

The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act
Representative Jan Schakowsky and Senator Sherrod Brown
H.R. XX, S. XX

The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act recognizes that adequate nurse staffing is critical for improving outcomes for hospital patients, reducing preventable adverse events, and helping hospitals to attract and retain direct care nurses. The bill sets minimum nurse-to-patient staffing requirements for direct-care registered nurses, requires a study of staffing requirements for direct care licensed practice nurses, and provides whistleblower protections.

Implementation: Two years after enactment (four years 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, nursing care plans, and other factors; and ensure quality care and patient safety.

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:

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

Direct care registered nurses, including any temporary nursing personnel, must have demonstrated unit-specific competence.

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.

Staffing Plans Developed Together with Direct Care Nurses: Hospitals will be required to develop staffing plans within one year after date of enactment. Hospitals must involve direct care nurses (chosen by direct care nurses from their unit) and other direct care health care workers or their representatives (chosen by those direct care health care workers) in the development and the annual re-evaluation of their staffing plans. The plans must identify and establish guidelines by which the hospital must increase staffing above the required minimums to meet nursing care requirements necessitated by patient needs. The plans must factor in an appropriate skill mix of other health care workers to ensure that staffing levels account for patient care needs that do not require a direct care registered nurse. After two years, plans must comply with minimum ratio standards, but may need to increase those standards based on hospital specifics.

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.

Whistleblower Protection: The bill provides whistleblower protection for nurses by securing a nurse's right and obligation to refuse assignment if doing so would threaten 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.

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).

Promoting Nurse Workforce: The bill creates a preceptorship program to provide practical clinical experiences and training for students and early career nurses. The bill also creates a mentorship program to help new and transitioning nurses adapt to the hospital setting.