

2024 PeaceHealth United General Medical Center Hospital Staffing Committee (HSC) Charter

This HSC Charter template is revisited and modified as deemed necessary by the Hospital Staffing Committee.

Date published: February 1, 2024 Charter review dates: December 2023/January 2024/February 2024 Next review due: January 31, 2025			
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<ul style="list-style-type: none"> •The HSC members collaboratively develop/implement the HSC charter. The charter is updated annually or more often as deemed necessary by the committee. The DOH and L&I provide technical assistance to the HSC on implementation of charter requirements. •Retaliation, intimidation, or otherwise adverse action against any individual performing duties or responsibilities in connection with the HSC or any employee, patient, or other individual who notifies the HSC or the hospital administration of concerns related to nurse staffing is not permitted. 			
COMMITTEE (HSC) STRUCTURE, STATEMENT OF PURPOSE, MEMBERSHIP			
Section 1 HSC Purpose Purpose This hospital staffing committee (HSC) is established by PeaceHealth United General Medical Center to convene direct care nursing staff and hospital administration to participate in a joint process regarding decisions about direct care nurse staffing practices to promote quality patient care, safety for patients and staff, and greater retention of nursing staff. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan and analyzing nurse staffing.			
Section 2 HSC Responsibilities Scope The primary responsibilities of the HSC are: 1. Develop and oversee the annual patient care unit and shift-based hospital staffing plan (HSP) for nursing staff, including registered nurses, certified nursing assistants, ED Techs, Surgical Techs, and unlicensed assistive nursing personnel providing direct patient care based on the needs of patients. 2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence based staffing information, including identified factors considered in staffing plan development and nurse-sensitive quality indicators collected by the hospital. 3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee. Hospital departments/units that require a *staffing plan: Emergency Department (ED/Float), Perioperative Services (Pre-op, OR, PACU), Acute Care Unit (ACU), Acute Inpatient Rehab Unit (ARC), Oncology Services (Med ONC/Rad ONC/Infusion/OP Infusion) *The staffing plan includes acute care hospital areas (licensed under RCW 70.41)			
Section 3 HSC Membership Membership and Selection The HSC consists of sixteen (16) voting members comprised of eight (8) direct care nursing staff and eight (8) from hospital administration. At least 50 percent of the voting committee members are nursing staff who are nonsupervisory/nonmanagerial, currently providing direct patient care. >The selection of HSC nursing staff members is according to the collective bargaining representative agreement. >Fifty percent of the total HSC voting members are from hospital administration and include the Chief Financial Officer, Director of Clinical Services (CNO equivalent), and patient care unit managers or their designees. >HSC administration members are selected by the hospital administration. <u>Co-Chairs</u> The HSC is co-chaired by one direct patient care nursing staff representative and one representative from hospital administration. >The nursing staff co-chair is selected under the direction of the collective bargaining agreement(s) as guided by the selected HSC nursing staff members OR >The administrative co-chair is selected by the hospital administration. >If a HSC co-chair or member is unable to fulfill the duties of their role, a new individual is selected using the process outlined above. <u>Other attendees</u> The following job classes will be represented on the HSC as voting patient care staff members: Unit CNA/ED Tech (HSC co-chairs and HSC members determine attendance of others with consideration given to hospital policy, collective bargaining agreement, memoranda of understanding, etc.) >Interested non-members who are unable to attend a meeting are encouraged to share their input with a HSC member who may represent their interests during the meeting.			

> Committee co-chairs may limit HSC attendance to committee members for all or a portion of meetings as deemed appropriate by the co-chairs.

COMMITTEE (HSC) ROLES AND RESPONSIBILITIES

Section 4 HSC Roles and Responsibilities

Staffing committee co-chairs will serve for a period of two (2) years. Co-chair duties include, but are not limited to:

- Ensure meetings are scheduled to optimize the ability of all members to attend and ensure all members are notified of any changes.
- 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. Co-chairs will meet in person or virtually 5 days before the meeting to set the agenda.
- 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 approval.
- Work with unit-based leadership to ensure that patient care unit annual staffing plans, 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 staff member 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 or 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.

Hospital Staffing Committee Members 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 consecutive meetings (or more than 4 meetings annually) will be replaced through the member selection process previously outlined.
- Notify committee co-chairs and arrange for a substitute representative when unable to attend.
- Notify committee co-chairs if meetings are scheduled during a scheduled shift so that coverage can be arranged for member 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 facilitates collaborative problem solving.
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.

HSC MEETING MANAGEMENT

Section 5 HSC Meetings, Management, and Attendance

Meeting Schedules and Notification

The HSC will meet every other month, or more often if needed, to achieve objectives of the committee as determined by committee members in compliance with RCW 70.41.420. Meeting dates and times will be set by the committee co-chairs with input from committee members and will be scheduled a year in advance. Committee members will be notified of changes to meeting dates and times via email at least 30 days in advance of routine meetings.

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 will be held in person and virtually via Teams with an expectation of members who participate virtually to remain on camera for the duration of the meeting.

Staffing relief will be provided if necessary to ensure committee members are able to attend meetings. Members must notify the committee co-chairs within 30 days of a meeting if one is scheduled during a previously scheduled shift, and staffing relief will be needed. They will be required to work with the co-chairs to make sure coverage is arranged for the meeting time.

Contingency Staffing Plan

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.

HSC Member Orientation

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 or changes.

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, however, to ensure timely processing of complaints, committee co-chairs may elect to process complaints with less than 60% of members present.

Attendance and Participation

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 meetings or more than 4 meetings per year, the process outlined above in Selection of Members will be followed to replace members who are unable to attend consistently.

>It is the expectation of the HSC that all members participate actively, including reading required materials in advance of the meeting as assigned and coming prepared to meetings.

Communication and Consensus

The HSC strives to resolve issues through collaboration.

Consensus is the primary decision-making model when a quorum is met and is used for approval of the annual staffing plan, changes to a staffing plan, classification of complaints, and other committee decisions. Should an issue need to be voted upon by the HSC, the action must be approved by a majority vote of a duly appointed HSC with an equal number of direct care nursing staff and administration present (not just the majority of the members present at a particular meeting). The following process will be utilized when a HSC vote is needed:

1. Interested individuals present information relevant to the topic.
2. An opportunity is provided for discussion, questions, and clarification.
3. Co-chairs indicate that the committee will vote on the matter, restating the proposal that will be voted on.
4. Members submit their vote via show of hands.

Consensus is reached if there is a 50 percent plus one vote of a duly constituted HSC (with an equal number of voting representatives from direct patient care nursing staff and from administration). Example: If 16 members vote, at least 9 votes are needed for consensus.

Agenda

Meeting agendas are developed and agreed upon by the committee co-chairs 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. Acuity Tool Review (semi-annually)
9. Budget review (semi-annually)
10. Quality report (quarterly)
11. HR Report (quarterly)
12. Proposed unit staffing plan changes (if any)
13. Hospital staffing plan review (semi-annually)
14. Progress Reports (corrective action plans in progress)
15. Staffing complaint trend data
16. New staffing complaint review & classification

17. Assignments & Agenda items for next meeting

18. Adjournment

Documentation and Retention

Committee co-chairs will designate a scribe to take notes during each committee meeting. Documentation will be distributed to committee members for review at least one week prior to the next meeting and will be approved by co-chairs with input from members at the next committee meeting. (Confidential hospital information provided at the meeting will be excluded from the minutes prior to them being published)

Meeting documentation includes, (but is not limited to):

- HSC meeting attendance and identification of voting members present.
- Approval of previous meeting documentation.
- Summary of member education provided during the meeting.
- The outcome of any votes taken during the meeting.
- Topics discussed during the meeting with action items and member assignment(s).
- Review/disposition/action taken on staffing complaints reviewed during each HSC meeting with tracking on the ADO Tracking Log in Teams

Written documents containing confidential information are not removed from the meeting or shared with individuals who are not members of the HSC. All committee documentation, including meeting documentation and ADO tracking logs are retained for a minimum of three years and consistent with the hospitals' document retention policies.

HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL

The HSC is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs for the identified areas. The committee will review the effectiveness of each patient care unit nurse staffing plan semiannually. Department leaders should annually report 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)
- 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, if any, 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

Section 7 HSC Information/Data Review

The HSC reviews relevant data outlined below to assess the effectiveness of unit-based staffing plans and financial performance.

Data/Metrics	Frequency of Review
Results from staff satisfaction and culture survey trends	Annually
Staffing Plan Compliance reports	Bi-monthly
Missed meal & rest break reports for nursing staff	Bi-Monthly
Overtime & mandatory on-call reports	Bi-Monthly
Hospital & department specific budget reports, to include Hospital operating margin, EBITDA, Days cash on hand, Bond rating	Semi-annually
Human Resources Report, including but not limited to, turnover & vacancy rates by discipline & patient care unit, new hire turnover rates during the first year of employment, and hospital workforce development plans	Quarterly
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. Quality indicators will be data obtained from Tableau Reports by Department *Patient comments about specific staff will not be shared with the committee. The quality lead will summarize patient comments and present them to the committee.	Quarterly

Data Validation

Staffing Plan Compliance Report. The HSC co-chairs conduct a bi-monthly review of the staffing plan compliance report. The standard form includes a checkbox for either HSC co-chair to indicate their belief that the validity of the report should be investigated by the WA DOH.

Section 8 HSC Staffing Plan Development, Review, and Approval

Upon review of *factors to be considered in development of a staffing plan* and quality metrics, the HSC develops and votes on a proposed staffing plan. The HSC voting members approve the proposed staffing plan when a majority (50 percent plus one) vote of the HSC is in favor of the plan.

The committee-approved staffing plan proposal is provided to the hospital Chief Administrative Officer (CAO) for review.

>Due annually by July 1st for the following year and any time a staffing plan adjustment is requested and approved by the committee.

Upon receiving a staffing plan proposal from the HSC, the CAO or designee reviews the proposal and provides written feedback to the committee. The written feedback must include, but is not limited to the following:

- Elements of the proposed staffing plan the CAO 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 reviews and considers any feedback from the CAO, revises the staffing plan if applicable, and approves the new draft staffing plan by majority vote (50 percent plus one) before submitting the revised staffing plan to the CAO for approval.

>If the revised staffing plan proposal is not accepted by the CAO and adopted upon second review, the CAO documents rationale for this decision.

If the HSC is unable to agree on a staffing plan proposal by majority vote or the CAO does not accept and adopt the proposed staffing plan, the most recent of the following staffing plans remains in effect: a) the staffing plan in effect January 1, 2023, or b) the staffing plan last approved by a 50 percent plus one vote of a duly constituted HSC and adopted by the hospital until a new proposal can be agreed upon.

The CAO's written report is retained with HSC documentation as outlined in *Section 5 Documentation and Retention*.

HSC COMPLAINT MANAGEMENT

Section 9 HSC Complaint Review

Staffing concerns are addressed using the following process:

Step 1: Timely Communication

Staffing concerns are addressed (in real-time) with the immediate supervisor using chain of command.

Step 2: Immediate Intervention

Staffing concerns are to be discussed with the NTL, Nurse Manager and/or Nursing 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 Efforts: 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.
- 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: 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 an Assignment Despite Objection (ADO).

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, an ADO 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 ADOs

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

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 HSC 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 and Action Plan

Upon receiving an ADO, the department manager will initiate a department level review. Within 5 days of receiving a concern, the manager or assistant manager 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 or designee 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: Presentation to the Hospital Staffing Committee

Prior to a concern being presented to HSC for review, the committee co-chairs (or designee) 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 the review of their concern until the next scheduled meeting. If the 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 (or designees) will document any request to postpone a review and the committee decision on the complaint tracking log.

Whenever possible, the staff member and department manager present the concern to the HSC together, along with any corrective action plans, and further recommendations. If the staff member declines to attend the meeting, the department manager or designee presents their recommendations to the committee.

Presentations to the HSC use the **SBAR** format 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 and evaluation of effectiveness of attempted solutions.

Recommendation – Provide other potential solutions and the recommended classification of the complaint.

Step 7: HSC Complaint Classification

After receiving the department report, the HSC determines classification of each staffing concern and whether additional action is needed to resolve the concern. The following standard definitions are used to classify each concern:

DISMISSED (unsubstantiated data)

- 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 documented that it made reasonable efforts (RCW 70.41.410) to obtain staffing but was unable to do so. (See definition of reasonable efforts).
- The incident causing the complaint occurred during an unforeseeable emergent circumstance (RCW 70.41.410).
- Other circumstances to be specified by HSC.

RESOLVED

- HSC agrees that the complaint has been resolved and designates 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 (awaiting resolution)

- 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 to follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.

ESCALATED (awaiting resolution)

- 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 revisits this concern for further discussion until it can be resolved.

UNRESOLVED

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

If a complaint is not classified as dismissed or resolved when presented to the HSC, the committee identifies potential solutions and develops an action plan. The committee makes every effort to resolve concerns within 90 days of HSC co-chairs receiving a concern. The HSC extends the review period longer than 90 days with approval from the majority (50 percent plus one) 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 HSC are implemented as agreed upon in Step 7. If a solution cannot be identified or the committee recognizes that additional resources are needed to implement the plan, the committee may invite other senior leaders or stakeholders to assist in addressing the concern. The committee may repeat Step 7 with additional senior leaders or stakeholders and return to Step 8 when a solution has been identified.

Step 9: Evaluation

After a time agreed upon by HSC members, the HSC reviews and evaluates 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

Protected health information (PHI) is not included in HSC documentation.

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

- Date the concern was 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 reasonable efforts as defined.
 - >Other measures taken to ensure patient and staff safety.
 - >Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, and final disposition.
- Corrective action taken, if necessary.
- Date resolved (within 90 days of 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 email.