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| Click or tap here to enter text.  **Staffing Committee**  **Charter**  Click or tap to enter a date. |

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**Charter Version History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Version | Effective Date | Date Approved | Approved By | Revision Date  (If applicable) | Revision Reason  (If applicable) |
| 1.0 |  |  |  |  |  |
| 1.1 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Hospital Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Hospital |  | | | | | |
| Hospital Phone #: |  | | | | | |
| Hospital Email: |  | | | | | |
| [Hospital License #](https://fortress.wa.gov/doh/facilitysearch/): |  | | | | | |
| Hospital Street Address |  | | | | | |
| City/Town: |  | State: | |  | Zip Code: |  |
| Is this hospital license affiliated with more than one location? | | | | | Yes  No | |
| If “Yes” was selected, please provide the location name and address | | |  | | | |

1. **Committee Members**
   1. **A process for electing cochairs and their terms**

**Membership Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Date Term effective** | **Term Length** |
|  |  |  |  |
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* 1. **Roles, responsibilities, and processes by which the hospital staffing committee functions.**
     1. **How many members will serve on the committee.**
     2. **Which patient care staff job classes will be represented on the committee as nonvoting members.**
     3. **Processes to ensure adequate quorum and ability of committee members to attend.**
     4. **Processes for replacing members who do not regularly attend.**

1. **Committee Meetings**
   1. **Schedule for monthly meetings.**
   2. **Process for adding meetings.**
   3. **Process for ensuring committee members receive 30 days' notice of meetings.**
2. **Complaint Process**
   1. **Processes for reviewing, investigating, and resolving complaints.**
      1. **Process for noting the date received as well as initial, contingent, and final disposition of complaints and corrective action plan where applicable.**
   2. **Processes by which complaints will be resolved within 90 days of receipt, or longer with a majority approval of the committee.**
   3. **Process to ensure the complainant receives a letter stating the outcome of the complaint.**
   4. **Process for an employee, and a labor representative if requested by the employee, to attend committee meetings if they’re involved in a complaint.**
3. **Committee Review Processes**
   1. **Processes for the hospital staffing committee to conduct quarterly reviews.**

|  |  |  |
| --- | --- | --- |
| **Quality Metric** | **Review Frequency** | **Process** |
| Staff turnover rates | Quarterly |  |
| New hire turnover rates during first year of employment | Quarterly |  |
| Anonymized aggregate exit interview data | Annual |  |
| Hospital plans regarding workforce development |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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1. **Committee Documentation and Records**
   1. **Process for approving meeting documentation including meeting minutes, attendance, and actions taken.**
   2. **Policies for retention of meeting documentation must be a minimum of three years and consistent with the hospital's document retention policies.**
2. **Process for the hospital to provide the hospital staffing committee with information regarding patient complaints involving staffing made to the hospital through the patient grievance process.**
3. **Processes for how the information from the reports required under subsection (7) of RCW 70.41.420 will be used to inform the development and semiannual review of the staffing plan.**
4. **Other.**