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CHARTER STATEMENT

- 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.

1. HSC STRUCTURE, STATEMENT OF PURPOSE, AND MEMBERSHIP

Purpose

This hospital staffing committee (HSC) is established by Virginia Mason 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, greater retention of nursing staff, and promote evidence-based nurse staffing. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan and analyzing nurse staffing.

Responsibilities

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, 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: Central Pavilion 7, 8, 9, 10, 12, 14, 15, 16, 17; Jones Pavilion 7, 9, 11, 16, 18; IV Therapy; OIC; OR; PACU; Pre-Op Clinic; Hyperbarics; IR; Cath Lab; EP; Admit Recovery; GI-Endoscopy; Bronchoscopy.

*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.

Membership

The HSC consists of 24 voting members, consisting of 12 direct care nursing staff and 12 from hospital administration.

At least 50 percent of the voting committee members at each meeting must be nursing staff who are nonsupervisory/nonmanagerial, currently providing direct patient care.

- The selection of HSC nursing staff members is made by their prospective collective bargaining representatives from WSNA and SEIU.
- At no time shall WSNA members have fewer than 10 (83.3 %) of the nursing staff voting seats on the HSC.

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 CNO.

Co-Chairs

The HSC will be co-chaired by at least one staff from each bargaining union and a management representative. At least one co-chair representative, staff and management, will be present at each meeting.

- The nursing staff co-chair(s) are selected by the collective bargaining representatives from WSNA and SEIU.

- 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

The following job classes may attend the HSC as nonvoting patient care staff members: Nurse-Technicians. A Union representative may attend all HSC meetings along with a representative from HR as a non-voting member.
- 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.

2. COMMITTEE (HSC) ROLES AND RESPONSIBILITIES

Members

HSC committee member responsibilities include, but are not limited to:
- Attend committee meetings consistently.
- Notify committee co-chairs if unable to attend a HSC as specified by charter.
- 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 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 established by the committee to best facilitate collaborative problem-solving.
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.

Co-Chair

HSC co-chairs serve for a period of at least One Year. 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.
- Ensure adequate quorum for each meeting.
- Develop the agenda for each meeting with input from the HSC members.
- 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 CEO for review and approval.
- Facilitate respectful and productive discussions and moderate as needed.
- Organize review of staffing complaints and ensure adherence to the complaint management process (specified in the charter) to facilitate the best use of time during the HSC.

Co-Chair or delegate will:
- Acknowledge receipt of staffing complaints by communicating with the staff member who submitted the complaint.
- Extend a written invitation to the employee and manager 7 days in advance of the meeting when the complaint (involving the employee) is scheduled to be discussed. Include notification that a labor representative may attend at the employee's request.
- 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.

3. HSC MEETING MANAGEMENT

Meeting schedule:

The Hospital Staffing Committee will be scheduled for no less than three (3) hours on a monthly basis.

Regular scheduled meeting dates will have a repetitive occurrence determined by the committee. Any request to change the date should occur prior to the schedule period closing. Staff should be notified at least 30 days prior to any proposed changes.

Ad hoc meetings: Staff should be notified at least 30 days prior to additional meetings. If this is not able to occur, verification of a quorum should occur prior to the meeting being scheduled. 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. HSC meetings may or may not be included as part of FTE hours as determined by the member through discussions with their direct leader.

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.

Quorum:

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 members from each bargaining unit are present. If two members from SEIU are present they would both be included as part of the voting members as agreed upon by the staff nurses. If none of the bargaining unit's designated HSC members are available to attend a meeting, the bargaining unit's team may designate other bargaining unit members to attend the meeting on paid time as a proxy and vote on their unit's behalf.

Attendance and Participation

- All members are expected to attend at least 75 percent (at least 9) of the routine monthly 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 should be communicated to Committee Co-Chairs.
- It is the expectation of the HospitalStaffing Committee that all members will participate actively, including reading required materials in advance of the meetings as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.
- Non-Committee member nursing staff may attend HSC meetings but must arrange their own coverage during working hours. Good faith efforts will be made to relieve non-Committee member nurses of duties so that they may attend. Non-Committee members should contact the Co-Chairs to request to be able to attend. Co-chairs should respond to these requests within two weeks of the request.
- The Committee shall provide a virtual meeting option.

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). If a nursing staff member is abstaining from a vote, an equal number of administration will abstain as well.

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 raising their hand (virtually or in person).

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) 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

Minutes will be taken by Nursing Administration personnel. Agenda and other appropriate documents will be available for HSC members in advance of meetings. Approval of meeting minutes will be a standing agenda item for each meeting. Attendance will be recorded and included as part of the meeting minutes. A master copy of all agendas and meeting minutes for the Hospital Staffing Committee minutes will be maintained by Nursing Administration personnel and available to HSC members for review on request.
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 the staffing concern spreadsheet.

All committee documentation, including meeting documentation and staffing complaint tracking logs are retained for a minimum of three years and consistent with the hospitals' document retention policies.

4. HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL
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 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 committee will review the effectiveness of each patient care unit nurse staffing plan semiannually. Department leaders should report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan on an annual basis or based on changes in daily operational needs of the unit.
● 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 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.
- 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.

5. 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	Yearly
Staffing Plan Compliance reports	Monthly
Missed meal & rest break reports for nursing staff	Monthly
Overtime & mandatory on-call reports	Monthly
Hospital and department specific budget reports: Consider including: ● Hospital operating margin ● EBITDA (earnings before interest, taxes, depreciation, and amortization) ● Days of cash on hand ● Hospital bond rating	Quarterly (monthly reports reviewed quarterly)
Human Resources Report, including but not limited to: ● Turnover & vacancy rates by nursing staff job class & patient care unit ● Nursing staff new hire turnover rates during the first year of employment ● Hiring trends and hospital workforce development plans ● Aggregate anonymized exit interview trends* *Individual exit interview responses are not shared with the HSC due to confidentiality.	Quarterly
Hospital-wide and department-specific quality indicators, including but not limited to: ● Patient complaints related to staffing* ● Patient satisfaction survey responses* ● Key quality indicators as identified by the committee. **(Falls with injury, CLABSI, CAUTI, HAPI, C. diff)** *Patient comments about specific staff are not shared with the HSC. The quality director summarizes patient comments and presents them to the committee.	Quarterly

Data Validation

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. (Begin no later than August 2025)

6. 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 Executive Officer (CEO) 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 CEO 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 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 the past six months in filling open positions for employees covered by the staffing plan.

The committee reviews and considers any feedback from the CEO, revises the staffing plan if applicable, and approves the new draft staffing plan by majority vote (as outlined in **HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL**) 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 documents rationale for this decision.

If the HSC 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 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 CEO's written report is retained with HSC documentation as outlined in *Section 5 Documentation and Retention*.

7. HSC COMPLAINT MANAGEMENT

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

Staffing concerns are addressed using the following process:

Step 1: 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, steps should be taken to 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, 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.

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 supervisor determines that no immediate risk to patient and/or staff safety exists, the shift 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 shift 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 2: 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 submits a staffing concern (an ADO form for WSNA & "X" Form for SEIU).

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, or when reasonably able, in which the concern occurred. 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 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 3: Routing of Staffing Concern Reports/ADOs
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 committee 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 processes outlined above may cause a delay in HSC co-chairs receiving the report. Committee co-chairs (or designee) log the date each report is received and will proceed with the standard review process.

Step 4: Department/Unit Level Review and Action Plan
Upon receiving a staffing concern report/ADO, the department manager initiates a department level review.
- The unit manager will make a good faith effort to respond within ten (10) 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.
- In the response to the staff member the manager will notify them of the ability to attend the HSC meeting where the staffing concern will be reviewed. If the staff member requests to attend the manager will attempt to arrange for the staff member and their labor representative (if requested) to attend the meeting

Step 5: Presentation to the Hospital Staffing Committee

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.

Presentations to the HSC use the SBAR format to facilitate clear communication.
A SBAR format should be used 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 –HSC may suggest other potential solutions and the recommended classification of the complaint.

Step 6: 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.

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 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:
- 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).

IN PROGRESS (awaiting resolution)
- A potential solution or corrective action plan has been identified and initiated.
- Intermediate or contingent designation. This 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.
- The HSC would identify the due date for review of potential solutions.

ESCALATED (awaiting resolution)
- HSC needs additional assistance and/or resources from senior leadership to address the concern.
- Intermediate or contingent designation. This may not be the final disposition of a complaint.
- HSC revisits this concern for further discussion until it can be resolved.
- The HSC would identify the due date for review of potential solutions.

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, unresolved with acknowledgement 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 7: Implementation or Escalation
During this step solution(s) identified by the HSC are implemented as agreed upon in Step 7. If a solution could not be identified or the committee recognizes that additional resources are needed to implement the plan, the problem is escalated to senior leadership for assistance. The committee may repeat Step 7 with senior leadership and return to Step 8 when a solution has been identified.

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 9 as many times as necessary to resolve the problem. If this process exceeds 90 days from the date the complaint 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 of 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 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