

By Senator Rich

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1 A bill to be entitled
2 An act relating to decisionmaking in health care;
3 providing a short title; providing legislative purpose;
4 amending s. 408.063, F.S.; providing definitions;
5 requiring the Agency for Health Care Administration to
6 publish and disseminate to the public information
7 concerning violations of federal regulations, complaints
8 made to regulatory agencies, and nurse staffing levels and
9 turnover rates; requiring the agency to adopt rules
10 governing the data to be submitted by hospitals; requiring
11 the agency to calculate and make available upon request
12 hospital staffing levels and staffing schedules; providing
13 certain requirements for the staffing schedule; requiring
14 that the records and methods used to determine staffing
15 levels be made available to the public; providing an
16 effective date.

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18 Be It Enacted by the Legislature of the State of Florida:

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20 Section 1. This act may be cited as the "Patients' Right-
21 to-Know Act."

22 Section 2. The purpose of this act is to improve health
23 care in this state by providing information concerning the
24 financial health, staffing levels, and safety of hospitals in
25 this state.

26 Section 3. Subsection (2) of section 408.063, Florida
27 Statutes, is amended to read:

28 408.063 Dissemination of health care information.--

29 (2) (a) As used in this subsection, the term:

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30 1. "Agency nurse" means any direct-care nurse, not directly
31 employed by the hospital, who provides care in a hospital and is
32 working for the purpose of providing supplemental staffing in the
33 hospital.

34 2. "Average daily census" means the average number of
35 patients receiving service in any given 24-hour period beginning
36 at midnight in each clinical service area of the hospital.

37 3. "Average daily CNA staffing level" means the average
38 numerical certified nursing assistant-to-patient ratio within a
39 nursing department or unit. The ratio is calculated by dividing
40 the annual average daily census for the nursing department or
41 unit by the average number of direct-care CNA FTE's per shift for
42 the nursing department or unit.

43 4. "Average daily LPN staffing level" means the average
44 numerical licensed professional nurse-to-patient ratio within a
45 nursing department or unit. The ratio is calculated by dividing
46 the annual average daily census for the nursing department or
47 unit by the average number of direct-care LPN FTE's per shift for
48 the nursing department or unit.

49 5. "Average daily RN staffing level" means the average
50 numerical direct-care nurse-to-patient ratio within a nursing
51 department or unit. The ratio is calculated by dividing the
52 annual average daily census for the nursing department or unit by
53 the average number of direct-care RN FTE's per shift for the
54 nursing department or unit.

55 6. "Direct-care nurse" means any registered nurse who has
56 direct responsibility to oversee or carry out medical regimens or
57 nursing care for one or more patients. A nurse administrator,
58 nurse supervisor, nurse educator, charge nurse, or other

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59 registered nurse who does not have a specific patient assignment
60 may not be included in the calculation of the staffing level.

61 7. "Hospital" means an acute care hospital licensed under
62 s. 395.003.

63 8. "Registered nurse turnover rate" means the number of
64 registered nurses who are no longer employed at the hospital
65 during the year divided by the average of registered nurses
66 employed on the first day of the year and the last day of the
67 year.

68 9. "Registered nurse vacancy rate" means the number of
69 vacant registered nurse positions within a hospital divided by
70 the total number of filled positions plus the total number of
71 vacant positions within that hospital.

72 10. "Unit" means a functional division or area of a
73 hospital in which nursing care is provided.

74 (b) The agency shall publish and disseminate information to
75 the public which will enhance informed decisionmaking in the
76 selection of health care providers, facilities, and services.
77 Such information shall include, but need not be limited to, the
78 number and description of violations of regulations of the
79 Occupational Safety and Health Administration, the registered
80 nurse vacancy rate, the registered nurse turnover rate, the
81 results of the Consumer Assessment of Healthcare Providers and
82 Systems hospital survey, the number and description of complaints
83 made to the Joint Commission on Accreditation of Healthcare
84 Organizations and the Agency for Health Care Administration,
85 specific average daily RN staffing levels, specific average daily
86 LPN staffing levels, specific average daily CNA levels, and the
87 percent of nursing hours that are completed by agency nurses for

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88 the following hospital units: medical-surgical, adult critical
89 care, pediatrics, pediatric intensive care, neonatal intensive
90 care, trauma intensive care, mother-baby unit, psychiatric unit,
91 ambulatory care and outpatient, dialysis, cardiac catheterization
92 laboratory, operating room, medical oncology, burn unit,
93 transplant unit, rehabilitation unit, gastrointestinal
94 laboratory, emergency, telemetry, and recovery unit, including
95 postanesthesia care. Such publications may identify average
96 charges for specified services, lengths of stay associated with
97 established diagnostic groups, readmission rates, mortality
98 rates, recommended guidelines for selection and use of health
99 care providers, health care facilities, and health care services,
100 and such other information as the agency deems appropriate.

101 (c) The agency shall adopt rules regarding the reporting
102 requirements enumerated in this subsection, including, but not
103 limited to, additional data to be submitted by hospitals and the
104 format and timetable for making reports. The agency may calculate
105 and make available the average daily staffing levels by unit in a
106 manner that health care research has shown to have a significant
107 effect on the quality of patient care and patient outcomes.

108 (d) The agency shall ensure that the nurse-staffing data
109 made available pursuant to paragraph (c) is risk-adjusted for
110 patient acuity using the risk-adjustment methodology described in
111 s. 408.061(1) or an equivalent methodology that is consistent
112 with national standards employed by the Agency for Healthcare
113 Research and Quality.

114 (e) The current staffing level and anticipated staffing
115 schedule shall be available upon request for each patient care
116 unit for the effective date of that schedule. Each schedule shall

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117 list the assigned nursing personnel and the average daily census
118 for each patient care unit. All records required under this
119 subsection, including anticipated staffing schedules and the
120 methods used to determine and adjust staffing levels, shall be
121 made available to the public upon request.

122 Section 4. This act shall take effect July 1, 2008.