

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Hospital Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 250

3) Section Number: 250.1130 Proposed Action:
New

4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]

5) A Complete Description of the Subjects and Issues Involved:

The hospital licensing requirements regulate hospital licensure in Illinois, including the minimum standards for nursing services and staffing requirements.

The Illinois General Assembly enacted Public Act 95-401 in 2007, which mandates that nurse staffing levels in acute care settings be based on the "complexity of patients' care needs" and available nursing skills. PA 95-401 also calls for nurses' input in establishing minimum staffing levels.

In this rulemaking, Section 250.1130 (Nurse Staffing by Patient Acuity) is being added to Part 250 to implement the provisions of PA 95-401.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? Yes

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<u>Section:</u>	<u>Proposed Action:</u>	<u>Ill. Reg. Citation:</u>
250.160	Amend	33 Ill. Reg. 11418; August 7, 2009
250.1100	Amend	33 Ill. Reg. 11418; August 7, 2009

- 11) Statement of Statewide Policy Objectives: This rulemaking does not create a State Mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson St., 5th Floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals
- B) Reporting, bookkeeping or other procedures required for compliance: Meeting minutes
- C) Types of professional skills necessary for compliance: Nursing
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2009

The full text of the Proposed Amendment begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

- 250.110 Application for and Issuance of Permit to Establish a Hospital
- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
- 250.150 Definitions
- 250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section

- 250.210 The Governing Board
- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
- 250.280 Agreement with Designated Organ Procurement Agencies

SUBPART C: THE MEDICAL STAFF

Section

- 250.310 Organization
- 250.315 House Staff Members
- 250.320 Admission and Supervision of Patients
- 250.330 Orders for Medications and Treatments
- 250.340 Availability for Emergencies

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SUBPART D: PERSONNEL SERVICE

Section	
250.410	Organization
250.420	Personnel Records
250.430	Duty Assignments
250.435	Health Care Worker Background Check
250.440	Education Programs
250.450	Personnel Health Requirements
250.460	Benefits

SUBPART E: LABORATORY

Section	
250.510	Laboratory Services
250.520	Blood and Blood Components
250.525	Designated Blood Donor Program
250.530	Proficiency Survey Program (Repealed)
250.540	Laboratory Personnel (Repealed)
250.550	Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section	
250.610	General Diagnostic Procedures and Treatments
250.620	Radioactive Isotopes
250.630	General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

Section	
250.710	Classification of Emergency Services
250.720	General Requirements
250.725	Notification of Emergency Personnel
250.730	Community or Areawide Planning
250.740	Disaster and Mass Casualty Program
250.750	Emergency Services for Sexual Assault Victims

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

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Section

250.810	Applicability of Other Parts of These Requirements
250.820	General
250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
250.880	Additional Allied Health Services
250.890	Animal-Assisted Therapy

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section

250.910	Nursing Services
250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
250.960	Specialized nursing services
250.970	Nursing Care Plans
250.980	Nursing Records and Reports
250.990	Unusual Incidents
250.1000	Meetings
250.1010	Education Programs
250.1020	Licensure
250.1030	Policies and Procedures
250.1035	Domestic Violence Standards
250.1040	Patient Care Units
250.1050	Equipment for Bedside Care
250.1060	Drug Services on Patient Unit
250.1070	Care of Patients
250.1075	Use of Restraints
250.1080	Admission Procedures Affecting Care
250.1090	Sterilization and Processing of Supplies
250.1100	Infection Control
250.1110	Mandatory Overtime Prohibition
250.1120	Staffing Levels

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| [250.1130](#) [Nurse Staffing by Patient Acuity](#)

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section

- 250.1210 Surgery
- 250.1220 Surgery Staff
- 250.1230 Policies & Procedures
- 250.1240 Surgical Privileges
- 250.1250 Surgical Emergency Care
- 250.1260 Operating Room Register and Records
- 250.1270 Surgical Patients
- 250.1280 Equipment
- 250.1290 Safety
- 250.1300 Operating Room
- 250.1305 Visitors in Operating Room
- 250.1310 Cleaning of Operating Room
- 250.1320 Postoperative Recovery Facilities

SUBPART K: ANESTHESIA SERVICES

Section

- 250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section

- 250.1510 Medical Records
- 250.1520 Reports

SUBPART M: FOOD SERVICE

Section

- 250.1610 Dietary Department Administration
- 250.1620 Facilities
- 250.1630 Menus and Nutritional Adequacy
- 250.1640 Diet Orders
- 250.1650 Frequency of Meals
- 250.1660 Therapeutic (Modified) Diets

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250.1670 Food Preparation and Service
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SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section

250.1710 Housekeeping
250.1720 Garbage, Refuse and Solid Waste Handling and Disposal
250.1730 Insect and Rodent Control
250.1740 Laundry Service
250.1750 Soiled Linen
250.1760 Clean Linen

SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

250.1810 Applicability of other Parts of these regulations
250.1820 Maternity and Neonatal Service (Perinatal Service)
250.1830 General Requirements for All Maternity Departments
250.1840 Discharge of Newborn Infants from Hospital
250.1850 Rooming-In Care of Mother and Infant
250.1860 Special Programs
250.1870 Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE,
EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION,
PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section

250.1910 Maintenance
250.1920 Emergency electric service
250.1930 Water Supply
250.1940 Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950 Grounds and Buildings Shall be Maintained
250.1960 Sewage, Garbage, Solid Waste Handling and Disposal
250.1970 Plumbing
250.1980 Fire and Safety

SUBPART Q: CHRONIC DISEASE HOSPITALS

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Section

- 250.2010 Definition
- 250.2020 Requirements

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

Section

- 250.2110 Service Requirements
- 250.2120 Personnel Required
- 250.2130 Facilities for Services
- 250.2140 Pharmacy and Therapeutics Committee

SUBPART S: PSYCHIATRIC SERVICES

Section

- 250.2210 Applicability of other Parts of these Regulations
- 250.2220 Establishment of a Psychiatric Service
- 250.2230 The Medical Staff
- 250.2240 Nursing Service
- 250.2250 Allied Health Personnel
- 250.2260 Staff and Personnel Development and Training
- 250.2270 Admission, Transfer and Discharge Procedures
- 250.2280 Care of Patients
- 250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
- 250.2300 Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section

- 250.2410 Applicability of these Standards
- 250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
- 250.2430 Preparation of Drawings and Specifications – Submission Requirements
- 250.2440 General Hospital Standards
- 250.2442 Fees
- 250.2443 Advisory Committee
- 250.2450 Details

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250.2460	Finishes
250.2470	Structural
250.2480	Mechanical
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SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

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250.2610	Applicability of these Standards
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250.2640	Details
250.2650	Finishes
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SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

Section	
250.2710	Special Care and/or Special Service Units
250.2720	Day Care for Mildly Ill Children

SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

Section	
250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
250.2870	Referral
250.2880	Client Legal and Human Rights

250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)

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250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15,

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1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 33 Ill. Reg. _____, effective _____.

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1130 Nurse Staffing by Patient Acuitya) As used in this Section, the following definitions apply:

"Acuity Model" – an assessment tool selected and implemented by a hospital, as recommended by a nursing care committee, that assesses the complexity of patient care needs requiring professional nursing care and skills and aligns patient care needs and nursing skills consistent with professional nursing standards.

"Direct Patient Care" – care provided by a registered professional nurse with direct responsibility to oversee or carry out medical regimens or nursing care for one or more patients.

"Nursing-sensitive Care Performance Measure" – data that examine nursing contributions to inpatient hospital care, including, but not limited to, the data collected and analyzed under the Hospital Report Card Act [210 ILCS 86], the Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522], and the American Nurses' Association's National Database for Nursing Quality Indicators. The National Database for

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Nursing Quality Indicators may be accessed at www.nursingquality.org. Hospitals are not required to subscribe to the database.

"Nursing Care Committee" – an existing or newly created hospital-wide committee or committees of nurses whose functions, in part or in whole, contribute to the development, recommendation, and review of the hospital's nurse staffing plan established pursuant to subsection (b). (Section 10.10(b) of the Act)

"Registered Professional Nurse" – a person licensed as a Registered Nurse under the Nurse Practice Act.

"Written Staffing Plan for Nursing Care Services" – a written plan for guiding the assignment of patient care nursing staff based on multiple nurse and patient considerations that yield minimum staffing levels for inpatient care units and the adopted acuity model aligning patient care needs with nursing skills required for quality patient care consistent with professional nursing standards. (Section 10.10(b) of the Act)

b) Written Staffing Plan

1) Every hospital shall implement a written hospital-wide staffing plan, recommended by a nursing care committee or committees, that provides for minimum direct care professional registered nurse-to-patient staffing needs for each inpatient care unit. The written hospital-wide staffing plan shall include, but need not be limited to, the following considerations:

A) The complexity of complete care, assessment on patient admission, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient's problems, ongoing physical assessments, planning for a patient's discharge, assessment after a change in patient condition, and assessment of the need for patient referrals;

B) The complexity of clinical professional nursing judgment needed to design and implement a patient's nursing care plan, the need for specialized equipment and technology, the skill mix of other personnel providing or supporting direct patient care, and

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involvement in quality improvement activities, professional preparation, and experience;

- C) Patient acuity and the number of patients for whom care is being provided;
 - D) The ongoing assessments of a unit's patient acuity levels and nursing staff needed, routinely made by the unit nurse manager or his or her designee; and
 - E) The identification of additional registered nurses available for direct patient care when patients' unexpected needs exceed the planned workload for direct care staff. (Section 10.10(c) of the Act)
- 2) A written staffing plan shall consider the time required for nursing staff documentation of patient care.
 - 3) In order to provide staffing flexibility to meet patient needs, every hospital shall identify an acuity model for adjusting the staffing plan for each inpatient care unit.
 - 4) The written staffing plan shall be posted in a conspicuous and accessible location for both patients and direct care staff, as required under the Hospital Report Card Act. (Section 10.10(c) of the Act)

c) Nursing Care Committee

- 1) Every hospital shall have a nursing care committee. A hospital shall appoint members of a committee of which at least 50% of the members are registered professional nurses providing direct patient care. (Section 10.10(d) of the Act)
 - A) The registered professional nurses on the nursing care committee shall be as broadly representative of the clinical service areas as practically reasonable; e.g., surgery, critical care and pediatrics.
 - B) When committee or nurse staff volume is not practically reasonable to include representatives from each clinical service

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area at any one time, the hospital may schedule for rotating representation of the hospital's clinical service areas over a defined timeframe to achieve input from all clinical service areas every three years.

C) Minutes for the nursing care committee meetings, summarizing key issues, discussions and recommendations, shall be recorded and maintained for five years.

2) A nursing care committee's recommendations must be given significant regard and weight in the hospital's adoption and implementation of a written staffing plan. (Section 10.10(d) of the Act)

A) The process for submitting the committee's recommendations to hospital administration shall be outlined in the written staffing plan.

B) The process for providing feedback to the nursing care committee from the hospital administration regarding unresolved or ongoing issues shall be outlined in the written staffing plan.

3) A nursing care committee or committees shall recommend a written staffing plan for the hospital based on the principles from the staffing components set forth in subsection (b). In particular, a committee or committees shall provide input and feedback on the following:

A) Selection, implementation, and evaluation of minimum staffing levels for inpatient care units.

B) Selection, implementation, and evaluation of an acuity model to provide staffing flexibility that aligns changing patient acuity with nursing skills required.

C) Selection, implementation, and evaluation of a written staffing plan incorporating the items described in subsections (b)(1) and (b)(3) of this Section. (Section 10.10(d) of the Act)

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- i) The process for review and evaluation of the written staffing plan shall take into consideration nursing-sensitive care performance measures.
 - ii) The process for review and evaluation of the written staffing plan shall consider the National Quality Forum's Safe Practices for Better Healthcare.
- 4) The committee or committees shall review the following: nurse-to-patient staffing guidelines for all inpatient areas and current acuity tools and measures in use.
- 5) System-related or clinical service area nurse staffing or patient issues identified between meetings shall be shared, reviewed and addressed at the next nurse care committee meeting.
- 6) A nursing care committee must address the items described in this subsection (c)(3) semi-annually. (Section 10.10(d) of the Act)
- d) Nothing in this Section shall be construed to limit, alter, or modify any of the terms, conditions, or provisions of a collective bargaining agreement entered into by the hospital. (Section 10.10(e) of the Act)

(Source: Added at 33 Ill. Reg. _____, effective _____)