



HB 1714 and HB 1715: Nurse staffing

Ensure Safe and Responsive Staffing

Washington State should be proud of our state's record on patient safety. We are a national leader when it comes to improving the health of hospital patients with innovative, data-proven best practices that save lives and improve patients' health. Our success in many cases can be attributed to high-quality and driven staff who are constantly looking for new ways to deliver better care.

Hospitals need the flexibility to staff appropriately according to the needs of their patient population. State legislation mandating staffing requirements would treat all hospitals the same – small and large, rural and urban – and would not allow hospitals to be responsive to emerging patient needs.

All hospitals have nurse staffing committees per state law. These committees are made up of hospital administrators and direct patient care nurses and produce nurse staffing plans for the hospital and review staffing metrics. WSHA opposes laws that impose rigid staffing requirements or that undermine existing nurse staffing committees or work force rules.

Staffing ratios do not improve care (HB 1714)

Safe staffing is a crucial component of patient safety, but mandating inflexible ratios does not improve patient care or outcomes. Mandated ratios, also called patient assignment limits or minimum staffing standards, are only used in California.

There are a variety of hospital measures where the quality of nursing care is directly linked to patient outcomes. Three important measures include: catheter-associated urinary tract infection rate, central line-associated blood stream infection rate, and post-surgical blood clot rate. In all of these areas, Washington nurses perform better than or as well as those in California. Staffing ratios are not a proven strategy for improving outcomes.

In addition, because ratios must be maintained at all times, nurses cannot leave the work unit, meet with a patient's family members in the waiting room, or transport an unstable patient to another unit without violating the ratio. Instead of guaranteeing patient safety, mandated ratios can actually jeopardize it.



The quality of nursing care in Washington State surpasses the national average and California, which is the only state that mandates nurse staffing ratios.

Prescheduled on-call (HB 1715)

Hospitals provide care to patients 24/7, 365 days a year. Important, often life-saving, treatment does not occur on a set schedule. Patient needs can change rapidly. Hospitals need the ability to use prescheduled on-call to provide patients critical services such as needed surgeries and delivering babies when more patients than anticipated arrive for care. This is why hospital staff have prescheduled on-call hours. This ensures patients' planned and unplanned needs are met.

Meal and rest breaks (HB 1715)

Washington hospitals support healthy work environments and meaningful breaks for health care providers. However, when a family member arrives or a physician returns a call, many nurses choose to interrupt their break to care for their patients. Mandating uninterrupted meal and rest breaks would remove this much needed flexibility and the nurse's ability to balance patient needs in care delivery.

Staffing issues like meal and rest breaks are best addressed at a local level given the unique circumstances of every hospital and different patient care needs. Mandating specific staffing standards would preempt hospitals and labor organizations ability to negotiate at the local level and develop local solutions to specific challenges.

WSHA position

Washington hospitals need the flexibility to staff according to patient care needs. WSHA opposes legislation establishing nurse staffing ratios, prohibiting the use of pre-scheduled on-call, and mandating uninterrupted meal and rest breaks.