
SUBSTITUTE HOUSE BILL 3123

State of Washington 60th Legislature 2008 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Morrell, Cody, Roberts, Green, and Ormsby)

READ FIRST TIME 02/12/08.

1 AN ACT Relating to establishing a process to promote evidence-based
2 nurse staffing in hospitals; adding new sections to chapter 70.41 RCW;
3 adding a new section to chapter 72.23 RCW; and creating new sections.

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

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

6 (a) Research evidence demonstrates that registered nurses play a
7 critical role in patient safety and quality of care. The ever-
8 worsening shortage of nurses available to provide care in acute care
9 hospitals has necessitated multiple strategies to generate more nurses
10 and improve the recruitment and retention of nurses in hospitals; and

11 (b) Evidence-based nurse staffing that can help ensure quality and
12 safe patient care while increasing nurse satisfaction in the work
13 environment is key to solving an urgent public health issue in
14 Washington state. Hospitals and nursing organizations recognize a
15 mutual interest in patient safety initiatives that create a healthy
16 environment for nurses and safe care for patients.

17 (2) In order to protect patients and to support greater retention
18 of registered nurses, and to promote evidence-based nurse staffing, the

1 legislature intends to establish a mechanism whereby direct care nurses
2 and hospital management shall participate in a joint process regarding
3 decisions about nurse staffing.

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

6 The definitions in this section apply throughout this section and
7 section 3 of this act unless the context clearly requires otherwise.

8 (1) "Hospital" has the same meaning as defined in RCW 70.41.020,
9 and also includes state hospitals as defined in RCW 72.23.010.

10 (2) "Intensity" means the level of patient need for nursing care,
11 as determined by the nursing assessment.

12 (3) "Nursing personnel" means registered nurses, licensed practical
13 nurses, and unlicensed assistive nursing personnel providing direct
14 patient care.

15 (4) "Nurse staffing committee" means the committee established by
16 a hospital under section 3 of this act.

17 (5) "Patient care unit" means any unit or area of the hospital that
18 provides patient care by registered nurses.

19 (6) "Skill mix" means the number and relative percentages of
20 registered nurses, licensed practical nurses, and unlicensed assistive
21 personnel among the total number of nursing personnel.

22 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.41 RCW
23 to read as follows:

24 (1) By September 1, 2008, each hospital shall establish a nurse
25 staffing committee, either by creating a new committee or assigning the
26 functions of a nurse staffing committee to an existing committee. At
27 least one-half of the members of the nurse staffing committee shall be
28 registered nurses currently providing direct patient care and up to
29 one-half of the members shall be determined by the hospital
30 administration. The selection of the registered nurses providing
31 direct patient care shall be according to the collective bargaining
32 agreement if there is one in effect at the hospital. If there is no
33 applicable collective bargaining agreement, the members of the nurse
34 staffing committee who are registered nurses providing direct patient
35 care shall be selected by their peers.

1 (2) Participation in the nurse staffing committee by a hospital
2 employee shall be on scheduled work time and compensated at the
3 appropriate rate of pay. Nurse staffing committee members shall be
4 relieved of all other work duties during meetings of the committee.

5 (3) Primary responsibilities of the nurse staffing committee shall
6 include:

7 (a) Development and oversight of an annual patient care unit and
8 shift-based nurse staffing plan, based on the needs of patients, to be
9 used as the primary component of the staffing budget. Factors to be
10 considered in the development of the plan should include, but are not
11 limited to:

12 (i) Census, including total numbers of patients on the unit on each
13 shift and activity such as patient discharges, admissions, and
14 transfers;

15 (ii) Level of intensity of all patients and nature of the care to
16 be delivered on each shift;

17 (iii) Skill mix;

18 (iv) Level of experience and specialty certification or training of
19 nursing personnel providing care;

20 (v) The need for specialized or intensive equipment;

21 (vi) The architecture and geography of the patient care unit,
22 including but not limited to placement of patient rooms, treatment
23 areas, nursing stations, medication preparation areas, and equipment;
24 and

25 (vii) Staffing guidelines adopted or published by national nursing
26 professional associations, specialty nursing organizations, and other
27 health professional organizations;

28 (b) Semiannual review of the staffing plan against patient need and
29 known evidence-based staffing information, including the nursing
30 sensitive quality indicators collected by the hospital;

31 (c) Review, assessment, and response to staffing concerns presented
32 to the committee.

33 (4) In addition to the factors listed in subsection (3)(a) of this
34 section, hospital finances and resources may be taken into account in
35 the development of the nurse staffing plan.

36 (5) The staffing plan must not diminish other standards contained
37 in state or federal law and rules, or the terms of an applicable

1 collective bargaining agreement, if any, between the hospital and a
2 representative of the nursing staff.

3 (6) The committee will produce the hospital's annual nurse staffing
4 plan. If this staffing plan is not adopted by the hospital, the chief
5 executive officer shall provide a written explanation of the reasons
6 why to the committee.

7 (7) Each hospital shall post, in a public area on each patient care
8 unit, the nurse staffing plan and the nurse staffing schedule for that
9 shift on that unit, as well as the relevant clinical staffing for that
10 shift. The staffing plan and current staffing levels must also be made
11 available to patients and visitors upon request.

12 (8) A hospital may not retaliate against or engage in any form of
13 intimidation of:

14 (a) An employee for performing any duties or responsibilities in
15 connection with the nurse staffing committee; or

16 (b) An employee, patient, or other individual who notifies the
17 nurse staffing committee or the hospital administration of his or her
18 concerns on nurse staffing.

19 (9) This section is not intended to create unreasonable burdens on
20 critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical
21 access hospitals may develop flexible approaches to accomplish the
22 requirements of this section that may include but are not limited to
23 having nurse staffing committees work by telephone or electronic mail.

24 NEW SECTION. **Sec. 4.** A new section is added to chapter 72.23 RCW
25 to read as follows:

26 The provisions of sections 2 and 3 of this act apply to hospitals
27 governed by this chapter.

28 NEW SECTION. **Sec. 5.** The northwest organization of nurse
29 executives, the service employees international union healthcare, local
30 1199NW, the united staff nurses union, local 141, united food and
31 commercial workers international union, the Washington state hospital
32 association, and the Washington state nurses association are encouraged
33 to seek the assistance of the Washington State University and
34 University of Washington William D. Ruckelshaus Center to help identify

1 and apply best practices related to patient safety and nurse staffing.

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