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Support HB 3871 Safe Patient Limits Act

Since 2007, hospitals were NEVER culpable to registered nurse (RN) recommendations on staffing!

2007 Nurse Staffing by Patient Acuity law has failed Illinois for years. It's time to pass the Safe Patient Ratios Act HB 3871

Background

In 2007 Illinois passed an agreed to bill, Nurse Staffing by Patient Acuity to address the growing issue of inadequate nurse staffing. This law was to improve nurse staffing which in turn improve patient outcomes. The law directed hospitals to create staffing plans **with** direct care bedside nurse input on staffing recommendations whose "**nursing care committee recommendations must be given significant weight**". Such good intentions without employer culpability – staff nurse recommendations failed to result in tangible nurse staffing plans. Why? For one, there is no accountability for employer to enact such nursing care committee recommendations. Failed recommendations of the Nursing Care Committee were on an inside loop that landed back at the hospital administration feet – without consequence as complaints for unfulfilled staffing plans returned to the same place for corporate decision.

Years have gone by with Nursing Care Committee recommendations never reaching fruition - frustrated nurses attempt to improve nurse staffing in nursing committees using statistical evidence patient outcomes improve when more nurses care for less patients – the value of nurse staffing investment thwarted by employer choosing profits over patient lives despite mountains of evidence based studies – caught in never-ending loop. Then Covid-19 arrives, and nurses faced a pandemic for months compounded with existing inadequate nurse staffing to perform expert care that require skilled nurse services to save lives. Gubernatorial Proclamation 2020 granted immediate, but temporary access of licensed nurses from outside Illinois to attempt to fill the void. But such a temporary steal only puts other states' public at risk with their own nursing deficit. Robbing Peter to pay Paul is not a plan. Investing by building a reliable nurse staffing workforce is real remedy. **What's required, a regulatory remedy - HB 3871.**

Evidence supports more nurses with less patients saves patients' lives and employers money!

It's been done. California achieved mandated nurse staffing. The American Nurses Association (ANA) heralds' authors like B. Kalisch who wrote *Errors of Omission: How Missed Nursing Care Imperils Patients*. ANA's own position paper citing how more nurses caring for less patients results in fewer complications, lower patient mortality, lower patient readmission rates and shorter lengths of stay resulting in higher patient rating scores and higher average operating margins for the hospital's bottom line. American Nurses Association White Paper. (2018, January 2). *The Business Case for Higher Levels of Nurse Staffing in the Hospital Setting*. <https://www.nursingworld.org/~4a58b1/globalassets/practiceandpolicy/nurse-staffing/ana-cost-calculator.pdf>

Linda Aiken, national nurse researcher co-authored (2021, February) *Is Hospital Nurse Staffing Legislation in the Public's Interest?* An Observational Study in New York https://journals.lww.com/lww-medicalcare/Abstract/9000/Is_Hospital_Nurse_Staffing_Legislation_in_the.98191.aspx

The short answer to that the question – is yes. In their Conclusion, "If NY state enacted the Safe Staffing for Quality Care Act, our evidence projects many lives would be saved and shorter hospital stays would translate into cost-savings for hospitals."

Pass Safe Patient Limits Act HB 3871 a win – win for Illinois' public, its nurses and employers!



2007 Nurse Staffing Law language

HB 3871 Safe Patient Limits Act proposal

A nursing care committee's recommendations must be given **significant regard and weight** in the **hospital's adoption and implementation of a written staffing plan**. (Section 10.10(d) of the Act)

A) The process for submitting the committee's recommendations to hospital administration shall be outlined in the written staffing plan.

B) The process for providing feedback to the nursing care committee from the hospital administration regarding unresolved or ongoing issues shall be outlined in the written staffing plan.

<https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0401>

2007 RN Staffing law has failed Illinois. Invest in nurse workforce – value asset

SUPPORT HB 3871 Safe Patient Limits Act Evidence's clear: saves lives & safes money!

"Safe patient limits have been found to improve patient health outcomes while having little to no impact on hospital bottom lines (Flanagan et al., 2016). Safe patient limits reduce the likelihood of in-hospital death within 30 days of admission and patient time spent in ICUs (Aiken et al., 2010; Kane et al., 2007). Moreover, safe patient limits have led to lower pneumonia readmission rates in hospitals—an important finding because people who get infected with COVID-19 can get severe pneumonia and require a ventilator (Flanagan et al., 2016; WebMD, 2020). At the same time, research has found that safe patient limits have no negative effect on the financial performance of hospitals. Adding registered nurses to the workforce limits hospital readmission rates, and decreases occupational injuries and reduces turnover rates, saving money for hospitals (Silver et al., 2016; Manzo, 2019; Everhart et al., 2013)."

Gigstad, J. Manzo, F. (2020, June 30) Pandemic Preparedness in Illinois. Illinois' Union Hospitals Were Better Positioned for the Public Health Crisis
<https://illinoisepi.files.wordpress.com/2020/06/ilepi-pandemic-preparedness-in-illinois-final.pdf>

Section 10. The maximum number of patients assigned to a registered nurse in a facility shall not exceed the limits provided in this Section. The requirements in this section apply at all times during each shift within each clinical unit and each patient care area. (Ratios denote nurse to patient)

Critical Care Units or intensive care patients.....1:2
Step-down or intermediate care patients.....1:3
Units with post-anesthesia care 18 years or >.....1:2
Units with operating room patients.....1:1

In the Emergency Department:

Units providing basic emergency medical care.....1:3
Units of critical care emergency patients.....1:2
Maximum assignment of critical trauma in ER.....1:1
ER triaging patients always has one direct care RN

All units with maternal child patients:

Antepartum continuous fetal monitoring.....1:2
Other Antepartum maximum assignment.....1:3
Active labor patient assignment.....1:1
During childbirth 1 RN for mother & 1 RN for baby
Maximum immediate postpartum is one RN: couplet
Maximum Postpartum 1 RN:6 or 1 RN: 3 couplets

In all other units with psychiatric patients.....1:4
Medical Surgical patients.....1:4
Telemetry units.....1:3
Acute Rehabilitation units1:4
In all specialty care units1:4
Maximum assignment of conscious sedation.....1:1
Rapid Response RN has no direct patient assignment

Section 50. Enforcement. A facility's failure to adhere to the limits set by Section 10 shall be reported to the Attorney General for enforcement.

Nursing Care Committee to review hospital staffing plans

Section 10.10 Nurse Staffing by Patient Acuity based on evidence, nursing principles and patient complexity needs

And more....