

## Hospital Staffing Advisory Committee Meeting

### Minute Notes

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| <b>Date</b>          | 2/7/2024   |  |
| <b>Meeting Topic</b> | Hospital Staffing Matrix and Categories                    |  |
| <b>Note Taker</b>    | Holli Erdahl   |  |
| <b>Attendees</b>     | <b>Standing Attendees</b>                                  |  |
|                      | WSHA   | WSNA, SEIU, UFCW                                       |
|                      | <input checked="" type="checkbox"/> Chelene Whiteaker      | <input checked="" type="checkbox"/> Cara Alderson      |
|                      | <input checked="" type="checkbox"/> Darcy Jaffe            | <input checked="" type="checkbox"/> David Keepnews     |
|                      | <input checked="" type="checkbox"/> Jason Hotchkiss        | <input checked="" type="checkbox"/> Duncan Camacho     |
|                      | <input checked="" type="checkbox"/> Jennifer Burkhardt     | <input checked="" type="checkbox"/> Maureen Hatton     |
|                      | <input checked="" type="checkbox"/> Keri Nasenbeny         | <input type="checkbox"/> Tamara Ottenbreit             |
|                      | <input checked="" type="checkbox"/> Renee Rassilyer-Bomers | <input checked="" type="checkbox"/> Vanessa Patricelli |
|                      | DOH  | L&I  |
|                      | <input type="checkbox"/> Christie Spice                    | <input checked="" type="checkbox"/> Caitlin Gates      |
|                      | <input checked="" type="checkbox"/> Holli Erdahl           | <input checked="" type="checkbox"/> Lizzy Drown        |
|                      | <input type="checkbox"/> Ian Corbridge                     | <input checked="" type="checkbox"/> Carl Backen        |
|                      | <input checked="" type="checkbox"/> Julie Tomaro           |  |
|                      | <input checked="" type="checkbox"/> Kristina Buckley       |  |
|                      | <input checked="" type="checkbox"/> Tiffani Buck           |  |
|                      | <b>Alternates and Other Attendees</b>                      |  |
|                      | Dawn Marick – will be voting for Duncan                    | Jeannie Eylar  |
|                      | Jessica Hauffe   | Laurie Robinson  |
|                      | Nancy Wiederhold   | Tim Bock   |
|                      | Anthony Cantu – will be voting for Tamara                  | Barbara Friesen  |
|                      | Hanna Welander   | Amy Doepken  |
|                      | Jacqueline Mossakowski                                     | Kara Yates   |
|                      | Anthony Cantu – Tamara Ottenbreit                          | Ashlen Strong  |
| Bonnie Fryzlewicz    | Elizabeth Gordon   |  |
| Gena Ahlawat         | Michelle Curry   |  |
| Miriam Swartout      | Nancy Wiederhold   |  |
| Trish                |  |  |
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| Agenda Item  | Notes   |
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| <b>Welcome and Roll Call</b>                           | <ul style="list-style-type: none"> <li>Attendance taken</li> </ul>  |
| <b>Land and Labor Acknowledgement and Safety Topic</b> | <ul style="list-style-type: none"> <li>Safety Topic: Dog Greeting Etiquette</li> <li>Ask permission to approach – owner can say no</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Let the dog approach</li> <li>• Pay attention</li> </ul>   |
| <b>Approve Prior Meeting Minutes</b>             | <ul style="list-style-type: none"> <li>• Last month's minutes approved</li> <li>• December minutes approved</li> </ul>  |
| <b>Action Item Follow Up</b>                     | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
| <b>L&amp;I Meal and Rest Break Policy Update</b> | <ul style="list-style-type: none"> <li>• Focus on data accuracy, validity, and not manipulated or modified, free from coercion</li> <li>• Still reviewing feedback for Meal and Rest Break draft policies, and will solicit broader comment as soon as possible, more to come</li> </ul>  |
| <b>Voting: DOH Hospital Staffing Matrix</b>      | <p>Voting:</p> <ul style="list-style-type: none"> <li>• <b>The inpatient unit matrix should include Budgeted Direct HPPD</b> <ul style="list-style-type: none"> <li>○ Six five and six fours</li> </ul> </li> <li>• <b>The inpatient unit matrix should include a column to capture patient census from 1 to the maximum census</b> <ul style="list-style-type: none"> <li>○ Six five and six fours</li> </ul> </li> <li>• <b>The inpatient unit matrix should include shift type (day/evening/nights)</b> <ul style="list-style-type: none"> <li>○ Two threes, six fives, four twos</li> <li>○ Discussion: flexibility on how shifts are listed is preferred, hospitals should define their own shift type</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the minimum number of RNs, LPNs and CNAs for each census level</b> <ul style="list-style-type: none"> <li>○ One- one, five twos, and six fives</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the minimum number of UAPs for each census level</b> <ul style="list-style-type: none"> <li>○ Six ones and Six fives</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the maximum # of RNs, LPNs, and CNAs for each census level</b> <ul style="list-style-type: none"> <li>○ Seven zeros and five ones</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the number of HUCs for each census level</b> <ul style="list-style-type: none"> <li>○ Six zeros and six fives</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the minimum direct HPPD for RNs at each census level</b> <ul style="list-style-type: none"> <li>○ Six zeros and six fives</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the minimum direct HPPD for CNAs at each census level (Dawn's vote of 5 is listed right before in the chat)</b> <ul style="list-style-type: none"> <li>○ Six zeros and six fives</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the minimum direct HPPD for UAPs at each census level</b> <ul style="list-style-type: none"> <li>○ Six zeros and six fives</li> </ul> </li> <li>• <b>The inpatient unit should include the maximum direct HPPD for RNs at each census level</b> <ul style="list-style-type: none"> <li>○ Twelve zeros</li> </ul> </li> <li>• <b>The inpatient unit matrix should include the maximum direct HPPD for LPNs at each census level</b> <ul style="list-style-type: none"> <li>○ Twelve zeros</li> </ul> </li> </ul> |

- **The inpatient unit matrix should include the maximum direct HPPD for CNAs at each census level**
  - Twelve zeros
- **The inpatient unit matrix should include the total (combined for all staff types) direct patient care HPPD at each census level**
  - Five ones, one zero, five fives, and one four
- **The inpatient unit section should include an “Additional Care Team Members” checkbox list**
  - Twelve fours
- **The inpatient unit section should include a “Factors Considered in the Development of the Unit Staffing Plan” checkbox list that allows the hospital to document factors considered as applicable (per unit)**
  - Six ones and six twos (desire for more discussion)
- **The outpatient clinic matrix should include average daily visits**
  - Six fives and six fours
- **The outpatient clinic matrix should include AM and PM shifts for each day of the week**
  - Four fours, four fives, two twos, and two threes
- **The outpatient clinic matrix should include the number of anticipated visits during each shift**
  - Six zeros, three fives, and three fours
- **The outpatient clinic matrix should include the minimum # of RNs, LPNs, and CNAs for each shift**
  - Six fives, one two, four zeros, and one one
- **The outpatient clinic matrix should include the minimum # of UAPs for each shift**
  - Six fives, four ones, one zero, and one two
- **The outpatient clinic matrix should include the maximum # of RNs, LPNs, and CNAs for each shift**
  - Eight zeros and four twos
- **The outpatient clinic matrix should include the maximum # of UAPs for each shift**
  - Eight zeros and four twos
- **The outpatient clinic section should include an “Additional Care Team Members” checkbox list**
  - Nine fours, one two, and two threes
- **The outpatient clinic section should include a “Factors Considered in the Development of the Clinic Staffing Plan” checkbox list that allows the hospital to document factors considered as applicable**
  - Four ones and eight twos
- **The outpatient unit matrix should include average daily visits**
  - Six fours and six twos
- **The outpatient unit matrix should include hourly shift times**
  - Five threes and six twos
- **The outpatient unit matrix should include the # of anticipated visits for each shift time**
  - Six twos and six zeros

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|                          | <ul style="list-style-type: none"> <li>● <b>The outpatient unit matrix should include the minimum # of RNs, LPNs, and CNAs for each shift</b> <ul style="list-style-type: none"> <li>○ Five ones, one zero, four fives, and two fours</li> </ul> </li> <li>● <b>The outpatient unit matrix should include the minimum # of UAPs for each shift</b> <ul style="list-style-type: none"> <li>○ five fives, six ones, and one four</li> </ul> </li> <li>● <b>The outpatient unit matrix should include the maximum # of RNs, LPNs, and CNAs for each shift</b> <ul style="list-style-type: none"> <li>○ Six zeros and six ones</li> </ul> </li> <li>● <b>The outpatient unit matrix should include the maximum # of UAPs for each shift</b> <ul style="list-style-type: none"> <li>○ Six zeros and six ones</li> </ul> </li> <li>● <b>The outpatient unit section should include an “Additional Care Team Members” checkbox list</b> <ul style="list-style-type: none"> <li>○ Six fours and six twos</li> </ul> </li> <li>● <b>The outpatient unit section should include a “Factors Considered in the Development of the Clinic Staffing Plan” checkbox list that allows the hospital to document factors considered as applicable</b> <ul style="list-style-type: none"> <li>○ Twelve twos</li> </ul> </li> <li>● Discussion on minimum vs maximum numbers vs ranges <ul style="list-style-type: none"> <li>○ Needs to be flexible for different staffing models</li> <li>○ The staffing model should be created to address flexibility, so minimums and maximums should be acceptable</li> <li>○ Staffing models are an average, but things can change</li> <li>○ The law allows for deviation when necessary, so minimum RNs should be fine, and staffing up for acuity would make sense</li> <li>○ Explanation of variance is important; how will compliance measure the variability?</li> <li>○ Concerns on how these numbers will impact 80 percent compliance</li> </ul> </li> </ul> |
| <b>Alternate Comment</b> | <ul style="list-style-type: none"> <li>● None</li> </ul>   |
| <b>Public Comment</b>    | <ul style="list-style-type: none"> <li>● Kara Yates – pediatric setting, patients on the unit will be awaiting discharge – nurses will take on extra care since more CNAs will not be added to cover the unit.</li> </ul>  |

| Action Items | Assignment | Deadline |
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