

HOUSE BILL REPORT

HB 2712

As Reported by House Committee On:
Health Care

Title: An act relating to a task force on nurses' work environment and patient safety.

Brief Description: Creating a task force on nurses' work environment and patient safety.

Sponsors: Representatives Morrell, Cody, Darneille, Moeller, Clibborn, McIntire, Chase and Conway.

Brief History:

Committee Activity:

Health Care: 1/27/04, 2/4/04 [DPS].

Brief Summary of Substitute Bill

- Creates a task force to recommend ways to improve patient safety through changes in the work environment of nurses.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Cody, Chair; Morrell, Vice Chair; Campbell, Clibborn, Darneille, Edwards, Moeller and Schual-Berke.

Minority Report: Do not pass. Signed by 5 members: Representatives Bailey, Ranking Minority Member; Alexander, Benson, Rodne and Skinner.

Staff: Chris Blake (786-7392).

Background:

The United States Department of Health and Human Service's Agency for Healthcare Research and Quality requested that the Institute of Medicine conduct a study to identify aspects of the nursing work environment that impacts patient safety as well as potential improvements in health care working conditions that could likely increase patient safety. In November 2003, the Institute of Medicine released its report which includes recommendations relating to leadership in health care organizations; nurse staffing

practices; nurse schedules; workplace procedures and design; and developing safety-conscious behaviors in health care organizations.

Summary of Substitute Bill:

The Secretary of Health must convene a task force to develop measures to improve patient safety and the work environment of nurses. The task force must consider the 2003 report of the Institute of Medicine, *Keeping Patients Safe: Transforming the Work Environment of Nurses, the standards of the Joint Commission for Accreditation of Health Care Organizations, and other relevant information*. The task force must suggest priorities for implementing the report's recommendations as well as other methods of improving patient safety. The task force must also consider proposals for nurse staffing systems, variations in health care facility size and setting as related to staffing, effects of the nursing shortage on staffing, and strategies to improve patient safety and work environments.

The task force is composed of 15 members who include: representatives of nurse organizations, hospital organizations, long-term care facilities, and consumers; health care professionals providing direct patient care; nurse managers; faculty at a nursing program; the Secretary of Health; a chief executive officer for a hospital; and a human resources representative at a health care facility.

Administrative costs to support the task force are to be funded through nursing license fees currently existing in the Health Professions Account. The task force must issue its report by January 1, 2005, and the act expires on that same day.

Substitute Bill Compared to Original Bill:

Additional sources of information may be considered by the task force. Other issues that may be considered by the task force include: (1) strategies to improve patient safety and work environments; (2) variations in health care facility size and setting as related to staffing; (3) effects of the nursing shortage on staffing; and (4) initiatives related to health care facility staffing. The task force's consideration of the nurse staffing pattern issue is removed. The requirement that the task force make recommendations regarding staffing systems is removed, however, it may consider staffing systems.

The health care professionals to represent nurses involved in direct patient care are specified to include one from a long-term care setting. The Nursing Care Quality Assurance Commission member is replaced by the Secretary of Health. The quality director representative is replaced by a chief executive officer of a hospital.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: This bill will promote discussions among stakeholders regarding patient safety and ways to improve the nursing environment.

Testimony Against: The committee structure is not representative of hospitals or experts in patient safety. Staffing systems must be unique to each facility and should not be mandated statewide. This bill will not solve the nursing shortage or the underfunding of Medicare or Medicaid. This bill is the first step to mandating staffing ratios, which does not work.

Persons Testifying: (In support) Representative Morrell, prime sponsor; and Kim Armstrong, Washington State Nurses Association.

(Opposed) Charlene Taclubana; Ann Neeld, Capital Medical Center; and Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.