Hospital Staffing Advisory Committee Meeting

Minute Notes

Date	2/20/2024
Meeting Topic	Hospital Staffing Matrix Voting Discussion
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	
Ashlen Strong (Alternate for Chelene after 10:30am)	Bonnie Fryzlewicz (Alternate for Keri)
Krista Touros	Jacqueline Mossakowski
Sara Arneson	Michael Davis
Nancy Wiederhold	Lauren Armstrong
Dustin Weddle	Hanna Welander
Barbara Friesen	Alyssa Melter
Dawn Marick	Jared Richardson
Michelle Curry	Toni Swenson
Tim Bock	Jeannie Eylar
Cody Staub	Holly Barnes
Jaclyn Smedley	Jessica Hauffe
Trish Anderson	Jessica Bell

Agenda Item	Notes
Welcome and Roll Call	• Attendance taken

Land and Labor Acknowledgement and Safety Topic	• Land and Labor Acknowledgement
	• Heart Health for women
	  ○ Eat healthy, get active, and maintain healthy weight
	  ○ Manage stress etc.

Approve Prior Meeting Minutes	• February 7 minutes approved

L&I Meal and Rest Break Self-Report Policy Update	• Working with a sub-group to create the self-report form
	• The form will be completed electronically
	• Is there an opportunity/requirement to consult the staff side?
	• Hospital Self-Reporting form – is this the structure?
	  ○ Will be formatted clearly for meal and rest break
	• Voting: Approve L&I Meal and Rest Break form
	  ○ Vote passed with five threes and seven fours

DOH Hospital Staffing Matrix Discussion	• **Outpatient unit/ED- Hourly shift times**
	  ○ Staffing changes day to day in ED and will need a more flexible hourly model based on patient population
	  ○ Some units are not open every day of the week (such as endoscopy) how would this be captured?
	  ▪ Would leave that portion of the form blank for the times the unit is not open, would have room to elaborate
	  ○ Need an OR template
	  ○ Different types of patients, different levels of staffing, number of patients doesn't tell the whole story
	• **Outpatient unit/ED- Average daily visits & Anticipated number of visits per shift**
	  ○ Is there value for this in the ED?
	  ○ Tracking average visits annually is done on some current staffing plans, is this helpful for the public? What would be a better solution?
	  ○ Historical data points would be valuable, possibly by day of week
	  ○ It is important to understand minimums for serving the community
	• **Clinic- number of anticipated visits per shift**
	  ○ No additional comments
	• **Things considered (10 min.)- General comments, application to each unit or plan as a whole?**
	  ○ These items are listed in the statute that Hospital Staffing committees should consider in their staffing plan. Many existing staffing plans have a narrative that touches on these items, this would allow hospitals to add information that they think aids their community in understanding
	  ○ If optional, there will still be a "felt" obligation to complete it
	  ○ Completion per unit would be a lot of work, would work better if generalized across all units

	○ One box to summarize at the top of the staffing plan that the staffing committee could complete more efficiently ○ One summary instead of different boxes with "description" listed would be preferred ○ Transparency and consistency – should have uniformity across hospital plans, however, there needs to be room for both co-chairs to attest and provide narrative as applicable. (Discussion of signatures is still to come!) ○ Are these where special circumstances would be placed? ▪ The intention to have this filled out by unit was to include special circumstances/equipment etc. ▪ Documentation of additional staff will be reflected in the Additional Care Team box, which could be tied into factors considered checkbox ○ If by unit, would be an extensive ask for some facilities ○ Is this meant to be a replacement for narrative provided by facilities in previous staffing forms? ▪ Not intended to be a replacement, rather a place for their narrative to be entered. ○ This narrative already exists – we would not be adding additional work, but rather providing a place for this work to be entered ○ Recommendation – check any/all that apply ▪ Agree that the work is already being done, so having a place for the work to be housed is beneficial ○ Hospitals support having this in the plan, but not by unit ○ Some units would benefit greatly by having a place to enter their factors considered • **Combined direct HPPD per census level (10 min.)** ○ Use of HPPD depends on how this information will be judged ○ Variation will occur – different staff combinations • **Max and Min- Max HPPD/ Ranges-** ○ Staffing needs based on acuity, should be a set minimum standard that hospitals are accountable to. Minimum numbers are what should drive 80 percent compliance ○ Concern is how compliance will be measured ○ Recommendation that compliance measures ○ Census point determines HPPD – procedure areas and ICUs – may not work for those areas ○ What is reportable vs having enough staff for patient safety ○ HPPD – does this include management? Yes, it should be ▪ Would reflect staffing plan ○ Concerning that the example matrix provided by WSHA allows for variation in the staffing plan that would be grounds for investigation (e.g. two RNs and five CNAs where the reverse should be true)

	○ Two distinct ways to measure compliance – complaint-based process and 80 percent reporting ▪ Complaint based reporting will still be robust, and should not impact on the minimum HPPD metric that can be used exclusively for 80 percent compliance ▪ Min HPPD would be developed off of staffing matrix already created by staffing committees ○ Minimum RN HPPD to address concerns of replacing needed RNs? ○ Self-reporting only on midnight census would not work since staffing changes ○ Questions on how compliance will work. Discussions in process with AG, but we will need to make a decision so we can complete uniform form on time • **Are all hospital staffing units captured in the three matrices?** ○ If context can be added to unit name space and procedural areas should be able to use outpatient staffing matrix, not including max ○ Agree that more room for context and explanation will work for procedural ○ Separate ones needed that is room based? ○ Models don't appear to be able to represent diverse staffing types ○ Flexibility and accountability should both be considered with development
Alternate Comment	• Dawn Marick – concerns from committee on flexibility – has experienced how nurses have experienced unsafe practices when flexibility is prioritized. Min/max as a direct care nurse – concerns that nurses will be forced to take higher end of ratios as a standard, which has negative results for staff and patients. Proposal from WSHA – midnight census and HPPD is concerning, tracking needs to be done throughout the day (typically every four hours) not just one time of day. Processes are already in place to track compliance unit by unit, should not utilize HPPD or midnight census. • Barbara Friesen – HPPD staffing committee proposals are not all utilized, managers are only allowed certain FTE etc. It is not accurate to say HPPD is approved, should not be the measurement used here.
Public Comment	• Krista Touros - no comment at this time • Sara Arneson – no comment • Dustin Weddle – ED nurse, proposed ED form: a maximum number or daily visits would not correctly reflect the staffing needs. Average daily visit is also widely different day to day, seasonally, with economic changes, etc. • Lauren Armstrong – lead medical assistant and co-chair, one size fit all staffing matrix does not fit for clinics. Clinics often do not have RNs, but rather Medical Assistants who have different skillsets. It will be important to have room for multiple types of staff, opposed to a max as well.

Action Items	Assignment	Deadline
WSHA will send out HPPD example matrix for review and discussion	WSHA	Next meeting
Keep an eye out for emails	Committee Members	Next meeting