

2017 -- H 5353

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

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A N A C T

RELATING TO HEALTH AND SAFETY - LICENSING OF HEALTH CARE FACILITIES

Introduced By: Representatives Blazejewski, Slater, Diaz, Bennett, and Williams

Date Introduced: February 02, 2017

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-17 of the General Laws entitled "Licensing of Health Care
2 Facilities" is hereby amended by adding thereto the following section:

3 **23-17-64. Relative to patient safety.**

4 (a) Definitions. – As used in this section:

5 (1) "Facility" means any licensed private or state-owned and state-operated general acute
6 care hospital, an acute psychiatric hospital, an acute care specialty hospital, or any acute care unit
7 within a state operated health care facility. This definition shall not include rehabilitation facilities
8 or long-term care facilities.

9 (2) "Health care workforce" means personnel employed by or contracted to work at a
10 facility that have an effect upon the delivery of quality care to patients, including, but not limited
11 to, registered nurses, licensed practical nurses, unlicensed assistive personnel, service,
12 maintenance, clerical, professional and technical workers, or other health care workers.

13 (3) "Nursing care" means care which falls within the scope of practice as defined in §5-
14 34-3 or is otherwise encompassed within recognized standards of nursing practice, including
15 assessment, nursing diagnosis, planning, intervention, evaluation and patient advocacy.

16 (b) Maximum patient assignments.

17 (1) The maximum number of patients assigned to a registered nurse in a facility shall not
18 exceed the limits enumerated in this section. However, nothing herein shall preclude a facility
19 from assigning fewer patients to a registered nurse than the limits enumerated in this section.

1 (2) In all units with intensive care patients and in all units with critical care patients, the
2 maximum patient assignment is one patient. A registered nurse in such units may accept a second
3 intensive care or critical care patient if that nurse assesses that each patient's condition is stable.

4 (3) In all units with step-down/intermediate care patients, the maximum patient
5 assignment of step-down/intermediate patients is three (3) except in a level one trauma hospital,
6 in which instance the maximum patient assignment on a surgical step-down unit shall be two (2).

7 (4) In all units with post anesthesia care ("PACU") patients, the maximum patient
8 assignment of PACU patients under anesthesia is one. The maximum patient assignment of
9 PACU patients post anesthesia is two (2).

10 (5) In all units with operating room ("OR") patients, the maximum patient assignment of
11 OR patients under anesthesia is one. The maximum patient assignment of OR patients post
12 anesthesia is two (2).

13 (6) In the emergency department:

14 (i) The maximum patient assignment of critical unstable or intensive care patients is one;

15 (ii) A registered nurse may accept a second critical or intensive care patient if that nurse
16 assesses that each patient's condition is stable;

17 (iii) The maximum patient assignment of critical stable patients is two (2);

18 (iv) The maximum patient assignment of urgent stable patients is three (3); and

19 (v) The maximum patient assignment of non-urgent stable patients is four (4).

20 (7) As used in this subsection, "couplet" means one mother and one baby. In all units
21 with maternal child care patients:

22 (i) The maximum patient assignment of active labor patients is one patient;

23 (ii) The maximum patient assignment during birth is one nurse responsible for the mother
24 and, for each baby, one nurse whose sole responsibility is the baby;

25 (iii) The maximum patient assignment of immediate postpartum patients is one couplet,
26 and in the case of multiple births, one nurse for each additional baby;

27 (iv) The maximum patient assignment of postpartum patients is six (6) patients or three
28 (3) couplets;

29 (v) The maximum patient assignment of intermediate care babies is three (3) babies. The
30 nurse may accept a fourth intermediate care baby if the nurse assesses that each baby's condition
31 is stable; and

32 (vi) The maximum patient assignment of well-baby patients is six (6) babies.

33 (8) In all units with pediatric patients, the maximum patient assignment of pediatric
34 patients is four (4) except that in all units with pediatric intensive care patients, the maximum

1 patient assignment is one.

2 (9) In all units with psychiatric patients, the maximum patient assignment of psychiatric
3 patients is five (5), except that in all units with geriatric or intensive psychiatric patients the
4 maximum patient assignment shall be four (4).

5 (10) In all units with medical, surgical and telemetry patients, the maximum patient
6 assignment of medical, surgical and telemetry patients is four (4).

7 (11) In all units with observational/outpatient treatment patients, the maximum patient
8 assignment of observational/outpatient treatment patients is four (4).

9 (12) In all units with transitional care patients, the maximum patient assignment of
10 transitional care patients is five (5).

11 (13) In all units with rehabilitation patients, the maximum patient assignment of
12 rehabilitation patients is five (5).

13 (14) In any unit not otherwise listed, the maximum patient assignment is four (4).

14 (c) Patient acuity system. Each facility shall develop a patient acuity system, to determine
15 if the maximum number of patients that may be assigned to a unit's registered nurses on a
16 particular shift should be lower than the limits specified in section (b) of this section, in which
17 case that lower number will govern for the duration of that shift. The patient acuity system shall
18 be written so as to be readily used and understood by registered nurses, and it shall consider the
19 criteria including, but not limited to:

20 (1) The need for specialized equipment and technology;

21 (2) The intensity of nursing intervention required by the complexity of clinical nursing
22 judgment needed to design, implement and evaluate patients nursing care plans consistent with
23 professional standards of care;

24 (3) The skill mix of members of the health care workforce necessary to the delivery of
25 quality care for each patient;

26 (4) The proximity of patients, the proximity and availability of other health care resources
27 and facility design; and

28 (5) Patient and family communication skills and cultural/linguistic characteristics. A
29 facility's patient acuity system shall, prior to implementation, be certified by the department of
30 health, center for health facilities regulations, as meeting the above criteria, and the department of
31 health may issue regulations governing such systems, including their content and implementation.

32 (d) Patient acuity system for technologists and therapists. Each facility shall develop a
33 patient acuity system, to determine the maximum number of patients that may be assigned to a
34 respiratory therapist or a diagnostic imaging technologist on a particular shift. The patient acuity

1 system shall be written so as to be readily used and understood by technologists/therapists and it
2 shall consider the criteria including, but not limited to:

3 (1) The need for specialized equipment and technology;

4 (2) The intensity of intervention required;

5 (3) The skill mix of members of the health care workforce necessary to the delivery of
6 quality care for each patient;

7 (4) The proximity of patients, the proximity and availability of other health care resources
8 and facility design; and

9 (5) Patient and family communication skills and cultural/linguistic characteristics. A
10 facility's patient acuity system shall, prior to implementation, be certified by the department of
11 health, division of facilities regulation as meeting the above criteria, and the department of health
12 may issue regulations governing such systems, including their content and implementation.
13 Nothing contained in this section shall be construed to prohibit, or at any time to have prohibited,
14 a facility and labor union from agreeing in a collective bargaining agreement to fewer patients to
15 be assigned to a respiratory therapist or diagnostic imaging technologist as designated by the
16 patient acuity system.

17 (e) Enforcement. A facility's failure to adhere to the limits set by the act shall be reported
18 by the department of health, division of facilities regulation to the attorney general for
19 enforcement, for which the attorney general may bring a superior court action seeking injunctive
20 relief and civil penalties. A separate and distinct violation, for which the facility shall be subject
21 to a civil penalty of up to twenty-five thousand dollars (\$25,000), shall be deemed to have been
22 committed on each day during which any violation continues and written notice thereof by the
23 department of health to the authority in charge of the facility is received. The requirements of this
24 act, and its enforcement, shall be suspended during a state or nationally declared public health
25 emergency.

26 (f) Collective bargaining. Nothing contained in this section shall be construed to prohibit,
27 or at any time to have prohibited, a facility and labor union from agreeing in a collective
28 bargaining agreement to fewer patients to be assigned to a registered nurse than the limits
29 established by this section.

30 (g) Levels of workforce. The setting of nurses' patient assignment standards and nurses'
31 patient limits for registered nurses shall not result in the under-staffing or reductions in staffing
32 levels of the health care workforce.

33 (h) Severability. If any clause, sentence, paragraph, or part of this chapter or its
34 application to any person or circumstances is, for any reason, adjudged by a court of competent

1 jurisdiction to be invalid, that judgment shall not affect, impair, or invalidate the remainder of this
2 chapter and the application of this chapter to other persons or circumstances, but shall be confined
3 in its operation to the clause, sentence, paragraph, or part thereof directly involved in the
4 controversy in which the judgment has been rendered and to the person or circumstances
5 involved. It is declared to be the legislative intent that this chapter would have been adopted had
6 the invalid provisions not been included.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY - LICENSING OF HEALTH CARE FACILITIES

- 1 This act would establish limits on the maximum number of patients that may be assigned
- 2 to a unit's registered nurses in particular health care situations.
- 3 This act would take effect upon passage.

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