

Staffing Legislation Update: SB 5236 Implementation

Nursing Town Hall 9/19/23

- Kara Yates, RN: Housewide Staffing Committee co-chair and Medical Unit UBSC Chair; Charge RN Medical Unit, WSNA Seattle Children's Co-Chair
- Kristie Page MSN, RN, NE-BC: Director Nursing Operations, ACFP and VAS

Objectives

Share

Share information regarding new law: HB 5236

Communicate

Communicate Staffing Committee Structure Changes

Share

Share Important implementation timelines

Invite

Invite direct care RNs to be members of staffing committee

Background

Hospital Staffing Legislation Timelines

- 2008- Nurse staffing committees required by law in WA hospitals & oversight assigned to DOH
- 2017- ESHB 1714 (Patient Safety Act) added new provisions to the development of nurse staffing plans, established a formal complaint investigation process, required nurse staffing committees to develop a process to review & respond to complaints, and required hospitals to submit staffing plans annually and when updated.
- 2018- HB 1155 – Enacted 2020 - requires uninterrupted meal & rest breaks for nurses, technologists, and technicians; mandatory on call rules
- 2023—SB 5236
 - Enacted as collaboration between labor unions and WSHA to improve workplace standards for certain hospital staff by expanding staffing committees, clarifying standards and enforcement regarding mandatory OT and uninterrupted meal and rest breaks, compliance reporting
 - Established Statewide Advisory Committee on Hospital Staffing

Implementing the law: What's changing?

| | Current Laws/SC practices | SB 5236 |
|--|--|---|
| Staffing committee structure and membership | More staff than leaders; over-represented by inpatient Review staffing complaints/ADOs | Adds LPNs and CNAs to committees 50% direct care staff; 50% leaders; Direct care staff chosen by union Charter with defined elements filed with DOH by 7/1/24 Committee vote to approve staffing plan Review staffing complaints/ADOs |
| Staffing Plans (required for any department with direct patient care and covered by SC hospital license) | Submit to DOH annually Focused on RNs | Adds LPNs, CNAs and unlicensed personnel providing direct care to staffing plan Submit to DOH annually Uniform format being developed by state advisory group |
| Reporting related to staffing plan adherence | None required; review and monitoring of daily staffing in some areas | Track frequency of non compliance to staffing plan; report to DOH semiannual basis; report and develop action plans if <80% compliance in a month (beginning 7/2025); potential fines |
| Reporting related to missed meal and rest breaks | Track based on timecard data; no denominator Workgroups mid-late 2019 focused on meal and rest break processes | Track frequency of missed meal and rest breaks; expands to "patient care staff"; allow staff to bundle meal with 1 rest break. Report to DOH quarterly starting 10/1/24; potential fines begin in 2026 |
| Unit Based Staffing Committees | Not addressed in laws; part of WSNA bargaining agreement | Not addressed in laws; part of WSNA bargaining agreement |
| Mandatory Overtime | All overtime will be voluntary, except for unforeseeable emergent circumstance and reasonable efforts to fill needs. Some depts do have mandatory on call in positions to respond to emergent needs | Current law remains in place and adds mand on call may not be used for nonemergent procedures to begin at a time when duration is expected to exceed regular schedule hours; except when delay may cause harm |

DRAFT Staffing Committee Membership

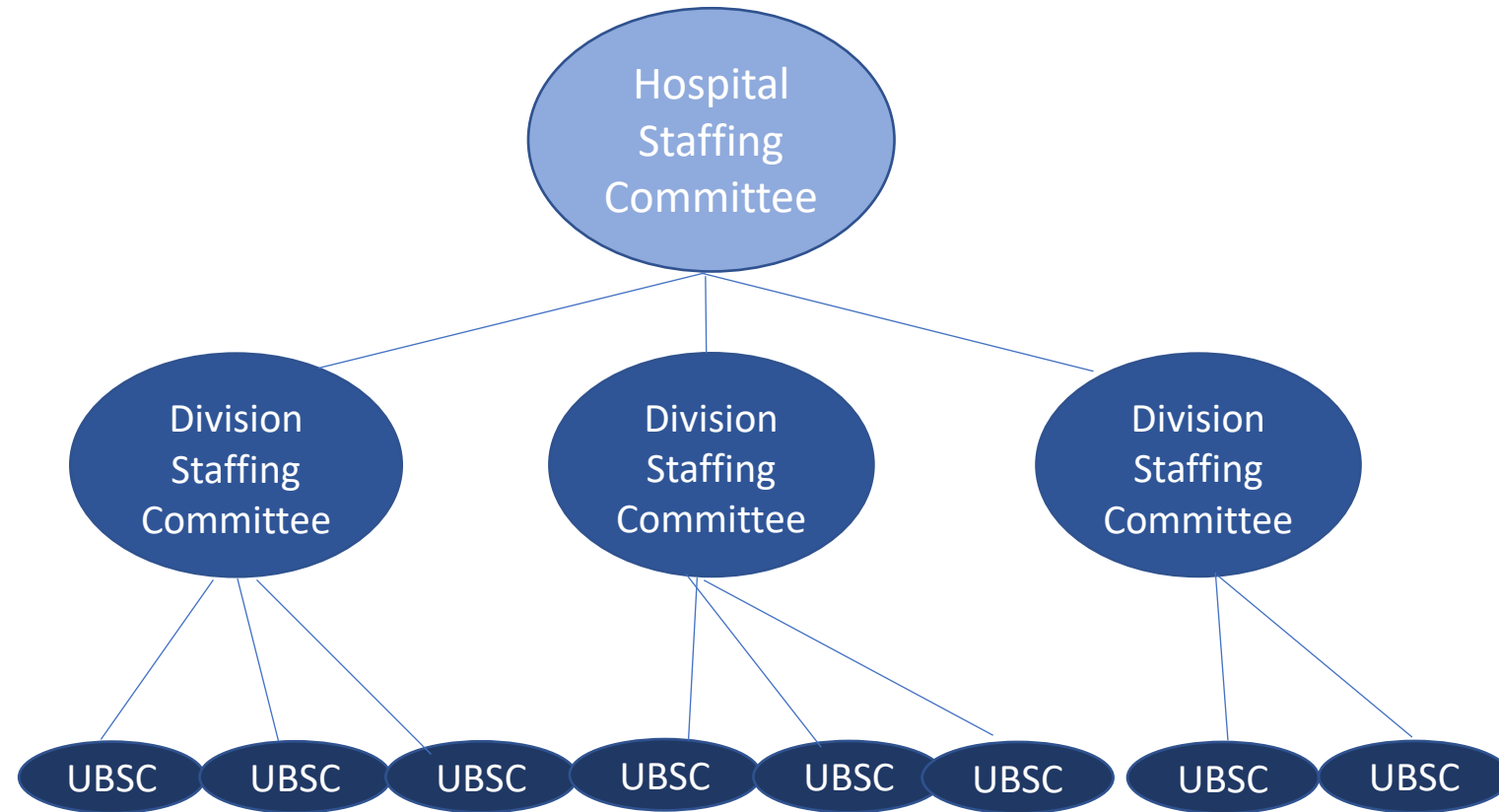
Direct Care (11)

- 2 Critical Care
 - CICU, NICU, PICU, CCFP, ECMO, Risk, Code Blue
- 2 Acute Care
 - Rehab, CBDC, Surgical, Medical, dialysis/apheresis
- 2 Peri-op
 - Main OR, PACU; Bellevue Surgery Center; Procedural areas
- 2 Ambulatory
 - Main and Regionals
 - Urgent Care
- ED
- PBMU
- CNA
- Co-Chair (will also rep the area they work in from above)

Non Direct Care Leaders (11)

- CFO or designee
- CNO or designee
- 7 Sr. Director or director designees
 - Acute Care
 - Critical Care
 - Ambulatory
 - Perioperative
 - PBMU
 - ED
 - Director at large
- Patient Flow and Inpatient Access
- Co-Chair

Committee Structure



Staffing Committee

- Develop and oversee staffing plan for RN, LPN, CNAs, unlicensed staff providing direct patient care
- Review and evaluate effectiveness of staffing plan
- Data review
- Review, assess and respond to staffing variations, complaints and concerns
- Provide vision, direction and oversight of staffing practices

Division Staffing Committee

- Aligning scheduling practices across depts where feasible
- Projects r/t staffing/scheduling that arise from concerns, data etc
- Communication between UBSC/staffing committee
- Divisional oversight of final schedules
- Data Review

Unit Based Staffing Committee

- Involvement in process of scheduling, staffing decisions and periodic evaluation of unit care models
- Develop unit based staffing plan with hospital staffing committee
- Review staffing related complaints/ADOs

Next Steps and Priorities

- Determine membership for meetings starting Jan 2024
- Drafting charter for new committee to adopt (due to DOH 7/2024)
- Determine mechanisms for collecting and monitoring staffing data
- Continue work to improve meal and rest breaks process
- Development of 2025 staffing plan (draft by 7/1/2024) based on template developed by the Hospital Staffing Advisory Committee
- Further develop structure and expectations for division based staffing committees and UBSC roles along with communication pathways
- Work with staffing committees on guidelines and algorithms that impact staffing and scheduling

Direct Care Staff Needed for Staffing Committee



COMMITMENT
2 YEARS



SKILLS/ATTRIBUTES



PROCESS TO GATHER
INTEREST



DEADLINE 10/16/23

Membership Interest

- QR code



- Link to redcap: <https://redcap.link/hscinterestform>
- Email will go out to staff in next few days too
- Email Kara Yates or Kristie Page with questions

Questions?

Appendix

SB 5236 Implementation Timeline – Urban System Hospitals – Track A

- January 1, 2024
 - Each hospital must establish a hospital staffing committee (adds CNAs, LPNs)
- July 1, 2024
 - Hospital staffing committees must file a charter with DOH.
 - The hospital staffing committee proposed staffing plan is due to the hospital CEO.
- October 1, 2024
 - Urban/system hospitals' first report on missed meal/rest breaks due to L&I (covers July-Sept 2024)
 - L&I must provide technical assistance to any hospital failing to provide 80% of meal/rest breaks (until July 2026)
 - Hospitals must adopt written policies/procedures on documentation of when a patient care unit nursing assignment is out of compliance with the hospital staffing plan.
- January 1, 2025
 - Hospitals must submit their final staffing plans to DOH, and annually thereafter.

- July 1, 2025
 - Hospitals must implement the new staffing plan and assign nursing staff accordingly.
 - Hospitals must begin tracking monthly staffing plan compliance.
 - Reporting of months that fall below 80% compliance with staffing assignment begins.
 - Hospitals must adopt written policies/procedures on nursing staff receiving orientation prior to being assigned to a new clinical area.
- January 31, 2026
 - Hospitals first semiannual staffing plan nursing assignment compliance report is due (covers June – January of 2025)
- July 1, 2026
 - Penalties for failure to provide 80% of meal/rest breaks issued by L&I.
- January 1, 2027
 - DOH to review semiannual staffing reports for compliance.
 - DOH/L&I begin to require hospitals to submit corrective action plans following a report of falling below 80% compliance with staffing plans within a month or after investigating complaints and finding a pattern of non-compliance.
 - If DOH/L&I find that a hospital is not following a corrective action plan, L&I will issue \$50,000/month penalties until the hospital begins to follow its corrective action plan.