
HOUSE BILL 2187

State of Washington

60th Legislature

2007 Regular Session

By Representatives Green, Conway, Buri, Williams, Wood, Hailey, Morrell, Hinkle, Seaquist, Pedersen, Ormsby, Crouse, P. Sullivan, Kelley, Kenney, Hasegawa, Chase, Sells, VanDeWege, Darneille, Campbell, Dickerson, Simpson and Moeller

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1 AN ACT Relating to improving safety in state hospitals; adding new
2 sections to chapter 72.23 RCW; and creating new sections.

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

4 NEW SECTION. **Sec. 1.** The legislature finds that the continuing
5 number of assaults in state hospitals have made conditions for both
6 patients and staff unacceptable. The legislature further finds that
7 appropriate nurse staffing levels will result in improved patient and
8 staff safety and a reduction in the number of workplace injuries.
9 Therefore, to improve safety conditions in the state hospitals, the
10 legislature intends that minimum patient assignment limits and nurse
11 staffing ratios and other safety measures be implemented as an urgent
12 public policy priority.

13 NEW SECTION. **Sec. 2.** The definitions in this section apply
14 throughout this section and sections 1 and 3 through 7 of this act
15 unless the context clearly requires otherwise.

16 (1) "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:

- 1 (a) The severity and urgency of the patient's condition;
- 2 (b) The complexity of either planning or providing, or both, the
3 care required by the patient;
- 4 (c) Scheduled or anticipated procedures or events, including those
5 that necessitate increased frequency of assessment or intervention;
- 6 (d) Age and cognitive and functional ability of the patient,
7 including ability to perform self-care activities;
- 8 (e) The availability of patient social supports including
9 institutional, family, or community support;
- 10 (f) The level of patient adherence or ability to comply with
11 patient care;
- 12 (g) Patient and family educational needs, including assessment of
13 learning capabilities of patient and family;
- 14 (h) Intactness of family unit, the availability of family to
15 provide either emotional support or functional support, or both, and
16 the ability of the family to participate in patient decision-making
17 processes;
- 18 (i) The communication skills of the patient; and
- 19 (j) Other needs identified by the patient and by the registered
20 nurse.
- 21 (2) "Nursing personnel" means registered nurses, licensed practical
22 nurses, and unlicensed assistive nursing personnel providing direct
23 patient care.
- 24 (3) "Patient" means the same as defined in RCW 72.23.010.
- 25 (4) "Patient assignment limits" means the maximum number of
26 patients that a hospital may assign to a registered nurse at any one
27 time.
- 28 (5) "Patient care unit" means any unit or area of a state hospital
29 that provides patient care.
- 30 (6) "Staffing committee" means the advisory committee on nurse
31 staffing established by a state hospital under section 3 of this act.
- 32 (7) "Staffing ratio" means the ratio of nursing personnel to the
33 actual number of patients within a patient care unit.

34 NEW SECTION. **Sec. 3.** By September 1, 2007, each state hospital
35 must establish an advisory committee on nurse staffing. The staffing
36 committee consists of nine members, at least five of whom must be

1 registered nurses who provide direct patient care. The staffing
2 committee shall:

3 (1) Recommend patient assignment limits to be adopted by the
4 department under section 4 of this act;

5 (2) Recommend classifications of patient care units and appropriate
6 staffing ratios to be adopted by the department under section 4 of this
7 act;

8 (3) Make recommendations to the state hospital and the safety
9 committee regarding safe equipment and personal alarm system policies;
10 and

11 (4) Make other recommendations regarding the development and
12 implementation of hospital staffing plans that the staffing committee
13 deems necessary.

14 NEW SECTION. **Sec. 4.** (1) By January 1, 2008, the department must
15 establish, after considering the recommendations of the staffing
16 committee:

17 (a) Patient assignment limits by nurse classification. Patient
18 assignment limits apply to individual registered nurse assignments, and
19 may not be construed as establishing average assignments for a hospital
20 or patient care unit. The limits apply at all times that a registered
21 nurse is on duty, including times when other nurses are away from the
22 unit, on a break, or otherwise not providing direct patient care; and

23 (b) A staffing ratio for each patient care unit at a state
24 hospital. In developing the staff ratios, the department must classify
25 patient care units by staffing need according to the intensity of the
26 patients needing the most intensive care within the unit. For those
27 units with the highest level of staffing need, the staffing ratio must
28 be at least 1.2 to 1. However, patients requiring one-on-one direct
29 patient care must be given constant monitoring, and at no time may a
30 nurse monitor more than one patient needing one-on-one care. In
31 establishing staffing ratios, the department must consider the number
32 of staff necessary to ensure that there is adequate response time to
33 personal alarms.

34 (2) The staffing ratio represents the maximum number of patients
35 that may be assigned to any nursing personnel at any one time in that
36 unit. "Assigned" means that the nurse has responsibility for the

1 provision of care to a particular patient within his or her scope of
2 practice. In implementing the staffing ratio:

3 (a) The staff ratio may not be used in a manner that averages the
4 number of patients and the total number of nursing personnel on the
5 unit during any one shift or over any period of time;

6 (b) Only licensed nurses who are providing direct patient care, are
7 present in the unit, are awake and on duty, and have the necessary
8 qualifications determined by the staffing committee to provide the
9 necessary nursing services for clients admitted for care may be
10 included in the ratios; and

11 (c) The staffing ratio may not include nursing personnel who are
12 engaged in activities other than direct patient care, including being
13 on meal breaks or other statutorily mandated work breaks, on leave for
14 vacation, sickness, or injury, or who are covering other patient units.

15 (3) Regardless of the minimum staffing ratio, the facility must
16 employ professional and other staff on all shifts in the number and
17 with the qualifications to provide the necessary services for those
18 patients admitted for care including, but not limited to, food service,
19 maintenance, and janitorial services.

20 (4) The department must post the staffing ratios in each patient
21 care unit and update the posting each time any changes are made in
22 staffing ratios. At least once every quarter, the department must
23 publish on its web site the staffing ratios for each patient care unit
24 of each state hospital. The publication must include the number of
25 patients within each unit, the specific classification of each patient,
26 and the specific titles of direct care staff assigned to such unit.
27 The publication must also include a comparison of the current staffing
28 ratios to the previous quarter's staffing ratios.

29 (5) Nothing in this section may be construed to prevent a state
30 hospital from raising the staffing levels due to the staffing need in
31 each patient unit.

32 NEW SECTION. **Sec. 5.** (1) Each state hospital must ensure that all
33 nursing personnel are equipped with a properly functioning personal
34 alarm at all times that the employee is on duty.

35 (2) Each state hospital must establish, after considering the
36 recommendations of the staffing and safety committees:

1 (a) The frequency with which the personal alarms must be tested to
2 ensure that the alarms: (i) Are in proper working order; and (ii)
3 transmit signals from all areas of the patient care unit; and

4 (b) A minimum response time within which a staff member with
5 accident-incident training shall respond to an activated alarm.

6 NEW SECTION. **Sec. 6.** (1) Each state hospital must provide staff
7 with protective safety equipment. The state hospital must determine:

8 (a) The types of equipment needed;

9 (b) The proper locations to store the equipment;

10 (c) The quantities of equipment necessary to ensure that all staff
11 are equipped with or have easy access to personal protective equipment;
12 and

13 (d) Policies on the effective use of the equipment.

14 (2) All direct care workforce must receive training on the use of
15 the equipment, which shall:

16 (a) Take place during an employee's regularly scheduled work hours;
17 and

18 (b) Include instruction on how and when to use the equipment.

19 (3) Each state hospital must examine the types of equipment and
20 furniture that are frequently used by patients in assaults on other
21 patients, staff, or self. The state hospital must examine alternatives
22 that may include, but are not limited to:

23 (a) The purchase of new equipment and furniture that does not have
24 the same potential to inflict injury; and

25 (b) Securing equipment and furniture so that it may not be used to
26 inflict injury.

27 (4) The state hospital must consider the recommendations of the
28 staffing and safety committees in fulfilling its obligations under this
29 section.

30 NEW SECTION. **Sec. 7.** Each member of the state hospital safety
31 committee shall receive accident-incident training. The safety
32 committee shall determine the number of additional nursing personnel
33 who must have accident-incident training in order to ensure that the
34 staff can adequately respond to incidents involving patient or staff
35 safety.

1 NEW SECTION. **Sec. 8.** The department of social and health services
2 shall adopt rules necessary to implement this act.

3 NEW SECTION. **Sec. 9.** Sections 2 through 7 of this act are each
4 added to chapter 72.23 RCW.

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