

ILLINOIS » Safe Patient Limits Act

SB 2314 Senator Celina Villanueva

HB 3338 Representative Theresa Mah

Low Nurse Staffing Levels are Extremely Dangerous to Patients

- » Illinois has no law limiting the number of patients a registered nurse (RN) can care for at one time. As a result, registered nurses are consistently required to care for more patients than is safe, compromising patient care and negatively impacting patient outcomes.
- » Poor staffing endangers patients and drives nurses from the profession. This legislation would protect patients and improve health care by limiting the number of patients that can be assigned to a registered nurse, appropriately broken down by patient care area and designed to ensure safe and effective patient care.

Safe Patient Limits Save Lives

- » The number of patients an RN is required to care for varies considerably across Illinois hospitals. A study evaluating the 2020 Safe Patient Limits Act, limiting the number of patients that could be assigned to an RN, stated: “If Illinois enacted the Safe Patient Limits Act, our analysis suggests thousands of deaths per year could be avoided.” It added that if “nurses in Illinois hospital medical-surgical units cared for no more than four patients each... patients would experience shorter lengths of stay, resulting in cost-savings for hospitals.”¹
- » A 2021 study found that “disparities in [in-hospital cardiac arrest] survival between black and white patients may be linked to the level of medical-surgical nurse staffing in the hospitals in which they receive care...”² The study also found “that the benefit of being admitted to hospitals with better staffing may be especially pronounced for black patients.”³
- » Another key study found that if New Jersey and Pennsylvania matched California’s RN patient limits in medical-surgical units, New Jersey would have 13.9 percent fewer patient deaths and Pennsylvania would have 10.6 percent fewer deaths.⁴

Safe Patient Limits Keep Nurses at the Bedside

- » A 2016 Texas Center for Nursing Workforce study on hospital nurse staffing vacancy and turnover rates for registered nurses showed that RN turnover rates in California were dramatically lower than in Florida, New York, and Texas.⁵
- » A 2015 study comparing occupational injury and illness rates before and after the California RN staffing ratios law was passed found that the law was associated with a 31.6 percent reduction in occupational injuries and illnesses among RNs working in hospitals in California.⁶



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The Safe Patient Limits Act

- » Covers acute-care hospitals, long-term acute-care hospitals, ambulatory surgery centers, freestanding emergency centers, and birth centers.
- » Safeguards nurses' right to advocate in exclusive interests of the patients under their care.
- » Protects nurse whistleblowers who speak out about assignments that are unsafe for the patient or nurse.
- » Authorizes both the Illinois Department of Public Health and the Attorney General to enforce RN patient limits.
- » Requires hospitals to annually develop safe staffing plans that meet the bill's RN patient limits and provide for additional staffing based on individual patient care needs.

Sources »

- 1 Lasater, K. B., et al. 2021. Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study. *BMJ open*, 11(12), e052899.
- 2 Carthon, M. B., et al. 2021. Better nurse staffing is associated with survival for Black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. *Medical care*, 59(2), 169.
- 3 Ibid.
- 4 Aiken L., et al. 2010. Implications of the California Nurse Staffing Mandate for Other States. *Health Services Research*. 45(4):204-21. <https://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2010.01114.x>.
- 5 Texas Center for Nursing Workforce Studies. 2016. Hospital Nurse Staffing Study. https://www.dshs.texas.gov/chs/cnws/HNSS/2016/2016_HNSS_Vacancy-and-Turnover.pdf.
- 6 Leigh, J. P., et al. 2015 California's Nurse-to-Patient Ratios Law and Occupational Injury. *International Archives of Occupational and Environmental Health*, 88(4) (pp. 477-484).

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