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## SUBSTITUTE HOUSE BILL 1714

## 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 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 7 nurses play in improving patient safety and quality of care;
  - (2) Sufficient numbers of registered nurses available to care for hospitalized patients are key to reducing errors, complications, and adverse patient care events;
  - (3) Sufficient nurse staffing levels result in improved staff safety and satisfaction and reduced incidences of workplace injuries;
  - (4) Health care professional, technical, and support staff comprise vital components of the patient care team, bringing their particular 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
  19 conditions, promote evidence-based nurse staffing, and increase
  20 transparency of health care data and decision making.

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- 1 **Sec. 2.** RCW 70.41.420 and 2008 c 47 s 3 are each amended to read 2 as follows:
- (1) By September 1, 2008, each hospital shall establish a nurse 3 staffing committee, either by creating a new committee or assigning 4 the functions of a nurse staffing committee to an existing committee. 5 6 At least one-half of the members of the nurse staffing committee 7 shall be registered nurses currently providing direct patient care and up to one-half of the members shall be determined by the hospital 8 administration. The selection of the registered nurses providing 9 direct patient care shall be according to the collective bargaining 10 11 agreement if there is one in effect at the hospital. If there is no 12 applicable collective bargaining agreement, the members of the nurse staffing committee who are registered nurses providing direct patient 13 14 care shall be selected by their peers.
  - (2) Participation in the nurse staffing committee by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Nurse staffing committee members shall be relieved of all other work duties during meetings of the committee.
  - (3) Primary responsibilities of the nurse staffing committee shall include:
  - (a) Development and oversight of an annual patient care unit and shift-based nurse staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget. Factors to be considered in the development of the plan should include, but are not limited to:
- (i) Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- 29 (ii) Level of intensity of all patients and nature of the care to 30 be delivered on each shift;
  - (iii) Skill mix;

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- (iv) Level of experience and specialty certification or training of nursing personnel providing care;
  - (v) The need for specialized or intensive equipment;
- (vi) The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment; ((and))

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1 (vii) Staffing guidelines adopted or published by national 2 nursing professional associations, specialty nursing organizations, 3 and other health professional organizations; and

- (viii) Availability of other personnel supporting nursing services on the unit;
- (b) Semiannual review of the staffing plan against patient need and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the hospital;
- 9 (c) Review, assessment, and response to staffing concerns 10 presented to the committee.
  - (4) In addition to the factors listed in subsection (3)(a) of this section, hospital finances and resources may be taken into account in the development of the nurse staffing plan.
  - (5) The staffing plan must not diminish other standards contained in state or federal law and rules, or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.
  - (6) The committee will produce the hospital's annual nurse staffing plan. If this staffing plan is not adopted by the hospital, the chief executive officer shall provide a written explanation of the reasons why to the committee and adopt an alternate staffing plan. Beginning June 30, 2019, each hospital shall submit its staffing plan to the department on at least an annual basis.
  - (7) Beginning June 30, 2019, each hospital shall implement the staffing plan and assign nursing personnel to each patient care unit in accordance with the plan. Shift-to-shift adjustments in staffing levels required by the plan may be made only if based upon assessment by a registered nurse providing direct patient care on the patient care unit, utilizing procedures specified by the staffing committee.
  - (8) Each hospital shall post, in a public area on each patient care unit, the nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.
- (((8))) (9) A hospital may not retaliate against or engage in any 37 form of intimidation of:
- 38 (a) An employee for performing any duties or responsibilities in connection with the nurse staffing committee; or

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- 1 (b) An employee, patient, or other individual who notifies the 2 nurse staffing committee or the hospital administration of his or her 3 concerns on nurse staffing.
- ((<del>(9)</del>)) <u>(10)</u> This section is not intended to create unreasonable burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical access hospitals may develop flexible approaches to accomplish the requirements of this section that may include but are not limited to having nurse staffing committees work by telephone or electronic mail.
- NEW SECTION. Sec. 3. A new section is added to chapter 70.41
  RCW to read as follows:
- 12 (1) Upon receipt of a complaint for a violation of RCW 70.41.420, 13 the department shall investigate the complaint and, if the department 14 determines that there has been a violation, require the hospital to 15 submit a corrective plan of action.
- 16 (2) In the event that a hospital fails to submit or submits but 17 fails to follow such a corrective plan of action, the department may 18 impose a civil penalty of one hundred dollars per day.
- 19 (3) The department shall maintain for public inspection records 20 of any civil penalties, administrative actions, or license 21 suspensions or revocations imposed on hospitals under this section.
- NEW SECTION. Sec. 4. A new section is added to chapter 70.41 RCW to read as follows:
- The department shall adopt rules as necessary to implement RCW 70.41.420.
- NEW SECTION. Sec. 5. This act may be known and cited as the Washington state patient safety act.

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