
HOUSE BILL 2519

State of Washington

62nd Legislature

2012 Regular Session

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

Read first time 01/17/12. Referred to Committee on Labor & Workforce Development.

1 AN ACT Relating to nursing staffing practices at hospitals;
2 amending RCW 70.41.420; adding new sections to chapter 70.41 RCW;
3 creating new sections; and prescribing penalties.

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

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

6 (1) Research demonstrates the critical role that registered nurses
7 play in improving patient safety and quality of care;

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

11 (3) Higher nurse staffing levels result in improved staff safety
12 and satisfaction and reduced incidences of workplace injuries;

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

16 (5) Assuring sufficient nurse staffing to meet patient care needs
17 is an urgent public policy priority in order to protect patients,
18 support greater retention of registered nurses and safer working

1 conditions, promote evidence-based nurse staffing, and increase
2 transparency of health care data and decision making.

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

5 (1) By December 1, 2012, the department, with stakeholder input,
6 shall:

7 (a) Adopt patient assignment limits; and

8 (b) Recommend quality indicators in addition to those specified in
9 section 4 of this act.

10 (2) Patient assignment limits apply:

11 (a) To individual registered nurse assignments, and may not be
12 construed as establishing average assignments for a hospital or patient
13 care unit; and

14 (b) At all times that a registered nurse is on duty, including
15 times when other nurses are away from the unit, on a break, or
16 otherwise not providing patient care.

17 (3) The established patient assignment limits apply to all
18 hospitals in the state. These patient assignment limits represent the
19 maximum number of patients for which any registered nurse may be
20 assigned at any one time to provide care. This number includes
21 patients for whose care the registered nurse is responsible, but for
22 whom aspects of care have been delegated to other nursing personnel.
23 The department may establish different limits for different types of
24 patient care units or areas.

25 (4)(a) Patient assignment limits serve as a minimum staffing
26 standard.

27 (b) Compliance with these patient assignment limits alone is not
28 sufficient to demonstrate compliance with the requirements for
29 development and implementation of staffing plans under RCW 70.41.420.
30 Actual staffing levels on any hospital unit during any shift must be
31 determined by the staffing plan developed by the hospital nurse
32 staffing committee consistent with RCW 70.41.420.

33 (5) A registered nurse may not be assigned to a nursing unit or
34 clinical area unless the nurse has first received orientation in that
35 clinical area sufficient to provide competent care to patients in that
36 area and has demonstrated current competence in providing care in that
37 area.

1 (6) The written policies and procedures for orientation of nursing
2 staff must require that all temporary personnel receive orientation and
3 be subject to competency validation.

4 **Sec. 3.** RCW 70.41.420 and 2008 c 47 s 3 are each amended to read
5 as follows:

6 (1) By September 1, 2008, each hospital shall establish a nurse
7 staffing committee, either by creating a new committee or assigning the
8 functions of a nurse staffing committee to an existing committee. At
9 least one-half of the members of the nurse staffing committee shall be
10 registered nurses currently providing direct patient care and up to
11 one-half of the members shall be determined by the hospital
12 administration. The selection of the registered nurses providing
13 direct patient care shall be according to the collective bargaining
14 agreement if there is one in effect at the hospital. If there is no
15 applicable collective bargaining agreement, the members of the nurse
16 staffing committee who are registered nurses providing direct patient
17 care shall be selected by their peers.

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

22 (3) Primary responsibilities of the nurse staffing committee shall
23 include:

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

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

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

34 (iii) Skill mix;

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

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

1 (vi) The architecture and geography of the patient care unit,
2 including but not limited to placement of patient rooms, treatment
3 areas, nursing stations, medication preparation areas, and equipment;
4 and

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

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

11 (c) Review, assessment, and response to staffing concerns presented
12 to the committee.

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

16 (5) The staffing plan must not diminish other standards contained
17 in state or federal law and rules, or the terms of an applicable
18 collective bargaining agreement, if any, between the hospital and a
19 representative of the nursing staff.

20 ~~((The committee will produce the hospital's annual nurse
21 staffing plan. If this staffing plan is not adopted by the hospital,
22 the chief executive officer shall provide a written explanation of the
23 reasons why to the committee.))~~ Each hospital shall submit the staffing
24 plan to the department on at least an annual basis.

25 (7) Each hospital shall implement the staffing plan developed by
26 the nurse staffing committee and assign nursing personnel to each
27 patient care unit in accordance with the plan. Shift-to-shift
28 adjustments in staffing levels required by the plan may be made only if
29 based upon assessment by a registered nurse providing direct patient
30 care on the patient care unit, utilizing procedures specified by the
31 staffing committee.

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

37 ~~((+8))~~ (9) A hospital may not retaliate against or engage in any
38 form of intimidation of:

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

3 (b) An employee, patient, or other individual who notifies the
4 nurse staffing committee ~~((or))~~, the hospital administration, an agent
5 of the collective bargaining, or the department of his or her concerns
6 ~~((or))~~ regarding nurse staffing that (i) violates the nurse staffing
7 plan or patient assignment limits or (ii) the employee, patient, or
8 other individual believes is otherwise insufficient or unsafe.

9 ~~((+9))~~ (10) A hospital may not penalize any registered nurse for
10 refusing to accept an assignment that violates the staffing standards
11 described in section 2 of this act, the hospital staffing plan
12 described in this section, or the restrictions described in section
13 2(5) of this act, as long as the registered nurse first informs the
14 hospital in writing that he or she has concluded that, in his or her
15 professional judgment and nursing practice licensure standards,
16 accepting the assignment would place one or more patients at immediate
17 risk of serious harm or injury.

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

23 NEW SECTION. Sec. 4. A new section is added to chapter 70.41 RCW
24 to read as follows:

25 (1) Hospitals shall regularly collect information regarding nurse
26 staffing and submit it to the department semiannually. This
27 information must include:

28 (a) Nursing staff skill mix, including registered nurses, licensed
29 practical nurses, and unlicensed assistive personnel;

30 (b) Nursing hours per patient day;

31 (c) Nurse voluntary turnover rate;

32 (d) Nurses supplied by temporary staffing agencies including
33 traveling nurses;

34 (e) Death among surgical inpatients with treatable serious
35 complications, such as failure to rescue;

36 (f) Rates of patient falls with injury;

37 (g) Physical restraint prevalence;

- 1 (h) Catheter-associated urinary tract infection rate;
- 2 (i) Central line-associated blood stream infection rate;
- 3 (j) Psychiatric patient assault rate;
- 4 (k) Pressure ulcers including community-acquired and hospital-
- 5 acquired; and
- 6 (l) Other measures to be established by the department.
- 7 (2) In adopting rules under this section, the department shall
- 8 determine effective means for making the information identified in
- 9 subsection (1) of this section readily available to the public,
- 10 including posting it in public areas of the hospital and making it
- 11 available through the internet.

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

14 (1) The department shall conduct regular audits of hospital
15 compliance with sections 2 and 4 through 6 of this act and RCW
16 70.41.420 and shall investigate complaints of violations of sections 2
17 and 4 of this act and RCW 70.41.420.

18 (2) Where a hospital is found to be out of compliance with the
19 requirements of sections 2 and 4 through 6 of this act and RCW
20 70.41.420, the department shall at a minimum require the hospital to
21 submit a corrective plan of action. In the event that a hospital
22 submits but fails to follow such a corrective plan of action, the
23 department may impose a civil penalty of ten thousand dollars.

24 (3) In addition, in the event that a hospital is found to have
25 committed a knowing violation or repeated violations of the
26 requirements of sections 2 and 4 through 6 of this act and RCW
27 70.41.420, the department may take either or both of the following
28 actions:

- 29 (a) Suspend or revoke the license of a hospital; or
- 30 (b) Impose civil penalties as follows:
 - 31 (i) Two thousand five hundred dollars for a first knowing violation
 - 32 of the requirements of sections 2 and 4 through 6 of this act and RCW
 - 33 70.41.420;
 - 34 (ii) Five thousand dollars for the second violation of the
 - 35 requirements of sections 2 and 4 through 6 of this act and RCW
 - 36 70.41.420 within a six-month period; and

1 (iii) Ten thousand dollars for the third and each subsequent
2 violation of the requirements of sections 2 and 4 through 6 of this act
3 and RCW 70.41.420 within a six-month period.

4 (4) The department shall maintain for public inspection records of
5 any civil penalties, administrative actions, or license suspensions or
6 revocations imposed on hospitals under this section.

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

9 The department shall adopt rules as necessary to implement sections
10 2, 4, and 5 of this act and RCW 70.41.240.

11 NEW SECTION. **Sec. 7.** This act may be known and cited as the
12 Washington state patient safety act.

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