Hospital Staffing Committee Charter

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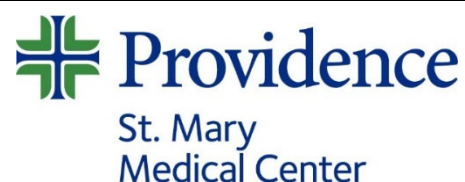509-897-3320
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Voting Committee Members

Direct Care Nursing Staff:	Administration:
1. Ives, Caitlyn, RN, Co-Chair *Additional voting members TBD	1. Bowe, Melissa, Director of Critical Care Services 2. Dyjur, Louise, Chief Nursing Officer, Co-Chair 3. Chase, Valerie, Manager of Float Pool 4. Harris, Spencer, Chief Financial Officer 5. Jackson, Linda, Director of Acute Care Services 6. Richards, Renee, Director of Surgical Services 7. Rivera, Robyn, Director Women and Children Services

Alternate Committee Members

Direct Care Nursing Staff:	Administration:
1. Chandler, Meghan, Senior Certified Nursing Assistant 2. Coburn, Jamie, RN 3. Curnuck, Bruce, RN 4. Fortney, Amanda, RN 5. Gales-Groom, Brenda, RN 6. Griffith, Kristen, RN 7. Johns, Anthony, RN 8. Knifong, Erik, RN 9. Lee, Madison, CNA 10. Mendoza, Sol, RN 11. Lintner, Amber, Senior Certified Nursing Assistant 12. McNeil, Courtney, RN	1. Delano, Natasha, Director of Oncology 2. Eakins, Davia, Manager of Surgical Unit 3. Harmon, Patty, Manager of ICU 4. Moramarco, Cindy, Manager of Recovery Services 5. Patrick, Brian, Manager of Emergency Services 6. Rama, Lito, Manager of Medical Unit 7. Urlacher, Lucas, Senior Manager of Cardiovascular Services

Other Committee Members

1. Hennequin, Carli, Human Resource Business Partner
2. Kaleel, Reza, Chief Executive
3. Quezada, Juanita, UFCW 3000 Representative
4. Sweaney, Erich, Human Resource Manager

Committee Statement of Purpose, Structure, and Membership

Purpose

The purpose of the HSC is to convene direct care nursing staff and hospital staff 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.

Scope

The primary responsibilities of the staffing committee are:

1. Develop and oversee the annual patient care unit and shift-based hospital staffing plan for nursing staff, including registered nurses, licensed practical nurses, certified nursing assistants, 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 select 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 are:

1. Emergency Department
2. Critical Care (ICU, including dialysis)
3. Perioperative Services (OR, Endo, Cath Lab, PACU)
4. Women's Services (Obstetrics, Infant Care/Nursery, Neonatal-Level 2)
5. Medical/Surgical Floors (including Pediatrics)
6. Ambulatory Surgery Outpatient Center (under hospital licensure)
7. Oncology
8. Outpatient units, as applicable

Membership and Selection

The Hospital Staffing Committee will consist of a to-be-determined number of voting members made up of half direct care staff and half from hospital leadership. The 50% of the voting committee who are direct care staff will be nursing staff (RN, LPN, CNA, Unlicensed assistive nursing personnels (UAP)) who are nonsupervisory and nonmanagerial, currently providing direct patient care.

The nursing staff representation will consist of RNs, CNAs, and UAPs. Nursing staff membership makeup and determination is being currently being negotiated will be added at a later date. Nursing staff will serve a 2-year term with selection in the fall of each year.

50% of the voting committee will be hospital leaders selected by the CNO and shall include the Chief Financial Officer, Chief Nursing Officer, and patient care unit or directors or managers, or their designees.

Alternate Voting Membership: These members should attend orientation session. Co-chairs must be notified 24 hours in advance if an alternate will be voting in the place of a Voting

Committee Member. It is the responsibility of the Voting Committee Member to prepare the Alternate for any meeting discussion and votes.

Each area where nursing care is provided will have the opportunity to provide guidance to the Hospital Staffing Committee. These areas will be called to meetings when attendance is required. Interested non-members are encouraged to share their input with a committee member who can represent their interests during the meetings.

The Hospital Staffing Committee will be co-chaired by one nursing staff and one management representative. The staff co-chair will be selected annually by vote of committee members. The hospital leadership co-chair will be the CNO or designee. If at any point a co-chair is unable to fulfill the duties of the role, a new co-chair will be selected.

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.

Roles and Responsibilities:
Co-chair duties include, but are not limited to:
- Scheduling meetings to optimize the ability of all members to attend and ensuring all members are notified of changes to meeting schedule.
- Monitoring attendance of members to ensure adequate quorum for each meeting and taking action to address non-attendance as outlined in the committee charter.
- Developing an agenda for each meeting with input from committee members.
- Maintaining complete and accurate committee documentation, including but not limited to meeting minutes, concern review log, annual staffing plan, and staffing plan updates.
- Ensuring timely submission of the staffing plan to DOH following committee and CEO approval.
- Working 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.
- Facilitating respectful professional discussions and moderating as needed.
- Organizing staffing concerns and ensuring adherence to the concern management process to facilitate the best use of time during committee review.
- Notifying the staff member and manager when their concern is scheduled to be reviewed by the committee and inviting them to attend.
- Ensuring closed loop communication occurs following committee review of a staffing concern.

- Presenting annual staffing plan and any semi-annual adjustments to the CEO for review and approval.
- Holding committee members accountable for expectations of professional conduct.
- Ensuring that all committee members work collaboratively together in good faith to meet the collective needs of patients, staff, and the organization.

Committee member responsibilities include, but are not limited to:

- Completing new member orientation and participating in on-going education as recommended by committee co-chairs.
- Consistently attend committee meetings (see Attendance and Participation).
- Arranging for an Alternate Voting Member to attend if there is going to be an absence. Preparing the Alternate Voting Member for scheduled discussion and votes. Notifing the committee co-chairs, when possible, at least 24 hours in advance.
- Notifying core leader two weeks in advance if meetings are scheduled during a scheduled shift so that coverage can be arranged for member to attend meeting.
- Actively participating in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in respectful dialogue.
- Remaining open-minded and solution-focused and earnestly engaging in the collaborative/cooperative problem-solving process.
- Modeling solution-focused communication both in committee meetings and when discussing staffing concerns with peers.
- Acting as a committee ambassador to gather input from peers and sharing with the committee to inform decisions and assisting peers in understanding process for developing staffing plans and reviewing concerns.
- Encouraging peers to effectively communicate staffing concerns through the process established by the committee to best facilitate collaborative problem solving.
- Communicating urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.

Meeting Management

Meeting schedule, notification, and documentation
The staffing committee will meet monthly, or more often if needed, to achieve objectives of the committee in compliance with RCW 70.41.420. Meeting dates and times will be set by the committee co-chairs with input from committee members. Committee members will be notified of meeting dates and times via email calendar invite at least 30 days in advance of routine meetings.

Participation by committee members in meetings shall be during scheduled work time when possible 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 will be compensated at the appropriate rate of pay. Members are responsible for notifying the core leader two weeks in

advance if they are scheduled to work when a committee meeting is scheduled so that coverage can be arranged. Meetings can be remote/hybrid.

Contingency 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.

Quorum
A quorum is the minimum acceptable level of individuals 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. A quorum for the staffing committee will be considered met as long as at least 60% of voting committee members are present with equal number from hospital leadership and nursing staff voting (at least five of each hospital leadership and nursing staff). A quorum must be established before the committee takes a vote on staffing plan approval or revision. A quorum is preferred for review of staffing concerns, but to ensure timely processing of concerns, committee co-chairs may elect to process concerns with less than 60% of members present.

Attendance and Participation
HSC members are expected to attend at least 75% of meetings held each year. Failure to meet attendance expectations may result in removal from the committee. If a member is unable to attend a meeting, they are responsible for arranging an alternate voting member, preparing that alternate for any discussion and votes, and notifying the co-chairs via email in advance of the meeting.

Members who miss more than four meetings annually, without appointing an alternate, will be replaced through the member selection process previously outlined.

Communication Strategy & Consensus
Consensus, defined as agreement among the majority (50% + 1) 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 concerns 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

Agenda

Meeting agendas are developed prior to each meeting and disseminated to HSC members one week in advance of the upcoming HSC meeting. HSC members may request items to be added to the agenda either before or during the meeting. Items added to the agenda during a meeting will be addressed as time allows and moved to the next meeting agenda if there is inadequate time.

Agenda will be developed with standing items (call to order, attendance, documentation approval, agenda review, concern classification and follow-up) and requirements/reports from Appendix 1.

Documentation & Retention

All committee documentation, including meeting minutes and staffing concern tracking logs will be retained for a minimum of current year plus six years.

Staffing Plan Development and Approval

Development of Staffing Plans

The HSC is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs. 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, 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 staffing plan against patient needs.
- Known evidence-based staffing information, including quality indicators collected by the hospital.
- Review, assessment, and reasons to staffing variations or concerns presented to the committee.
- Hospital finances and resources as well as a defined budget cycle.

Semiannual Review of Staffing Plan:
The staffing committee will review relevant reports and data (Appendix 1) for consideration of the effectiveness of unit-based staffing plans.

Validation of data: The Hospital Staffing Committee co-chairs will review staffing plan compliance and meal and rest break compliance reports monthly to determine and document the validity of each report. (Beginning in July 2024 for Meal and Rest Break Compliance and July 2025 for Staffing Plan Compliance).

CEO Review of Staffing Plan/Changes
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 1st annually for the following year and any time 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 until a new proposal can be agreed upon.
Concern Management   Concerns will be addressed according to the process outlined in Appendix 2.

Appendix 1: Reporting/Data

HSC Reporting/Data Requirements			
Responsible Individual/Group	Requirement	Content	Cadence
Committee Members	Staffing Concerns	Any concerns submitted. Concern submission process outlined in the Charter preferred, but not required.	Monthly
	Charter Review	Review and approve HSC Charter	Annually
	Education/Orientation	HSC Member education/Orientation	Annually
Human Resources	Caregiver Engagement	Caregiver engagement survey trends	Annually
	Turnover/Vacancy	Turnover and vacancy rates by discipline and patient care unit, new hire turnover rates during first year of employment	Quarterly
	Workforce Development	Exit interview trends, hiring trends, and hospital workforce development plans	Annually
CFO	Budget Report	Hospital and department specific budget reports	Semi-annually
CEO	Staffing Plan Report	Response to proposed staffing plan will include nurse-sensitive quality indicators, patient experience surveys, recruitment and retention efforts, and hospital success over the previous six months in filling approved open positions covered by the staffing plan	Annually
CNO	Meal and Rest Break Compliance	Review report of missed meal and rest breaks and share with HSC	Monthly, starting 7/1/24
	Staffing Plan Compliance	Review report of staffing plan compliance and share with HSC	Monthly, starting 2/1/25
	Quality Indicators	Hospital-wide and department-specific quality indicators with Semi-Annual Review of Staffing Plan.	Semi-annually
Quality	Staffing Concerns	Report any concerns made through the patient grievance process to the CNO	As needed

Appendix 2: Staffing Concern Process

The following is the expected process for addressing staffing concerns.

Step 1: Real time communication

Staffing concerns should be discussed with the charge nurse and resolved in real time whenever possible. The staff member and charge nurse work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions.

Step 2: Escalate to House Administrative Supervisor (HAS)

When a staffing variance from the staffing plan is identified or the clinical circumstances warrant additional staff to accommodate patient care needs, the charge nurse will escalate concerns to HAS. The charge nurse and HAS will work together to evaluate the immediate clinical situation, evaluate the patient and staff conditions and explore potential solutions.

HAS will make reasonable effort to resolve the staffing concern and will communicate outcome to the charge nurse. Reasonable effort means that the employer exhausts and documents all the following:

- Seeks individuals to work additional time from all available qualified staff who are working;
- Contacts qualified caregivers who have made themselves available to work additional time;
- Seeks the use of per diem staff; and

Step 3: Contact Core Leader
When the HAS has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the HAS will contact the Core Leader for assistance in resolving staffing concern.

Following discussion with HAS, the core leader 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 Core Leader 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 4 –Hospital Staffing Concern Form (HSC)

After the concern has been escalated if the staff member is still not satisfied with the outcome or solution, the staff member should initiate a Hospital Staffing Concern Form.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the Core Leader 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 and incomplete reporting may cause a delay in this process.

If a concern is resolved during the shift by activating the standard chain of command, a HSC 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 HSC 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.

A HSC can be submitted via the St. Mary SharePoint > Departments > Nursing – Form is on the right side of the Nursing page.

HSCs should be submitted at the end of the shift after the other steps have been completed and a resolution is not achieved. HSCs should be submitted by the person who was directly impacted by the concern. Incomplete reports that are missing pertinent information may delay the review process.

The staff member will receive notification by email that their concern has been received and will be reviewed by the core leader and staffing committee.

Step 5 – Routing of Staffing Concern

The core leader and staffing committee co-chairs are notified immediately that a report has been initiated by Hospital Staffing Concern Form.

A thorough investigation will be conducted by the core leader, which may include contacting the staff member who submitted the report and other team members working that shift.

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.

<u>Step 6 – Present to Hospital Staffing Committee</u>

Prior to a concern being presented to HSC for review, the core leader 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 in person, they may attend virtually or present a more detailed written explanation.

Ideally the staff member and department manager will present the concern to HSC together. If the staff member declines to attend the meeting, the department manager will present their recommendations (if any) to the committee.

<u>Step 7 – Staffing Committee Classification & Collaboration</u>

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 HSC does not support the staffing concern
  - 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.
    - The incident causing the concern occurred during an unforeseeable emergent circumstance.
    - Other circumstances to be specified by HSC.
- Resolved (root cause of concern/variance)
  - HSC agrees that the concern has been resolved and must designate a resolution level.
    - Level 1 – Resolved during shift in which concern occurred (recruitment or volume changes)
    - Level 2 – Resolved at department/unit level with final review by HSC (Wasn't worked out during shift, but solution implemented by management. Example: changing schedules around, counseling/coaching on staffing, expanding call-pool)

- Level 3 – Resolved after HSC action (ex: changes to the staffing plan, counseling/coaching, staffing patterns, change in care model)
- In-Progress
  - A potential solution has been identified and initiated (ex: need to hire, but haven't filled positions yet)
  - 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 solution and determine the final disposition of the concern.
- Unresolved
  - HSC agrees that a concern is not resolved or is unable to reach consensus on resolution. Will return to HSC monthly until resolved.

Step 8 – Evaluation (when necessary)

If a concern is not classified as dismissed or resolved when presented to the committee, the committee will utilize a collaborative problem-solving approach 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 concern tracking log.

After a time period agreed upon by committee members, the HSC will review and evaluate the effectiveness of any action plan. The committee will reclassify the concern at this time and record the new classification in the concern tracking log. If the concern is not adequately resolved, the committee may choose to repeat Steps 6 through 8 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 9 – Documentation

The following information for each staffing concern report is logged on the Staffing Concern Tracker (no protected health information should be included):

- Date concern received by the committee
- Information from the immediate supervisor and/or core leader 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 classification
- Action taken, if any

- Date resolved (within 90 days or receipt or longer with majority approval)
- Attendance by caregiver involved in concern and labor representative if requested by the caregiver

Step 10 – Closed Loop Communication

The outcome of each concern review will be communicated to the staff member who initiated the concern report in writing via email.