

FINAL BILL REPORT

ESHB 1714

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Synopsis as Enacted

Brief Description: Concerning nursing staffing practices at hospitals.

Sponsors: House Committee on 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, Jenkins, Dolan, Stanford, Orwall, Ortiz-Self, Farrell, Slatter, Tarleton, Clibborn, Fey, Kilduff, Reeves, Pettigrew, Appleton, Robinson, Blake, Ormsby, Pellicciotti, Kloba, Hudgins and Santos).

House Committee on Health Care & Wellness
House Committee on Appropriations
Senate Committee on Health Care
Senate Committee on Ways & Means

Background:

Hospitals must establish nurse staffing committees to develop and oversee an annual patient care unit and shift-based nurse staffing plan; conduct a semiannual review of the nurse staffing plan; and review, assess, and respond to staffing concerns. Hospital finances may be taken into account in the development of a nurse staffing plan. A nurse staffing plan must consider such factors as:

- patient census, including total patients by unit and shift;
- level of intensity of patients and the nature of the care to be delivered on each shift;
- skill mix;
- level of experience of nurses providing care;
- the need for specialized or intensive equipment;
- the physical design of the patient care unit; and
- staffing guidelines adopted by national nursing associations, specialty associations, and other health professional associations.

If the chief executive officer of the hospital does not approve the nurse staffing committee's plan, he or she must provide a written explanation to the committee. The hospital may not retaliate against employees performing duties in connection with the nurse staffing committee or an individual who notifies the nurse staffing committee or the hospital administration about concerns on nurse 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.

Summary:

The duties of a nurse staffing committee are expanded to include the review, assessment, and response to staffing variations. The factors that must be considered in developing a nurse staffing plan are expanded to include:

- the availability of other personnel supporting nursing services;
- strategies to enable nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff; and
- hospital finances and resources.

If a hospital does not adopt a nurse staffing committee's staffing plan, the chief executive officer of the hospital must either identify the elements of the plan being changed prior to adoption or prepare an alternative plan that must be adopted by the hospital. Beginning January 1, 2019, a hospital must implement its nurse staffing plan and assign nursing personnel to patient care units according to the plan. The hospital must submit its adopted nurse staffing plans to the Department of Health (DOH) annually and whenever the plan is updated.

A registered nurse may report to the staffing committee any variations where the nurse personnel assignment in a patient care unit is not in accord with the adopted staffing plan and may make a complaint to the committee based on the variations. Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a patient care unit objects to a shift-to-shift adjustment, the nurse may submit the complaint to the committee. The committee must develop a process to examine and respond to these data, including the ability to determine if a specific complaint is resolved or dismiss a complaint based on unsubstantiated data.

The DOH must investigate a complaint for a violation of nurse staffing committee or nurse staffing plan requirements if the complaint has documented evidence of failure to:

- form or establish a staffing committee;
- conduct a semi-annual review of a nurse staffing plan;
- submit a nurse staffing plan on an annual basis or when updated; or
- follow the nurse personnel assignments or shift-to shift adjustments.

The DOH may only investigate complaints relating to personnel assignments or shift-to-shift adjustments after making an assessment that the submitted evidence indicates a continuing pattern of unresolved violations that were submitted to the nurse staffing committee, excluding complaints determined to be resolved or dismissed. The evidence must include the aggregate data contained in the complaints submitted to the nurse staffing committee indicating a continuing pattern of unresolved violations for a minimum 60-day continuous period leading up to the DOH's receipt of the complaint.

The DOH may not investigate complaints relating to personnel assignments or shift-to-shift adjustments in the event of unforeseeable emergency circumstances or if the hospital, after consultation with the nurse staffing committee, documents it has made reasonable efforts to

obtain staffing to meet required assignments, but has been unable to do so. "Unforeseeable emergency circumstance" is defined as:

- any unforeseen national, state, or municipal emergency;
- when a hospital disaster plan is activated;
- any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services; or
- when a hospital is diverting patients to another hospital for treatment or the hospital is receiving patients who are from another hospital.

If the DOH finds there has been a violation, the hospital must submit a corrective plan of action to the DOH within 45 days of the presentation of findings to the hospital. Failure to submit or to follow a corrective plan of action may result in fines of \$100 per day for all violations asserted against the hospital at any time until the hospital submits or begins to follow a corrective plan of action or takes other action agreed to by the DOH. The DOH must maintain for public inspection records of any civil penalties, administrative actions, or license suspensions or revocations imposed on hospitals for these purposes.

The complaint process does not preclude the ability to otherwise submit complaints regarding nurse staffing to the DOH.

The DOH must submit a report to the Legislature on December 31, 2020, which must include the number of complaints submitted to the DOH, the disposition of the complaints, the number of investigations conducted, the associated costs for complaint investigations, recommendations for needed statutory changes, and projections on the impact on hospital licensing fees over the next four years. The DOH must convene a stakeholder group prior to submitting the report to review the report and findings and to jointly develop any legislative recommendations. The group must consist of the Washington State Hospital Association, the Washington State Nurses Association, Service Employees International Union Healthcare 1199NW, and United Food and Commercial Workers 21.

The DOH may not increase fees to implement the act prior to July 1, 2021.

The act expires on June 1, 2023.

Votes on Final Passage:

House	61	36	
Senate	42	7	(Senate amended)
House			(House refused to concur)
Senate	44	5	(Senate receded/amended)
House	95	1	(House concurred)

Effective: July 23, 2017