



House of Representatives

File No. 725

General Assembly

February Session, 2014

(Reprint of File No. 442)

Substitute House Bill No. 5384
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 30, 2014

AN ACT CONCERNING REPORTS OF NURSE STAFFING LEVELS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-89e of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2014*):

3 (a) For purposes of this section:

4 (1) "Department" means the Department of Public Health; and

5 (2) "Hospital" means an establishment for the lodging, care and
6 treatment of persons suffering from disease or other abnormal physical
7 or mental conditions and includes inpatient psychiatric services in
8 general hospitals.

9 (b) [On and after July 1, 2009, each] Each hospital licensed by the
10 department pursuant to chapter 368v shall [, upon request, make
11 available] report, annually, to the department on a prospective nurse
12 staffing plan with a written certification that the nurse staffing plan is
13 sufficient to provide adequate and appropriate delivery of health care

14 services to patients in the ensuing period of licensure. Such plan shall
15 promote a collaborative practice in the hospital that enhances patient
16 care and the level of services provided by nurses and other members of
17 the hospital's patient care team.

18 (c) Each hospital shall establish a hospital staffing committee to
19 assist in the preparation of the nurse staffing plan required pursuant to
20 subsection (b) of this section. Registered nurses employed by the
21 hospital whose primary responsibility is to provide direct patient care
22 shall account for not less than fifty per cent of the membership of each
23 hospital's staffing committee. In order to comply with the requirement
24 that a hospital establish a hospital staffing committee, a hospital may
25 utilize an existing committee or committees to assist in the preparation
26 of the nurse staffing plan, provided not less than fifty per cent of the
27 members of such existing committee or committees are registered
28 nurses employed by the hospital whose primary responsibility is to
29 provide direct patient care. Each hospital, in collaboration with its
30 staffing committee, shall develop and implement to the best of its
31 ability the prospective nurse staffing plan. Such plan shall: (1) Include
32 the minimum professional skill mix for each patient care unit in the
33 hospital, including, but not limited to, inpatient services, critical care
34 and the emergency department; (2) identify the hospital's employment
35 practices concerning the use of temporary and traveling nurses; (3) set
36 forth the level of administrative staffing in each patient care unit of the
37 hospital that ensures direct care staff are not utilized for administrative
38 functions; (4) set forth the hospital's process for internal review of the
39 nurse staffing plan; and (5) include the hospital's mechanism of
40 obtaining input from direct care staff, including nurses and other
41 members of the hospital's patient care team, in the development of the
42 nurse staffing plan. In addition to the information described in
43 subdivisions (1) to (5), inclusive, of this subsection, nurse staffing plans
44 developed and implemented after January 1, 2015, shall include: (A)
45 The number of registered nurses providing direct patient care and the
46 ratio of patients to such registered nurses; (B) the number of licensed
47 practical nurses providing direct patient care and the ratio of patients

48 to such licensed practical nurses, by patient care unit; (C) the number
 49 of assistive personnel providing direct patient care and the ratio of
 50 patients to such assistive personnel, by patient care unit; (D) the
 51 method used by the hospital to determine and adjust direct patient
 52 care staffing levels; and (E) a description of supporting personnel
 53 assisting on each patient care unit. In addition to the information
 54 described in subdivisions (1) to (5), inclusive, of this subsection and
 55 subparagraphs (A) to (E), inclusive, of this subdivision, nurse staffing
 56 plans developed and implemented after January 1, 2016, shall include:
 57 (i) A description of any differences between the staffing levels
 58 described in the staffing plan and actual staffing levels for each patient
 59 care unit; and (ii) any actions the hospital intends to take to address
 60 such differences or adjust staffing levels in future staffing plans.

61 (d) On or before January 1, 2015, and annually thereafter, the
 62 Commissioner of Public Health shall report, in accordance with the
 63 provisions of section 11-4a, to the joint standing committee of the
 64 General Assembly having cognizance of matters relating to public
 65 health concerning the effectiveness of hospital staffing plans, hospitals'
 66 compliance with reporting requirements under this section and
 67 recommendations concerning any additional reporting requirements.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2014	19a-89e

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill requires hospitals to develop and submit certain reports to the Department of Public Health. Although the John Dempsey Hospital at the University of Connecticut Health Center will have additional reporting requirements due to the bill, the requirements will not result in a fiscal impact to the state.

House "A" struck the language of the underlying bill and replaced it with language that does not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5384 (as amended by House "A")******AN ACT CONCERNING REPORTS OF NURSE STAFFING LEVELS.*****SUMMARY:**

This bill requires hospitals to report annually to Department of Public Health (DPH) on their prospective nurse staffing plans, rather than making the plans available to DPH upon request. It expands, in two stages, the information that must be included in the plans. It requires the DPH commissioner to annually report, beginning January 1, 2015, to the Public Health Committee concerning the effectiveness of hospital staffing plans, hospitals' compliance with the additional reporting requirements, and recommendations for any additional reporting requirements.

*House Amendment "A" (1) eliminates the bill's requirements that hospitals submit (a) quarterly reports to DPH concerning their daily nurse staffing levels for each patient care unit and (b) an adjusted prospective nurse staffing plan if their nurse staffing levels for any patient care unit vary by more than 10% from their projected levels, (2) expands the information that must be included in the plans, and (3) adds the required legislative report.

EFFECTIVE DATE: July 1, 2014

PROSPECTIVE NURSE STAFFING PLANS

In addition to the information required by law, the bill requires plans developed and implemented after January 1, 2015 to include:

1. the number of registered nurses providing direct patient care and the ratio of patients to these nurses;

2. the number of licensed practical nurses providing direct patient care and the ratio of patients to these nurses, by patient care unit;
3. the number of assistive personnel providing direct patient care and the ratio of patients to such assistive personnel, by patient care unit;
4. the method the hospital uses to determine and adjust direct patient care staffing levels; and
5. a description of supporting personnel assisting on each patient care unit.

In addition, plans developed and implemented after January 1, 2016 must include:

1. a description of any differences between the staffing levels described in the plan and actual staffing levels for each patient care unit and
2. any actions the hospital intends to take to address these differences or adjust staffing levels in future plans.

BACKGROUND

Prospective Nurse Staffing Plans

By law, when submitting its prospective nurse staffing plan to DPH, a hospital must certify that the plan is sufficient to provide adequate and appropriate patient health care services in the ensuing hospital licensure period. The plan must promote collaborative practice in the hospital that improves patient care and the level of services that nurses and other hospital patient care team members provide. The law specifies certain information that must be included in the plan.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 17 Nay 9 (03/21/2014)