

# SENATE BILL REPORT

## E2SHB 3123

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As Reported By Senate Committee On:  
Health & Long-Term Care, February 27, 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:** House Committee on Appropriations (originally sponsored by Representatives Morrell, Cody, Roberts, Green and Ormsby).

**Brief History:** Passed House: 2/15/08, 93-1.

**Committee Activity:** Health & Long-Term Care: 2/25/08, 2/27/08 [DP-WM].

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

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

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

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

**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 of 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 an existing

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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.

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;
- 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.

The bill is null and void unless funded in the budget.

**Appropriation:** None.

**Fiscal Note:** Available.

**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 Engrossed Second Substitute:** PRO: This bill gives nurses a say in how to approach patient safety; hospitals and nurses need to work together to create a model for the nation. This will validate nurses. This is an important first step in collaboration. We look forward to bringing back additional recommendations.

**Persons Testifying:** PRO: Representative Morrell, prime sponsor; Sharon Ness, UFCW 141 Nurses; Ellie Menzies, SEIU Healthcare 1199 NW; Lisa Thatcher, Washington State Hospital Association; Anne Tan Piazza, Washington State Nurses Association.