

# SENATE BILL REPORT

## SB 5696

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As of February 14, 2007

**Title:** An act relating to the Washington state patient safety act.

**Brief Description:** Creating the Washington state patient safety act.

**Sponsors:** Senators Franklin, Benton, Kohl-Welles, Keiser, Fairley, Kastama, Murray, McAuliffe, Kline and Rasmussen.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/14/07.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Staff:** Edith Rice (786-7444)

**Background:** According to a report issued by the Agency for Healthcare Research and Quality (AHRQ) in March 2004, hospitals with low nurse staffing levels tend to have higher rates of poor patient outcomes such as pneumonia, shock, cardiac arrest, and urinary tract infections. During the time period between 1980 and 2000, the average length of inpatient hospital stays fell from 7.5 days to 4.9 days. The result is that hospitals have sicker patients. Patients have a higher acuity, yet the skill levels of the nursing staff have declined. Additional supervisory responsibilities have increased workload to the point that some 40 percent of nurses who were surveyed reported being dissatisfied with their jobs. Although hiring more nurses has a cost, there is a considerable financial cost attached to adverse events. One study noted that increased staffing of registered nurses did not significantly decrease a hospital's profit even though it boosts the hospital's operating costs.

Researchers believe that more complete information on staffing for all types of nursing personnel are needed. There are no current research findings which indicate what minimal nurse staffing ratios should be, either within individual hospitals or within their various subunits.

**Summary of Bill:** The Secretary of the Department of Health (DOH) is to appoint an advisory committee on nurse staffing, consisting of 15 members. This committee will make recommendations regarding patient assignment limits, quality indicators, and other recommendations as the Secretary requests.

The DOH will establish patient assignment limits applicable to all Washington hospitals by March 1, 2008. These limits will serve as a minimum staffing standard.

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Each hospital will establish a staffing committee by January 1, 2008. At least half of the staffing committee members must be registered nurses providing direct patient care.

Each hospital will implement the staffing plan by September 1, 2008. The staffing plan will set the minimum number and skill mix of nursing personnel required on each shift in each unit in the hospital in which patient care is provided. Hospitals must assign nursing personnel in accordance with its staffing plan. Hospitals must post staffing plans and be made available to patients and visitors upon request. Hospitals may not retaliate against employees or others who report failure to comply with the staffing plan.

Hospitals will report information regarding nurse staffing to the DOH semiannually. This information will be readily available to the public.

Information relating to the number of nursing personnel will be included in reporting any adverse health events and incidents.

The DOH will investigate complaints regarding violations of this act and penalties can include suspension or revocation of the hospital license and/or a monetary fine. The DOH is responsible for maintaining records of such penalties and making them available for public inspection.

**Appropriation:** None.

**Fiscal Note:** Requested on February 10, 2007.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This is a positive step to improve patient care quality and safety. Nurse staffing shortages cause stress for those working and injury to patients. Staffing should be studied to improve care. Anxiety, stress and constantly being under pressure due to inadequate staff often cause nurses to leave the profession. Morale is low, more and more nurses are leaving. One size fits all is not the right approach. Decisions about staffing should be made based on patient outcome. We have been forced to be creative but we cannot rely on good intentions. Minimum standards should be set and hospitals should be held accountable.

CON: We already meet regularly with management and nurses to address safety issues. This bill is too heavy in administrative responsibilities which don't provide direct care to patients. We already do staffing plans and take into account patient acuity, nurse skills etc. We just don't have enough nurses. Nurses serving in residencies or internships should not be counted in the staffing plan. Much of what is mentioned in this bill is already in current law. This bill is overly heavy in administrative costs, and too prescriptive. Current regulations set minimums for certain types of care. Department of Social and Health services is already doing a study on these issues. This bill is problematic for the Department and may have unintended consequences.

**Persons Testifying:** PRO: Senator Franklin, prime sponsor; Christ Barton, State Employees International Union; Dan Halsey, United Federation of Commercial Workers; Kara

Thompkins, Ann Tan Piazza, Washington State Nurses Association; Cheri Putz Service Employees International Union.

CON: Karen Graybeal, Overlake Hospital; Shelley Prico, Enumclaw Regional Hospital; Lisa Thatcher, Washington State Hospital Association; Richard Kellogg, Department of Social and Health Services; Brian Peyton, Department of Health.