

**First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 07-0083.01 Christy Chase

SENATE BILL 07-010

SENATE SPONSORSHIP

Tochtrop,

HOUSE SPONSORSHIP

Frangas,

Senate Committees
Health and Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING NURSE STAFFING LEVELS IN HOSPITALS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)

Health Care Task Force. Requires each hospital to develop, implement, file with the department of public health and environment (department), and make available to patients upon request a staffing plan for the hospital that sets forth the minimum number of registered nurses, licensed practical nurses, and other personnel providing direct patient care required in each patient care unit in the hospital. Specifies the criteria to be used in developing a staffing plan, and requires input from a staffing committee consisting of a minimum percentage of the registered nurses providing direct patient care in the hospital. Mandates the inclusion of

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

hospital staffing plans and certain nurse staffing information on the hospital report card developed by the department.

Obligates hospitals to staff each patient care unit in accordance with their staffing plans, and allows a modification to the staffing plan for a particular patient care unit in an emergency. Compels hospitals to maintain accurate daily records and to submit nurse staffing information to the department at least semiannually. Prohibits a hospital from retaliating against or intimidating an employee for participating on the staffing committee or notifying the staffing committee, the hospital's administration, or the department of a deviation from a staffing plan or failure to develop or implement a staffing plan.

Requires the department to investigate complaints of violations. Allows the department to impose civil penalties or suspend or revoke a hospital's license or certificate of compliance for violations. Specifies that the department is to submit a report to the health and human services committees of the senate and house of representatives regarding hospital compliance with the requirements of this act.

Allows the state board of health to adopt rules to implement this act.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Part 1 of article 3 of title 25, Colorado Revised
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
4 read:

5 **25-3-110. Hospital staffing plans - nurse services - state board**
6 **rules - nurse-to-patient ratios - definitions.** (1) AS USED IN THIS
7 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

8 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
9 AND ENVIRONMENT CREATED IN SECTION 25-1-102.

10 (b) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
11 THE DEPARTMENT.

12 (c) "INTENSITY" MEANS THE LEVEL OF PATIENT NEEDS AS
13 DETERMINED BY A REGISTERED NURSE PROVIDING DIRECT PATIENT CARE,
14 TAKING INTO ACCOUNT AT LEAST THE FOLLOWING FACTORS:

1 (I) THE SEVERITY AND URGENCY OF THE PATIENT'S ADMITTING
2 CONDITION;
3 (II) SCHEDULED PROCEDURES;
4 (III) THE PATIENT'S ABILITY TO MEET HEALTH CARE REQUISITES;
5 (IV) THE PATIENT'S AVAILABILITY OF SOCIAL SUPPORTS;
6 (V) AGE AND FUNCTIONAL ABILITY OF THE PATIENT;
7 (VI) COMMUNICATION SKILLS OF THE PATIENT; AND
8 (VII) OTHER NEEDS IDENTIFIED BY THE PATIENT AND THE
9 REGISTERED NURSE.

10 (d) "PATIENT CARE UNIT" MEANS ANY UNIT OF A HOSPITAL THAT
11 PROVIDES PATIENT CARE.

12 (e) "SKILL MIX" MEANS THE NUMBER OF REGISTERED NURSES,
13 LICENSED PRACTICAL NURSES, AND OTHER PERSONNEL PROVIDING DIRECT
14 PATIENT CARE.

15 (f) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH CREATED
16 IN SECTION 25-1-103.

17 (2) EACH HOSPITAL IN THE STATE SHALL APPOINT A STAFFING
18 COMMITTEE TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF A
19 STAFFING PLAN FOR THE HOSPITAL. AT LEAST ONE-HALF OF THE MEMBERS
20 OF THE STAFFING COMMITTEE SHALL BE REGISTERED NURSES CURRENTLY
21 PROVIDING DIRECT PATIENT CARE IN THE HOSPITAL. IF THE REGISTERED
22 NURSES EMPLOYED BY THE HOSPITAL HAVE ELECTED A COLLECTIVE
23 BARGAINING REPRESENTATIVE, THE REGISTERED NURSE REPRESENTATIVES
24 ON THE STAFFING COMMITTEE SHALL BE SELECTED BY THE COLLECTIVE
25 BARGAINING REPRESENTATIVE. PARTICIPATION IN THE STAFFING
26 COMMITTEE SHALL BE CONSIDERED PART OF THE EMPLOYEE'S REGULARLY
27 SCHEDULED WORK WEEK.

1 (3) (a) BY AUGUST 15, 2007, EACH HOSPITAL IN THE STATE SHALL
2 DEVELOP AND IMPLEMENT A STAFFING PLAN FOR NURSING SERVICES. THE
3 HOSPITAL SHALL COLLABORATE WITH ITS STAFFING COMMITTEE IN THE
4 DEVELOPMENT AND IMPLEMENTATION OF THE STAFFING PLAN. THE
5 HOSPITAL SHALL FILE THE STAFFING PLAN WITH THE DEPARTMENT, SHALL
6 POST THE STAFFING PLAN FOR EACH PATIENT CARE UNIT IN THE
7 APPROPRIATE PATIENT CARE UNIT IN THE HOSPITAL, AND SHALL PROVIDE
8 A COPY OF THE APPLICABLE STAFFING PLAN TO A CURRENT OR
9 PROSPECTIVE PATIENT OF A PATIENT CARE UNIT UPON REQUEST. THE
10 HOSPITAL, IN COLLABORATION WITH ITS STAFFING COMMITTEE, SHALL
11 REVIEW AND UPDATE ITS STAFFING PLAN ANNUALLY AND FILE ANY
12 UPDATED STAFFING PLAN WITH THE DEPARTMENT. THE DEPARTMENT
13 SHALL INCLUDE EACH HOSPITAL'S CURRENT STAFFING PLAN ON THE
14 HOSPITAL REPORT CARD DEVELOPED AND MADE AVAILABLE PURSUANT TO
15 SECTION 25-3-703.

16 (b) A HOSPITAL STAFFING PLAN SHALL:

17 (I) SET THE MINIMUM SKILL MIX REQUIRED IN EACH PATIENT CARE
18 UNIT IN THE HOSPITAL BASED ON THE FOLLOWING CRITERIA IN EACH
19 PATIENT CARE UNIT:

20 (A) PATIENT CENSUS INFORMATION, INCLUDING PATIENT
21 DISCHARGES, ADMISSIONS, AND TRANSFERS;

22 (B) LEVEL OF INTENSITY OF ALL PATIENTS AND THE NATURE OF
23 THE CARE TO BE DELIVERED ON EACH SHIFT;

24 (C) THE SKILL LEVEL, EXPERIENCE, AND SPECIALTY CERTIFICATION
25 OR TRAINING OF THOSE PROVIDING CARE IN THE UNIT; AND

26 (D) THE NEED FOR SPECIALIZED OR INTENSIVE EQUIPMENT;

27 (II) INCLUDE APPROPRIATE LIMITS ON THE USE OF AGENCY AND

1 TRAVELING NURSES;

2 (III) BE CONSISTENT WITH THE SCOPES OF PRACTICE OF
3 REGISTERED NURSES AND LICENSED PRACTICAL NURSES AND THE
4 AUTHORIZED DUTIES OF OTHER PERSONNEL PROVIDING DIRECT PATIENT
5 CARE;

6 (IV) INCLUDE ADEQUATE ADMINISTRATIVE STAFF IN EACH PATIENT
7 CARE UNIT TO ENSURE THAT NURSES PROVIDING DIRECT PATIENT CARE ARE
8 NOT HINDERED IN THE DELIVERY OF THAT CARE;

9 (V) INCLUDE A PROCESS FOR AN ANNUAL INTERNAL REVIEW BY
10 THE STAFFING COMMITTEE THAT ENSURES COMPLIANCE WITH THE
11 STAFFING PLAN, PROVIDES FOR REVIEW OF INCIDENTS AND STAFF
12 CONCERNS, AND TRACKS STAFFING PATTERNS AND THE NUMBER OF
13 PATIENTS AND THEIR ACUITY; AND

14 (VI) COMPLY WITH AND NOT DIMINISH EXISTING STANDARDS IN
15 ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

16 (4) (a) A HOSPITAL SHALL STAFF EACH PATIENT CARE UNIT IN
17 ACCORDANCE WITH ITS STAFFING PLAN. THE HOSPITAL MAY DEVIATE
18 FROM A STAFFING PLAN IN CASES OF EMERGENCY, AS DETERMINED BY THE
19 HOSPITAL. THE HOSPITAL SHALL MAKE A RECORD OF ANY DEVIATION
20 FROM A STAFFING PLAN AND REPORT THE DEVIATION TO THE DEPARTMENT
21 IN A MANNER DETERMINED BY THE DEPARTMENT.

22 (b) A HOSPITAL SHALL MAINTAIN AND POST A LIST OF QUALIFIED,
23 ON-CALL NURSING STAFF AND NURSING SERVICES THAT MAY BE CALLED TO
24 PROVIDE REPLACEMENT STAFF IN THE EVENT OF SICKNESS, VACATIONS,
25 VACANCIES, AND OTHER ABSENCES OF NURSING STAFF. THE LIST SHALL
26 PROVIDE A SUFFICIENT NUMBER OF REPLACEMENT STAFF FOR THE
27 HOSPITAL ON A REGULAR BASIS.

1 (5) (a) HOSPITALS SHALL MAINTAIN ACCURATE DAILY RECORDS
2 SHOWING:

3 (I) THE NUMBER OF PATIENTS PRESENT IN EACH PATIENT CARE
4 UNIT AT THE END OF EACH STANDARD SHIFT WITHIN THE HOSPITAL;

5 (II) THE NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS, AND
6 OBSERVATION PATIENTS IN EACH PATIENT CARE UNIT AND DURING EACH
7 SHIFT; AND

8 (III) THE SKILL MIX IN EACH PATIENT CARE UNIT DURING EACH
9 SHIFT.

10 (b) THE DAILY RECORDS SHALL BE RETAINED FOR AT LEAST SEVEN
11 YEARS AND SHALL BE MADE AVAILABLE UPON REQUEST TO THE
12 DEPARTMENT AND THE STAFFING COMMITTEE.

13 (6) AT LEAST TWICE A YEAR, HOSPITALS SHALL COLLECT AND
14 SUBMIT TO THE DEPARTMENT THE FOLLOWING NURSE STAFFING
15 INFORMATION:

16 (a) THE MIX OF REGISTERED NURSES, LICENSED PRACTICAL
17 NURSES, AND OTHER PERSONNEL CARING FOR PATIENTS AS A PERCENTAGE
18 OF THE TOTAL OF ALL NURSING CARE HOURS IN EACH PATIENT CARE UNIT;

19 (b) THE TOTAL NURSING CARE HOURS PROVIDED PER PATIENT DAY
20 IN EACH PATIENT CARE UNIT;

21 (c) THE AVERAGE NUMBER OF PRESSURE ULCERS PER PATIENT; AND

22 (d) THE AVERAGE NUMBER OF PATIENT FALLS PER ONE THOUSAND
23 PATIENT DAYS.

24 (7) (a) A HOSPITAL SHALL NOT RETALIATE AGAINST OR INTIMIDATE
25 AN EMPLOYEE FOR PERFORMING ANY DUTIES OR RESPONSIBILITIES IN
26 CONNECTION WITH PARTICIPATION ON THE STAFFING COMMITTEE.

27 (b) A HOSPITAL SHALL NOT RETALIATE AGAINST OR INTIMIDATE AN

1 EMPLOYEE WHO NOTIFIES THE STAFFING COMMITTEE, THE HOSPITAL'S
2 ADMINISTRATION, OR THE DEPARTMENT THAT A STAFFING SCHEDULE FOR
3 A PATIENT CARE UNIT FAILS TO COMPLY WITH THE POSTED STAFFING PLAN
4 OR THAT THE HOSPITAL HAS FAILED TO DEVELOP OR IMPLEMENT A
5 STAFFING PLAN AS REQUIRED BY THIS SECTION.

6 (8) (a) THE DEPARTMENT SHALL INVESTIGATE COMPLAINTS OF
7 VIOLATIONS OF THIS SECTION AND MAY IMPOSE CIVIL PENALTIES, NOT TO
8 EXCEED FIVE THOUSAND DOLLARS PER DAY PER VIOLATION, OR SUSPEND
9 OR REVOKE A HOSPITAL'S LICENSE OR CERTIFICATE OF COMPLIANCE FOR
10 VIOLATION OF THIS SECTION. EACH VIOLATION OF A STAFFING PLAN SHALL
11 BE CONSIDERED A SEPARATE VIOLATION.

12 (b) THE DEPARTMENT SHALL MAINTAIN AND MAKE AVAILABLE TO
13 THE PUBLIC RECORDS OF ANY CIVIL PENALTIES, ADMINISTRATIVE ACTIONS,
14 OR LICENSE OR CERTIFICATE SUSPENSIONS OR REVOCATIONS IMPOSED ON
15 HOSPITALS FOR A VIOLATION OF THIS SECTION.

16 (c) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE
17 HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND HOUSE
18 OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, REGARDING
19 HOSPITAL STAFFING PLANS, INCLUDING INFORMATION PERTAINING TO
20 HOSPITAL COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION. THE
21 DEPARTMENT SHALL MAKE THE REPORT AVAILABLE TO THE PUBLIC.

22 (9) THE STATE BOARD SHALL ADOPT RULES AS NECESSARY TO
23 IMPLEMENT THIS SECTION.

24 **SECTION 2.** 25-3-703, Colorado Revised Statutes, is amended
25 to read:

26 **25-3-703. Hospital report card - staffing plans.** (1) The
27 executive director shall approve a Colorado hospital report card

1 consisting of public disclosure of data assembled pursuant to this part 7,
2 THE HOSPITAL STAFFING PLANS REQUIRED BY SECTION 25-3-110 (3), AND
3 THE NURSE STAFFING INFORMATION REQUIRED BY SECTION 25-3-110 (6).
4 At a minimum, the data, HOSPITAL STAFFING PLANS, AND NURSE STAFFING
5 INFORMATION shall be made available on an internet website in a manner
6 that allows consumers to conduct an interactive search that allows them
7 to view and compare the information for specific hospitals. The website
8 shall include such additional information as is determined necessary to
9 ensure that the website enhances informed decision making among
10 consumers and health care purchasers, which shall include, at a minimum,
11 appropriate guidance on how to use the data, HOSPITAL STAFFING PLANS,
12 AND NURSE STAFFING INFORMATION and an explanation of why the data,
13 HOSPITAL STAFFING PLANS, OR NURSE STAFFING INFORMATION may vary
14 from hospital to hospital. ~~The data~~ ALL INFORMATION specified in this
15 subsection (1) shall be released on or before November 30, 2007.

16 (2) Prior to the completion of the Colorado hospital report card,
17 the executive director shall ensure that every hospital is allowed thirty
18 days within which to examine the data, HOSPITAL STAFFING PLANS, AND
19 NURSE STAFFING INFORMATION and submit comments for consideration
20 and inclusion in the final Colorado hospital report card.

21 **SECTION 3. Safety clause.** The general assembly hereby finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, and safety.