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**SUBSTITUTE SENATE BILL 6734**

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**State of Washington**

**60th Legislature**

**2008 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Franklin, Keiser, and Kohl-Welles)

READ FIRST TIME 02/12/08.

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

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

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

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

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

17 (2) In order to protect patients and to support greater retention  
18 of registered nurses, and to promote evidence-based nurse staffing, the

1 legislature intends to establish a mechanism whereby direct care nurses  
2 and hospital management shall participate in a joint process regarding  
3 decisions about nurse staffing.

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

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

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

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

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

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

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

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

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

24 (1) By September 1, 2008, each hospital shall establish a nurse  
25 staffing committee, either by creating a new committee or assigning the  
26 functions of a nurse staffing committee to an existing committee. At  
27 least one-half of the members of the nurse staffing committee shall be  
28 registered nurses currently providing direct patient care and up to  
29 one-half of the members shall be determined by the hospital  
30 administration. The selection of the registered nurses providing  
31 direct patient care shall be according to the collective bargaining  
32 agreement if there is one in effect at the hospital. If there is no  
33 applicable collective bargaining agreement, the members of the nurse  
34 staffing committee who are registered nurses providing direct patient  
35 care shall be selected by their peers.

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

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

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

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

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

17 (iii) Skill mix;

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

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

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

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

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

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

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

36 (5) The staffing plan must not diminish other standards contained  
37 in state or federal law and rules, or the terms of an applicable

1 collective bargaining agreement, if any, between the hospital and a  
2 representative of the nursing staff.

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

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

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

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

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

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

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

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

28 NEW SECTION. **Sec. 5.** The northwest organization of nurse  
29 executives, the service employees international union healthcare, local  
30 1199NW, the united staff nurses union, local 141, united food and  
31 commercial workers international union, the Washington state hospital  
32 association, and the Washington state nurses association are encouraged  
33 to seek the assistance of the Washington State University and  
34 University of Washington William D. Ruckelshaus Center to help identify

1 and apply best practices related to patient safety and nurse staffing.

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