

JANUARY SESSION, A.D. 2003

RELATING TO BUSINESSES AND PROFESSIONS – PATIENT SAFETY ACT

Referred To: Senate Health & Human Services

17 (2) “Assessment tool” means a measurement system which compares the registered nurse
18 staffing level in each nursing department or unit against actual patient nursing care requirements
19 in order to review the accuracy of an acuity system.

1 (3) “Board” means the board of nursing registration and nursing education.

2 (4) “Department” means the department of public health.

3 (5) “Direct-care registered nurse” means a registered nurse who has accepted direct
4 responsibility and accountability to carry out medical regimens, nursing or other bedside care for
5 patients.

6 (6) “Facility” means a hospital licensed pursuant to the general laws, any licensed private
7 or state-owned and operated general acute care hospital, an acute psychiatric hospital, a specialty
8 hospital, or any acute care unit within a state operated facility.

9 (7) “Nursing care” means care which falls within the scope of practice as prescribed by
10 state law or otherwise encompassed within recognized professional standards of nursing practice,
11 including assessment, nursing diagnosis, planning, intervention, evaluation and patient advocacy.

12 (8) “Ratio” means the actual number of patients to be assigned to each direct-care
13 registered nurse.

14 **5-48.2-2. Powers and duties of the department of health. –** The department of health
15 shall have the following powers and duties with respect to this chapter:

16 (1) To promulgate rules and regulations necessary to carry out the purposes and
17 provisions of this chapter, including regulations defining terms, and prescribing the process for
18 establishing a standardized acuity-based patient classification system.

19 (a) Such rules and regulations shall require that a full-time registered nurse executive
20 leader be employed by each facility to be responsible for the overall execution of resources to
21 ensure sufficient registered nurse staffing is provided by said facility.

22 (b) Such rules and regulations shall require that a full-time registered nurse be designated
23 by the facility to be responsible for the overall quality assurance of nursing care as provided by
24 the facility.

25 (c) Such rules and regulations shall require that a full-time registered nurse be designated
26 by each facility to ensure the overall occupational health and safety of nursing staff employed by
27 said facility.

28 (2) To assure that the provisions of this chapter and all rules and regulations promulgated
29 under this chapter are enforced; and to promulgate, within one (1) year of the effective date of
30 this chapter, regulations providing for an accessible and confidential system to report any failure
31 to comply with requirements of this chapter and public access to information regarding reports of
32 inspections, results, deficiencies and corrections under this chapter.

33 (3) To develop within one (1) year of passage of this act a standardized acuity-based
34 patient classification system to be utilized by all facilities to increase the number of direct-care

1 registered nurses to meet patient needs.

2 **5-48.2-3. Required nurse-to-patient ratios.** – (a) Each facility, as defined in this

3 chapter, shall incorporate and maintain the following minimum direct-care registered nurse-to-

4 patient ratios:

5 (1) Intensive Care Unit 1:2

6 (2) Critical Care Unit 1:2

7 (3) Neo-Natal Intensive Care 1:2

8 (4) Burn Unit 1:2

9 (5) Step-down/Intermediate Care 1:3

10 (6) Operating Room

11 (a) Under anesthesia 1:1

12 (b) Post anesthesia 1:2

13 (7) Post Anesthesia Care Unit

14 (a) Under anesthesia 1:1

15 (b) Post anesthesia 1:2

16 (8) Emergency Department 1:4; provided that the triage, radio, or other specialty

17 registered nurse shall not be counted as part of this number.

18 (9) Emergency critical care 1:2; provided that the triage, radio, or other specialty

19 registered nurse shall not be counted as part of this number.

20 (10) Emergency trauma 1:1; provided that the triage, radio, or other specialty registered

21 nurse shall not be counted as part of this number.

22 (11) Labor and Delivery

23 (a) Active labor 1:1

24 (b) Immediate postpartum 1:2 (one couplet)

25 (c) Postpartum 1:6 (three couplets)

26 (d) Intermediate Care Nursery 1:4

27 (e) Well-Baby Nursery 1:6

28 (12) Pediatrics 1:4

29 (13) Psychiatric 1:5

30 (14) Medical and Surgical 1:5

31 (15) Telemetry 1:5

32 (16) Observational/Out patient treatment 1:4

33 (17) Transitional Care 1:5

34 (18) Rehabilitation Unit 1:5

1 (19) Specialty Care Unit, any unit not otherwise listed above shall be considered a
2 specialty care unit 1:4.

3 (b) The ratios required by this section shall constitute the minimum number of direct-care
4 registered nurses. Additional direct-care registered nurses shall be added and the ratio adjusted to
5 ensure direct-care registered nurse staffing in accordance with an approved acuity-based patient
6 classification system. Nothing herein shall be deemed to preclude any facility from increasing the
7 number of direct-care registered nurses, nor shall the requirements set forth be deemed to
8 supersede or replace any requirements otherwise mandated by law, regulation or collective
9 bargaining contract so long as the facility meets the minimum requirements outlined.

10 **5-48.2-4. Submission by health care facilities of prospective staffing plans and**
11 **annual audits.** – (a) As a condition of licensing, each facility annually shall submit to the
12 department a prospective staffing plan together with a written certification that the staffing plan is
13 sufficient to provide adequate and appropriate delivery of health care services to patients for the
14 ensuing year and accomplishes the following:

15 (1) meets the minimum direct-care registered nurse-to-patient ratio requirements of this
16 chapter;

17 (2) employs the acuity-based patient classification system for addressing fluctuations in
18 patient acuity levels requiring increased registered nurse staffing levels above the minimums set
19 forth in this chapter;

20 (3) provides for orientation of registered nursing staff to assigned clinical practice areas,
21 including temporary assignments;

22 (4) includes other unit or department activity such as discharges, transfers and
23 admissions, administrative and support tasks that are expected to be done by direct-care registered
24 nurses in addition to direct nursing care;

25 (5) submits the assessment tool used to validate the acuity system relied upon in the plan.

26 (b) As a condition of licensing, each facility annually shall submit to the department of
27 health an audit of the preceding year's staffing plan. The audit shall compare the staffing plan
28 with measurements of actual staffing as well as measurements of actual acuity for all units within
29 the facility. The audit shall demonstrate the facility's actual compliance with the five (5)
30 requirements imposed by this section relating to the prospective staffing plan.

31 (c) As a condition of licensing, a facility required to have a staffing plan under this
32 chapter shall:

33 (1) prominently post on each unit the daily written nurse staffing plan to reflect the
34 registered nurse-to-patient ratio means of consumer information and protection;

1 (2) provide each patient and/or family member with a toll-free hotline number for the
2 department of health, which may be used to report inadequate registered nurse staffing. Such
3 complaint shall cause investigation by the department within twenty-four (24) hours to determine
4 whether any violation of law or regulation by the facility has occurred.

5 **5-48.2-5. Appropriate nursing orientation required.** – For purposes of compliance
6 with the minimum registered nurse staffing requirements set forth in this act, no registered nurse
7 shall be assigned, or be included in the count of assigned registered nursing staff in a nursing
8 department or unit or a clinical area within the health facility unless that registered nurse has an
9 appropriate orientation in that clinical area sufficient to provide competent nursing care to the
10 patients in that area, and has demonstrated current competence in providing care in that area.

11 **5-48.2-6. Other critical health care workers.** – The setting of staffing standards for
12 registered nurses is not to be interpreted as justifying the understaffing of other critical health care
13 workers, including licensed practical nurses, and certified nursing assistants. The availability of
14 these other health care workers enables registered nurses to focus on the nursing care functions
15 that only registered nurses, by law, are permitted to perform and thereby helps to ensure adequate
16 staffing levels.

17 **5-48.2-7. Penalties for violations.** – (a) Any facility that fails to anticipate, design,
18 maintain or adhere to a daily written nurse staffing plan in accordance with the provisions of this
19 section, or any rule or regulation promulgated hereunder, (1) shall be subject to revocation of said
20 facility's license or registration, or by a fine of not more than twenty-five thousand dollars
21 (\$25,000), or both, and (2) may be subject to a civil penalty of not more than twenty-five
22 thousand dollars (\$25,000), for each such violation. Each day each such violation occurs or
23 continues shall be deemed a separate offense. These penalties shall be in addition to any other
24 penalties that may be prescribed by law. The department shall have jurisdiction to coordinate
25 enforcement related activities.

26 (b) The civil penalty may be assessed in any action brought on behalf of the state or on
27 behalf of any patient or resident aggrieved hereunder in any court of competent jurisdiction.

28 (c) Fines relative to said violations shall be collected and placed in the general fund.

29 (d) Each facility found in violation of said plan must prominently post its violation notice
30 within each unit in violation. Copies of the notice shall be posted by the facility immediately
31 upon receipt and maintained for sixty (60) consecutive days in conspicuous places including all
32 places where notices to employees are customarily posted. Reasonable steps shall be taken by the
33 facility to ensure that the notices are not altered, defaced, or covered by any other material. The
34 department will post said violation notices on its website immediately after a finding of a

1 violation. The notice shall remain on the department's website for sixty (60) consecutive days or
2 until such violation is rectified.

3 **5-48.2-8. Severability.** – If any provision of this chapter or the application thereof to any
4 person or circumstances is held invalid, such invalidity shall not affect other provisions or
5 applications of the chapter, which can be given effect without the invalid provision or application,
6 and to this end the provisions of this chapter are declared to be severable.

7 SECTION 2. This act shall take effect upon passage.

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LC01705
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO BUSINESSES AND PROFESSIONS – PATIENT SAFETY ACT

- 1 This act would establish a standardized acuity-based classification system including
2 minimum registered nurse-to-patient ratios in all licensed health care facilities.
3 This act would take effect upon passage.

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LC01705
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