

**MAY 6, 2004**

**SCHAKOWSKY INTRODUCES MAJOR INITIATIVE TO IMPROVE PATIENT CARE & TO CURB NURSING SHORTAGE** WASHINGTON, D.C. - U.S. Representative Jan Schakowsky (D-IL) today unveiled legislation that would greatly improve patient care while helping to curb the nursing shortage that has left hospitals across the country dangerously understaffed.

The Nurse Staffing Standards for Patient Safety and Quality Care Act of 2004, introduced on National Nurse Day, would set minimum federal nurse staffing ratios that would give nurses manageable patient loads, allowing them to provide better care while helping them avoid preventable medical errors.

According to the Institute of Medicine, 98,000 patients die in hospitals every year because of preventable injuries - more than the number of Americans who die from automobile accidents, breast cancer and AIDS combined. Nurse understaffing is a significant factor in 1 out of 4 of those deaths.

"In our hospitals today, there are too few nurses caring for too many patients, a dangerous prescription with extremely harmful side effects. Without a national solution to address this crisis of overworked nurses and nurse-flight, patient care will continue to suffer," said Schakowsky, a member of the Energy and Commerce Committee.

The Nurse Staffing Standards for Patient Safety and Quality Care Act of 2004 establishes minimum direct care registered nurse-to-patient staffing ratios to improve patient safety and quality of care and to address the nursing shortage that has left our nation's hospitals critically understaffed.

"Working closely with nurses from across the nation, I am proud to introduce the Nurse Staffing Standards for Patient Safety and Quality Care Act of 2004. The bill is a common sense solution that would improve patient care and address the nursing shortage. Safe staffing levels save lives," Schakowsky added.

The legislation is cosponsored by 16 House members and is endorsed by the American Federation of Government Employees (AFGE); American Federation of State, County and Municipal Employees (AFSCME); American Federation of Teachers-Healthcare (AFT); Communications Workers of America (CWA); Service Employees International Union-Nurse Alliance (SEIU); United American Nurses (UAN); United Food and

**Commercial Workers (UFCW); Laborers International Union of North America (LIUNA); United Auto Workers; (UAW); International Union of Operating Engineers (IUOE) and Teamsters (IBT).**

**BILL SUMMARY**

**THE NURSE STAFFING STANDARDS FOR PATIENT SAFETY AND QUALITY CARE ACT OF 2004**

**INTRODUCED BY REP. JAN SCHAKOWSKY (D-IL)**

**The Nurse Staffing Standards for Patient Safety and Quality Care Act of 2004 establishes minimum direct care registered nurse-to-patient staffing ratios to improve patient safety and quality of care and to address the nursing shortage that has left our nation's hospitals critically understaffed.**

**Safe staffing levels save lives. For example, nurses - given the time to monitor medications - were able to catch 86 percent of all prescription errors before the wrong prescription or wrong dosage got to their patients.**

**This bills aims to address these problems by establishing new minimum federal safe staffing standards in all hospitals, including hospitals that serve Medicare and Medicaid patients and federally operated hospitals.**

**BILL SUMMARY**

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**By January 2007 (and two years later for rural hospitals) hospitals will be expected to develop and implement nurse staffing plans that must meet newly-established minimum direct care registered nurse-to-patient ratios, adjust staffing levels based on acuity of patients and other factors, and ensure quality care and patient safety.**

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**Minimum direct care registered nurse-to-patient ratios: A hospital would be required during each shift, except during a declared emergency, to assign a direct care registered nurse to no more than the following number of patients in designated units:**

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- . 1 patient in an operating room and trauma emergency unit**
- . 2 patients in all critical care units, intensive care, labor and delivery and postanesthesia units**
- . 3 patients in antepartum, emergency, pediatrics, step-down and telemetry units**
- . 4 patients in intermediate care nursery, medical/surgical and acute care psychiatric care units**
- . 5 patients in rehabilitation units**
- . 6 patients in postpartum (3 couplets) and well baby nursery units**

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**Based on the outcome of a required study, staffing requirements will be established for licensed practical nurses and will be required to be implemented in all hospitals by January 2007.**

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**Staffing Plans Developed Together with Direct Care Nurses: Hospitals will be required to**

develop staffing plans no later than January 1, 2006. Hospitals must involve direct care nurses and other direct care health care workers or their representatives in the development and the annual re-evaluation of their staffing plans. Beginning in 2007, plans must comply with minimum ratio standards, but may need to increase those standards based on hospital specifics.

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**Enforcement:** Uniform notices stating the requirements of this bill including the actual direct care nurse-to-patient ratios for each unit must be posted in a visible, conspicuous and accessible location for both patients and direct care staff. Hospitals that fail to comply with the nurse staffing plan requirements could face a range of corrective action, including civil monetary penalties and loss of funds.

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**Whistleblower Protection:** This bill provide whistleblower protection for nurses by securing a nurse's right and obligation to refuse assignment if doing so threatens the safety and health of a patient by violating the minimum ratios as set forth in this bill, or if they are not professionally prepared to fulfill their assignment. The bill also provides protections to any hospital employee who reports a violation of this Act.

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**Reimbursement:** The bill allows for hospitals to receive additional Medicare reimbursement related to costs incurred related to compliance with this bill. Such reimbursement will be based on recommendations by Medicare Payment Advisory Commission (MedPAC).