

FINAL BILL REPORT

E2SHB 3123

C 47 L 08

Synopsis as Enacted

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

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Morrell, Cody, Roberts, Green and Ormsby).

House Committee on Health Care & Wellness

House Committee on Appropriations

Senate Committee on Health & Long-Term Care

Background:

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:

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. This provision is null and void if not funded in the budget.

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.

Votes on Final Passage:

House	93	1
Senate	49	0

Effective: June 12, 2008