

---

**SUBSTITUTE HOUSE BILL 1809**

---

**State of Washington**

**60th Legislature**

**2007 Regular Session**

**By** House Committee on Health Care & Wellness (originally sponsored by Representatives Morrell, Campbell, Green, Kenney, Cody, Darneille, Hunt, Conway, Williams, Simpson, Moeller, Santos and Wood)

READ FIRST TIME 03/05/07.

1 AN ACT Relating to the Washington state patient safety act;  
2 amending RCW 70.56.020 and 18.79.202; adding a new section to chapter  
3 70.41 RCW; adding a new section to chapter 71.12 RCW; adding a new  
4 section to chapter 72.23 RCW; creating new sections; and providing an  
5 expiration date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) Research demonstrates the critical role that registered nurses  
9 play in improving patient safety and quality of care;

10 (b) Greater numbers of registered nurses available to care for  
11 hospitalized patients are key to reducing errors, complications, and  
12 adverse patient care events;

13 (c) Higher nurse staffing levels result in improved staff safety  
14 and satisfaction and reduced incidences of workplace injuries;

15 (d) Health care professional, technical, and support staff comprise  
16 vital components of the patient care team, bringing their particular  
17 skills and services to ensuring quality patient care; and

18 (e) Addressing nurse staffing issues to meet patient care needs is  
19 an urgent public policy priority.

1 (2) Therefore, in order to protect patients and to support greater  
2 retention of registered nurses, to promote evidence-based nurse  
3 staffing, and to increase transparency of health care data and decision  
4 making, the legislature intends to establish a program for the  
5 development of evidence-based hospital staffing plans.

6 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.41 RCW  
7 to read as follows:

8 (1) DEFINITIONS. The definitions in this subsection apply  
9 throughout this section unless the context clearly requires otherwise.

10 (a) "Central nursing resource center" means the center established  
11 in RCW 18.79.202.

12 (b) "Hospital" has the same meaning as defined in RCW 70.41.020,  
13 except that "hospital" also includes the state hospitals as defined in  
14 RCW 72.23.010 and the psychiatric hospitals licensed under chapter  
15 71.12 RCW.

16 (c) "Intensity" means the level of patient needs in terms of  
17 nursing care as determined by a registered nurse providing direct  
18 patient care, taking into account at least the following factors:

19 (i) Severity and urgency of the patient's condition;

20 (ii) Complexity of either planning or providing, or both, the care  
21 required by the patient;

22 (iii) Scheduled or anticipated procedures or events, including  
23 those that necessitate increased frequency of assessment or  
24 intervention;

25 (iv) Age and cognitive and functional ability of the patient,  
26 including ability to perform self-care activities;

27 (v) Availability of patient social supports including  
28 institutional, family, or community support;

29 (vi) Level of patient adherence or ability to comply with patient  
30 care;

31 (vii) Patient and family educational needs, including assessment of  
32 learning capabilities of patient and family;

33 (viii) Intactness of family unit, the availability of family to  
34 provide either emotional support or functional support, or both, and  
35 the ability of the family to participate in patient decision-making  
36 processes;

37 (ix) Communications skills of the patient; and

1 (x) Other needs identified by the patient and by the registered  
2 nurse.

3 (d) "Nursing personnel" means registered nurses, licensed practical  
4 nurses, and unlicensed assistive nursing personnel providing direct  
5 patient care.

6 (e) "Patient assignment limits" means the maximum number of  
7 patients that a hospital may assign to a registered nurse at any one  
8 time.

9 (f) "Patient care unit" means any unit or area of the hospital that  
10 provides patient care.

11 (g) "Skill mix" means the numbers and relative percentages of  
12 registered nurses, licensed practical nurses, and unlicensed assistive  
13 personnel among the total number of nursing personnel.

14 (h) "Staffing committee" means the committee established by a  
15 hospital under subsection (2) of this section.

16 (2) HOSPITAL STAFFING COMMITTEES. (a) By January 1, 2008, each  
17 hospital shall establish a staffing committee. At least one-half of  
18 the staffing committee members must be registered nurses currently  
19 providing direct patient care, unless another ratio of registered nurse  
20 members is required to be consistent with an applicable provision of a  
21 collective bargaining agreement between the hospital and its nursing  
22 staff. If registered nurses are represented by a collective bargaining  
23 representative, the committee's direct patient care registered nurse  
24 members must be selected by that collective bargaining representative.

25 (b) Participation in the staffing committee by a hospital employee  
26 shall be considered a part of the employee's regularly scheduled  
27 workweek.

28 (3) PATIENT ASSIGNMENT LIMITS RECOMMENDATION. (a) By February 1,  
29 2008, the central nursing resource center shall make recommendations to  
30 the department on:

- 31 (i) Patient assignment limits in hospitals; and
- 32 (ii) The development and implementation of hospital staffing plans,  
33 as the secretary may request.

34 (b) In making its recommendations, the central nursing resource  
35 center shall consider:

- 36 (i) Current research findings regarding patient safety, outcomes of  
37 care, nurse staffing, and related areas;

1 (ii) Reports and recommendations issued by authoritative national  
2 and state bodies and agencies, including but not limited to the  
3 institute of medicine, the joint commission, the national quality  
4 forum, and the agency for healthcare research and quality;

5 (iii) Guidelines adopted or published by national nursing  
6 professional associations, specialty nursing organizations, and other  
7 health professional organizations;

8 (iv) Relevant information regarding legislation or rules on nurse  
9 staffing considered or adopted in other states;

10 (v) Different levels of intensity, complexity, or need presented by  
11 patients in different types of patient care units; and

12 (vi) Availability of health care professional, technical, and  
13 support staff whose skills and services are essential to delivering  
14 quality patient care.

15 (c) The department must post the recommendations of the central  
16 nursing resource center on its web site and allow at least a thirty-day  
17 public comment period. By March 15, 2008, the department must adopt  
18 final recommendations, to be posted on the department's web site and  
19 provided to the hospitals.

20 (d) On a biennial basis, the central nursing resource center must  
21 review the considerations listed in (b) of this subsection and  
22 determine whether the recommendations adopted under this subsection  
23 should be updated. New recommendations, if any, made by the central  
24 nursing resource center must be posted for public comment as provided  
25 in (c) of this subsection, and the department must adopt final  
26 recommendations within forty-five days of posting the central nursing  
27 resource center's recommendations.

28 (4) HOSPITAL STAFFING PLANS. (a)(i) By September 1, 2008, each  
29 hospital's staffing committee must develop, and the hospital implement,  
30 a staffing plan that sets the minimum number and skill mix of nursing  
31 personnel required on each shift in each patient care unit.

32 (ii) In establishing staffing levels for the staffing plan, the  
33 staffing committee must consider the patient assignment limits  
34 recommended in the final recommendations adopted under subsection (3)  
35 of this section. If the staffing plan adopts staffing levels that  
36 provide lower staffing than the final recommendations adopted under  
37 subsection (3) of this section, the staffing plan must include an  
38 explanation of the reasons for the deviation.

1 (iii) Staffing plans must be based on at least the following  
2 additional criteria for each patient care unit:

3 (A) Census, including total numbers of patients on each shift at  
4 any one time and activity such as patient discharges, admissions, and  
5 transfers;

6 (B) Level of intensity of all patients and nature of the care to be  
7 delivered on each shift;

8 (C) Skill mix;

9 (D) Level of experience and specialty certification or training of  
10 nursing personnel providing care;

11 (E) The need for specialized or intensive equipment;

12 (F) The architecture and geography of the patient care unit,  
13 including but not limited to placement of patient rooms, treatment  
14 areas, nursing station, medication preparation areas, and equipment;  
15 and

16 (G) Staffing guidelines adopted or published by national nursing  
17 professional associations, specialty nursing organizations, and other  
18 health professional organizations.

19 (iv) Staffing plans must at a minimum:

20 (A) Include appropriate limits on the use of agency and traveling  
21 nurses;

22 (B) Be consistent with the scopes of practice for registered nurses  
23 and licensed practical nurses and the scope of legally permissible  
24 duties of unlicensed assistive personnel;

25 (C) Include adequate staffing to allow for staff time off,  
26 illnesses, meal and break time, and educational, health, and other  
27 leaves;

28 (D) Include a process for review by the staffing committee that  
29 ensures compliance with the staffing plan, provides for the committee's  
30 review of incidents and staff concerns, and tracks staffing patterns,  
31 the number of patients and the patients' conditions, and the intensity  
32 of the patients' nursing care needs. These reviews must be performed  
33 at least semiannually; and

34 (E) Be updated at least annually.

35 (v) The staffing plan must not diminish other standards contained  
36 in law, rules, or the terms of an applicable collective bargaining  
37 agreement, if any, between the hospital and its nursing staff, and must  
38 be consistent with any such agreement.

1 (b) In implementing the staffing plan, each hospital shall:

2 (i) Assign nursing personnel to each patient care unit in  
3 accordance with its staffing plan. Shift-to-shift adjustments in  
4 staffing levels required by the plan may be made only if based upon  
5 assessment by a registered nurse providing direct patient care on the  
6 patient care unit, utilizing procedures specified by the staffing  
7 committee;

8 (ii) Make readily available the staffing plan and staffing levels  
9 to patients and visitors upon request; and

10 (iii) Make accessible to staff a process for reporting inadequate  
11 staffing or staffing at variance with the staffing plan. Any reports  
12 made under this subsection must be provided to the staffing committee  
13 and the hospital and be retained by the hospital for department review  
14 under subsection (5) of this section.

15 (5) HOSPITAL STAFFING PLAN REVIEW AND PUBLICATION. (a) Each  
16 hospital shall submit its staffing plan and any reports made under  
17 subsection (4)(b)(iii) for review by the department at least every  
18 eighteen months, which review may be in conjunction with any on-site  
19 licensing survey or inspection conducted by the department. The  
20 hospital may also submit any additional information related to  
21 staffing, including explanations of any staffing at variance with the  
22 adopted staffing plan and actions taken to resolve staffing issues.

23 (b) In collaboration with Washington state quality forum  
24 established in section 5, chapter . . . (House Bill No. 2098), Laws of  
25 2007, the department must develop standards for comparing hospital  
26 staffing plans, and each hospital's adherence to its staffing plan in  
27 practice, with the final recommendations published under subsection (3)  
28 of this section. The department must rate the staffing plans according  
29 to the standards and provide the ratings to the Washington state  
30 quality forum to be disseminated, at a minimum, on its web site as part  
31 of its research regarding health care quality, evidence-based medicine,  
32 and patient safety. If the Washington state quality forum is not  
33 established, the department shall perform the duties required under  
34 this section and post the staffing plan information on its web site.

35 (6) HOSPITAL STAFFING REPORTS. (a) Semiannually, hospitals shall  
36 collect and submit to the department information regarding nurse  
37 staffing. In addition to the skill mix of registered nurses, licensed  
38 practical nurses, unlicensed assistive nursing personnel, nurses

1 supplied by temporary staffing agencies including traveling nurses, and  
2 nursing care hours per patient per day, such information must also  
3 include:

4 (i) Death among surgical inpatients with treatable serious  
5 complications (failure to rescue);

6 (ii) Prevalence of urinary tract infections;

7 (iii) Hospital-acquired pneumonia;

8 (iv) Incidence of patient falls; and

9 (v) Other measures to be established by the department.

10 (b) The information submitted under this subsection must be posted  
11 along with the ratings of staffing plans as provided in subsection  
12 (5)(b) of this section.

13 (7) RETALIATION PROHIBITED. A hospital may not retaliate against  
14 or engage in any form of intimidation of:

15 (a) An employee for performing any duties or responsibilities in  
16 connection with participation on the staffing committee; or

17 (b) An employee, patient, or other individual who notifies the  
18 staffing committee, the hospital administration, or the department that  
19 any schedule or nursing personnel assignment fails to comply with the  
20 staffing plan, or that the hospital has failed to develop or implement  
21 a staffing plan.

22 (8) COMPLAINTS AND PENALTIES. (a) The department must investigate  
23 complaints that a hospital has failed to comply with a staffing plan,  
24 has failed to develop or implement a staffing plan, or has violated  
25 subsection (7) of this section. If the department determines, after  
26 investigation of a complaint, that a violation has occurred, the  
27 following shall apply:

28 (i) The department may suspend or revoke the license of a hospital;  
29 and/or

30 (ii) The hospital is subject to a class 1 civil infraction in  
31 accordance with chapter 7.80 RCW, except that:

32 (A) The maximum penalty is one thousand dollars for each infraction  
33 up to three infractions;

34 (B) The maximum penalty is two thousand five hundred dollars for  
35 the fourth infraction; and

36 (C) The maximum penalty is five thousand dollars for the fifth and  
37 each subsequent infraction.

1 (b) The department is authorized to issue and enforce civil  
2 infractions under this subsection according to chapter 7.80 RCW.

3 (c)(i) Except as provided in (c)(ii) of this subsection, the  
4 department shall maintain for public inspection records of complaints  
5 filed under this section and penalties imposed, administrative actions  
6 taken, or license suspensions or revocations imposed on hospitals under  
7 this section, and such information must be posted along with the  
8 ratings of staffing plans as provided in subsection (5)(b) of this  
9 section.

10 (ii) Information about complaints that do not warrant investigation  
11 shall not be disclosed except to notify the hospital and the  
12 complainant that the complaint did not warrant an investigation.

13 **Sec. 3.** RCW 70.56.020 and 2006 c 8 s 106 are each amended to read  
14 as follows:

15 (1) The legislature intends to establish an adverse health events  
16 and incident reporting system that is designed to facilitate quality  
17 improvement in the health care system, improve patient safety and  
18 decrease medical errors in a nonpunitive manner. The reporting system  
19 shall not be designed to punish errors by health care practitioners or  
20 health care facility employees.

21 (2) Each medical facility shall notify the department of health  
22 regarding the occurrence of any adverse event and file a subsequent  
23 report as provided in this section. Notification must be submitted to  
24 the department within forty-eight hours of confirmation by the medical  
25 facility that an adverse event has occurred. A subsequent report must  
26 be submitted to the department within forty-five days after  
27 confirmation by the medical facility that an adverse event has  
28 occurred. The notification and report shall be submitted to the  
29 department using the internet-based system established under RCW  
30 70.56.040(2).

31 (3) The notification and report shall be filed in a format  
32 specified by the department after consultation with medical facilities  
33 and the independent entity. The format shall identify the facility,  
34 but shall not include any identifying information for any of the health  
35 care professionals, facility employees, or patients involved. This  
36 provision does not modify the duty of a hospital to make a report to  
37 the department of health or a disciplinary authority if a licensed



1 practitioner has committed unprofessional conduct as defined in RCW  
2 18.130.180. As soon as possible, but no later than July 1, 2008,  
3 hospitals shall revise their incident reporting procedures to include  
4 an evaluation of staffing as part of the incident review process.  
5 Hospitals shall also modify their incident form to include an area for  
6 the documentation of staffing considerations.

7 (4)(a) As part of the report filed under this section, the medical  
8 facility must:

9 (i) Include the following information:

10 (A) The number of patients, registered nurses, licensed practical  
11 nurses, and unlicensed assistive personnel present in the relevant  
12 patient care unit at the time that the reported adverse event occurred;

13 (B) The number of nursing personnel present at the time of the  
14 adverse event who have been supplied by temporary staffing agencies,  
15 including traveling nurses;

16 (C) The number of nursing personnel, if any, on the patient care  
17 unit working beyond their regularly scheduled number of hours or shifts  
18 at the time of the event and the number of consecutive hours worked by  
19 each such nursing personnel at the time of the adverse event; and

20 (ii) Conduct a root cause analysis of the event, describe the  
21 corrective action plan that will be implemented consistent with the  
22 findings of the analysis, or provide an explanation of any reasons for  
23 not taking corrective action. Hospitals shall consider staffing as a  
24 possible factor contributing to reportable incidents. Staffing  
25 considerations may include such factors as fatigue, training,  
26 communication, and adequacy.

27 (b) The department shall adopt rules, in consultation with medical  
28 facilities and the independent entity, related to the form and content  
29 of the root cause analysis and corrective action plan. In developing  
30 the rules, consideration shall be given to existing standards for root  
31 cause analysis or corrective action plans adopted by the joint  
32 commission on accreditation of health facilities and other national or  
33 governmental entities.

34 (c) For purposes of this subsection (4), "nursing personnel" and  
35 "patient care unit" have the same meaning as defined in section 2 of  
36 this act.

37 (5) If, in the course of investigating a complaint received from an  
38 employee of a medical facility, the department determines that the

1 facility has not reported an adverse event or undertaken efforts to  
2 investigate the occurrence of an adverse event, the department shall  
3 direct the facility to report or to undertake an investigation of the  
4 event.

5 (6) The protections of RCW 43.70.075 apply to reports of adverse  
6 events that are submitted in good faith by employees of medical  
7 facilities.

8 **Sec. 4.** RCW 18.79.202 and 2005 c 268 s 4 are each amended to read  
9 as follows:

10 (1) In addition to the licensing fee for registered nurses and  
11 licensed practical nurses licensed under this chapter, the department  
12 shall impose an additional surcharge of five dollars per year on all  
13 initial licenses and renewal licenses for registered nurses and  
14 licensed practical nurses issued under this chapter. Advanced  
15 registered nurse practitioners are only required to pay the surcharge  
16 on their registered nurse licenses.

17 (2) The department, in consultation with the commission and the  
18 workforce training and education coordinating board, shall use the  
19 proceeds from the surcharge imposed under subsection (1) of this  
20 section to provide grants to a central nursing resource center. The  
21 grants may be awarded only to a not-for-profit central nursing resource  
22 center that is comprised of and led by nurses. The central nursing  
23 resource center will demonstrate coordination with relevant nursing  
24 constituents including professional nursing organizations, groups  
25 representing nursing educators, staff nurses, nurse managers or  
26 executives, and labor organizations representing nurses. The central  
27 nursing resource center shall have as its mission to contribute to the  
28 health and wellness of Washington state residents by ensuring that  
29 there is an adequate nursing workforce to meet the current and future  
30 health care needs of the citizens of the state of Washington. The  
31 grants may be used to fund the following activities of the central  
32 nursing resource center:

33 (a) Maintain information on the current and projected supply and  
34 demand of nurses through the collection and analysis of data regarding  
35 the nursing workforce, including but not limited to education level,  
36 race and ethnicity, employment settings, nursing positions, reasons for  
37 leaving the nursing profession, and those leaving Washington state to

1 practice elsewhere. This data collection and analysis must complement  
2 other state activities to produce data on the nursing workforce and the  
3 central nursing resource center shall work collaboratively with other  
4 entities in the data collection to ensure coordination and avoid  
5 duplication of efforts;

6 (b) Monitor and validate trends in the applicant pool for programs  
7 in nursing. The central nursing resource center must work with nursing  
8 leaders to identify approaches to address issues arising related to the  
9 trends identified, and collect information on other states' approaches  
10 to addressing these issues;

11 (c) Facilitate partnerships between the nursing community and other  
12 health care providers, licensing authority, business and industry,  
13 consumers, legislators, and educators to achieve policy consensus,  
14 promote diversity within the profession, and enhance nursing career  
15 mobility and nursing leadership development;

16 (d) Evaluate the effectiveness of nursing education and  
17 articulation among programs to increase access to nursing education and  
18 enhance career mobility, especially for populations that are  
19 underrepresented in the nursing profession;

20 (e) Provide consultation, technical assistance, data, and  
21 information related to Washington state and national nursing resources;

22 (f) Promote strategies to enhance patient safety and quality  
23 patient care, including encouraging a safe and healthy workplace  
24 environment for nurses and making recommendations pursuant to section  
25 2 of this act; and

26 (g) Educate the public including students in K-12 about  
27 opportunities and careers in nursing.

28 (3) The nursing resource center account is created in the custody  
29 of the state treasurer. All receipts from the surcharge in subsection  
30 (1) of this section must be deposited in the account. Expenditures  
31 from the account may be used only for grants to an organization to  
32 conduct the specific activities listed in subsection (2) of this  
33 section and to compensate the department for the reasonable costs  
34 associated with the collection and distribution of the surcharge and  
35 the administration of the grant provided for in subsection (2) of this  
36 section. No money from this account may be used by the recipient  
37 towards administrative costs of the central nursing resource center not  
38 associated with the specific activities listed in subsection (2) of

1 this section. No money from this account may be used by the recipient  
2 toward lobbying. Only the secretary or the secretary's designee may  
3 authorize expenditures from the account. The account is subject to  
4 allotment procedures under chapter 43.88 RCW, but an appropriation is  
5 not required for expenditures. Grants will be awarded on an annual  
6 basis and funds will be distributed quarterly. The first distribution  
7 after awarding the first grant shall be made no later than six months  
8 after July 24, 2005. The central nursing resource center shall report  
9 to the department on meeting the grant objectives annually.

10 (4) The central nursing resource center shall submit a report of  
11 all progress, collaboration with other organizations and government  
12 entities, and activities conducted by the center to the relevant  
13 committees of the legislature by November 30, 2011. The department  
14 shall conduct a review of the program to collect funds to support the  
15 activities of a nursing resource center and make recommendations on the  
16 effectiveness of the program and whether it should continue. The  
17 review shall be paid for with funds from the nursing resource center  
18 account. The review must be completed by June 30, 2012.

19 (5) The department may adopt rules as necessary to implement  
20 chapter 268, Laws of 2005.

21 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.12 RCW  
22 to read as follows:

23 Establishments licensed under this chapter shall establish a  
24 staffing committee and implement a staffing plan as required under  
25 section 2 of this act.

26 NEW SECTION. **Sec. 6.** A new section is added to chapter 72.23 RCW  
27 to read as follows:

28 State hospitals shall establish a staffing committee and implement  
29 a staffing plan as required under section 2 of this act.

30 NEW SECTION. **Sec. 7.** Section 4 of this act expires June 30, 2013.

31 NEW SECTION. **Sec. 8.** This act may be known and cited as the  
32 Washington state patient safety act.

--- END ---