ENGROSSED SECOND SUBSTITUTE HOUSE BILL 3123

State of Washington 60th Legislature 2008 Regular Session

By House Appropriations (originally sponsored by Representatives Morrell, Cody, Roberts, Green, and Ormsby)

READ FIRST TIME 02/06/08.

AN ACT Relating to establishing a process to promote evidence-based nurse staffing in hospitals; adding new sections to chapter 70.41 RCW; adding a new section to chapter 72.23 RCW; and creating new sections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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<u>NEW SECTION.</u> Sec. 1. (1) The legislature finds that:

6 (a) Research evidence demonstrates that registered nurses play a 7 critical role in patient safety and quality of care. The ever-8 worsening shortage of nurses available to provide care in acute care 9 hospitals has necessitated multiple strategies to generate more nurses 10 and improve the recruitment and retention of nurses in hospitals; and

(b) Evidence-based nurse staffing that can help ensure quality and safe patient care while increasing nurse satisfaction in the work environment is key to solving an urgent public health issue in Washington state. Hospitals and nursing organizations recognize a mutual interest in patient safety initiatives that create a healthy environment for nurses and safe care for patients.

17 (2) In order to protect patients and to support greater retention18 of registered nurses, and to promote evidence-based nurse staffing, the

legislature intends to establish a mechanism whereby direct care nurses
 and hospital management shall participate in a joint process regarding
 decisions about nurse staffing.

4 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 70.41 RCW 5 to read as follows:

6 The definitions in this section apply throughout this section and 7 section 3 of this act unless the context clearly requires otherwise.

8 (1) "Hospital" has the same meaning as defined in RCW 70.41.020,
9 and also includes state hospitals as defined in RCW 72.23.010.

10 (2) "Intensity" means the level of patient need for nursing care,11 as determined by the nursing assessment.

(3) "Nursing personnel" means registered nurses, licensed practical
 nurses, and unlicensed assistive nursing personnel providing direct
 patient care.

15 (4) "Nurse staffing committee" means the committee established by 16 a hospital under section 3 of this act.

17 (5) "Patient care unit" means any unit or area of the hospital that 18 provides patient care by registered nurses.

19 (6) "Skill mix" means the number and relative percentages of 20 registered nurses, licensed practical nurses, and unlicensed assistive 21 personnel among the total number of nursing personnel.

22 <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 70.41 RCW 23 to read as follows:

(1) By September 1, 2008, each hospital shall establish a nurse 24 25 staffing committee, either by creating a new committee or assigning the functions of a nurse staffing committee to an existing committee. 26 At least one-half of the members of the nurse staffing committee shall be 27 registered nurses currently providing direct patient care and up to 28 one-half of the members shall be determined by the hospital 29 30 administration. The selection of the registered nurses providing direct patient care shall be according to the collective bargaining 31 agreement if there is one in effect at the hospital. If there is no 32 applicable collective bargaining agreement, the members of the nurse 33 34 staffing committee who are registered nurses providing direct patient 35 care shall be selected by their peers.

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(2) Participation in the nurse staffing committee by a hospital 1 2 employee shall be on scheduled work time and compensated at the appropriate rate of pay. Nurse staffing committee members shall be 3 relieved of all other work duties during meetings of the committee. 4

5 (3) Primary responsibilities of the nurse staffing committee shall include: 6

7 (a) Development and oversight of an annual patient care unit and shift-based nurse staffing plan, based on the needs of patients, to be 8 used as the primary component of the staffing budget. Factors to be 9 considered in the development of the plan should include, but are not 10 limited to: 11

(i) Census, including total numbers of patients on the unit on each 12 shift and activity such as patient discharges, admissions, and 13 transfers; 14

(ii) Level of intensity of all patients and nature of the care to 15 16 be delivered on each shift;

17 (iii) Skill mix;

(iv) Level of experience and specialty certification or training of 18 nursing personnel providing care; 19

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(v) The need for specialized or intensive equipment;

(vi) The architecture and geography of the patient care unit, 21 22 including but not limited to placement of patient rooms, treatment 23 areas, nursing stations, medication preparation areas, and equipment; 24 and

25 (vii) Staffing quidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other 26 27 health professional organizations;

(b) Semiannual review of the staffing plan against patient need and 28 known evidence-based staffing information, including the nursing 29 sensitive quality indicators collected by the hospital; 30

31 (c) Review, assessment, and response to staffing concerns presented 32 to the committee.

(4) In addition to the factors listed in subsection (3)(a) of this 33 section, hospital finances and resources may be taken into account in 34 the development of the nurse staffing plan. 35

(5) The staffing plan must not diminish other standards contained 36 37 in state or federal law and rules, or the terms of an applicable

collective bargaining agreement, if any, between the hospital and a
 representative of the nursing staff.

3 (6) The committee will produce the hospital's annual nurse staffing 4 plan. If this staffing plan is not adopted by the hospital, the chief 5 executive officer shall provide a written explanation of the reasons 6 why to the committee.

7 (7) Each hospital shall post, in a public area on each patient care 8 unit, the nurse staffing plan and the nurse staffing schedule for that 9 shift on that unit, as well as the relevant clinical staffing for that 10 shift. The staffing plan and current staffing levels must also be made 11 available to patients and visitors upon request.

12 (8) A hospital may not retaliate against or engage in any form of 13 intimidation of:

(a) An employee for performing any duties or responsibilities inconnection with the nurse staffing committee; or

16 (b) An employee, patient, or other individual who notifies the 17 nurse staffing committee or the hospital administration of his or her 18 concerns on nurse staffing.

(9) This section is not intended to create unreasonable burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical access hospitals may develop flexible approaches to accomplish the requirements of this section that may include but are not limited to having nurse staffing committees work by telephone or electronic mail.

24 <u>NEW SECTION.</u> **Sec. 4.** A new section is added to chapter 72.23 RCW 25 to read as follows:

The provisions of sections 2 and 3 of this act apply to hospitals governed by this chapter.

28 NEW SECTION. Sec. 5. The northwest organization of nurse 29 executives, the service employees international union healthcare, local 30 1199NW, the united staff nurses union, local 141, united food and commercial workers international union, the Washington state hospital 31 association, and the Washington state nurses association are encouraged 32 to seek the assistance of the Washington State University and 33 34 University of Washington William D. Ruckelshaus Center to help identify 35 and apply best practices related to patient safety and nurse staffing.

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NEW SECTION. Sec. 6. If specific funding for purposes of section 5 of this act, referencing section 5 of this act by section and bill or chapter number, is not provided by June 30, 2008, in the omnibus operating appropriations act, section 5 of this act is null and void.

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