Washington State House of Representatives Office of Program Research

BILL ANALYSIS

Labor & Workforce Development Committee

HB 2519

Brief Description: Concerning nursing staffing practices at hospitals.

Sponsors: Representatives Green, Cody, Jinkins, Wylie, Ladenburg, Hudgins, Ryu, Orwall, Upthegrove, Fitzgibbon, Moscoso, Reykdal, Clibborn, Darneille, Hasegawa, Kenney, Santos, Moeller and Maxwell.

Brief Summary of Bill

- Requires the Department of Health (Department) to adopt patient assignment limits.
- Prohibits hospitals from assigning a registered nurse to a unit or clinical area without sufficient orientation.
- Requires hospitals to submit nurse staffing plans and specific information related to nurse staffing to the Department.
- Authorizes civil penalties for failure to comply with these requirements.

Hearing Date: 1/24/12

Staff: Alexa Silver (786-7190).

Background:

Hospitals are required to establish a nurse staffing committee to:

- develop and oversee 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;
- 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.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

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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.

A hospital is prohibited from intimidating or retaliating against: (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.

Summary of Bill:

The Legislature makes findings regarding the critical role that registered nurses play in improving patient safety and quality of care.

Patient Assignment Limits and Orientation in Clinical Areas

By December 1, 2012, the Department of Health (Department), with stakeholder input, must adopt patient assignment limits and recommend quality indicators for all hospitals in the state. Patient assignment limits represent the maximum number of patients for which a registered nurse may be assigned at any one time to provide care. Patient assignment limits apply to individual registered nurse assignments at all times that a registered nurse is on duty.

A registered nurse may not be assigned to a nursing unit or clinical area unless the nurse has first received sufficient orientation in that area to provide competent care to patients. Temporary personnel must also receive orientation and be subject to competency validation.

Nurse Staffing Plans

Each hospital must annually submit its nurse staffing plan to the Department. The requirement that a hospital's nurse staffing committee produce a nurse staffing plan is deleted.

Hospitals must implement the staffing plan developed by the nurse staffing committee and assign personnel in accordance with the plan. Shift-to-shift adjustments in staffing levels may only be made if they are based on a registered nurse's assessment and only if procedures specified by the staffing committee are used.

Retaliation

A hospital may not retaliate against any individual who notifies the Department, the nurse staffing committee, the hospital, or a collective bargaining agent of his or her concerns regarding nurse staffing that (1) violates the nurse staffing plan or patient assignment limits, or (2) the individual believes is otherwise insufficient or unsafe. A hospital may not penalize a registered nurse for refusing to accept an assignment that violates patient assignment limits, the hospital staffing plan, or orientation requirements. This prohibition applies only if the registered nurse first informs the hospital in writing that, in his or her professional judgment and under nursing practice licensure standards, accepting the assignment would place a patient at immediate risk of serious harm or injury.

Information Regarding Nurse Staffing

Hospitals must regularly collect information regarding nurse staffing and submit it to the Department semi-annually. The information must include: nursing staff skill mix, nursing hours per patient day, nurse voluntary turnover rate, nurses supplied by temporary staffing agencies,

death among surgical inpatients with treatable serious complications, rates of patient falls with injury, physical restraint prevalence, catheter-associated urinary tract infection rate, central line-associated blood stream infection rate, psychiatric patient assault rate, pressure ulcers, and other measures established by the Department. The Department must determine effective means to make this information available to the public.

Enforcement

The Department must conduct regular audits and investigate complaints regarding hospitals' compliance with requirements related to nurse staffing plans, patient assignment limits, orientation in clinical areas, and submission of information to the Department. If a hospital is not in compliance with these requirements, the Department must require the hospital to submit a corrective plan of action. If the hospital fails to follow the plan, the Department may impose a civil penalty of \$10,000.

In addition, if the hospital is found to have committed a knowing violation or repeated violations of these requirements, the Department may suspend or revoke the hospital's license or impose the following civil penalties: \$2,500 for the first knowing violation, \$5,000 for the second violation within a six-month period, and \$10,000 for the third and subsequent violation within a six-month period.

Rulemaking

The Department must adopt rules to implement these provisions.

Appropriation: None.

Fiscal Note: Requested on January 17, 2012.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.