



Shriners Hospitals for Children
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License # HAC.FS.00000042

Hospital Staffing Committee Charter

COMMITTEE MEMBERSHIP:

The Hospital Staffing Committee will consist of at least 10 members: at least half of whom must be nursing staff currently providing direct patient care and not holding supervisory or managerial roles. The initial composition of the Hospital Staffing Committee will include staff in the following roles:

- Director of Patient Care Services
- CFO
- Outpatient Director
- Surgery Manager
- Care Management Manager
- Outpatient Clinic RN
- Inpatient RN Night
- Care Management RN
- Surgery RN
- LPN/CNA/MA
- Ad Hoc: CEO, HRD, Risk Management

Committee meetings are open and any interested hospital staff employed by Shriners Children's – Spokane may attend, but only committee members will have a vote. Each area where nursing care is provided will have the opportunity to provide input to the Hospital Staffing Committee. These areas will be invited to meetings when their attendance is requested.

The Hospital Staffing Committee will be co-chaired by one staff Registered Nurse and one Management representative. Co-chairs will be selected from time to time by majority vote of the Hospital Staffing Committee. All committee members interested in serving for an open Co-Chair position for which they qualify may volunteer or be nominated by another committee member. Each Co-Chair will serve a term of two (2) years. In the event of a vacancy in a Co-Chair position, the Hospital Staffing Committee will promptly select a replacement through the same process, which replacement will serve for a two (2) year term.

Members who are nursing staff providing direct patient care will be selected by their peers on the committee. Hospital administration will select the remaining members of the committee. Each member is expected to serve a term of two (2) years and may be reappointed through the same process. The same selection process will apply for all vacancies, including in situations where a Member is being replaced due to lack of attendance or engagement.

OVERALL PURPOSE / STRATEGIC OBJECTIVE

The purpose of this Committee is to protect patients, support greater retention of hospital staff, and promote evidence-based patient care staffing by establishing a mechanism whereby direct care nurses (RN, LPN, CNA, MA) and hospital management can participate in a joint process regarding decisions about hospital staffing.

TASKS / FUNCTIONS

- Develop/produce and oversee the establishment of patient care units and shift-based hospital staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget. Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan. The committee will consider in the development of the hospital staffing plan information in the semiannual reports submitted by the hospital to the Department of Health regarding the percentage of

nurse staffing assignments where the assignment in a patient care unit was out of compliance with the adopted nurse staffing plan.

- Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information. This includes nurse sensitive quality indicators collected by the hospital, surveys and recruitment and retention effort. The semi-annual review by the committee will also consider the information in the reports submitted by the hospital to the Department of Health regarding the percentage of nurse staffing assignments where the assignment in a patient care unit was out of compliance with the adopted nurse staffing plan.
- The Committee must propose a draft of the annual staffing plan that must be approved by a vote of 50% plus 1.
- The drafted annual staffing plan must be delivered to the hospital chief executive officer (CEO) or their designee for consideration by July 1st each year (starting 2024).
- The Committee will review and consider feedback from the CEO/designee. Once the revised hospital staffing plan is completed, it then has to be approved by a vote of (50% plus 1).
- Review, assess, and respond to staffing variations or complaints presented to the Committee. Staffing complaints will be reviewed and investigated monthly. Complaints will be resolved within 60 days or receipt or longer with majority vote approval. This may include patient/family complaints involving staff made to the hospital through the patient grievance process. This information will be used to inform the development and monthly review of the staffing plan. Risk Management will be included on an as needed basis.
 - Staffing complaints or communication to the Committee will be via email to the spohospitalstaffing@shrinenet.org email address and will be reviewed at the next scheduled meeting.
 - Documentation of complaints will include the initial date complaint received as well as initial, contingent, and final disposition of complaints and corrective action plan(s) where applicable.
 - An employee who is involved in a complaint will be invited to attend meetings of the Committee where the complaint is discussed unless otherwise determined by the Committee. If an employee requests a representative to attend a Committee meeting with them, this must be approved in advance by the Corporate Risk Management team.
 - Complainant will be provided with a letter stating the outcome of the complaint upon resolution.
- Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area to include a contingency staffing plan that addresses any unforeseen emergent circumstances.
- Assure the following factors are included in the development of staffing plans:
 - Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admission, and transfers.
 - Acuity of all patients and nature of the care to be delivered on each shift.
 - Staffing skill mix to include level of experience and specialty certification or training of nursing personnel providing care.
 - The need for specialized or intensive equipment.
 - 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 professional associations, specialty-nursing organizations, and other health professional organizations.
 - As needs arise, HSC will work with the local education counsel and the Office of Education and Training Development (OETD) in regard to workforce development.
- Conduct quarterly reviews of staff turnover rates including new hire turnover rates during first year of employment; anonymized aggregate exit interview data on an annual basis; and hospital plans regarding workforce development.
- Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by system wide

Nursing Dashboards and Nursing Engagement surveys.

- Reports to Nursing Leadership.

MEETING MANAGEMENT

- Meeting schedule:

The Hospital Staffing Committee will meet on a monthly basis. Meeting invites will be sent out via email at least 30 days in advance or as soon as the need for a meeting is identified. Participation in the meeting by a hospital staff member shall be at scheduled work time and compensated at the appropriate rate of pay. Hospital Staffing Committee members shall be relieved of all other work duties during meetings. The Committee will add audio and/or video conferencing as an option to attend the monthly meetings.

Any member of the Hospital Staffing Committee may call a meeting provided that at least 30 days' notice is provided to all committee members for each non-routine meeting.

- Record-keeping/minutes:

- The minutes of each meeting will be distributed to all Committee members, with approval of the minutes as a standing agenda item for each meeting.
- Meeting documentation will include minutes, attendance, and actions taken.
- A master copy of all meeting minutes from the Hospital Staffing Committee will be maintained and available for review on request. These will be retained for minimum of three years consistent with the Hospital's documentation retention policies.

- Attendance requirements and participation expectations:

- If a member needs to be absent from a scheduled meeting, the member will request an excused absence by communicating with the Director of Patient Care Services and the Co-Chairs.
- All members are required to attend at least 50% of the meetings held each year. Failure to meet attendance expectations may result in removal from the Committee by majority vote of all other Members.
- It is the expectation of 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.

- Decision-making process:

- Consensus will be the standard decision-making model.
- Should a particular issue need to be voted upon by the Committee, the action must be approved by a majority vote of the full Committee unless a higher threshold is required in this Charter.
- If an adequate quorum (50% staff/50% leadership) is not present the meeting will be rescheduled until a quorum is achieved.

- The HRD will provide the committee staff turnover rates, including new hire turnover rates during the first year of employment, quarterly; and anonymized aggregate exit interview data quarterly.

- Legal:

If a hospital fails to submit a staffing plan, staffing committee charter, or a corrective action plan by the relevant deadline, DOH may take administrative action with penalties up to \$10,000 per 30 days of failure to submit the document.