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## Health Care & Wellness Committee

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### HB 1095

**Brief Description:** Concerning nursing staffing practices at hospitals.

**Sponsors:** Representatives Green, Cody, Morrell, Reykdal, Appleton, Ryu, McCoy, Bergquist and Pollet.

#### Brief Summary of Bill

- Directs the Department of Health to establish patient assignment limits that represent the maximum number of patients in a hospital that may be assigned to a registered nurse at any one time.
- Requires hospitals to comply with patient assignment limits and nurse staffing plans by June 30, 2016.
- Requires hospitals to report information about nurse staffing levels and patient care to the Department of Health.
- Establishes sanctions for hospitals that do not follow patient assignment limits, nurse staffing plans, or reporting requirements.

**Hearing Date:** 1/29/13

**Staff:** Chris Blake (786-7392).

#### Background:

##### *Nurse Staffing Plans.*

Hospitals are required to establish nurse staffing committees to develop and oversee an annual patient care unit and shift-based nurse staffing plan (nurse staffing plan); conduct a semi-annual review of the nurse staffing plan; and review, assess, and respond to staffing concerns. Nurse staffing plans must consider such factors as:

- patient census, including total patients by unit and shift;
- level of intensity of patients and the nature of the care to be delivered on each shift;
- skill mix;

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- level of experience of nurses providing care;
- the need for specialized or intensive equipment;
- the physical design of the patient care unit; and
- staffing guidelines adopted by national nursing associations, specialty associations, and other health professional associations.

If the chief executive officer of the hospital does not approve the nurse staffing committee's plan, he or she must provide a written explanation to the committee.

#### *Hospital Reporting.*

State law requires hospitals to report several types of patient care information. Hospitals must report information to the Department of Health about the occurrence of adverse events in the hospital. Adverse events include several types of incidents such as deaths among surgical patients, patient falls, and certain types of assaults. Hospitals must report the occurrence of an adverse event within 48 hours of confirming the incident.

Other hospital reporting requirements relate to the occurrence of health care-acquired infections. Hospitals must report information to federal and private databases with respect to rates of central line-associated bloodstream infections, ventilator-associated pneumonia, and surgical site infections for certain procedures.

#### **Summary of Bill:**

##### *Patient Assignment Limits.*

By June 2015, the Department of Health (Department) must adopt patient assignment limits representing the maximum number of patients that a hospital may assign to a registered nurse at any one time. Patient assignment limits may vary for different types of patient care units or areas. The patient assignment limits apply at all hospitals to individual registered nurse assignments for the entire time that a nurse is on duty. The patient assignment limits apply when other nurses are away from the unit or on break. Patient assignment limits are a minimum staffing standard. Patient assignment limits may not be considered an average assignment for a hospital or patient care unit.

Registered nurses may not be assigned to a nursing unit or clinical area unless the nurse has received orientation in the particular clinical area and he or she has demonstrated competence in that clinical area. Temporary personnel must also receive orientation and demonstrate competence.

##### *Nurse Staffing Plans.*

Beginning June 30, 2016, hospitals must implement their nurse staffing plans and assign nursing personnel to patient care units according to the plan. Any adjustments in staffing levels required by the nurse staffing plan must be based upon the assessment of a registered nurse providing direct patient care on the particular unit. A hospital chief executive officer's option to not adopt the hospital staffing plan is eliminated. Beginning June 30, 2016, hospitals must submit their nurse staffing plans to the Department at least annually.

##### *Enforcement.*

Upon receipt of a complaint, the Department must initiate an investigation and conduct an audit of the hospital's compliance with patient assignment limits, nurse staffing plans, and data submission requirements. If a hospital is found to be out of compliance, it must submit a corrective action plan to the Department. Failure to submit or to comply with a corrective action plan may result in fines of up to \$10,000. If the hospital's actions were a knowing or repeat violation, the Department may suspend or revoke the hospital's license or impose increasing fines from \$2,000 to \$10,000.

*Retaliation.*

A hospital may not retaliate against employees, patients, or other persons who notify a collective bargaining agent or the Department when nurse staffing either (1) violates the hospital's nurse staffing plan or patient assignment limits or (2) is believed to be insufficient or unsafe.

A hospital may not penalize a registered nurse for refusing to accept an assignment that violates the hospital's nurse staffing plan or nurse unit orientation requirement. Prior to refusing the assignment, the registered nurse must inform the hospital in writing that, according to the nurse's professional judgment and nursing practice standards, he or she has concluded that accepting the assignment would place one or more patients at immediate risk or serious harm or injury.

*Reporting to the Department.*

Twice a year hospitals must submit specific information about nurse staffing and patient care to the Department. The Department must determine effective means for making the information available to the public, including posting the information in the hospital and on the Internet. The information includes:

- nurse staffing skill mix, by level of license;
- 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.

*Findings.*

Legislative findings are established relating to the role that registered nurses play in hospitals with respect to reducing errors, complications, and adverse events. Findings are also made relating to greater nurse staffing levels and its role in patient safety, nurse retention, and safe working conditions.

**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

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