FSt. Joseph Medical Center Hospital Staffing Committee Charter

Committee Name	St. Joseph Medical Center Hospital Staffing Committee (HSC)
Committee Leadership and Membership	Committee Leadership: Co-Chair (Staff Registered Nurse Representative): Selected by nursing staff. Co-Chair (Management Representative): Selected by management. Committee Membership: The Hospital Staffing Committee will consist of **16** voting members: **6** Registered Nurses, **2** Nursing Staff, who are nonsupervisory and nonmanagerial, and **8** hospital administrative staff *(Management Representation)* (up to one half of the total membership). Non-Voting members will consist of up to **8** alternate nursing staff representative members, (**2** SEIU and **6** WSNA staff representative(s)), and up to **3** alternate Management Representatives. A quorum must be established at the beginning of each HSC meeting. A quorum will exist when at least one-half of the HSC's total members are present, no fewer than half of the voting HSC members present are nursing staff, and no fewer than half of the voting HSC members present are management staff, and at least one voting HSC member from WSNA & SEIU bargaining units are present. If none of the WSNA-designated HSC members are available to attend a meeting, the WSNA team may designate other bargaining unit members to attend the meeting on paid time as a proxy and vote on their unit's behalf. If none of the SEIU-designated HSC members are available to attend a meeting, the SEIU team may designate other bargaining unit members to attend the meeting on paid time as a proxy and vote on their unit's behalf. The Hospital Staffing Committee will be co-chaired by one nursing staff member and one management representative. At least one co-chair representative, staff, and management will be present at each meeting. Each represented party, management and nursing staff, shall select their own co-chair. The role of the co-chairs is to confirm meeting logistics (e.g. quorum, minutes, and agenda), facilitate data collection/resource distribution prior to meeting, and recruit new members when there is attrition from the committee. Managers and staff members will serve a minimum of a 1-year term for the July 1, 2024 to July 1, 2025 calendar year. Upon completion of the inaugural year, managers and staff will serve a minimum of a 2 year term.

Committee Member's Names	**Nursing Staff:**
	   ● **WSNA-Designated Nursing Staff:**
	      Carina Price, Co-Chair
	      Matthew McGuire
	      Emily Nollmeyer
	      Teresa Kindell
	      Sally Budack
	      Shannon Suchland
	
	Management Staff:
	Denise Mills, Co-Chair
	Andrew Baxter, CNO
	Greg Jackson, CFO
	Haley Wahl
	Jennifer Schmidt
	Stephanie Brazil
	Teresa Montoya

Committee Member's Names	*WSNA Alternates (6) - TBD* ● **SEIU-Designated Nursing Staff:** Rose Ngure Yolanda Ventura *SEIU Alternates (2) - TBD*	Andre House *Management Alternates (3) - TBD*
Overall Purpose/ Strategic Objective	The purpose of this Committee is to: protect patients, support greater retention of nursing staff, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nursing staff and hospital management can participate in a joint process regarding decisions about staffing.	

Tasks/ Functions	● Support hospital staffing practices as defined by RCW 71.41.420
	● Develop/ produce and oversee the establishment of an annual patient care unit and shift based nursing staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget.
	● Provide a semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse-sensitive quality indicators collected by the hospital.
	● Assure patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
	● Assure factors are considered and included, but not limited to, the following in the development of staffing plans:
	  ○ 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, sick leave, bereavement, jury duty, FMLA, parental leave, military, FCA, workers' compensation).
	  ○ 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.
	  ○ Availability of other personnel and patient-care staff supporting nursing services on the unit (e.g., Respiratory Therapy, PT/OT, EVS, nutrition, transporters, inventory technicians, radiology personnel, etc.).
	  ○ Compliance with the terms of an applicable collective bargaining agreement, if any, and relevant state and federal laws and rules, including those regarding meal and rest breaks and use of overtime and on-call shifts.

Tasks/ Functions (continued)	○ 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. ● No less than quarterly reviews of staff turnover rates including new hire turnover rates during the first year of employment; aggregate exit interview data on an annual basis; and hospital plans regarding workforce development.
Timeline for Outcome Completion	Each staffing plan will be evaluated on a semi-annual basis and as needed with updates and /or changes.
Meeting Management	**Meeting schedule:** ● The Hospital Staffing Committee will meet at least monthly for no more than three (3) hours. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Additional staffing relief must be provided if necessary to ensure committee members are able to attend HSC meetings. All nursing staff members of the Hospital Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full-time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that a nursing staff member attend on their scheduled day off. In this case, the nursing staff member may be given equivalent hours off during another scheduled shift. ● 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 within 5 business days to develop a contingency staffing plan. **Record-keeping/minutes:** ● Meeting agendas and staffing plans will be sent to all nursing staff members. Secured documents will only be sent to professional emails at least 21 days in advance of each meeting. ● Meeting calendar invites (only) can be sent to personal emails if staff members choose. The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. ● A master copy of all agendas and meeting minutes from the Hospital Staffing Committee minutes will be maintained and available for review on theVMFH Google Drive in Folder named Hospital Staffing Committee. ● Meeting documentation shall be retained for a minimum of three (3) years and consistent with the hospital's document retention policies.

Meeting Management (continued)	**Attendance requirements and participation expectations:** ● All members are expected to attend at least 75 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. ● If a member needs to be excused, requests for an excused absence are communicated to appropriate co-chairs. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes. ● It is the expectation of the Hospital Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned. **Decision-making process:** ● Consensus will normally be used as the decision-making model. ● Staffing Plans presented at meetings will be voted on at each meeting by voting members. ● The HSC shall approve any staffing plan, including any revised plan, that applies to registered nurses within WSNA's bargaining unit by a minimum 50% + 1 majority vote of those present and eligible to vote pursuant to the charter, and must include at least one (1) vote in favor of the staffing plan by an HSC member who is part of the WSNA bargaining unit. ● The HSC shall approve any staffing plan, including any revised plan, that applies to service employees within SEIU's bargaining unit by a minimum 50% + 1 majority vote of those present and eligible to vote pursuant to the charter, and must include at least one (1) vote in favor of the staffing plan by an HSC member who is part of the SEIU bargaining unit.

ADO Process	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, or leader on duty, who is responsible for staffing assignments during the shift. The staff member and charge nurse 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 clinical circumstances warrant additional staff to accommodate patient care needs, the immediate supervisor determines 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, seek 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.

ADO Process (continued)	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 staffing concern is a result of an unforeseen emergent circumstance, management 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/Assignment Despite Objection (ADO)** 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 an ADO form. The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and HSC for review. Ideally, the reporting staff member completes the report prior to the end of the shift in which the concern occurred or when reasonably able. The HSC aims to resolve complaints within 90 days of receipt by the co-chairs, or longer with majority approval of the HSC. 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 HSC 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 Concern Reports/ADOs** The staffing committee co-chairs, and the department manager are notified immediately that a report has been initiated via email simultaneously with union representation via ADO website. Incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information 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 HSC due to insufficient information to investigate the concern. The HSC reviews all written reports submitted to the committee regardless of the format used to submit the report. The use of a reporting method other than the process outlined above may cause a delay in HSC co-chairs receiving the report. Committee co-chairs (or designees) 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 a staffing concern report/ADO, the department manager initiates a department

ADO Process (continued)	level review. Within 5 business days of receiving a concern, the unit manager 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 identifies trends and factors that contributed to staffing variances, facilitates problem solving at the department level, and implements and evaluates corrective interventions, as appropriate. The department manager evaluates the effectiveness of interventions with input from staff and makes a recommendation to the HSC 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 (paid time). 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 designee) will document any request to postpone 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 the corrective action plan, and further recommendations. If the staff member declines to attend the meeting, the department manager or designee presents their recommendations to the committee. **Step 7: HSC Complaint Classification** After receiving the department report, the HSC determines classification of each ADO 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. ● RESOLVED 　○ HSC agrees that the complaint has been resolved and must designate a resolution level. 　　■ Level 1 – Resolved by immediate supervisor during shift in which concern occurred with final review by HSC. 　　■ Level 2 – Resolved at department/unit level with final review by HSC. 　　■ Level 3 – Resolved after HSC action. ● UNRESOLVED (non-violation) WITH ACKNOWLEDGEMENT 　○ HSC acknowledges that there was a variation from the staffing plan which could not be resolved due to the following circumstances:

ADO Process (continued)	■ 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).
	
	● UNRESOLVED IN PROGRESS (awaiting resolution)
	  ○ A potential solution or corrective action plan has been identified and initiated.
	  ○ HSC needs additional assistance and/or resources from senior leadership to address the concern.
	  ○ HSC to follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.
	  ○ 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 the 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: 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 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
	Protected health information (PHI) is not included in HSC documentation. The following information for each staffing ADO is logged on the Staffing Concern 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.

ADO Process (continued)	● 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 10: 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.