

## Child Study and Treatment Center - Hospital Staffing Committee Charter

Date Reviewed:	6/27/2024	Committee Leadership Co-chair:	Erik Logan, DNS
Next Review Date:		Committee Staff Co-chair:	Lisa Johnson, RN2

### Purpose

The hospital staffing committee is established by Child Study and Treatment Center to develop a staffing plan and guide unit based direct care staffing practices to promote quality patient care.

The committee will establish a mechanism whereby direct care staff and hospital management participate in a collaborative process regarding decisions about direct care staffing.

### Scope

The primary responsibilities of the staffing committee are to:

1. Development and oversight of an annual patient care unit and shift-based hospital staffing plan for Registered Nurses (RN), Licensed Practical Nurses (LPN), Psychiatric Child Care Counselors (PCCC), and Institutional Counselors (IC), providing direct patient care based on the needs of the patients.
2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence based staffing information, including nurse sensitive quality indicators collected by the hospital.
3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.

The staffing plan is for a hospital (as defined in RCW 70.41.020 and state hospitals as defined in RCW 72.23.010) where nursing staff deliver care.

### Child Study and Treatment Center patient care units

#### Selection of members

The staffing committee will consist of (8) members made up of direct care staff and hospital leadership, 4 seats will consist of hospital management and 4 seats will consist of labor represented staff. At least 50 percent of the voting committee membership will be RNs, LPNs, PCCCs, and IC3s, who are nonsupervisory and nonmanagerial, currently providing direct patient care.

Not more than 50 percent of the total committee voting membership of the committee will be selected by the hospital administration and shall include the Chief Financial Officer, Chief Nursing Officer, and patient care unit directors or managers or their designees. Administrative members will be selected by management.

Voting members will be selected according to the following process:

Any internal process identified and utilized by the labor union to select committee members. The unions shall identify voting committee members and provide names to DSHS Labor Relations Administrator.

Other identified individuals may also be included in staffing committee meetings as agreed to by the co-chairs. General committee meetings are open for any interested staff employed by the Child Study and Treatment Center to attend and contribute to discussion, but only selected committee members may have a vote. Individuals who are not employed by the hospital may attend and contribute to the discussion at the discretion of the committee co-chairs but may not have a vote. Individuals who are not members of the committee may be asked not to attend committee meetings if their participation becomes a hinderance to respectful and productive discussion or the

collaborative problem-solving process. Interested non-members who are not able to attend a meeting are encouraged to share their input with a committee member who can represent their interests during the meeting. Meetings in which hospital finances, patient outcomes and other data of a sensitive nature are discussed will be limited to committee members only. The committee co-chairs may choose to limit attendance to committee members only for all or a portion of other meetings.

The staffing committee will be co-chaired by one staff member currently providing direct patient care and one management representative. The staff co-chair will be selected annually by the labor represented voting members of the committee. The management co-chair will be selected annually by the management voting members of the committee.

### **Orientation of Members**

It is important for all voting committee members to be knowledgeable about factors that inform decision making regarding hospital operations and current laws related to hospital staffing. Newly selected staffing committee members will receive basic orientation related to hospital quality improvement strategy, organizational budgeting process, current applicable hospital staffing laws, committee structure and function, and member duties. Initial orientation is provided by committee co-chairs with ongoing education provided to all members as needed. Completion of new member orientation is a condition of committee membership.

Committee co-chairs will review orientation materials annually and make any necessary updates. All members will be required to review training materials on an annual basis.

### **Roles & Responsibilities**

Staffing committee co-chairs will serve for a period of one year. Co-chair duties include, but are not limited to:

- Schedule meetings to optimize the ability of all members to attend, and ensure all members are notified of changes to the meeting schedule.
- Monitor attendance of members to ensure adequate quorum for each meeting and take action to address non-attendance as outlined in the committee charter.
- Ensure adequate staffing coverage is available for members to attend meetings to meet quorum.
- Develop agenda for each meeting with input from committee members.
- Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, & staffing plan updates.
- Ensure timely submission of the staffing plan to DOH following committee & CEO approvals.
- Work with unit-based leadership to ensure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- Facilitate respectful professional discussions and moderate as needed.
- Organize staffing complaints to facilitate the best use of time during committee review.
- Acknowledge receipt of staffing complaints and respond in writing to the staff member who submitted the complaint.
- Notify the staff members and their manager when a complaint is scheduled to be reviewed by the committee and invite them to attend.
- Ensure closed loop communication occurs following committee review of a staffing complaint.
- Work with unit-based leadership to implement corrective action plans based on complaint review and committee decision.
- Present annual staffing plan and any semi-annual adjustments to the CEO for review and approval.

- Hold committee members accountable for expectations of professional conduct.
- Ensure that all committee members work collaboratively together in good faith to meet the collective needs of patients, staff, and the organization.
- (Other duties as determined by the committee).

Staff committee members will serve for a period of two years except for the founding members where 50% will be replaced after one year on the committee and 50% will be replaced after two years. This does not apply to positions required to be on the committee by law.

Committee member responsibilities include, but are not limited to:

- Complete new member orientation and participate in on-going education as recommended by committee co-chairs.
- Consistently attend committee meetings. Members who miss two unexcused consecutive meetings, more than 4 meetings annually, will be replaced through the member selection process previously outlined. Unexcused absences include no prior notification of expected absence to a co-chair.
- Notify committee co-chairs if meetings are scheduled during a scheduled shift so that coverage can be arranged for members to attend.
- Actively participate in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in respectful dialogue as professional committee members.
- Remain open minded and solution focused, and earnestly engage in the collaborative/cooperative problem-solving process.
- Model professional solution focused communication both in committee meetings and when discussing staffing concerns with peers.
- Act as a committee ambassador to gather input from peers and share with committee to inform decisions and assist peers in understanding process for developing staffing plans and reviewing complaints.
- Encourage peers to effectively communicate staffing concerns through the process established by the committee to best facilitate collaborative problem solving.
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.
- (Other duties as determined by committee).

### **Meeting Schedule & Notification**

The staffing committee will meet quarterly, or more often if needed, to achieve objectives of the committee as determined by committee members. Committee members will be notified of meeting dates and times via Outlook calendar invite and e-mail at least 30 days in advance of routine meetings. Ad hoc meetings will be scheduled at the discretion of the co-chairs based on business needs.

Participation by committee members in meetings shall be during scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Whenever possible, meetings will be scheduled as part of members' normal full-time equivalent hours. It is understood that meeting schedules may require members to attend on their scheduled day off. In this case, staff may be given equivalent time off during another scheduled shift or may be compensated at the appropriate rate of pay. Members are responsible for notifying the committee co-chairs if they are scheduled to work when a committee meeting is scheduled so that coverage can be arranged. Meetings can be attended remotely and individuals are responsible for correctly reporting to Payroll.

Staffing relief will be provided if necessary to ensure committee members are able to attend meetings. Members must notify the committee co-chairs by e-mail if a meeting is scheduled during a previously scheduled shift and staffing relief will be needed.

In the event of an unforeseeable emergent circumstance lasting for 15 days or more, the hospital incident command will provide a report to the hospital staffing committee co-chairs within 30 days including an assessment of the staffing needs arising from the unforeseeable emergent circumstance and the hospital's plan to address the identified staffing needs. Upon receipt of this report the hospital staffing committee will convene to develop a contingency staffing plan.

### **Quorum**

Quorum is the minimum acceptable level of individuals with an interest in the committee needed to make the proceedings of the meeting valid. Establishing a quorum ensures there is sufficient representation at meetings before changes can be proposed or adopted. Quorum for the staffing committee will be considered met as long as at least 60% of committee members are present. Quorum must be established before the committee takes a vote on staffing plan approval or revision. A Quorum is preferred for review of staffing complaints, but in order to ensure timely processing of complaints, committee co-chairs may elect to process complaints with less than 60% of members present.

Attendance is taken at the beginning of each committee meeting. Members who are unable to attend a meeting for any reason must notify the co-chairs in advance of the meeting to allow for adjustments to maintain the quorum. A substitute/delegate may be selected if approved by the committee co-chairs.

If any committee member is unable to attend two consecutive unexcused meetings, the process outlined above in Selection of Members will be followed to replace members who are unable to attend consistently.

### **Communication Strategy & Consensus**

The preferred communication strategy to ensure effective and efficient communication is collaborative problem solving, defined as a process of civil discussion wherein two or more parties negotiate agreeably to have varying needs met by considering the perspective of all parties to seek a mutually agreeable solution. See attached Collaborative Problem-Solving Guide.

Consensus, defined as agreement among the majority of voting members present when quorum is met, will be the primary decision-making model for approval of the annual staffing plan, changes to a staffing plan, classification of complaints following committee review, and other committee decisions as determined by the committee co-chairs. The following process will be utilized when a committee consensus vote is needed:

1. Interested parties will present relevant information.
2. Opportunity will be given for discussion, questions, & clarification.
3. Co-chairs will indicate that the committee will vote on the matter.
4. Members will submit their vote via an anonymous voting process in teams. If an in-person meeting is held paper ballots that allow the co-chairs to see who has voted but does not allow other members or visitors to know how each committee member voted will be used.

A consensus will be considered Met with a vote of 50% of voting committee members +1 additional member in attendance. Example: If 20 members vote, at least 11 votes are needed for consensus.

## **Agenda**

Meeting agendas are developed and agreed upon by the committee co-chairs and sent to the members prior to each meeting. Members and non-member employees may request items to be added to the agenda either before or during the meeting. Non-employees may not add items to the agenda but may request a committee member to add an agenda item. Items added to the agenda during a meeting will be addressed as time allows and moved to the next meeting agenda if there is not adequate time.

Standing agenda for committee meetings is as follows:

1. Call to order.
2. Attendance.
3. Approval of documentation from previous meeting.
4. Agenda review (opportunity for additions).
5. Charter approval (annually).
6. Committee member education (annually and as needed).
7. Old business (Review of assignments made last meeting, unresolved discussions, & agenda items rolled over from previous meeting).
8. Budget review (semi-annually).
9. Quality report (quarterly).
10. HR Report (quarterly).
11. Proposed unit staffing plan changes (if any).
12. Hospital staffing plan review (semi-annually).
13. Progress Reports (corrective action plans in progress).
14. Staffing complaint trend data.
15. New staffing complaint review & classification.
16. Assignments & Agenda items for next meeting.
17. Adjournment.

## **Documentation & Retention**

Committee co-chairs will designate a scribe to take notes during each committee meeting. Documentation will be distributed to committee members for review prior to the next meeting and approved by co-chairs with input from members at the next committee meeting. Meeting minutes will be reviewed as part of the agenda and edits and changes will be made in real time.

Meeting documentation will include, but not be limited to:

- Attendance.
- Approval of previous meeting documentation.
- Summary of member education provided during the meeting.
- The outcomes of any votes taken during the meeting.
- Action items discussed during the meeting with member assigned.
- Disposition and action taken on staffing complaints reviewed during each meeting will be recorded on the complaint tracker.
- Written documents containing confidential information should not be removed from the meeting or shared with individuals who are not members of the committee. All committee documentation, including meeting documentation and staffing complaint tracking logs will be retained for a minimum of three years.

## Development of Staffing Plans

The staffing committee is responsible for the development and oversight of the staffing plan for provision of daily direct care staffing needs for the identified areas. The committee will review the effectiveness of each patient care unit nurse staffing plan semiannually. Department leaders should report semiannually and ad hoc to the Staffing Committee all relevant information to be considered in the review & approval of the patient care unit staffing plan.

Factors to be included in the development of staffing plans include, but are not limited to:

- Census, including total number of patients on the patient care unit each shift.
- Activity such as patient discharges, admissions, & transfers.
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.
- FTE mix of current staff, including full-time, part-time per diem, travel/contract, local agency, float pool, etc.
- Anticipated staff absences (vacation, planned leave, sabbatical).
- Skill mix of staff.
- Level of experience and specialty certification or training of nursing and patient care staff providing care.
- The need for specialized or intensive equipment
- Availability and ease of access of resources, equipment, and supplies.
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment.
- Staffing guidelines adopted or published by national nursing organizations, and other health professional organizations.
- Availability of other personnel and patient care staff supporting nursing services on the unit, including support staff not assigned to a specific patient care unit. Ex: Respiratory Therapy, Occupational Therapy, Environmental Services.
- Measures to optimize available staff, such as the current staffing model, alternative models of care considered, workflow optimization, reduction of redundant documentation, use of technology, etc.
- Compliance with the terms of an applicable collective bargaining agreement and relevant state and federal laws, including those regarding meal and rest breaks and use of overtime and on-call shift.
- Semiannual review of the staffing plan against patient need.
- Known evidence-based staffing information, including the quality indicators collected by the hospital.
- Review, assessment, and response to staffing variations or complaints presented to the committee.
- Hospital finances and resources as well as a defined budget cycle.

The staffing committee will review relevant data as outlined in the table below for consideration of the effectiveness of unit-based staffing plans.

Quality Metric	Review Frequency
Staff satisfaction and culture survey trends	(annually)
Staffing Plan Compliance reports	Monthly
Overtime & mandatory on call reports	Monthly
Hospital & department specific budget reports	Semi-annually

<p>Human Resources Report, may include but not limited to, turnover &amp; vacancy rates by discipline &amp; patient care unit, new hire turnover rates during the first year of employment, exit interview trends*, hiring trends, &amp; hospital workforce development plans.</p> <p>*Individual exit interview responses will not be shared with the committee due to potential staff confidentiality conflict. An HR representative will identify trends and provide a consolidated report to the committee.</p>	<p>Quarterly</p>
<p>Hospital wide and department specific quality indicators, including but not limited to, patient complaints*, patient satisfaction survey responses*, and key quality indicators as identified by the committee.</p> <p>*Patient comments about specific staff will not be shared with the committee. The quality director will summarize patient comments and present them to the committee.</p>	<p>Quarterly</p>

Validation of data: The Hospital Staffing Committee co-chairs will review staffing plan compliance reports monthly to determine and document the validity of each report. (Beginning no later than August 2025).

Upon review of all relevant data, the staffing committee will consider and vote on proposed staffing plan adjustments. A staffing plan will be considered and approved by the committee when a majority (50% +1) of the committee votes in favor of the plan. The committee approved staffing plan proposal will be forwarded to the hospital Chief Executive Officer (CEO) for review by July 1<sup>st</sup> annually for the following year and anytime an adjustment is requested and approved by the committee.

Upon receiving a staffing plan proposal from the Hospital Staffing Committee, the CEO or designee will review the proposal and provide written feedback to the committee. The written feedback must include, but is not limited to the following:

- Elements of the proposed staffing plan the CEO requests to be changed.
- Elements that could cause concern regarding financial feasibility, temporary or permanent closure of units, or patient care risk.
- A status report on implementation of the staffing plan including nurse sensitive quality indicators, patient surveys, recruitment/retention efforts, and success over past six months in filling open positions for employees covered by the staffing plan.

The committee will review and consider any feedback from the CEO, revise the staffing plan if applicable, and approve the new draft staffing plan by majority vote (50% +1) before submitting the revised staffing plan to the CEO for approval. If the revised staffing plan proposal is not accepted by the CEO and adopted upon second review, the CEO will document rationale for this decision. If the committee is unable to agree on a staffing plan proposal by majority vote or the CEO does not accept and adopt the proposed staffing plan, the staffing plan in effect January 1, 2023, or the most recent staffing plan approved by majority committee vote and adopted by the hospital will remain in effect until a new proposal can be agreed upon. The CEO's written report will be retained with staffing committee documentation as outlined in the section of the document titled "Documentation and Retention".

## Complaint Review Process

The following is the expected process for addressing staffing concerns.

Step 1: Real time communication – Staffing concerns should be discussed with the immediate supervisor and whenever possible resolved in real time.

Step 2: Immediate Supervisor Review – Staffing concerns are to be discussed with the shift supervisor (RN3), Nurse Manager on duty responsible for staffing assignments during the shift. The staff member and supervisor work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions. When a staffing variance from the staffing plan is identified or the clinical circumstances warrant additional staff to accommodate patient care needs, the immediate supervisor will determine the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable effort means that the employer exhausts and documents all the following but is unable to obtain staffing coverage:

- Seeks individuals to work additional time from all available qualified staff who are working;
- Contacts qualified employees who have made themselves available to work additional time via the established protocols;
- Seeks the use of per diem staff;
- When practical, seeks personnel from a contracted temporary agency when such staffing is permitted as per the collective bargaining agreement, and when the employer regularly uses a contracted temporary agency; and
- Mandatory coverage.

When the supervisor has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the supervisor will contact the CEO/DCEO as outlined in the hospital chain of command policy for assistance in resolving the concern.

If the concern cannot be resolved after escalating to the CEO/DCEO or the supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate supervisor will document the following to aid in ongoing review of the concern:

- Precipitating circumstances – such as an unforeseen emergent circumstance as defined below, unusually high number of sick calls or unexpected influx of patients;
- All efforts to obtain additional staff;
- Other measures taken to ensure patient & staff safety; and
- Rationale for shift-based staffing adjustments based on immediate circumstances.

If the staffing concern is a result of unforeseen emergent circumstances the immediate supervisor should document those circumstances for the staffing committee to review. Unforeseen emergent circumstances are defined as:

- Any unforeseen declared national, state, or municipal emergency;
- When a hospital disaster plan is activated;
- Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services;



- When a hospital is diverting patients to another hospital or hospitals for treatment.

### Step 3 – Staffing Concern/Complaint Report (SCR) or Assignment Despite Objection (ADO)

When a staff member has discussed their staffing concern with the immediate supervisor and is not satisfied with the outcome or solution, the staff member should initiate a Staffing Concern/Complaint Report.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and Hospital Staffing Committee for review. Every effort should be made to complete the report prior to the end of the shift in which the concern occurred. Timely communication helps to facilitate prompt review and response to the concern. The staffing committee aims to address all concerns within 90 days of the committee co-chairs receiving the report. Delayed reporting may cause a delay in this process.

If a concern is resolved during the shift by activating the standard chain of command, a staffing concern report may or may not be completed at the discretion of the staff member. Concerns resolved during the shift are classified as resolved and closed upon staffing committee review. A staffing concern report may be submitted to the committee if there is a recurring pattern, even if the immediate concern is resolved. Multiple reports submitted for the same occurrence will be reviewed for context and to ensure all information is considered but will be counted as a single occurrence for documentation purposes.

### Step 4 – Routing of staffing concern reports/ADOs

The immediate supervisor, staffing committee co-chairs, and the department manager should be notified immediately that a report has been initiated.

Incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information will include, but not be limited to contacting the staff member who submitted the report if known, contacting the immediate supervisor on the shift in which the concern occurred, contacting other staff members working the shift in which the concern occurred. A report may be dismissed by the committee due to insufficient information to investigate the concern.

The hospital staffing committee will review all written reports submitted to the committee regardless of the format used to submit the report. However, the use of a reporting method other than the expected process outlined above may cause a delay in committee co-chairs receiving the report. Committee co-chairs will log the date each report is received and will proceed with the standard review process.

### Step 5 – Department/Unit Level Review & Action Plan

Upon receiving a staffing concern report, the PCCC3s and/or RN4 will initiate a department level review. Within (7) days of receiving a concern, the PCCC3s and/or RN4 will notify the staff member in writing that their concern has been received and will be reviewed by the department manager and staffing committee. The department manager will identify trends and factors that contribute to staffing variances, facilitate problem solving at the department level, and implement and evaluate corrective interventions, as appropriate. Corrective actions may include, but are not limited to, process improvement to optimize staffing, workflow optimization, alternative models of care,

proposing adjustments to the staffing plan, staff education, and counseling of individual staff regarding performance or attendance issues. The department manager will evaluate the effectiveness of any interventions with input from staff and make a recommendation to the Hospital Staffing Committee regarding classification and future corrective actions.

#### Step 6 – Present to Hospital Staffing Committee

Prior to a concern being presented to HSC for review, the committee co-chairs will notify the staff member who submitted the concern that their concern is scheduled for HSC review and arrange for the staff member and their labor representative (if requested) to attend the meeting if the staff member wishes to do so. If a staff member is unable to attend the scheduled meeting but still wants to present their concern to HSC directly, they may request that HSC postpone review of their concern until the next scheduled meeting. If postponement will exceed the 90-day review period, HSC members will vote on whether to review the concern or extend the review period to allow the staff member to present their concern. HSC co-chairs will document any request to postpone review and the committee decision on the complaint tracking log.

Ideally the staff member and department manager will present the concern, the corrective action plan, and further recommendations to HSC together. If the staff member declines to attend the meeting, the department manager will present their recommendations to the committee.

A **SBAR** format should be used to facilitate clear communication.

**Situation** – Explain the staffing concern or variation.

**Background** – Explain contributing factors, and any identified root cause(s).

**Action & Assessment** – Corrective action taken at the department level & evaluation of effectiveness of attempted solutions.

**Recommendation** – Next steps for HSC. Suggest other potential solutions and how the concern should be classified by HSC.

#### Step 7 – Staffing Committee Classification & Collaboration

After receiving the department report, HSC will determine how to classify each staffing concern and whether additional action is needed to resolve the concern. The following standard definitions will be used to classify each concern:

##### **Dismissed –**

- Not enough information/detail was provided to investigate.
- The evidence presented to the nurse staffing committee does not support the staffing complaint.
- The hospital followed the nurse staffing plan.

##### **Dismissed with Acknowledgement –**

- HSC acknowledges that there was a variation from the staffing plan which could not be resolved due to the following circumstances:
  - The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to do so. See definition of reasonable efforts.

- The incident causing the complaint occurred during an unforeseeable emergent circumstance.
- Other circumstances to be specified by HSC.

**Resolved –**

- HSC agrees that the complaint has been resolved and must designate a resolution level.
  - Level 1 – Resolved by immediate supervisor during shift in which concern occurred.
  - Level 2 – Resolved at department/unit level with final review by HSC .
  - Level 3 – Resolved after HSC action.

**In progress –**

- A potential solution or corrective action plan has been identified and initiated.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- HSC must follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.

**Escalated –**

- HSC needs additional assistance and/or resources from senior leadership to address the concern.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- HSC will revisit this concern for further discussion until it can be resolved.

**Unresolved –**

- HSC agrees that a complaint is not resolved or is unable to reach consensus on resolution.

If a problem is not classified as dismissed or resolved when presented to the committee, the committee will identify potential solutions and develop and action plan. The committee will attempt to resolve concerns within 90 days of HSC co-chairs receiving a concern report. The HSC may choose to extend the review period longer than 90 days with approval from the majority (50%+1) of the committee. Any decision to extend the review period will be recorded by the committee co-chairs on the complaint tracking log.

Step 8 – Implementation or Escalation

During this step solution(s) identified by the committee are implemented as agreed upon in Step 7. If a solution could not be identified or the committee recognizes that additional resources are needed to implement the plan, the problem will be escalated to senior leadership for assistance. The committee may repeat Step 7 with senior leadership and return to Step 8 when a solution has been identified.

Step 9 – Evaluation

After a time period agreed upon by committee members, the HSC will review and evaluate the effectiveness of the corrective action plan. The committee will reclassify the concern at this time and record the new classification in the complaint tracking log. If the concern is not adequately resolved, the committee may choose to repeat Steps 6 through 9 as many times as necessary to resolve the problem. If this process exceeds 90 days from the date the report was received, the committee will vote on whether to extend the review period.

Step 10 – Documentation

**No protected health information (PHI) should be included in any HSC documentation.**

The following information for each staffing concern report/ADO is logged on the Staffing Concern Tracker:

- Date concern received by the committee.
- Information from the immediate supervisor and/or department manager review including:
  - Precipitating circumstances including unforeseen emergent circumstances if applicable.
  - All efforts to obtain staff, including exhausting defined reasonable efforts.
  - Other measures taken to ensure patient & staff safety.
  - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, & final disposition.
- Corrective action taken, if necessary.
- Date resolved (within 90 days or receipt or longer with majority approval).
- Attendance by employee involved in complaint and labor representative if requested by the employee.
- Closed loop written communication to the complainant stating the outcome of the complaint.

**Step 11 – Closed Loop Communication**

The outcome of each complaint review will be communicated to the staff member who initiated the concern report/ADO in writing via (paper letter mailed to employee's home, email, etc.).