

JAN 26 2011

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# A BILL FOR AN ACT

RELATING TO REGISTERED NURSE STAFFING LEVELS.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that research evidence  
2 demonstrates that registered nurses play a critical role in  
3 patient safety and quality of care. The shortage of nurses  
4 available to provide care in acute care hospitals has  
5 necessitated multiple strategies to generate more nurses and  
6 improve the recruitment and retention of nurses in hospitals.

7           Evidence-based nurse staffing that can help ensure quality  
8 and safe patient care while increasing nurse satisfaction in the  
9 work environment is essential to solving an urgent public health  
10 issue in Hawaii. Hospitals and nursing organizations recognize  
11 a mutual interest in patient safety initiatives that create a  
12 healthy environment for nurses and safe care for patients.

13           The purpose of this Act is to protect patients, support  
14 greater retention of registered nurses, and promote  
15 evidence-based nurse staffing by establishing a mechanism  
16 whereby direct care nurses and hospital management participate  
17 in a joint process regarding decisions about nurse staffing.



1 SECTION 2. The Hawaii Revised Statutes is amended by  
2 adding a new chapter to be appropriately designated and to read  
3 as follows:

4 "CHAPTER

5 REGISTERED NURSE STAFFING LEVELS

6 § -1 Definitions. For the purpose of this section,  
7 unless the context clearly requires otherwise:

8 "Acute care hospital" means a short-term hospital that has  
9 facilities, medical staff, and other personnel to provide  
10 diagnosis, care, and treatment of a wide range of acute  
11 conditions, including disease, trauma, or recovery from surgery.  
12 Acute care is usually given in a hospital by specialized  
13 personnel using complex and sophisticated technical equipment  
14 and materials, and it may involve intensive or emergency care.

15 "Critical access hospital" means a rural limited service  
16 hospital that has been specially designated as a critical access  
17 hospital under the medicare rural hospital flexibility grant  
18 program. A critical access hospital shall have no more than  
19 fifteen acute beds and ten swing beds, if desired; provided that  
20 the total compliment of acute care beds and swing beds shall not  
21 exceed twenty-five.



1 "Hospital" includes acute care hospitals, state hospitals,  
2 critical access hospitals, and psychiatric hospitals.

3 "Intensity" means the level of patient need for nursing  
4 care.

5 "Nurse" means a person licensed pursuant to chapter 457 to  
6 practice nursing. The term does not include licensed practical  
7 nurses or certified nursing assistants.

8 "Nurse staffing committee" means a committee established by  
9 a hospital under this chapter.

10 "Patient care unit" means any unit or area of the hospital  
11 that provides patient care by registered nurses.

12 "Registered nurse" means a person who practices as a  
13 registered nurse, as defined in section 457-2.5.

14 "Skill mix" means the number and percentage of registered  
15 nurses, licensed practical nurses, or unlicensed assistive  
16 personnel relative to the total number of nursing personnel.

17 § -2 **Nurse staffing committee.** (a) No later than  
18 September 1, 2011, each acute care hospital and critical access  
19 hospital shall establish a nurse staffing committee, either by  
20 creating a new committee or assigning the functions of a nurse  
21 staffing committee to an existing committee, to develop a  
22 documented staffing plan as required pursuant to this chapter.



1           At least sixty per cent of the members of a nurse staffing  
2 committee shall be registered nurses currently providing direct  
3 patient care and forty per cent of the members shall be  
4 determined by the hospital administration. The selection of the  
5 registered nurses providing direct patient care on the staffing  
6 committee shall be according to the collective bargaining  
7 agreement, if applicable, or through selection by their peers.

8           Participation in the nurse staffing committee by a  
9 registered nurse shall be on scheduled work time and compensated  
10 at the appropriate rate of pay. Nurse staffing committee  
11 members shall be relieved of all other work duties during  
12 meetings of the committee.

13           (b) The primary responsibilities of the nurse staffing  
14 committee shall include the development and oversight of an  
15 annual patient care unit and shift-based nurse staffing plan,  
16 based on the needs of patients, to be used as a primary  
17 component of the staffing budget.

18           § -3 **Nurse staffing plan.** (a) Factors to be considered  
19 in the development of the nurse staffing plan shall include:

20           (1) A census, including the total number of patients in  
21 the unit on each shift and activity such as patient  
22 discharges, admissions, and transfers;



- 1           (2) The level of intensity of all patients and nature of  
2           care to be delivered on each shift;
- 3           (3) The skill mix and classification of registered nurses  
4           required in each unit in the health care facility,  
5           which shall take into account the level of experience  
6           of the clinical and nonclinical support staff with  
7           whom the nurses collaborate, supervise, or otherwise  
8           delegate assignments;
- 9           (4) The need for specialized or intensive equipment or  
10          technology;
- 11          (5) The size and geography of each unit, including  
12          placement of patient rooms, treatment areas, nursing  
13          stations, medication preparation rooms, and equipment;
- 14          (6) Staffing guidelines adopted or published by national  
15          nursing professional associations, specialty nursing  
16          organizations, and other health professional  
17          organizations;
- 18          (7) Semi-annual review of the staffing plan in relation to  
19          patient need and known evidence-based staffing  
20          information, including the nursing-sensitive quality  
21          indicators collected by the hospital;



1 (8) Review, assessment, and response to staffing concerns  
2 presented to the committee; and

3 (9) Hospital finances and resources.

4 (b) Upon completion, the nurse staffing plan shall  
5 include, without limitation:

6 (1) A detailed written plan setting forth the number,  
7 skill mix, and classification of registered nurses in  
8 each hospital unit, which shall take into account the  
9 experience of the clinical and nonclinical support  
10 staff with whom the nurses supervise, collaborate, or  
11 otherwise delegate assignments;

12 (2) A description of the types of patients who are treated  
13 in each unit, including, without limitation,  
14 discharges, transfers, and admissions;

15 (3) A description of the size and geography of each unit;

16 (4) A description of any specialized equipment and  
17 technology available for each unit; and

18 (5) Any foreseeable changes in the size or function of  
19 each patient care unit.

20 If the nurse staffing plan is not adopted and documented by  
21 the hospital, the hospital administration shall provide to the  
22 committee a written explanation of the reasons why the plan was



1 not adopted, and the hospital administration shall be given an  
2 opportunity to address the reasons why the plan was not adopted.

3 (c) The nurse staffing plan shall not diminish other  
4 standards contained in state or federal law or rules or the  
5 terms of an applicable collective bargaining agreement, if any,  
6 between the hospital and the exclusive representative of the  
7 registered nursing staff.

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

14 (e) A hospital may not retaliate or engage in any form of  
15 intimidation of:

16 (1) An employee for performing any duties or  
17 responsibilities in connection with the nurse staffing  
18 committee; or

19 (2) An employee, patient, or other individual who notifies  
20 the nurse staffing committee or the hospital  
21 administration of their concerns on nurse staffing.



1 (f) This section is not intended to create unreasonable  
2 burdens on critical access hospitals under Title 42 United  
3 States Code Section 1395. Critical access hospitals may develop  
4 flexible approaches to accomplish the requirements of this  
5 section that may include having nurse staffing committees work  
6 by telephone, video conferencing, or electronic mail.

7 § -4 **Licensure.** As a condition of licensing, acute care  
8 and critical access hospitals shall make available to the  
9 department of health a documented nurse staffing plan and a  
10 written certification that the documented nurse staffing plan is  
11 adequate to meet the needs of patients in the hospital."

12 SECTION 3. This Act shall take effect upon its approval.

13

INTRODUCED BY: Phai Ryan (BR)



**Report Title:**

Health; Registered Nurse Staffing Plan

**Description:**

No later than September 1, 2011, requires each acute care hospital and critical access hospital to establish a nurse staffing committee to develop a documented nurse staffing plan.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

