Hospital Staffing Advisory Committee Meeting

Minute Notes

Date	3/19/2024
Meeting Topic	Hospital Staffing Form Review
Note Taker	Holli Erdahl

Attendees

Standing Attendees			
WSHA		WSNA, SEIU, UFCW	
☒	Chelene Whiteaker	☒	Cara Alderson
☒	Darcy Jaffe	☒	David Keepnews
☒	Jason Hotchkiss	☒	Duncan Camacho
☒	Jennifer Burkhardt	☒	Maureen Hatton
☒	Keri Nasenbeny	☒	Tamara Ottenbreit
☒	Renee Rassilyer-Bomers	☒	Vanessa Patricelli
DOH		L&I	
☐	Christie Spice	☒	Caitlin Gates
☒	Holli Erdahl	☒	Lizzy Drown
☐	Ian Corbridge	☒	Carl Backen
☒	Julie Tomaro		
☒	Kristina Buckley		
☒	Tiffani Buck		

Alternates and Other Attendees	
Carmen Garrison	Jessica Bell
Julia Douglas	Kelli Johnson
Jeannie Eylar	Barbara Friesen
Hanna Welander	Brenda Balogh
Krista Touros	Michael Davis
Ashlen Strong	Dino Johnson
Jacqueline Mossakowski	Janet Stewart
Jessica Hauffe	Lauren Armstrong
Michelle Curry	Timothy Bock
Janet Stewart	Jennifer Graham
Lindsey Grad	Toni Swenson

Agenda Item	Notes
Welcome and Roll Call	• Roll call

Land and Labor Acknowledgement and Safety Topic	• Safety Tip: Sit and Stretch • Stretching reduces fatigue, prevents muscle strain, improves posture, and increases muscle coordination and balance
Approve Prior Meeting Minutes	• No amendments suggested- previous meeting minutes are approved

DOH Hospital Staffing Form	• Need for two matrices, census based and Fixed Staffing Matrix
	• Fixed is nonnumeric metric- can't be calculated into HPPD
	• Should there be metrics other than Day of the Week and Room Assignment?
	  ○ ED is typically an hour of day
	  ○ Is it possible to have an "other" option
	• Discussion on minimums – inpatient vs outpatient
	• Minimums vs averages
	  ○ Looking at the average needs of the unit and from there determining the minimum staffing needs
	  ○ 80 percent compliance reporting is built into the law to allow for variance
	  ○ If the unit has a below average need day and works below their average one day, that is not a concern. Six or more days outside of compliance would result in a report, which would be explained by the staffing committee.
	  ○ Can we add a scenario/description like this to the plan?
	  ▪ We want this to be listed clearly for the public and will want to utilize FAQs as well
	  ○ Call outs from nurses will impact staffing as well
	  ○ Corrective action plans will be perceived as very serious to hospitals, concerns that hospitals will be stuck in a corrective action cycle
	  ○ The law is asking for accountability to address staffing plans if they are not working,
	  ○ Hospitals do not want to have a plan that sets them up to corrective action
	  ○ Nurse Techs and CNAs – are they interchangeable?
	  ▪ Look at EMTs and MAs
	  ○ Should we combine needs outside of RN?
	  ▪ No, it is much easier for tracking to have all roles listed out
	  ○ How do we track compliance with a number of those changes?
	  ○ Whether it is labeled as "minimum" or something else, compliance will use it the same.
	  ▪ Staffing up allows for flexibility
	  ▪ Concerns about being locked in on a number
	  ▪ Why is minimum so important? Minimum vs standard – would be used the same way, but minimum allows for a specific number rather than a moving target
	  ▪ Minimum is easy to understand for those filling out the form and those viewing the form
	  ○ Terms like level-loading refer to understaffing/short staffing and minimum levels add clarity

- Clarity is important – uniform form is meant to create uniformity, different terminology used across hospitals needs to be converted into a consistent and comparable form. Consistent terminology is important for clarity and consistency, using the clearest term possible is important.

Break

- Updates from last meeting
  - Patient Volume-based Staffing Matrix
  - Metrics drop down – all give a numeric value for Hours Per Unit of Service (HPUS used to include all metric options)
- Draft Fillable Form
  - Walkthrough of form
  - Condensed version of form for meeting today, the form will have options to add additional rows
- Branch sites for Hospitals – will they need to complete different forms?
  - Example: Swedish – will each hospital fill out their own form?
  - We can contemplate listing out branches, but it is recommended to post the name of the licensee and license number. Since they are under one license number, they only need to submit one staffing form, but they do need to list every unit which can have units listed across all hospitals.
  - DOH to discuss how this would look on the form
  - Purposes of compliance reporting – will we be looking at individual hospitals under the same hospital license, or will it be looked at as a whole report?
    - DOH is only able to regulate per license number
  - Different hospitals under the same license have different staffing committees, would they sign the same form? Working on an update here
- Volume Based Staffing: What happens if census is chosen and exceeds the page? DOH is working on some solutions, will be able to add pages/rows. There will be room for complete staffing plans.
- Voting – is there a way to make it clear that the voting wasn't held anonymously? List as vote totals/vote results
- Instructions
  - More resources will be provided as well for examples of review, including examples of HPUS
- Next Steps
  - Hoping to have fillable form and instructions ready for review by committee members to be completed and posted by April 1
  - Once materials are posted online, we will be working on technical assistance resources
- Meeting Cadence moving forward:
  - Propose moving to quarterly meeting cadence
  - Compliance – will we be tackling this in the next meeting?
    - Stakeholders will be involved in this process; we aren't sure exactly what this will look like just yet

	• Update from L&I on Meal and Rest Breaks? More to come but won't start until July.
Alternate Comment	• Barbara Friesen – supports use of "minimum" clear and easy to understand. Important to have inclusion of licensure flexing clearly outlined in instructions • Timothy Bock – use of "minimum" is confusing. Assignments can change dramatically, and a static number applied to a dynamic environment would be challenging to implement. • Jacqueline Mossakowski – Concerns on use of minimum, will be difficult for charge nurses.
Public Comment	• Kelli Johnson – ED form is complex, drastically different from what is used. Not easy to read or understand, not easy for community to understand. Fixed staffing model does not have hourly adjustment • Julia Douglas – Wondering how a static "minimum" will affect dynamic nature. Limited stepdown and intensive care beds, ER nurses are having to work with the same staff regardless of patients. The moving target will be hard to nail down for minimum numbers. • Lauren Armstrong – clinic staffing, supports term "minimum". Currently when an RN is out on vacation, there is not a replacement RN and the work is not reduced, the work is just distributed across other staff. Clinics take care of very sick people too, and a minimum number is needed to ensure patient safety occurs

Action Items	Assignment	Deadline
DOH	Send out the form for review	Prior to next meeting