
**Health Care & Wellness
Committee**

HB 1809

Brief Description: Creating the Washington state patient safety act.

Sponsors: Representatives Morrell, Campbell, Green, Kenney, Cody, Darneille, Hunt, Conway, Williams, Simpson, Moeller, Santos and Wood.

Brief Summary of Bill

- Requires acute care hospitals and the state hospitals to develop and implement nurse staffing plans for patient care units.
- Requires the Department of Health to investigate complaints of violations of staffing plan requirements and to impose penalties for violations.

Hearing Date: 2/5/07

Staff: Chris Cordes (786-7103).

Background:

Acute care hospitals are licensed and regulated by the Department of Health. These hospitals provide continuous accommodations, facilities, and services to patients requiring observation, diagnosis, or care over a period of at least 24 hours. They serve patients who may require surgery and interventional services, obstetrical and nursery services, emergency care units or services, critical care units or services, cardiology services, pediatric care services, rehabilitation units, oncology services, and laboratory services. The licensure for these hospitals does not apply to private psychiatric hospitals, which are licensed under a separate statute.

Among other things, Department of Health rules require acute care hospitals to ensure that qualified and competent staff are available to operate each department. In making its staffing decisions, a hospital is not permitted to require overtime work for licensed practical nurses and registered nurses that work for an hourly wage, except in limited circumstances. One of these exceptions applies if the hospital documents that it made reasonable efforts to obtain staffing.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

However, a hospital has not used reasonable efforts if overtime work is used to fill vacancies resulting from chronic staff shortages.

State hospitals, which are Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center, are operated and maintained by the state for the care of the mentally ill. State hospitals are not licensed by the DOH and are not subject to the mandatory overtime work restrictions.

Under the health care liability reform legislation enacted in 2006, acute care hospitals, psychiatric hospitals, and other specific medical facilities are required to report to the DOH certain adverse events and incidents occurring in the facility. These adverse events are those listed by the National Quality Forum in 2002 and, among other events, include patient deaths under specific conditions, various surgical errors, and sexual assault of patients.

Summary of Bill:

Acute care hospitals and the state hospitals are required to develop and implement nurse staffing plans that are developed by the hospital's staffing committee and that do not exceed patient assignment limits established by the Department of Health. A hospital that violates these requirements is subject to losing its license and to civil penalties.

Staffing Standards

By September 1, 2007, the Secretary of the Department of Health (DOH) is required to appoint a 15-member Advisory Committee on Nurse Staffing (Advisory Committee) to make recommendations on patient assignment limits, quality indicators, and other issues related to developing and implementing hospital staffing plans. In making its recommendations the Advisory Committee must consider current research and authoritative reports and guidelines, legislation considered or adopted in other states, the need presented by patients in various patient care units, and the availability of support staff.

By March 1, 2008, the DOH must establish patient assignment limits for hospitals that will serve as the minimum staffing standard. The patient assignment limits must be based on the recommendations of the Advisory Committee. The limits may include different levels for different types of patient care units. The limits apply to individual nurses and do not establish average assignments for a patient care unit or hospital.

Staff Plans

By January 1, 2008, hospitals must establish a staffing committee to develop staffing plans. At least half of the members must be registered nurses providing direct patient care.

By September 1, 2008, hospitals must implement a staffing plan that: (1) sets the minimum number and skill mix of nursing personnel required on shifts in each patient care unit; (2) considers various additional criteria, including census, patient intensity on the shift, and the architecture of the patient care unit; (3) includes limits on the use of agency/traveling nurses; (4) is consistent with the scope of practices of nursing personnel; (5) includes adequate coverage for leave and work breaks; and (6) has at least a semiannual review process. The plans must be submitted to the DOH for review at least annually.

Each shift's plan must be posted in the patient care area and updated at least every eight hours. Plan adjustments may be made only if a registered nurse providing direct patient care makes the assessment.

Reports

Hospitals must collect specified information regarding nurse staffing and submit it to the DOH twice yearly. Information required in the reports includes the skill mix of nursing staff, information about death among surgical inpatients, prevalence of urinary tract infections and hospital-acquired infections, incidence of patient falls, and other patient care measures. The DOH must determine effective means of making this information available to the public.

When a medical facility reports an adverse health event, the report must include information on the number of patients and nursing personnel in the area and other information about staffing at the time of the event being reported.

Enforcement

The DOH must investigate complaints of violations related to the required staffing plans and staffing reports. Hospitals that violate the requirements are subject to civil penalties of \$2,500 to \$10,000, depending the number of violations, and to revocation or suspension of the hospital's license.

Hospitals may not retaliate against an employee, patient, or other person for certain activities related to implementing hospital staffing plans.

Appropriation: None.

Fiscal Note: Requested on February 2, 2007.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.