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**SUBSTITUTE SENATE BILL 6307**

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**State of Washington**

**62nd Legislature**

**2012 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Prentice, Conway, Pridemore, Harper, Kohl-Welles, Keiser, Kline, and Shin)

READ FIRST TIME 02/03/12.

1       AN ACT Relating to nursing staffing practices at hospitals;  
2 amending RCW 70.41.420; adding new sections to chapter 70.41 RCW;  
3 creating new sections; and prescribing penalties.

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

5       NEW SECTION. **Sec. 1.** The legislature finds that:

6       (1) Research demonstrates the critical role that registered nurses  
7 play in improving patient safety and quality of care;

8       (2) Greater numbers of registered nurses available to care for  
9 hospitalized patients are key to reducing errors, complications, and  
10 adverse patient care events;

11       (3) Higher nurse staffing levels result in improved staff safety  
12 and satisfaction and reduced incidences of workplace injuries;

13       (4) Health care professional, technical, and support staff comprise  
14 vital components of the patient care team, bringing their particular  
15 skills and services to ensuring quality patient care; and

16       (5) Assuring sufficient nurse staffing to meet patient care needs  
17 is an urgent public policy priority in order to protect patients,  
18 support greater retention of registered nurses and safer working

1 conditions, promote evidence-based nurse staffing, and increase  
2 transparency of health care data and decision making.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.41 RCW  
4 to read as follows:

5 (1) A registered nurse may not be assigned to a nursing unit or  
6 clinical area unless the nurse has first received orientation in that  
7 clinical area sufficient to provide competent care to patients in that  
8 area and has demonstrated current competence in providing care in that  
9 area.

10 (2) The written policies and procedures for orientation of nursing  
11 staff must require that all temporary personnel receive orientation and  
12 be subject to competency validation.

13 **Sec. 3.** RCW 70.41.420 and 2008 c 47 s 3 are each amended to read  
14 as follows:

15 (1) By September 1, 2008, each hospital shall establish a nurse  
16 staffing committee, either by creating a new committee or assigning the  
17 functions of a nurse staffing committee to an existing committee. At  
18 least one-half of the members of the nurse staffing committee shall be  
19 registered nurses currently providing direct patient care and up to  
20 one-half of the members shall be determined by the hospital  
21 administration. The selection of the registered nurses providing  
22 direct patient care shall be according to the collective bargaining  
23 agreement if there is one in effect at the hospital. If there is no  
24 applicable collective bargaining agreement, the members of the nurse  
25 staffing committee who are registered nurses providing direct patient  
26 care shall be selected by their peers.

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

31 (3) Primary responsibilities of the nurse staffing committee shall  
32 include:

33 (a) Development and oversight of an annual patient care unit and  
34 shift-based nurse staffing plan, based on the needs of patients, to be  
35 used as the primary component of the staffing budget. Factors to be

1 considered in the development of the plan should include, but are not  
2 limited to:

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

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

8 (iii) Skill mix;

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

11 (v) The need for specialized or intensive equipment;

12 (vi) The architecture and geography of the patient care unit,  
13 including but not limited to placement of patient rooms, treatment  
14 areas, nursing stations, medication preparation areas, and equipment;  
15 and

16 (vii) Staffing guidelines adopted or published by national nursing  
17 professional associations, specialty nursing organizations, and other  
18 health professional organizations;

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

22 (c) Review, assessment, and response to staffing concerns presented  
23 to the committee.

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

27 (5) The staffing plan must not diminish other standards contained  
28 in state or federal law and rules, or the terms of an applicable  
29 collective bargaining agreement, if any, between the hospital and a  
30 representative of the nursing staff.

31 (6)(a) The committee will produce the hospital's annual nurse  
32 staffing plan.

33 (b) If this staffing plan is not adopted by the hospital, (~~the~~  
34 ~~chief executive officer shall provide a written explanation of the~~  
35 ~~reasons why to the committee)) the nurse staffing committee and the  
36 hospital must resolve any disputes concerning the staffing plan through  
37 arbitration which shall be held pursuant to the procedures in chapter~~

1 7.04A RCW. The decision of the arbitrator is final and binding on the  
2 parties.

3 (7) Each hospital shall submit the staffing plan to the department  
4 on at least an annual basis.

5 (8) Each hospital shall implement the staffing plan and assign  
6 nursing personnel to each patient care unit in accordance with the  
7 plan. Shift-to-shift adjustments in staffing levels required by the  
8 plan may be made only if based upon assessment by a registered nurse  
9 providing direct patient care on the patient care unit, utilizing  
10 procedures specified by the staffing committee.

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

16 ~~((+8))~~ (10) A hospital may not retaliate against or engage in any  
17 form of intimidation of:

18 (a) An employee for performing any duties or responsibilities in  
19 connection with the nurse staffing committee; or

20 (b) An employee, patient, or other individual who notifies the  
21 nurse staffing committee ~~((or))~~, the hospital administration, an agent  
22 of the collective bargaining, or the department of his or her concerns  
23 ~~((or))~~ regarding nurse staffing that the employee, patient, or other  
24 individual believes is otherwise insufficient or unsafe.

25 ~~((+9))~~ (11) A hospital may not penalize any registered nurse for  
26 refusing to accept an assignment that violates the hospital staffing  
27 plan described in this section, or the restrictions described in  
28 section 2 of this act, as long as the registered nurse first informs  
29 the hospital in writing that he or she has concluded that, in his or  
30 her professional judgment and nursing practice licensure standards,  
31 accepting the assignment would place one or more patients at immediate  
32 risk of serious harm or injury.

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

1        NEW SECTION.    **Sec. 4.**    A new section is added to chapter 70.41 RCW  
2 to read as follows:

3        (1) Hospitals shall regularly collect information regarding nurse  
4 staffing and submit it to the department semiannually.    This  
5 information must include:

6            (a) Nursing staff skill mix, including registered nurses, licensed  
7 practical nurses, and unlicensed assistive personnel;

8            (b) Nursing hours per patient day;

9            (c) Nurse voluntary turnover rate;

10          (d) Nurses supplied by temporary staffing agencies including  
11 traveling nurses;

12          (e) Death among surgical inpatients with treatable serious  
13 complications, such as failure to rescue;

14          (f) Rates of patient falls with injury;

15          (g) Physical restraint prevalence;

16          (h) Catheter-associated urinary tract infection rate;

17          (i) Central line-associated blood stream infection rate;

18          (j) Psychiatric patient assault rate;

19          (k) Pressure ulcers including community-acquired and hospital-  
20 acquired; and

21          (l) Other measures to be established by the department.

22          (2) In adopting rules under this section, the department shall  
23 determine effective means for making the information identified in  
24 subsection (1) of this section readily available to the public,  
25 including posting it in public areas of the hospital and making it  
26 available through the internet.

27        NEW SECTION.    **Sec. 5.**    A new section is added to chapter 70.41 RCW  
28 to read as follows:

29          (1) The department shall conduct regular audits of hospital  
30 compliance with sections 2 and 4 through 6 of this act and RCW  
31 70.41.420 and shall investigate complaints of violations of sections 2  
32 and 4 of this act and RCW 70.41.420.

33          (2) Where a hospital is found to be out of compliance with the  
34 requirements of sections 2 and 4 through 6 of this act and RCW  
35 70.41.420, the department shall at a minimum require the hospital to  
36 submit a corrective plan of action.    In the event that a hospital

1 submits but fails to follow such a corrective plan of action, the  
2 department may impose a civil penalty of ten thousand dollars.

3 (3) In addition, in the event that a hospital is found to have  
4 committed a knowing violation or repeated violations of the  
5 requirements of sections 2 and 4 through 6 of this act and RCW  
6 70.41.420, the department may take either or both of the following  
7 actions:

8 (a) Suspend or revoke the license of a hospital; or

9 (b) Impose civil penalties as follows:

10 (i) Two thousand five hundred dollars for a first knowing violation  
11 of the requirements of sections 2 and 4 through 6 of this act and RCW  
12 70.41.420;

13 (ii) Five thousand dollars for the second violation of the  
14 requirements of sections 2 and 4 through 6 of this act and RCW  
15 70.41.420 within a six-month period; and

16 (iii) Ten thousand dollars for the third and each subsequent  
17 violation of the requirements of sections 2 and 4 through 6 of this act  
18 and RCW 70.41.420 within a six-month period.

19 (4) The department shall maintain for public inspection records of  
20 any civil penalties, administrative actions, or license suspensions or  
21 revocations imposed on hospitals under this section.

22 NEW SECTION. **Sec. 6.** A new section is added to chapter 70.41 RCW  
23 to read as follows:

24 The department shall adopt rules as necessary to implement sections  
25 2, 4, and 5 of this act and RCW 70.41.240.

26 NEW SECTION. **Sec. 7.** This act may be known and cited as the  
27 Washington state patient safety act.

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