

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1714

65th Legislature
2017 Regular Session

Passed by the House April 20, 2017
Yeas 95 Nays 1

Speaker of the House of Representatives

Passed by the Senate April 19, 2017
Yeas 44 Nays 5

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1714** as passed by House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1714

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington 65th Legislature 2017 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Doglio, Ryu, Pollet, Peterson, McBride, Wylie, Stonier, Goodman, Sawyer, Bergquist, Gregerson, Sullivan, Lytton, Tharinger, Chapman, Lovick, Senn, Hansen, Sells, Frame, Fitzgibbon, Riccelli, Macri, Jinkins, Dolan, Stanford, Orwall, Ortiz-Self, Farrell, Slatter, Tarleton, Clibborn, Fey, Kilduff, Reeves, Pettigrew, Appleton, Robinson, Blake, Ormsby, Pellicciotti, Kloba, Hudgins, and Santos)

READ FIRST TIME 02/17/17.

1 AN ACT Relating to nursing staffing practices at hospitals;
2 amending RCW 70.41.420; adding a new section to chapter 70.41 RCW;
3 creating new sections; prescribing penalties; and providing an
4 expiration date.

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

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

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

9 (2) Appropriate staffing of hospital personnel including
10 registered nurses available for patient care assists in reducing
11 errors, complications, and adverse patient care events and can
12 improve staff safety and satisfaction and reduce incidences of
13 workplace injuries;

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

17 (4) Assuring sufficient staffing of hospital personnel, including
18 registered nurses, is an urgent public policy priority in order to
19 protect patients and support greater retention of registered nurses
20 and safer working conditions; and

1 (5) Steps should be taken to promote evidence-based nurse
2 staffing and increase transparency of health care data and decision
3 making based on the data.

4 **Sec. 2.** RCW 70.41.420 and 2008 c 47 s 3 are each amended to read
5 as follows:

6 (1) By September 1, 2008, each hospital shall establish a nurse
7 staffing committee, either by creating a new committee or assigning
8 the functions of a nurse staffing committee to an existing committee.
9 At least one-half of the members of the nurse staffing committee
10 shall be registered nurses currently providing direct patient care
11 and up to one-half of the members shall be determined by the hospital
12 administration. The selection of the registered nurses providing
13 direct patient care shall be according to the collective bargaining
14 agreement if there is one in effect at the hospital. If there is no
15 applicable collective bargaining agreement, the members of the nurse
16 staffing committee who are registered nurses providing direct patient
17 care shall be selected by their peers.

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

22 (3) Primary responsibilities of the nurse staffing committee
23 shall include:

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

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

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

34 (iii) Skill mix;

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

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

38 (vi) The architecture and geography of the patient care unit,
39 including but not limited to placement of patient rooms, treatment

1 areas, nursing stations, medication preparation areas, and equipment;
2 ((and))

3 (vii) Staffing guidelines adopted or published by national
4 nursing professional associations, specialty nursing organizations,
5 and other health professional organizations;

6 (viii) Availability of other personnel supporting nursing
7 services on the unit; and

8 (ix) Strategies to enable registered nurses to take meal and rest
9 breaks as required by law or the terms of an applicable collective
10 bargaining agreement, if any, between the hospital and a
11 representative of the nursing staff;

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

15 (c) Review, assessment, and response to staffing variations or
16 concerns presented to the committee.

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

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

24 (6) The committee will produce the hospital's annual nurse
25 staffing plan. If this staffing plan is not adopted by the hospital,
26 the chief executive officer shall provide a written explanation of
27 the reasons why the plan was not adopted to the committee. The chief
28 executive officer must then either: (a) Identify those elements of
29 the proposed plan being changed prior to adoption of the plan by the
30 hospital or (b) prepare an alternate annual staffing plan that must
31 be adopted by the hospital. Beginning January 1, 2019, each hospital
32 shall submit its staffing plan to the department and thereafter on an
33 annual basis and at any time in between that the plan is updated.

34 (7) Beginning January 1, 2019, each hospital shall implement the
35 staffing plan and assign nursing personnel to each patient care unit
36 in accordance with the plan.

37 (a) A registered nurse may report to the staffing committee any
38 variations where the nurse personnel assignment in a patient care
39 unit is not in accordance with the adopted staffing plan and may make
40 a complaint to the committee based on the variations.

1 (b) Shift-to-shift adjustments in staffing levels required by the
2 plan may be made by the appropriate hospital personnel overseeing
3 patient care operations. If a registered nurse on a patient care unit
4 objects to a shift-to-shift adjustment, the registered nurse may
5 submit the complaint to the staffing committee.

6 (c) Staffing committees shall develop a process to examine and
7 respond to data submitted under (a) and (b) of this subsection,
8 including the ability to determine if a specific complaint is
9 resolved or dismissing a complaint based on unsubstantiated data.

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

16 ~~((+8))~~ (9) 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 of his or her
22 concerns on nurse staffing.

23 ~~((+9))~~ (10) This section is not intended to create unreasonable
24 burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4.
25 Critical access hospitals may develop flexible approaches to
26 accomplish the requirements of this section that may include but are
27 not limited to having nurse staffing committees work by telephone or
28 ~~((electronic mail))~~ email.

29 NEW SECTION. Sec. 3. A new section is added to chapter 70.41
30 RCW to read as follows:

31 (1)(a) The department shall investigate a complaint submitted
32 under this section for violation of RCW 70.41.420 following receipt
33 of a complaint with documented evidence of failure to:

- 34 (i) Form or establish a staffing committee;
35 (ii) Conduct a semiannual review of a nurse staffing plan;
36 (iii) Submit a nurse staffing plan on an annual basis and any
37 updates; or

1 (iv)(A) Follow the nursing personnel assignments in a patient
2 care unit in violation of RCW 70.41.420(7)(a) or shift-to-shift
3 adjustments in staffing levels in violation of RCW 70.41.420(7)(b).

4 (B) The department may only investigate a complaint under this
5 subsection (1)(a)(iv) after making an assessment that the submitted
6 evidence indicates a continuing pattern of unresolved violations of
7 RCW 70.41.420(7) (a) or (b), that were submitted to the nurse
8 staffing committee excluding complaints determined by the nurse
9 staffing committee to be resolved or dismissed. The submitted
10 evidence must include the aggregate data contained in the complaints
11 submitted to the hospital's nurse staffing committee that indicate a
12 continuing pattern of unresolved violations for a minimum sixty-day
13 continuous period leading up to receipt of the complaint by the
14 department.

15 (C) The department may not investigate a complaint under this
16 subsection (1)(a)(iv) in the event of unforeseeable emergency
17 circumstances or if the hospital, after consultation with the nurse
18 staffing committee, documents it has made reasonable efforts to
19 obtain staffing to meet required assignments but has been unable to
20 do so.

21 (b) After an investigation conducted under (a) of this
22 subsection, if the department determines that there has been a
23 violation, the department shall require the hospital to submit a
24 corrective plan of action within forty-five days of the presentation
25 of findings from the department to the hospital.

26 (2) In the event that a hospital fails to submit or submits but
27 fails to follow such a corrective plan of action in response to a
28 violation or violations found by the department based on a complaint
29 filed pursuant to subsection (1) of this section, the department may
30 impose, for all violations asserted against a hospital at any time, a
31 civil penalty of one hundred dollars per day until the hospital
32 submits or begins to follow a corrective plan of action or takes
33 other action agreed to by the department.

34 (3) The department shall maintain for public inspection records
35 of any civil penalties, administrative actions, or license
36 suspensions or revocations imposed on hospitals under this section.

37 (4) For purposes of this section, "unforeseeable emergency
38 circumstance" means:

- 39 (a) Any unforeseen national, state, or municipal emergency;
- 40 (b) When a hospital disaster plan is activated;

1 (c) Any unforeseen disaster or other catastrophic event that
2 substantially affects or increases the need for health care services;
3 or

4 (d) When a hospital is diverting patients to another hospital or
5 hospitals for treatment or the hospital is receiving patients who are
6 from another hospital or hospitals.

7 (5) Nothing in this section shall be construed to preclude the
8 ability to otherwise submit a complaint to the department for failure
9 to follow RCW 70.41.420.

10 (6) The department shall submit a report to the legislature on
11 December 31, 2020. This report shall include the number of complaints
12 submitted to the department under this section, the disposition of
13 these complaints, the number of investigations conducted, the
14 associated costs for complaint investigations, and recommendations
15 for any needed statutory changes. The department shall also project,
16 based on experience, the impact, if any, on hospital licensing fees
17 over the next four years. Prior to the submission of the report, the
18 secretary shall convene a stakeholder group consisting of the
19 Washington state hospital association, the Washington state nurses
20 association, service employees international union healthcare 1199NW,
21 and united food and commercial workers 21. The stakeholder group
22 shall review the report prior to its submission to review findings
23 and jointly develop any legislative recommendations to be included in
24 the report.

25 (7) No fees shall be increased to implement this act prior to
26 July 1, 2021.

27 NEW SECTION. **Sec. 4.** This act expires June 1, 2023.

28 NEW SECTION. **Sec. 5.** This act may be known and cited as the
29 Washington state patient safety act.

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