

2024 Hospital staffing Committee Charter

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| Workgroup Name | Allenmore Hospital Staffing Committee |
| Staffing Committee Membership | See Addendum A |
| Leadership | <p>The Hospital Staffing Committee (HSC) is led by two co-chairs, one direct-care nursing staff co-chair and one co-chair from hospital administration. Each co-chair will serve for a one-year term.</p> <p>The direct-care nursing staff co-chair will be selected by a vote of the direct-care nursing staff HSC voting members. The administration co-chair is selected by hospital administration. If a co-chair is unable to fulfill the duties of their role, a new co-chair will be selected using the process outlined above and will serve for the remainder of the current term. It is expected that the Chief Nurse Executive or Designee will provide mentorship to their staff co-chair related to committee leadership, as needed.</p> |
| Scope and Objective of the Committee | <p>The primary responsibilities of the staffing committee are to:</p> <ol style="list-style-type: none"> 1. Development and oversight of an annual patient care unit and shift-based hospital staffing plan (HSP) for registered nurses, licensed practical nurses, certified nursing assistants, and unlicensed assistive nursing personnel providing direct patient care based on the needs of the patients. 2. Review and evaluate the effectiveness of the HSP at least 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 or complaints presented to the HSC. See addendum B <p>The strategic objective of the HSC is to assure compliance with all applicable staffing laws. It is the HSC’s goal to create a healthy and collaborative environment in which administration and direct-care nursing staff cooperate on issues related to hospital staffing.</p> <p>The staffing plan is for the hospital (as defined in RCW 70.41.020 and state hospitals as defined in RCW 72.23.010) where nursing staff deliver care. Refer to Addendum A to the departments covered by the staffing committee.</p> |
| Membership | <p>The staffing committee will consist of 20 voting members, 10 from hospital administration and 10 direct-care nursing staff. Direct-care nursing staff includes only RNs, LPNs, CNAs, and unlicensed assistive nursing personnel who are non-supervisory and nonmanagerial, currently providing direct patient care. As closely as possible, representation for each category of direct-care nursing staff (e.g., RNs, LPNs, etc.) will be proportionate to the number of direct-care nursing staff of that category in the hospital.</p> <p>The Chief Nursing Executive (CNE) will select the administration voting members and will include the CNE, Chief Financial Officer (CFO), and certain patient care unit directors or managers or their designees. Each category or direct-care nursing staff will select its own voting members. If the category of direct-care nursing staff is represented by a union, the union will select the voting members. If the category is unrepresented, the voting members will be selected by a vote of their peers.</p> <p>In the event there is not enough staff participation among unrepresented direct-care nursing staff, the union(s) will appoint any remaining voting HSC members.</p> <p>Direct-care nursing staff voting members will serve a two-year term with the selection being held at the 2nd meeting of each year. The committee will attempt to not exceed 50% turnover in a one year period.</p> <p>Other interested staff employed by the hospital may also be included in staffing committee meetings as non-voting members, as needed, to provide insight and context to inform committee discussion and decisions. (See authorization of guests for attendance process and options for non-members).</p> |

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| | Voting members (or their alternates) are expected to attend all committee meetings. If any voting member's attendance falls below 60% of meetings during a one-year period, a replacement member will be selected for the remainder of the current term by the same process set forth above. |
| Orientation | It is important for all voting HSC members to be knowledgeable about factors that inform decision-making regarding hospital operations and current laws related to hospital staffing. Newly selected HSC 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 HSC co-chairs with ongoing education provided to all members as needed. Completion of new member orientation within 90 days is a condition of HSC membership. |
| Decision Making | Decisions are made through a majority vote of a quorum of the membership. A quorum is 60% of the full HSC voting membership. Voting will take place by Australian ballot (anonymous voting). Examples of formal decisions include charter, staffing plans, and complaint decisions. Voting will be done in person, at meetings where a quorum exists, or electronically if the meeting is held electronically. Informal decisions would be by consensus (example meeting minutes, etc) |
| Other Attendees | Drop-in guests are not allowed at HSC meetings. A representative from Human Potential will attend HSC meetings. Guests may attend upon approval by the co-chairs. Requests for guest attendance should be made to the co-chairs at least one week in advance. |
| Meeting Schedule | The HSC co-chairs will schedule HSC meetings at least 30 days in advance. Generally, the monthly meetings will be held in an in-person/electronic forum on the first Wednesday of the applicable month from 1:30pm – 3pm unless scheduled for a different date or time by the co-chairs. All HSC voting members will be given notice of meetings via their MultiCare email address at least 30 days before the meeting. Direct-care nursing staff voting members will be relieved of other duties during meeting times and will be compensated at the appropriate rate of pay. |
| Roles and Responsibilities | All voting members are expected to: <ul style="list-style-type: none"> • Attend 100%, and no less than 60%, of all HSC meetings. • Actively participate in HSC meetings, including reviewing relevant materials in advance of meetings. • Remain open minded. • Model solution-focused communication with peers. • Participate in accordance with High Reliability Organization (HRO) behaviors: <ul style="list-style-type: none"> ○ C: Communicate Clearly; ○ A: Pay Attention to Detail; ○ R: Be a Respectful Team Member; and ○ E: Embrace a Questioning Mindset. • Act in accord with MultiCare's values: <ul style="list-style-type: none"> ○ Respect; ○ Integrity; ○ Stewardship; ○ Excellence; ○ Collaboration; ○ Kindness; and ○ Joy. |
| Hospital President | The hospital's chief executive officer, or their designee, will review the HSP and provide written feedback to the HSC as required by law. |

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| Data and Information Review | On a quarterly basis, the HSC will review staff turnover rates, new hire turnover during first year of employment, anonymized aggregate of exit interview data (annually), and hospital plans regarding workforce development/planning. |
| Documents and Retention | The CNE or designee will be responsible for taking minutes at all HSC meetings. At each meeting, the HSC will vote on approval of minutes from the prior meeting. All HSC documentation will be maintained on a shared electronic system (Teams) for a minimum of 3 years. |

Addendum A: Committee Membership

| Voting Members: | | |
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| | Leadership - Primary / Alternate | Staff – Primary / Alternate |
| Co-Chairs | Avery Toerber / Timi Trust | |
| 1) | Joni Bishop Manager/ANM | Marikay Patefield RN / Rusty Edgren RN |

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| 2) | Staci Diaz-Duran Manager/ Frank Kerns ANM | David Lechich RN |
| 3) | William Prichard ANM | Andrew Morash RN/Steven Zeiders RN |
| 4) | James Blackwell Manager/ Jamie Eckhart ANM | Nic Mesick RN / Nicole Pachmayer RN |
| 5) | Rosemary Walter Manager/ Tanya Lugo ANM | Shana Magalianes RN/Eva Pamisa RN |
| 6) | Kayla Walker Manager PACU/Manager PAC | Jazz Bingcang RN |
| 7) | Avery Toerber Clinical Director -Nursing | Colleen Blackburn RN |
| 8) | Timi Trust Clinical Director - Periop | Callie Kaminski |
| 9) | Linda Alderson CNE | Ally Gonzalez |
| 10) | Matt Scherer CFO | Randi Harris |

Addendum B: 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 Nurse Lead, Clinical Assistant Nurse Manager, Manager, Director, or the Hospital Supervisor 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 of 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.
- Seeks the use of per diem staff; and
- When practical, seeks personnel from a contracted temporary agency when such staffing is permitted by law or an applicable collective bargaining agreement, and when the employer regularly uses a contracted temporary agency.”

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 next level supervisor as outlined in the hospital chain of command policy for assistance in resolving the concern.

If the concern cannot be resolved after escalating to senior leadership 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 (Staffing Compliant Form CSI Form)–

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 Complaint Form (CSI) in either hard copy or electronically.

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 CSI 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/CSIs – The immediate supervisor, staffing committee co-chairs, and the department manager should be notified immediately that a report has been initiated via union notification of a completed CSI hard copy or electronic staffing complaint. Front-line staff are encouraged to provide copies of submitted staffing complaints to their immediate supervisor for dissemination to the above-listed team and for timely review and resolution.

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/CSI, the department leader will initiate a department level review. Within (10) days of receiving a concern, the (department leader) will notify the staff member(s) in writing that their concern has been received and will be reviewed by the department leader and staffing committee. The department leader 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 exceeds 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 leader 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 leader will present their recommendations to the committee.

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/CSI 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 Hospital Staffing committee does not support the staffing complaint.
- The hospital followed the Hospital 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.

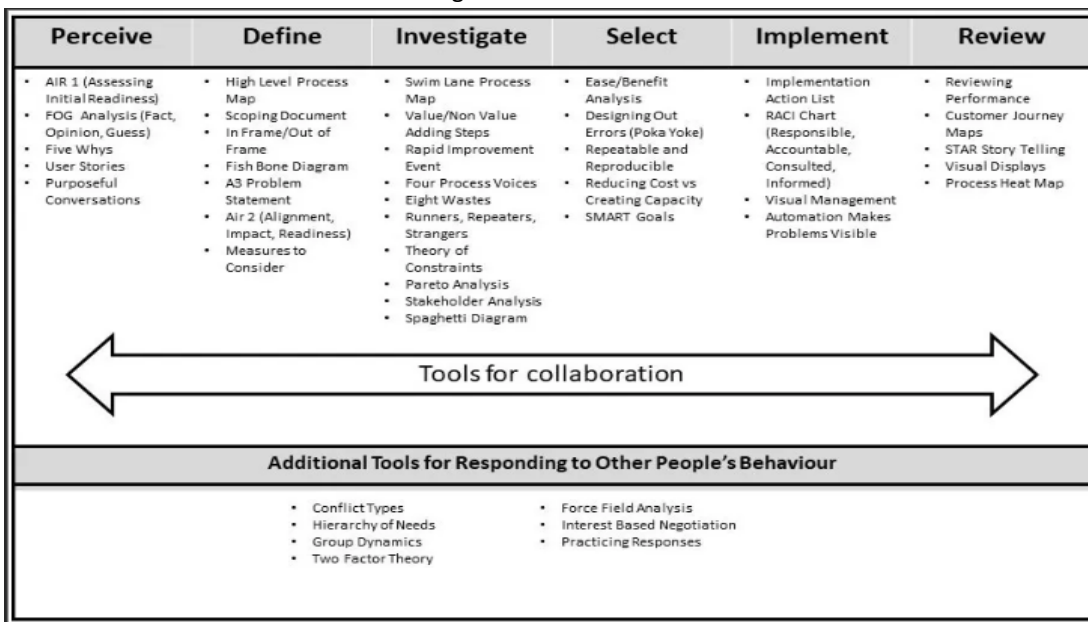
Escalated –

- 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 utilize a Collaborative Problem-Solving model:



to identify potential solutions and develop an 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

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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/CSI 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/CSI in writing via email.