

HOUSE BILL REPORT

HB 3123

As Reported by House Committee On:

Health Care & Wellness

Appropriations

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

Brief Description: Establishing a process to identify best practices related to patient safety.

Sponsors: Representatives Morrell, Cody, Roberts, Green and Ormsby.

Brief History:

Committee Activity:

Health Care & Wellness: 1/30/08, 1/31/08 [DPS];

Appropriations: 2/8/08 [DP2S (w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Requires hospitals, including the state hospitals, to establish nurse staffing committees that will produce an annual nurse staffing plan.
- Encourages named organizations to seek the assistance of the Ruckelshaus Center to help identify and apply best practices related to patient safety and nurse staffing.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Barlow, Campbell, Condotta, DeBolt, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Cordes (786-7103).

Background:

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.

The Department of Health rules require, among other things, acute care hospitals to ensure that qualified and competent staff are available to operate each department. In making its staffing decisions, acute care hospitals must consider a state law that limits overtime work for licensed practical nurses and registered nurses that work for an hourly wage. State hospitals for the mentally ill must have safety plans that take into account staffing needs.

An Institute of Medicine (IOM) study, reported in 2004, reviewed the key aspects of a nurse's work environment that were likely to have an impact on patient safety. The IOM report found that the typical nurse work environment has been characterized by many serious threats to patient safety, including long work hours for some nurses, reductions in training and staffing levels, and reductions in time available for monitoring patients. The IOM report made various recommendations on nurse staffing, including recommending that hospitals should use evidence-based nurse staffing practices and perform ongoing evaluation of the effectiveness of nurse staffing practices, and that there should be a nationwide system for collecting staffing data that is routinely disclosed to the public.

Summary of Substitute Bill:

Nurse Staffing Committees

All hospitals, including the state hospitals for the mentally ill, are required to establish a nurse staffing committee, which may be a new committee or an existing committee assigned those functions. At least half of the committee members must be registered nurses providing direct patient care.

Employee participation in nurse staffing committees must be on scheduled work time and be paid at the appropriate rate of pay.

Critical access hospitals may use flexible approaches, including allowing the staffing committee to work by telephone or electronic mail.

Nurse Staffing Plans

Nurse staffing committees must:

- develop 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 plan development should include census, patient intensity, skill mix, experience and training of nursing personnel, equipment and geography of the patient care unit, and nationally published staffing guidelines. The committee may also take hospital finances into account;
- conduct semi-annual reviews of the staffing plan against patient need and known evidence-based information; and
- review, assess, and respond to staffing concerns presented to the committee.

The committee will produce the hospital's annual nurse staffing plan and, if the plan is not adopted by the hospital, the chief executive officer must provide a written explanation of the reasons why to the committee.

The hospital must post the nurse staffing plan, and the nurse staffing schedule with relevant clinical staffing for that shift, in a public area in each patient care unit.

Various named health care associations and labor organizations are encouraged to seek the assistance of the Ruckelshaus Center to help identify and apply best practices related to patient safety and nurse staffing.

Retaliation Prohibited

A hospital is prohibited from retaliating against or intimidating (1) an employee for performing duties related to the nurse staffing committee; or (2) any individual who notifies the committee or hospital of concerns about nurse staffing.

Substitute Bill Compared to Original Bill:

The substitute bill replaces the original bill, adding requirements for nurse staffing committees and nurse staffing plans, prohibiting retaliation by hospitals for actions associated with the staffing plans, and encouraging named organizations to use the Ruckelshaus Center to help identify and apply best practices related to patient safety and nurse staffing.

Appropriation: None.

Fiscal Note: Requested January 30, 2008.

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

Staff Summary of Public Testimony:

(In support) There are too many patient deaths and injuries. Many medical errors could be prevented with adequate staffing. Reducing patient deaths and injuries will also save money. Adequate staffing will keep nurses from leaving the profession. It is important to establish a collaborative process that will address the unique factors at each hospital. If the plan that a committee produces is not adopted, the hospital must give reasons. The requirement to post schedules supports patient rights. Patients want to participate in their health care and to know who will be taking care of them. It is expected that the Ruckelshaus process would be proposed for a budget item. There is no prescribed outcome for engaging in that process.

(Opposed) None.

Persons Testifying: Representative Morrell, prime sponsor; Chris Barton, Service Employees International Union District 1199 NW; Anne Tan Piazza, Washington State

Nurses Association; Sharon Ness, United Food and Commercial Workers Local 141; and Lisa Thatcher, Washington State Hospital Association and Northwest ONE.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 28 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Alexander, Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Cody, Conway, Darneille, Ericks, Fromhold, Green, Haigh, Hinkle, Hunt, Kagi, Kessler, Kretz, Linville, McIntire, Morrell, Pettigrew, Priest, Ross, Schmick, Schual-Berke, Seaquist, Sullivan and Walsh.

Staff: Carma Matti (786-7140).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

A null and void clause was added, making the bill null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Nurse organizations support this bill. The bill does not create a fiscal impact because it is a process bill. Costs are due to ongoing collaborative work with Ruckelshaus Center. The hospital association fully supports the bill and the funding for Ruckelshaus. This will help us bring back a fully vetted nursing plan for next legislative session.

(Opposed) None.

Persons Testifying: Len McComb, Hospital Association; and Chris Barton, Service Employees International Union Healthcare 1199 NW.

Persons Signed In To Testify But Not Testifying: None.