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

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

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

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

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

(2) In order to protect patients and to support greater retention of registered nurses, and to promote evidence-based nurse staffing, the
legislature intends to establish a mechanism whereby direct care nurses and hospital management shall participate in a joint process regarding decisions about nurse staffing.

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

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

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

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

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

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

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

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

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

(1) By September 1, 2008, each hospital shall establish a nurse staffing committee, either by creating a new committee or assigning the functions of a nurse staffing committee to an existing committee. At least one-half of the members of the nurse staffing committee shall be registered nurses currently providing direct patient care and up to one-half of the members shall be determined by the hospital administration. The selection of the registered nurses providing direct patient care shall be according to the collective bargaining agreement if there is one in effect at the hospital. If there is no applicable collective bargaining agreement, the members of the nurse staffing committee who are registered nurses providing direct patient care shall be selected by their peers.
(2) Participation in the nurse staffing committee by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Nurse staffing committee members shall be relieved of all other work duties during meetings of the committee.

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

(a) Development and oversight of 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. Factors to be considered in the development of the plan should include, but are not limited to:

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

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

(iii) Skill mix;

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

(v) The need for specialized or intensive equipment;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW SECTION. Sec. 5. The northwest organization of nurse
executives, the service employees international union healthcare, local
1199NW, the united staff nurses union, local 141, united food and
commercial workers international union, the Washington state hospital
association, and the Washington state nurses association are encouraged
to seek the assistance of the Washington State University and
University of Washington William D. Ruckelshaus Center to help identify
and apply best practices related to patient safety and nurse staffing.