

2024 St. Anthony Hospital Hospital Staffing Committee (HSC) Charter

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

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Direct Care Nursing Staff:	Seana Lutz, RN, Critical Care Jennifer Cowdin, CNA, 5th Floor Ferlin Hopkins, RN, PCU/3rd Floor Christopher Anderson, RN, ED Michelle Kelly, RN, House Supervisor Andria Martinsons, RN, PACU	Administration:	Sunny Porter, RN, CNO Donna McLaird, MHA, Market VP Operational Finance Carrie Ronge, RN, Director of Perioperative Services Emma Kasemeier, RN, Clinical Manager Emergency Department Suzanne Veal, MHA, Director of Diagnostic Imaging, IR, & Cath Lab Jeri Aikins, RN Clinical Manager 5th floor Medical/Surgical
<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 St. Anthony Hospital 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, licensed practical nurses, certified nursing assistants, surgical technicians 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: Critical Care, 3rd Floor Medical/Surgical Observation & PCU, 4th Floor Medical/Surgical, 5th Floor Surgical, Emergency Department, SWAT/IV Therapy, Recovery Services, Surgical Admission/Discharge Unit, Interventional Pain, Infusion Clinic, Operating Room, Cardiac Cath/ Interventional Radiology/ Vascular Department *The staffing plan includes acute care hospital areas (licensed under RCW 70.41) and state hospitals (as defined in RCW 72.23), where RNs provide patient care			
Section 3 HSC Membership Membership and Selection The HSC consists of 12 voting members comprised of 6 direct care nursing staff and 6 from hospital administration. At least 50 percent of the voting committee members are nursing staff who are nonsupervisory/nonmanagerial, currently providing direct patient care. <ul style="list-style-type: none"> • The selection of HSC nursing staff members is according to direct patient care nursing staff peers. 			

Fifty percent of the total HSC voting members are from hospital administration and include the Chief Financial Officer, Chief Nursing Officer, and patient care unit directors or managers or their designees.

- HSC administration members are selected by the Hospital Administration.

Co-Chairs

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 by vote of their peers.

>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.

Other attendees

>Other members including representatives to the HSC may not have voting rights, but have the ability to participate in discussions.

>Employees 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 (HSC) ROLES AND RESPONSIBILITIES

Section 4 HSC Roles and Responsibilities

Co-chairs (or designee)

HSC co-chairs serve for a period of 2 years. Co-chairs duties include, but are not limited to:

- Schedule HSC meetings to optimize attendance. Ensure HSC member notification of accurate meeting date, time, and location.
- Provide new HSC member orientation and ongoing training to members.
- Track meeting attendance of members. Ensure adequate quorum for each meeting and address non-attendance (as specified by charter).
- Develop the agenda for each meeting with input from the HSC members.
- Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, staffing plan updates, and actions taken. Comply with meeting documentation retention consistent with the hospital's policy.
- Facilitate review of factors to be considered in the development of the staffing plan. Ensure review of staff turnover rates (including new hire turnover rates during the first year of employment) quarterly, hospital plans regarding workforce development, and patient grievance submissions related to hospital staffing.
- Facilitate development and semi-annual review of the HSP. Present the annual staffing plan and any semi-annual adjustments to the COO for review and approval. Ensure timely submission of the plan to the DOH following HSC and COO approval.
- Facilitate respectful and productive discussions and moderate as needed.
- Organize review of staffing complaints and ensure adherence to the complaint management process to facilitate the best use of time during the HSC.
- Acknowledge receipt of staffing complaints by communicating with the staff member who submitted the complaint.
- Ensure closed-loop communication occurs following committee review of a staffing complaint via written response to the staff member who submitted the complaint including the outcome of the complaint after committee review.

Hospital Staffing Committee Members

HSC committee member responsibilities include, but are not limited to:

- Complete new member orientation and participate in on-going education as recommended by committee co-chairs.
- Attend committee meetings consistently.
- Notify committee co-chairs if unable to attend a HSC as specified by charter.
- For direct care staff, notify the direct supervisor if HSC meetings are scheduled during a scheduled shift as outlined in the charter so that coverage can be arranged.
- Participate actively in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in dialogue.
- Remain open-minded and solution-focused and earnestly engage in a collaborative/cooperative problem-solving process.
- Model solution-focused communication both in committee meetings and when discussing staffing concerns with peers.
- Serve as a committee ambassador to gather input from peers and share with the HSC to inform decisions and assist peers in understanding the process for developing staffing plans and reviewing complaints.
- Encourage peers to effectively communicate staffing concerns through the process of concern form submission to best facilitate 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 meets monthly, or more often if needed, to achieve objectives of the committee in compliance with RCW 70.41.420. Meeting dates and times are set by the committee co-chairs with input from committee members. Committee members are notified of meeting dates and times via Commonspirit email at least 30-days in advance of regular meetings.

>Meeting participation by HSC members is scheduled work time and compensated at the appropriate rate of pay. Voting Members are relieved of all other work duties during meetings. Whenever possible, meetings are scheduled as part of members' normal full-time equivalent hours.

> Staffing relief is provided (when necessary) to ensure voting members are relieved of their duties to attend meetings. Voting members are responsible for notifying the HSC co-chairs if they are scheduled to work when a committee meeting is scheduled. Notify the co-chairs by email and designate a proxy from the pool of current voting members to cast your vote. The committee must maintain 50% administrative and 50% staff, so designate a proxy from the appropriate category your vote represents.

> The HSC member works with their supervisor to arrange coverage to attend the committee meeting by notifying the supervisor in advance and actively arranging schedules to accommodate. Active participation in the meeting is required as defined by the HSC. Members attending remotely are responsible for accurately recording their time for payroll purposes.

HSC Member Orientation

Newly selected voting hospital staffing committee members receive basic orientation related to hospital quality improvement strategy, the organizational budgeting process and relevant reports, current applicable hospital staffing laws, committee structure and function, attendance policy and member duties. Initial orientation is provided by committee co-chairs with ongoing education provided to all members as needed.

Quorum

Quorum is the minimum acceptable number of voting HSC members required to make the proceedings of the meeting valid. Establishing a quorum ensures sufficient representation at meetings before changes can be proposed or adopted. Quorum for the HSC is met as long as at least 50 percent of committee members are present, with equal representation of voting direct care nursing staff and administration.

> A quorum is established before the committee takes a vote on all voting matters, including staffing plan approval or revision.

> A quorum is preferred for review of staffing complaints, though co-chairs may elect to move forward with presence of fewer than 50 percent of voting members for purposes of timely processing of complaints.

> Attendance is taken at the beginning of each HSC meeting.

> If a HSC member is unable to attend, the member may designate a proxy from the existing voting members or the co-chairs can appoint a proxy from the voting member group. The number of voting members may be adjusted so that there is an equal number from direct care nursing staff and administration.

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, co-chairs are notified in advance of the meeting. HSC member replacement is in accordance with the aforementioned selection processes.

>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 chat box on zoom or verbally.

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).

Agenda

Meeting agendas are developed and agreed upon by the HSC co-chairs prior to each meeting and disseminated to HSC members (with meeting documentation) at least 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. Non-member employees may request that a HSC member include an item on the agenda.

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.

Documentation and Retention

Committee co-chairs designate a scribe to take notes during each HSC meeting. Meeting documentation (approved by co-chairs with input from HSC members) is distributed to HSC members for review at least one week prior to the next HSC meeting.

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

- HSC meeting attendance and identification of voting members present.
 - Approval of previous meeting documentation.
 - 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 a Staffing Concern spreadsheet.
- All committee documentation, including meeting documentation and staffing complaint tracking logs are retained for a minimum of three years.

HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL

Section 6 HSC Information/Data Review

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 semi-annually report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan.

Factors to be considered in the development of the staffing plan include, but are not limited to:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.
- Skill mix of staff and FTE mix of current staff, including full-time, part-time, per diem, travel/contract/local agency/float pool.
- Anticipated staff absences, (i.e., vacation, planned leave, sabbatical).
- Level of experience, specialty certification, and 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/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.
- Availability of other personnel and patient-care staff supporting nursing services on the unit (e.g., Respiratory Therapy, PT/OT, etc.).
- Measures to optimize available staff, (e.g., current/alternative staffing models of care, workflow optimization, etc.)
- Compliance with relevant state and federal laws and rules, including those regarding meal and rest breaks and use of overtime and on-call shifts.
- Semiannual review of the staffing plan against patient needs.
- 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
Staffing Plan Compliance reports (Future)	Monthly
Missed meal & rest break reports for nursing staff	Monthly
Mandatory overtime & mandatory pre-scheduled on-call reports (Future)	Monthly
Hospital and department specific budget reports	Semi-annually
Human Resources Report, including but not limited to: <ul style="list-style-type: none"> • Turnover & vacancy rates by nursing staff job class & patient care unit • Nursing staff new hire turnover rates during the first year of employment • Aggregate anonymized exit interview trends* • Hiring trends and hospital workforce development plans 	Quarterly Exit interview trends annually
Hospital-wide and department-specific quality indicators, including but not limited to: <ul style="list-style-type: none"> • Patient complaints related to staffing* • Patient satisfaction survey responses* <p>*Patient comments about specific staff are not shared with the HSC. The quality director summarizes patient comments and presents them to the committee.</p>	Quarterly

Data Validation (To begin by August 2025)

Staffing Plan Compliance Report. The HSC co-chairs conduct a 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 President 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 Hospital President 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 Hospital President 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 the past six months in filling open positions for employees covered by the staffing plan.

The committee reviews and considers any feedback from the Hospital President, 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 Hospital President for approval.

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

If the HSC is unable to agree on a staffing plan proposal by majority vote or the Hospital President 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 Hospital President’s written report is retained with HSC documentation as outlined in *Section 5 Documentation and Retention*.

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 review the contingency staffing plan.

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 discussed with the charge nurse, house supervisor, or nurse manager on duty, who is responsible for staffing assignments during the shift. The staff member and shift leadership work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions. When a variance from the staffing plan is identified or clinical circumstances warrant additional staff to accommodate patient care needs, the shift lead or immediate supervisor determines the appropriate reasonable efforts to resolve the situation using available resources. [Chain of Command Policy](#)

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 and when the employer regularly uses a contracted temporary agency.

When the shift lead has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the shift lead contacts 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 shift lead or house supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate shift lead or house supervisor documents 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 and staff safety. And-
- Rationale for shift-based staffing adjustments based on immediate circumstances.

If the staffing concern is a result of an unforeseen emergent circumstance, the immediate charge nurse or house supervisor documents those circumstances for HSC 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/ St. Anthony Hospital Staffing Concern Form

When a staff member has discussed their staffing concern with the shift lead/immediate supervisor and is not satisfied with the outcome or solution, the staff member initiates a St. Anthony Hospital Staffing Concern Form and IRIS if appropriate.

PHI is not included in the staffing concern report.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and HSC for review.. The HSC aims to resolve complaints within 90 days of receipt by the co-chairs, or longer with majority approval of the HSC.

Concerns resolved during the shift are classified as resolved and may be closed following 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 Concerns

The shift lead/immediate supervisor, staffing committee co-chairs, and the department manager are notified that a report has been initiated via Staffing Concern Spreadsheet.

Efforts to obtain necessary information include, but not be limited to:

- Contacting the staff member who submitted the report if known.
- Contacting the shift lead/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.

Step 5: Department/Unit Level Review and Action Plan

Upon receiving a staffing concern, the department manager initiates a department level review when appropriate.

- An auto-reply from the online form or an email from the co-chair notifies the staff member in writing that their concern has been received and will be reviewed by the department manager and HSC. The department manager may identify trends and factors that contributed to staffing variances, facilitate problem solving at the department level, and implement and evaluate corrective interventions, as appropriate. The department manager evaluates the effectiveness of interventions with input from staff. The manager offers a reply on the concern spreadsheet that will be shared with the HSC and staff member.

Step 6: Presentation to the Hospital Staffing Committee

The staff member who submitted the concern is welcome to attend the meeting and present their concern if they choose. The auto-reply for concern forms extends an invitation with dates and zoom login information. If the staff member would like a labor representative present they are allowed to do so (N/A). If the staff member is not present, co-chairs or designee will present the concern as written to the committee. The co-chair will present the response from the manager and open the matter for discussion by the committee.

Step 7: HSC Complaint Classification

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.

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

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.

Step 9: Evaluation

After a time agreed upon by HSC members, the HSC reviews and evaluates the effectiveness of the 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 leave the classification and form a new specific action item or mark as unresolved. 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 Staffing Concern Spreadsheet:

- The date the concern was received by the committee.
- Information from the immediate supervisor and/or department manager review may include
 - >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.
- Current and/or final disposition.
- Date resolved (within 90 days of receipt or longer with majority approval).

Step 11: Closed-Loop Communication

- Closed-loop written communication to the complainant stating the outcome of the complaint if contact information was given.