



# Federal Nurse Staffing Bill Comparison

## S. 1567/HR 3165 – RN staffing & Acuity Plan

### Background

Research denotes patient outcomes directly related to the number of patients care for by an RN.

### Minimum Staffing Requirements - Patients to RN ratio

**1:1 ER Trauma**

**1:1 Operating Room**(minimum 1 scrub assistant)

**1:2 ICUs, including neonatal intensive care units, emergency critical care and intensive care units, L&D units, coronary care units, acute respiratory care units, postanesthesia units, and burn units.**

**1:3 ER, Stepdown, antepartum, telemetry, and combined L &D**

**1:4 Med/Surg, intermediate care nursery, acute psyche & specialty units.**

**1:5 Skilled Rehab and skilled nursing units**

**1:6 Postpartum, (3 couples), well baby units**

### Specialty and Unit Specific Competencies

**Nursing administrators/Charge RN** are not included in patient to nurse ratio calculation

**Ancillary Staff** beyond RN ratios based on patient individual acuity needs.

**No averaging** of total numbers of nurses per shift to meet ratios.

**No mandatory overtime** to meet RN Ratios.

**No video monitoring** to substitute for RNs.

**Provision to adjust** RN and ancillary ratios.

**Staffing plan- 50% direct RNs** includes # patients, acuity level, anticipated admits, discharges and transfers, specialized RN experience, ancillary staffing needs and familiarity of policies.

### Annual Re-evaluation

**Transparency to staffing plan development** including disclosure of methodology to determine nurse staffing value and assumptions in applying methodology.

### Public posting & access to shift staffing plans

### Adjustment in Medicare Reimbursement

### Whistleblower protection BEFORE accepting an assignment

**Assignment Refusal** provision if RN declares deficit experience/education for assignment

### Retaliation Clause/ Reimbursement entitlements

### Complaint Hotline for RNs and patients

### Nursing care based on patient level of illness (Acuity)

## ANA's Acuity & Staffing Committee Alone

### Collective Bargaining Protections

### Background

Research denotes to lower RN burnout, prevent errors, decrease failure to rescue, reduce patient deaths, lower rates of poor patient outcomes & costs.

### Minimum Staffing Requirements – **NONE!**

### Development of a House Wide Staffing Plan

Mandates for nurse managers and specialty unit nurses and Chief Nursing Officer, requires no less than 55% direct care RNs, # of patients and level of variability and intensity care consideration, admits, discharges and transfers. Takes into consideration: ancillary staff, adjusting upward ratios, national comparisons of quality and outcomes data.

**Additional Duties:** (i) develop policies and procedures for overtime requirements of registered nurses providing direct care and appropriate time and manner of relief of such registered nurses during routine absences (ii) carry out such additional duties as the Committee determines to be appropriate.

**Requirement for Hospitals** post daily for each shift, in a clearly visible place a document that specifies in a uniform manner the current number of licensed and unlicensed nursing staff directly responsible for patient care in each unit of the hospital identifying specifically the number of registered nurses. **Upon request of the public** the nursing staff information described above, detailed written description of the hospital wide staffing plan implemented by the hospital.

### Reporting of Quality Data - Hospital Compare

Besides the above posting of staffing per shift a publication on the Hospital Compare Internet Web site of the Department of Health and Human Services in a concise explanation in plain English of how to interpret the data, of the difference in types of nursing staff, of the relationship between nurse staffing levels and quality of care and how nurse staffing may vary based on patient case mix.

**Correct Errors Opportunity establishing a process under which hospitals may review data** before making it available to the public.

**Refusal of an assignment** if assignment is in violation of hospital wide plan or unprepared educationally or without experience.

**Whistleblower** a participating hospital shall not discriminate or retaliate against any patient or employee presenting a grievance or complaint.