THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL No. 1631 Session of 2013

INTRODUCED BY GINGRICH, SONNEY, ADOLPH, KOTIK, HARHAI, DiGIROLAMO, TOOHIL, MILLARD, SABATINA, RAVENSTAHL, GODSHALL, FARRY, SCHLOSSBERG, DAVIS, GROVE, MURT, KINSEY, STURLA, PAINTER, SWANGER, HELM, GIBBONS, M. K. KELLER, BARRAR, COHEN, MICOZZIE, HESS, CLYMER, HARPER, B. BOYLE, SAYLOR, C. HARRIS, WATERS, MULLERY, DELUCA, WATSON, MASSER, STERN, SIMS, PETRI, O'BRIEN, KORTZ, REGAN, MARSICO, M. DALEY, GOODMAN, F. KELLER, HARKINS, PETRARCA, HARHART AND CALTAGIRONE, AUGUST 2, 2013

REFERRED TO COMMITTEE ON HEALTH, AUGUST 2, 2013

AN ACT

1 2 3 4 5 6 7 8 9 10	Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An act relating to health care; prescribing the powers and duties of the Department of Health; establishing and providing the powers and duties of the State Health Coordinating Council, health systems agencies and Health Care Policy Board in the Department of Health, and State Health Facility Hearing Board in the Department of Justice; providing for certification of need of health care providers and prescribing penalties," providing for professional nurse staffing standards.
11	The General Assembly of the Commonwealth of Pennsylvania
12	hereby enacts as follows:
13	Section 1. The act of July 19, 1979 (P.L.130, No.48), known
14	as the Health Care Facilities Act, is amended by adding a
15	chapter to read:
16	<u>CHAPTER 8-A</u>
17	PROFESSIONAL NURSE STAFFING STANDARDS
18	Section 801-A. Scope of chapter.
19	This chapter relates to professional nurse staffing standards

1	in general or special hospitals that will address patient safety
2	and the delivery of quality nursing care to patients.
3	Section 802-A. Definitions.
4	The following words and phrases when used in this chapter
5	shall have the meanings given to them in this section unless the
6	context clearly indicates otherwise:
7	"Direct patient care." Care provided by a staff member with
8	direct responsibility to carry out medical regimens or nursing
9	care for one or more patients.
10	"Hospital unit." An area in a hospital where direct patient
11	care is provided.
12	"Professional nurse." An individual who holds a license to
13	practice professional nursing under the act of May 22, 1951
14	(P.L.317, No.69), known as The Professional Nursing Law.
15	"Quality measures." Measures or indicators derived from
16	various sources. The term includes, but is not limited to,
17	claims and medical records that allow the organization to
18	evaluate processes and outcomes of care and nursing-sensitive
19	indicators endorsed by the National Quality Forum or that are
20	part of the National Database for Nursing Quality Indicators.
21	"Staffing committee." The professional nurse staffing
22	committee or committees established under section 804-A.
23	"Staffing plan." The professional nurse staffing plan
24	established under section 803-A.
25	Section 803-A. Organizational development of professional nurse
26	staffing plan.
27	A hospital shall develop, implement and monitor a
28	professional nurse staffing plan for each hospital unit. The
29	development of the plan shall occur internally by a professional
30	nurse staffing committee or committees established under section
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1	<u>804-A.</u>
2	Section 804-A. Professional nurse staffing committees.
3	(a) EstablishmentA hospital shall establish at least one
4	professional nurse staffing committee within 180 days of the
5	effective date of this section. The staffing committee shall
6	<u>meet at least two times each year.</u>
7	(b) MembershipThe membership of the staffing committee
8	shall be split evenly between professional nurses currently
9	providing direct patient care in the hospital and administrative
10	staff chosen by the hospital. The following shall apply:
11	(1) Professional nurses currently providing direct
12	patient care in the hospital shall be selected by their peers
13	on an anonymous basis to serve on the committee.
14	(2) Administrative staff may be appointed at the
15	discretion of the board of directors or president of the
16	hospital and shall include at least one individual with
17	experience with the hospital's budget or financial condition.
18	(c) OversightThe chairperson of the staffing committee
19	shall ensure that the staffing committee develops a staffing
20	plan for each unit and that the plans are evaluated.
21	Section 805-A. Duties and responsibilities of hospital.
22	<u>A hospital shall have the following duties and</u>
23	responsibilities:
24	(1) Establish the staffing committee required to develop
25	the staffing plan prescribed in section 804-A within 120 days
26	of the effective date of this section.
27	(2) Provide the education and parameters necessary for
28	staff to create a staffing plan given the available resources
29	of the hospital so that staff can responsibly develop the

30 staffing plan within 180 days of the effective date of this

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1 <u>section.</u>

2	(3) Adopt the staffing plan in a timeline that is
3	consistent with the hospital budgetary planning process.
4	(4) Make accessible to all nursing staff the final and
5	approved staffing plan for the units in the hospital.
6	(5) Evaluate staffing plans and report to the staffing
7	committee no less than twice annually.
8	(6) Develop and implement a plan of action with the
9	assistance of professional nurses providing direct patient
10	care and other appropriate staff, if there is evidence of
11	noncompliance with the staffing plan and the noncompliance
12	with the staffing plan negatively impacts patients and
13	professional nurses.
14	(7) Establish a process by which immediate concerns
15	about nurse staffing can be reported and addressed within
16	nursing and inform the professional nurse staff of the
17	process.
18	(8) Develop mechanisms by which nursing staff can raise
19	concerns and make recommendations about the staffing plans
20	either through the existing staffing committee or nursing
21	administration, or both.
22	(9) Ensure that the chief nursing officer receives
23	periodic reports from the staffing committee in a format
24	developed by the hospital to ensure that consistent
25	information is captured.
26	(10) Receive reports from other hospital committees,
27	including, but not limited to, the patient safety committee
28	and quality committee, that may be related to nurse staffing.
29	(11) Provide an annual report, for internal purposes, to
30	the chief executive officer, the staffing committee and the

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1	governing board relating to nurse staffing, including, but
2	not limited to, compliance with the approved nurse staffing
3	plans and any actions taken to address nurse staffing issues.
4	(12) Make available to all patients information on how
5	to make a request for the staffing plan, including the
6	
	appropriate person, office or department that may be
7	contacted to review or obtain a copy of the plan.
8	(13) Comply with act of December 12, 1986 (P.L.1559,
9	No.169), known as the Whistleblower Law, and section
10	307(b)(4) of the act of March 20, 2002 (P.L.154, No.13),
11	known as the Medical Care Availability and Reduction of Error
12	(Mcare) Act.
13	Section 806-A. Duties and responsibilities of staffing
14	committees.
15	The staffing committee shall have the following duties and
16	<u>responsibilities:</u>
17	(1) Develop a staffing plan, in a timeline that is
18	consistent with the hospital budgetary planning process, for
19	each hospital unit as prescribed in section 803-A within 180
20	days following the effective date of this section.
21	(2) Elect a chairperson from within the staffing
22	committee who is a professional nurse that provides direct
23	patient care.
24	(3) Develop a staffing plan that takes into
25	consideration variables that can influence the staffing plan
26	for that hospital unit. The variables include, but are not
27	limited to, the following:
28	(i) The special skills and competencies required by
29	the nursing staff in that hospital unit to provide care
30	
50	to the hospital unit's patient population to ensure the

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1	delivery of quality care and quality outcomes.
2	(ii) Staffing standards recommended by nationally
3	recognized professional nursing organizations,
4	particularly those that address professional standards of
5	care for the selected patient population.
6	(iii) Staff skill mix, specialty certification and
7	years of experience.
8	(iv) The numbers and types of other professional,
9	paraprofessional or support staff that professional
10	nurses must collaborate with or supervise to ensure the
11	delivery of quality care and quality outcomes.
12	(v) Patient volume, patient acuity, nursing care
13	intensity and patient turnover issues that can affect the
14	numbers and types of staff required for the patient
15	population in a hospital unit.
16	(vi) The time needed to complete various key nursing
17	tasks, including, but not limited to, surveillance,
18	patient assessment, patient education and discharge
19	planning.
20	(vii) The physical environment in which care is
21	provided, including, but not limited to, the physical
22	architecture of each hospital unit, patient location and
23	available technology of the health care facility.
24	(4) Approve the plan with a vote in favor of the plan of
25	at least 66% of the professional nursing staff committee.
26	(5) Ensure that the plan contains information informing
27	professional nurses how to report concerns about
28	noncompliance with the staffing plan to a person designated
29	by the staffing committee.
30	(6) Review the plan at least twice annually and adjust

1	the plan as determined by the staffing committee in
2	accordance with the provisions of this section.
3	Section 807-A. Penalties.
4	The department may impose an administrative penalty of \$1,000
5	per day upon any hospital not in compliance with this chapter.
6	Section 808-A. Confidentiality.
7	The following shall apply:
8	(1) The department shall ensure confidentiality of any
9	reports made under this chapter in accordance with the act of
10	June 10, 2009 (P.L.1, No.1), known as the Preventable Serious
11	Adverse Events Act.
12	(2) The department shall ensure the confidentiality of
13	the annual report required by section 805-A(11). The annual
14	report shall not be included in the discovery process of any
15	subsequent lawsuits filed against a hospital.
16	Section 2. This act shall take effect in 180 days.