patients one day can be entirely different from caring for 5 patients the next day. Yet mandated ratios would not allow staffing decisions based on acuity or consider the skills mix of available staff. Additionally, the corresponding administrative paperwork and compliance monitoring is likely to detract from, not enhance, nursing resources.

At a time when hospitals are challenged with the worst nurse shortage in decades, the General Assembly should not impose new requirements on hospitals that divert resources away from patient care but do little in substance to really improve patient care.

Myth

Ratios would bring more nurses back into the nursing profession and end the shortage.

Reality

It is doubtful that a ratio law would produce additional nurses at the bedside. Ongoing national and state initiatives have long been underway to stimulate interest and recruit individuals into nursing. While those efforts have been successful, the challenge has been in providing sufficient educational resources to accommodate the interest. According to the American Association of Colleges of Nursing (2005) over 32,000 qualified candidates were turned away from nursing programs. Last year alone in Illinois, one downstate community college placed over 200 nursing applicants on its waiting list.

According to 2006 figures supplied by the Illinois Department of Financial and Professional Regulation, more than 150,000 RNs hold active licenses. However, the state's tracking system does not segment the numbers into categories. The number includes not only those nurses actively working but also those nurses who are retired, nurses who maintain their license while residing in other states, and those who may be employed in non-hospital roles, e.g. nurse-attorneys, vendors, educators.

Myths and Realities

Myth

The patient care team would not lose ancillary staff under mandated ratios.

Reality

Legislation cannot predict what impact mandated ratios will have on hospitals' patient care teams, but what is certain is that hospitals will have to comply with the unfunded law. California hospitals estimate their implementation cost at approximately \$500 million. If Illinois hospitals confront similar costs averaging \$1million per hospital, it is logical that jobs currently held by members of the care team – ancillary support staff – will be at risk. RNs would have to carry out all the tasks currently done by those ancillary staff members.

Myth

All nurses support government mandated ratios.

Reality

That's simply not true. In most cases, nurses, who are professionals and think deeply about the issues involved in safe staffing, have grave reservations about a system that would deprive them of the flexibility they need to make decisions about patient care. Nurses are also sincerely worried about the potential loss of ancillary staff that are currently valued members of the care team.

Myth

Ratios are the only legislative solution to safe staffing concerns.

Reality

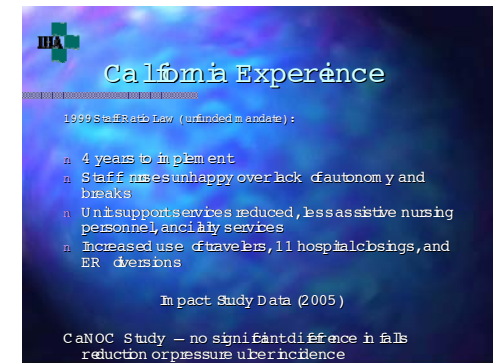
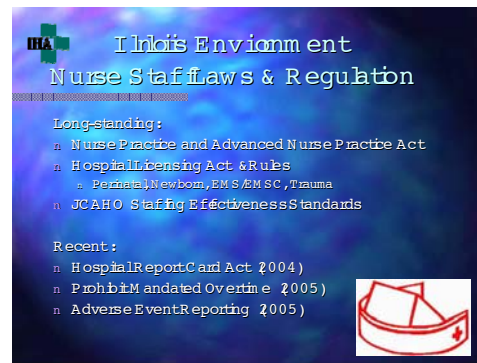
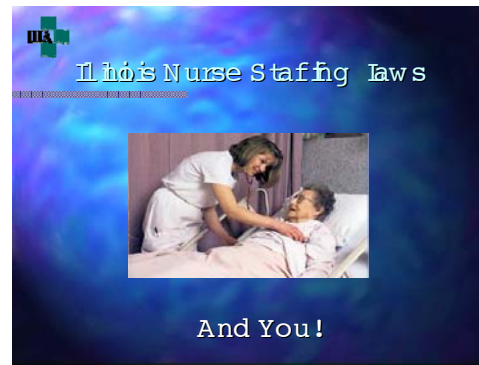
Existing laws address safe staffing by requiring hospitals to create working environments that encourage staff to have direct input into staffing decisions and help them draw their nurse leaders' attention to staffing and patient care concerns. Furthermore, Illinois' new Hospital Report Card Act (HRCA) requires individual hospitals to make nurse staffing schedules, nurse staffing assignment rosters, and the methods for determining and adjusting staffing levels and staff training information available within specific time frames upon request from the public. In addition, the HRCA's reportable requirements will yield ongoing hospital-specific profiles of nursing resources. Starting in 2007/2008, each hospital's number of direct care hours of registered nurses, licensed practical nurses and assistive nursing personnel per clinical service area will be publicly available via the Illinois Department of Public Health's web site on an ongoing basis.

Existing
Illinois laws
address
safe staffing

“Illinois Nurse Staffing Laws and You”

A Power Point presentation is available online for downloading at

www.ihatoday.org



Most recent nurse ratio legislative proposal:

HB 2548 – Nursing Care and Quality Improvement Act

Summary prepared by Illinois Hospital Association – January, 2006 (Bill defeated)

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 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, 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.

Without demonstrated clinical and supervisory competencies, nurses from temporary nursing agencies may not be responsible for patient care units.

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 others 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 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.

SB 59: Hospital Report Card Act

Summary prepared by the Illinois Hospital Association June 2003 and updated August 2006 to reflect national infection prevention measures

New Act

Creates the “Hospital Report Card Act.”
Took effect on January 1, 2004.

General Assembly Findings

Illinois consumers have a right to access information about the quality of health care provided in Illinois hospitals in order to make better decisions.

Application (§10)

Applies to all hospitals licensed under the Hospital Licensing Act. Does not apply to nursing homes, ambulatory surgical treatment centers or dialysis centers.

Staffing Levels (§15)

Requires nurse staffing system that provides:

- (a) The number of registered professional nurses, licensed practical nurses and other nursing personnel assigned to each patient care unit are consistent with the types of nursing care needed by the patients and the capabilities of the staff. Patients on each unit shall be evaluated near the end of each change of shift by criteria developed by the nursing service. There shall be staffing schedules reflecting actual nursing personnel required for the hospital and each patient unit. Staffing patterns shall reflect consideration of nursing goals, standards of nursing practice, and the needs of patients;
- (b) Current nurse staffing schedules listing the daily assigned personnel and average daily census, as well as the actual nurse staffing assignment roster, are available for their respective dates upon request at each patient care unit; and
- (c) All records, including anticipated staffing schedules and the methods to determine and adjust staffing levels, are available to the public upon request and maintained for five years.

Orientation and Training (§20)

Prescribes an orientation and training process that:

- (a) Provides initial job training and information and assesses the direct care nursing staff’s ability to fulfill specified responsibilities;
- (b) Requires personnel not competent to meet the needs of patients in a unit shall not be assigned to work there without direct supervision until appropriately trained; and
- (c) Staff training information is available upon request at the hospital.

Hospital Reports (§25)

Requires reports to the Illinois Department of Public Health (IDPH) to be submitted as condition of licensure and made available to the public through IDPH.

- (a) Hospital reports must include the following information:

Quarterly:

- (1) Nursing hours per patient day, average daily census, and average daily hours worked for each clinical service area;
- (2) Infection rates for the facility for specific clinical procedures and devices determined by the Department by rule under two or more of the following categories: (i) Surgical procedure outcome measures; (ii) surgical procedure infection control process measures; (iii) outcome or process measures related to ventilator-associated pneumonia; and (iv) central vascular catheter-related bloodstream infection rates in designated critical care units; and

Annually:

- (3) Vacancy and turnover rates for licensed nurses.

- (b) IDPH may not disclose any hospital information publicly unless the information has been reviewed, adjusted and validated according to a specified process. The mandated process includes:
- (i) An advisory committee involving representatives from the Department, public and private hospitals, direct care nursing staff, physicians, academic researchers, consumers, health insurance companies, organized labor and organizations representing hospitals and physicians;
 - (ii) Department disclosure to hospitals of entire methodology for collecting and analyzing the data prior to any public disclosure of such information;
 - (iii) Data collection and analytical methodologies that meet accepted standards of validity and reliability before any information is made available to the public;
 - (iv) Identifying limitations of the data sources and analytic methodologies used to develop comparative hospital information;
 - (v) Using standard-based norms derived from widely accepted provider-developed practice guidelines;
 - (vi) Sharing comparative hospital information and other information that the Department has compiled regarding hospitals with the hospitals under review prior to public dissemination of such information and allowing hospitals an opportunity to make corrections and additions of helpful explanatory comments about the information before publication;
 - (vii) Adjusting for patient case mix and other relevant risk factors and control for provider peer groups, when appropriate;
 - (viii) Effective safeguards to protect against the unauthorized use or disclosure of hospital information and to protect against the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective hospital;
 - (ix) Regular evaluations to assess the quality and accuracy of hospital information reported under this Act; and
 - (x) Using only the most basic identifying information so that patient, employee and licensed professional identifiable information is not released. None of the information the Department discloses to the public under the Act may be used to establish a standard of care in a private civil action.

Department of Public Health Annual Report (§30).

IDPH must submit an annual disclosure report to the General Assembly, summarizing the quarterly reports by health service areas and publish that report on its website. The Department must annually publish risk-adjusted mortality rates for each hospital based on information that hospitals are currently required to submit to the Department. IDPH may issue quarterly information bulletins at its discretion, using all or part of the information submitted in the quarterly reports.

Whistleblower Protection (§35).

Provides employee immunity from employer action when employee in good faith:

- (a) Discloses any hospital activity, policy or practice that violates this Act OR any other law, rule or that employee reasonably believes poses a risk to health, safety or welfare of patient or public;
- (b) Initiates, cooperates or otherwise participates in a regulatory or accreditation investigation or proceeding concerning patient safety;
- (c) Objects or refuses to participate in any hospital activity or practice that employee believes poses a safety risk; and
- (d) Participates in a committee or peer review process that involves allegations of unsafe, dangerous, or potentially dangerous patient care within the hospital.

Protections are granted under the Act for employees acting in good faith. Good faith is presumed if the employee reasonably believes that their reported or disclosed information is true on a violation that has occurred or may occur.

The immunity does not apply

- (a) If the employee's action is based on information that the employee knew or should have known is false or misleading; or
- (b) Unless the employee gives the hospital written notice of the problem and a reasonable period to address the issue raised by the employee.

Hospitals may train, educate, correct or take action to improve the performance of an employee who report they are unable or unwilling to perform an assigned task.

Hospital Liability (§40).

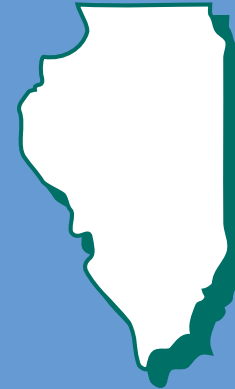
Any hospital that violates the whistleblower protections as prescribed in the Act is subject to any affected employee's private right of action.

Regulatory Oversight (§45).

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.

Hospital Licensing Act Amended (§90).

Adds the Hospital Report Card Act as a condition of licensure to Section 7 of the existing Hospital Licensing Act.



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