

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 1714**

Chapter 249, Laws of 2017

65th Legislature  
2017 Regular Session

HOSPITALS--NURSE STAFFING PLANS

EFFECTIVE DATE: 7/23/2017

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

FRANK CHOPP

**Speaker of the House of Representatives**

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

CYRUS HABIB

**President of the Senate**

Approved May 8, 2017 11:19 AM

JAY INSLEE

**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.

BERNARD DEAN

**Chief Clerk**

FILED

May 8, 2017

**Secretary of State  
State of Washington**

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ENGROSSED SUBSTITUTE HOUSE BILL 1714

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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.

Passed by the House April 20, 2017.  
Passed by the Senate April 19, 2017.  
Approved by the Governor May 8, 2017.  
Filed in Office of Secretary of State May 8, 2017.

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