

# SENATE BILL REPORT

## SSB 6734

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As Passed Senate, February 15, 2008

**Title:** An act relating to establishing a process to promote evidence-based nurse staffing in hospitals.

**Brief Description:** Establishing evidence-based nurse staffing in hospitals.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Franklin, Keiser and Kohl-Welles).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/04/08, 2/06/08 [DPS].  
Passed Senate: 2/15/08, 48-0.

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

**Majority Report:** That Substitute Senate Bill No. 6734 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Carrell, Fairley, Kastama, Kohl-Welles and Marr.

**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 Substitute Bill:** Establishes a nurse staffing committee at each hospital by September 1, 2008.

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*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.*

At least half the members will be registered nurses and the remainder will be hospital administrators.

Meetings of the committee will be scheduled during work time.

Committee responsibilities:

- to develop and oversee an annual patient care unit and shift-based nurse staffing plan;
- semiannual review of the staffing plan against patient need and evidence-based staffing information; and
- address staffing concerns presented to the committee.

If the staffing plan is not adopted by the hospital, the chief executive officer must provide a written justification to the committee.

Staffing plan will be posted.

Washington State University and the University of Washington – William D. Ruckelshaus Center will act as resources for identifying and applying best practices in patient safety and nurse staffing.

**Appropriation:** None.

**Fiscal Note:** Not requested.

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

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

**Staff Summary of Public Testimony on Original Bill:** PRO: Adequate nurse staffing is essential for patients and for hospitals to keep costs down. Nurse shortage in staffing is the number one cause for nurses to leave their jobs in hospitals. Nurses are leaving employment within one to two years of being hired. We are concerned about patients and their families. This is a comprehensive approach.

**Persons Testifying:** PRO: Sharon Ness UFCW 141; Chris Baron, SEIU Healthcare 1199NW; Kim Armstrong, Washington State Nurses Association; Lisa Thatcher, Washington State Hospital Association.