

Hospital Staffing Advisory Committee Meeting

Meeting Notes

Date	11/21/2023	
Meeting Topic	Hospital Staffing Form	
Note Taker	Holli Erdahl	
Attendees	Standing Attendees	
	WSHA	WSNA, SEIU, UFCW
	<input checked="" type="checkbox"/> Chelene Whiteaker	<input checked="" type="checkbox"/> Cara Alderson
	<input checked="" type="checkbox"/> Darcy Jaffe	<input checked="" type="checkbox"/> David Keepnews
	<input checked="" type="checkbox"/> Jason Hotchkiss	<input checked="" type="checkbox"/> Duncan Camacho
	<input checked="" type="checkbox"/> Jennifer Burkhardt	<input checked="" type="checkbox"/> Kendra Valdez
	<input checked="" type="checkbox"/> Keri Nasenbeny	<input checked="" type="checkbox"/> Tamara Ottenbreit
	<input checked="" type="checkbox"/> Renee Rassilyer Bomers	<input checked="" type="checkbox"/> Vanessa Patricelli
	DOH	L&I
	<input checked="" type="checkbox"/> Christie Spice	<input checked="" type="checkbox"/> Caitlin Gates
	<input checked="" type="checkbox"/> Holli Erdahl	<input type="checkbox"/> Katherine Bigler
	<input checked="" type="checkbox"/> Ian Corbridge	<input checked="" type="checkbox"/> Lizzy Drown
	<input checked="" type="checkbox"/> Julie Tomaro	<input checked="" type="checkbox"/> Carl Backen
	<input checked="" type="checkbox"/> Kristina Buckley	
	<input checked="" type="checkbox"/> Tiffani Buck	
	Alternates and Other Attendees	
	Amy Doepken	Reed Simock
	Michelle Curry	Tim Pfarr
	Katharine Weiss	
	Dawn Marick	
	Saba Tilahun	
	Trish Anderson	
	Hanna Welander	
Tristan Twohig		
Barbara Friesen		
Jessica Hauffe		
Ellen Saline		
Dino Johnson		
Anthony Cantu		
Aisling Kerins		
Lindsey Grad		
Michael Davis		

Agenda Item	Notes
WELCOME	Roll call, Land and Labor acknowledgement
ACCEPTING PRIOR	Any corrections to be made for October? Approved with no updates or corrections.

<p>MEETING MINUTES</p>	
<p>SAFETY TOPIC</p>	<p>Driving and winter fog</p> <ul style="list-style-type: none"> • Make sure your lights are on • Slow down and turn off cruise control • Use low beam headlights • Be mindful of other cars and their visibility • Be patient, change lanes as infrequently as possible
<p>ACTION ITEM FOLLOW UP</p>	<ul style="list-style-type: none"> • Complete OPMA training – Last reminder, please complete this by 11/30 • Innovative Hospital Staffing and Care Delivery Models – have not received any additional suggestions. • Date Recommendation for staffing form due date – will revisit after reviewing Hospital Staffing Form Categories below <ul style="list-style-type: none"> ○ Revisiting Proposed deadline: ○ February, March, April have been suggested <ul style="list-style-type: none"> ▪ Would prefer to move up for hospitals ▪ Amount of discussion we are having, it is hard to imagine moving the date up from April 1st ○ Concern with form is that hospitals will not have the information needed to complete forms ○ Before a form is finalized, we can send out the contents of what will be on the form to hospitals that will be impacted to prepare. ○ Is it possible to send out items to be voted on prior to the meeting? • March meeting – final draft to be completed for uniform form. May need to add additional meetings to accomplish. <ul style="list-style-type: none"> ○ Vote for committee final recommendations to be given at the March 2024 meeting, to have the form completed and posted by April 1st 2024: fist to five votes of (11) fours and (1) two – PASSED
<p>WSHA PRESENTATION HOSPITAL SURVEY DATA</p>	<p>Innovations in Hospital Staffing – Darcy Jaffe</p> <ul style="list-style-type: none"> • Surveys across the state – 73 Hospitals/91% • Current care models: Team Nursing most common • Considered care models: Collaborative Care most common followed by Functional Nursing • Changes to models of care in past 12 months <ul style="list-style-type: none"> ○ 79% have not implemented changes ○ 51% have considered ○ Primary reason for changes that did occur were due to RN shortage • Remote Patient Care Activity <ul style="list-style-type: none"> ○ Tele-sitting ○ Input from medical devices ○ A lot of other opportunities, but primarily used for sitters • Professional Development <ul style="list-style-type: none"> ○ Tuition reimbursement, continuing education ○ Preceptorship • Hospitals are working to innovate with staffing models and technology <p>Questions/comments:</p> <ul style="list-style-type: none"> • Number of Hospitals moving or thinking of moving to functional nursing seems counterintuitive

	<ul style="list-style-type: none"> ○ Functional system wasn't the primary model, but an element of a larger plan ○ Different models are labeled <p>Innovation report – we can have some hospitals provide more information to the committee if desired! Send any interest/questions to hospitalstaffing@doh.wa.gov</p>
<p>HOSPITAL STAFFING FORM CATEGORIES</p>	<p>Thank you for sending feedback for hospital staffing form ahead of this meeting. Very helpful. This document is NOT a form template. It is a way to gather information to develop a form.</p> <ul style="list-style-type: none"> ● Unit: including patient population served on unit and services included. <ul style="list-style-type: none"> ○ Unit, Patient Populations, Services Provided ○ Fist to five, vote of "four" across 11 members, 1 refrained from voting - PASSED ● Patient Acuity: <ul style="list-style-type: none"> ○ Is there a better way to phrase this? Does this mean starting with a base number for staff needed and adjusting? Does that impact the relevance of this number if it is subject to change daily? ○ Is this meant to be a provision on the form? How can we make this meaningful on a form? ○ Patient Acuity – this would be listed by unit on the form, not generalized across the whole facility. ○ How do we have a plan that doesn't take patient acuity into account? ○ Acuity can be subjective and can be used in a lot of different ways. Important to use in development of plan, but not necessarily used on a day to day basis, but rather with the charge nurse. ○ Charge nurses need guidelines to reference ○ Acuity can be calculated and subjectivity is less of a factor with electronic charting, but hospitals do not all have the same technology ○ Patient acuity is important. How do we operationalize it? ○ Should a field within the staffing form be included for patient acuity? ○ Table Patient Acuity <p>Pause to go over entire form before continuing to vote. Simplicity regarding the staffing plan should mean comprehensive and accessible Revisiting previous votes</p> <ul style="list-style-type: none"> ● Number of beds <ul style="list-style-type: none"> ○ Number of beds – staffed beds, licensed vs unlicensed bed, Matrix should flex to inform the total number of licensed beds ○ Staffed beds more likely to be used than licensed beds ○ Since this is completed once yearly, the plan should include all beds ○ Should reflect capacity, meaning licensed beds in a given unit. ○ Can we say "maximum number of beds" ○ # of beds: Should we include a maximum number of beds line for the staffing form? Fist to five with all votes of four - PASSES ● Census <ul style="list-style-type: none"> ○ Should census be an item on the form? Any concerns or other thoughts?

	<ul style="list-style-type: none"> ○ Can be listed as a range, and what staffing would look like at different numbers in that range. See examples from email sent ahead of time. Tiered census, can we call it a staffing matrix instead? ○ Fist to five, vote for inclusion of staffing matrix census for inpatient units. Votes of fours and fives – PASSES
PUBLIC COMMENT	None at this time.

Action Items	Assignment	Deadline