

<b>Committee Name</b>	North Valley Hospital Staffing Committee
<b>Committee Membership and Leadership</b>	<p>Co-Chair (Front Line Staff Representative): Luke Redman, RN  Co-Chair (Management Representative): Jody Anderson, RN, ER Manager</p> <p>Committee Membership:</p> <ol style="list-style-type: none"> <li>1. Christa Harbig, RN, AC Manager</li> <li>2. Marcia Naillon, RN CNO</li> <li>3. Melissa Thompson CFO</li> <li>4. Leann Lewis RN</li> <li>5. Toma Donceel, RN</li> <li>6. Tonya Smith, NAC</li> </ol> <p>The Hospital Staffing Committee will consist of 8 members: <u>3</u> Licensed Nurses and 1 NAC/ MA currently providing direct patient care (one half of the total committee membership) and <u>4</u> hospital administrative staff (up to one half of the total membership). The management membership must include a department manager, the CNO and CFO of NVH. Other management members such as the CEO or Human Resources may also attend, but are not required.</p> <p>Each area where nursing care is provided will have the opportunity to provide advice to the Hospital Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open, and any interested Licensed Nurse or NAC/MAC employed by North Valley Hospital may attend, but only committee members will have a vote.</p> <p>Meetings will be held monthly. Attendees may join in person, by phone or remote.</p> <p>The Hospital Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Hospital Staffing Committee. New membership will be established in the December of the odd years for the following 2 year term.</p> <p>Licensed Nurse participants will be selected according to the collective bargaining agreement or by their peers if staff are not represented by a union.<sup>1*</sup></p> <p>If needed, on a monthly basis, Frontline Staff may convene a paid 1-2 hour meeting to discuss concerns or review data, prior to planned hospital staffing committee meetings.</p>
<b>Overall Purpose/ Strategic Objective</b>	The purpose of this Committee is to: protect patients, support greater retention of Licensed Nurses, NAC's and MAC's, promote evidence-based Hospital staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about staffing.

<sup>1\*</sup> Under Section 9(a) of Taft-Hartley Act, a union which has been certified or recognized as the representative of the workers in a bargaining unit has the right of exclusive representation for all workers in that unit and has the right to choose the individuals who bargain on its behalf.

	<p>The Hospital staffing committee has ready access to organizational data pertinent to the analysis of Hospital staffing which may include but is not limited to:</p> <ul style="list-style-type: none"> <li>● Patient census and census variance trends</li> <li>● Patient LOS</li> <li>● Nurse Sensitive Outcome indicator data</li> <li>● Quality metrics and adverse event data where staffing may have been a factor</li> <li>● Patient experience data</li> <li>● Staff engagement/experience data</li> <li>● Staff overtime and on-call utilization</li> <li>● Breaks taken, breaks missed</li> <li>● Nursing agency utilization and expense</li> <li>● “Assignment by objection” or other staffing complaint/concern data</li> <li>● Patient utilization trends in those areas where on-call is used</li> <li>● Recruitment, retention, and turn-over data</li> <li>● Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled)</li> </ul> <p>The committee conducts routine surveys to assess the satisfaction of both nurse staffing committee members, and bedside nursing staff, with nurse staffing and with the effectiveness of the staffing committee.</p>
<p><b>Tasks/ Functions</b></p>	<ul style="list-style-type: none"> <li>● Develop / produce and oversee the establishment of an annual patient care unit/shift-based nurse staffing plan as well as staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.</li> <li>● Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital per the rules and regulations per the Hospital Staffing law and DOH.</li> <li>● Review, assess, and respond to staffing variations or concerns presented to the committee</li> <li>● Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.</li> <li>● Assure factors are considered and included, but not limited to, the following in the development of staffing plans: <ul style="list-style-type: none"> <li>○ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers</li> <li>○ Level of intensity of all patients and nature of the care to be delivered on each shift</li> <li>○ Skill mix</li> <li>○ Level of experience and specialty certification or training of nursing personnel providing care</li> <li>○ The need for specialized or intensive equipment</li> <li>○ 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</li> <li>○ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Availability of other personnel supporting nursing services on the unit; and strategies to enable staff to take meal and rest breaks, as required by law or collective bargaining agreement.</li> <li>● Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.</li> <li>● Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan.</li> <li>● Develop and implement a process to examine and respond to complaints submitted by staff that indicates: <ul style="list-style-type: none"> <li>○ That the personnel assignments, in a patient care unit, are not in accordance with the adopted staffing plan; or that the shift-to-shift adjustments, in staffing levels, required by the plan are not in accordance with the adopted staffing plan.</li> </ul> </li> </ul> <p>Track complaints coming in and the resolution of the complaints.</p> <ul style="list-style-type: none"> <li>● Make a determination that a complaint is resolved or dismissed based on unsubstantiated data.</li> <li>● Orientation to the staffing committee law is a part of routine hospital orientation.</li> </ul>
<b>Timeline for Outcome Completion</b>	<p>By September 1, 2008, the Nurse Staffing Committee was established in accordance with Chapter 70.14 Revised Code of Washington.</p> <p><u>HISTORICAL</u></p> <ul style="list-style-type: none"> <li>● By November 1, 2018, the Nurse Staffing Committee approved the Charter and finalized the membership selection process</li> <li>● By December 1<sup>st</sup>, annually, the Nurse Staffing Committee reviewed, approved, and submitted unit/area staffing plans to the Chief Executive Officer for approval</li> <li>● By November 30, 2018, the Nurse Staffing Committee reviewed and evaluated all staffing plans using the designated nurse sensitive quality indicators</li> </ul> <p><u>EFFECTIVE JANUARY 1, 2025</u></p> <ul style="list-style-type: none"> <li>● Staffing committee guidelines will be established and a revised staffing plan will be submitted on DOH web page. If an agreement has not been made then the already agreed upon and posted staffing plan remains in place until a new plan is established and voted in with a 50% plus 1 majority and the CEO approves and signs the staffing plan</li> </ul>
<b>Meeting Management</b>	<p><b>Meeting schedule:</b></p> <p>The Hospital Staffing Committee will meet on or before the last work week day of the month. Notices of meeting dates and times will be distributed at least 30 days in advance in order to better accommodate unit scheduling. Exceptions can be made due to unforeseen circumstances that all committee members agree upon, warranting a change on the pre planned meeting date. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Frontline staff members of the Hospital Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require a front line staff member, attend on his/her scheduled day off. In this case, the frontline staff member may be given equivalent hours off during another scheduled shift.</p>

	<p><b>Record-keeping/minutes:</b></p> <ul style="list-style-type: none"> <li>● Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.</li> <li>● The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.</li> <li>● A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request.</li> <li>● Records must be kept for 3 consecutive years running</li> </ul> <p><b>Attendance requirements and participation expectations:</b></p> <ul style="list-style-type: none"> <li>● All members are expected to attend at least 75 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.</li> <li>● If a member needs to be excused, requests for an excused absence are communicated to CNO. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.</li> <li>● Replacement will be in accordance with aforementioned selection processes.</li> <li>● It is the expectation of the Hospital Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.</li> </ul> <p><b>Decision-making process:</b></p> <ul style="list-style-type: none"> <li>● Approval of items when taken to vote must have 50% plus 1 of the voting membership in order to pass.</li> <li>● In Order to have a quorum a minimum of 2 management and 2 staff members of the approved staffing committee membership must be present at the monthly meeting. Must Have a Quorum to hold a vote.</li> <li>● If the Quorum is unequal among attendees between management and front line staff, members from either management and/or front line staff would abstain from the vote to maintain Equal attendees voting among the membership. A 50% plus1 rule of the voting membership is still required for the vote to pass.</li> <li>● If No Quorum is present at the meeting then the meeting will either be canceled or discussion could occur without voting in that meeting.</li> </ul>
<p><b>New Staff Committee Requirements</b></p>	<ul style="list-style-type: none"> <li>● If possible, staff are encouraged to attend at least 1 meeting and review charter prior to committing.</li> </ul>