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**Health Care & Wellness Committee**

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**HB 1714**

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

**Sponsors:** Representatives Cody, Doglio, Ryu, Pollet, Peterson, McBride, Wylie, Stonier, Goodman, Sawyer, Bergquist, Gregerson, Sullivan, Lytton, Tharinger, Chapman, Lovick, Senn, Hansen, Sells, Frame, Fitzgibbon, Riccelli, Macri, Jinkins, Dolan, Stanford, Orwall, Ortiz-Self, Farrell, Slatter, Tarleton, Clibborn, Fey, Kilduff, Reeves, Pettigrew, Appleton, Robinson, Blake, Ormsby, Pellicciotti, Kloba, Hudgins and Santos.

**Brief Summary of Bill**

- Establishes nursing patient assignment limits applicable to all hospitals in the state.
- Requires all hospitals to implement their nurse staffing plans beginning June 30, 2019.

**Hearing Date:** 2/7/17

**Staff:** Jim Morishima (786-7191).

**Background:**

Hospitals must 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;
- 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.

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*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.*

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. The hospital may not retaliate against employees performing duties in connection with the nurse staffing committee or an individual who notifies the nurse staffing committee or the hospital administration about concerns on nurse staffing.

### **Summary of Bill:**

#### Patient Assignment Limits.

By June 30, 2018, the Department of Health (DOH) must adopt patient assignment limits as minimum staffing standards applicable to all hospitals in the state. The limits represent 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 limits apply for the entire time that a nurse is on duty, including when other nurses are away from the unit or on break. Patient assignment limits may not be considered an average assignment for a hospital or patient care unit.

Registered nurses, including temporary personnel, 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.

#### Nurse Staffing Plans.

The factors that must be considered in developing a nurse staffing plan are expanded to include the availability of other personnel supporting nursing services. Beginning June 30, 2019, a hospital must implement its nurse staffing plan 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.

#### Retaliation.

The list of persons or entities to whom a person may notify of concerns regarding nurse staffing without retaliation is expanded to include an agent of the collective bargaining and the DOH. The concerns expressed must be that the 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 of serious harm or injury.

#### Enforcement.

Upon receipt of a complaint, the DOH must initiate an investigation of the hospital's compliance with patient assignment limits, nurse staffing plans, and data submission requirements. If the hospital has had a violation within the prior 24 months, the investigation must also include an audit. If a hospital is found to be out of compliance, it must submit a corrective action plan to the DOH. Failure to submit or to comply with a corrective action plan may result in fines of \$10,000. If the hospital's actions were a knowing or repeat violation, the DOH may suspend or revoke the hospital's license or impose a fine of \$2,500 for a first knowing violation, \$5,000 for a second violation within a six-month period, and \$10,000 for a third or subsequent violation within a six-month period.

### Reporting.

Beginning June 30, 2019, hospitals must submit their nurse staffing plans to the DOH at least annually.

Twice a year hospitals must submit specific information about nurse staffing and patient care to the DOH. The DOH 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 must include:

- nurse staffing skill mix, by level of license;
- nursing hours per patient day;
- nurse voluntary turnover rate; and
- nurses supplied by temporary staffing agencies.

**Appropriation:** None.

**Fiscal Note:** Requested on February 6, 2017.

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