



## **Hospital Staffing Advisory Committee Meeting**

## **Meeting Notes**

Date	12/20/2023					
<b>Meeting Topic</b>	Policy Updates and Staffing Matrix					
Note Taker	Holli Erdahl					
Attendees	Standing Attendees					
	WSHA	WSNA, SEIU, UFCW				
	□ Darcy Jaffe	□ David Keepnews				
		□ Duncan Camacho				
		☐ Kendra Valdez				
	□ Renee Rassilyer Bomers					
	DOH	L&I				
	☐ Christie Spice					
		☐ Katherine Bigler				
		□ Carl Backen				
	Alternates and Other Attendees					
	Anthony Cantu: Alternate for Kendra Valdez	Ashlen Strong				
	Dino Johnson: Alternate for Renee Rassilyer	Barbara Friesen				
	Bomers					
	Amanda Facciolo	Bonnie Fryzlewics				
	Christina Dallen	Colleen Spitz				
	Dawn Marick	Grace Jones				
	Hanna Welander	Jackie Mossakowski				
	Jaclyn Smedley	Jen Stephas				
	Jessica Hauffe	Julia Barcott				
	Kelly Allen Krista Touros	Kelsey McCauley				
	Matthew Erlich	Manda Scott				
	Michael Davis	Maureen Hatton Michelle Curry				
	Natalia Koss Vallejo	Toni Swenson				
	Ellen Saline	TOTH SWEHSON				
	LIICH Jaime					

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





	Labor & maa
MEETING	
MEETING MINUTES SAFETY TOPIC  ACTION ITEM FOLLOW UP	<ul> <li>Make sure your car is winter ready!</li> <li>Keep an emergency kit in your car.</li> <li>Make sure to drive when safe, avoid drowsy driving.</li> <li>Leave early when possible.</li> <li>Don't use cellphones when driving.</li> <li>Have a sober designated driver.</li> <li>Your family and friends want you to be safe, be cautious when driving!</li> <li>Complete OPMA Training/Certification         <ul> <li>Full completion</li> <li>One of the committee members will be stepping down, we will work to replace them for the next meeting in January</li> </ul> </li> <li>Additional Committee Meetings         <ul> <li>New meetings in January, February, March 2024</li> <li>Additional meetings for completing forms</li> </ul> </li> <li>Meeting Materials/Voting         <ul> <li>Feedback from members that meeting materials would be preferred to have earlier</li> <li>How can we meet this need while also keeping up with the increased cadence of the meetings?</li> <li>Structure meetings differently? Discussion/reaction/brainstorming?</li> <li>Should we have a discussion portion for brainstorming and a separate portion for voting on materials that have been put organized by</li> </ul> </li> </ul>
MEAL AND REST BREAK/OVERTI ME POLICY UPDATES	<ul> <li>Structure meetings differently? Discussion/reaction/brainstorming?</li> <li>Should we have a discussion portion for brainstorming and a separate</li> </ul>
	month or so  Clarifies meal and rest break for employees and facilities with examples  Live public feedback has not yet been scheduled, more to come on the date!  Please review and send feedback to L&I, will ask for broader public comment late  January for Mandatory Overtime form, feedback is welcome now. More to come for  Meal and Rest Break.
HOSPITAL STAFFING MATRIX AND CATEGORIES	Committee Member Feedback Crosswalk overview     Comments on the left – received recommendation     X – indications recommendation was made, blank means the recommendation was not made, does not denote a dismissal of
	recommendation  • Staffing form should include patient care units





## Recommendation to include budget based on hours per patient day

- Clarification Budget for outpatient and inpatient, or review budget for inpatient only? Should hours per patient minute apply to both inpatient and outpatient?
- This is easy to track for inpatient areas, but is not necessarily standardized for outpatient
- Is it possible to use/offer different metrics? Not all metrics will have the same accuracy/consistency
- Will offering different metrics make the public less able to understand the nuances? Too confusing to have different options that mean different things?
- Average number of patients per day could be useful, hours per patient day is a harder metric to determine
- Hours per patient day is not standardized for outpatient, it may be a struggle to try and implement
- Hours per patient day metric we will want to define the formula that can be listed on the form for consistency. May need a recommendation from the committee on this formula for inpatient
- Outpatient would the committee recommend a standardized formula for outpatient? Table this for now
- HPPD need description of productive and non productive time for formula if we are going into detail
- Profession types vs credentialed healthcare professionals: Do we use RN and CNA, or move to Licensed vs Unlicensed Staff? May not be able to capture LPN/Management etc if we structure too specifically.
- Concern do we treat all clinical staff as fungible? Not all staff provide the same function, so combining RN, CNA and LPNs would lack clarity
- o Is it useful to add a place on the grid for RN, CNAs and LPNs?
- Disclosure notes for clarity on staffing model?
- Is there an internal standardized model that measures productivity that we can use?
- o Biggest issues identified:
  - Formula for inpatient HPPD?
  - How do we capture the staffing model effectively? Add LPN?
  - Outpatient: do we try to standardize at all? How can we provide clarity for public while also allowing different models of staffing to be captured?

## Anticipated visits/beds

- No discussion
- Staffing matrix include or exclude unlicensed personnel/additional care members?
  - O Who should be included in the grid?
    - Unit Secretaries
    - Case Managers
    - Health Unit Coordinators (HUC)
  - O Minimum is nursing staff, do we want to add support staff?
  - Nursing staff is defined by law, should stick to law for simplicity
  - Should be inclusive of patient care staff





	<ul> <li>Makes sense to keep the matrix clear according to the law, but ensure inclusion in the staffing plan itself</li> </ul>				
	<ul> <li>Transparency of staffing plan may be more important than the simplicity of understanding the plan</li> </ul>				
	<ul> <li>Check box list could be useful to include list of additional staff while maintaining clarity on nursing staff</li> </ul>				
	<ul> <li>We will need to clarify the definitions of staff types on the form</li> <li>WAC 246-320-010</li> </ul>				
	Include definitions and descriptions on form?				
	<ul> <li>No discussion</li> </ul>				
	<ul> <li>Include census based nurse staffing for inpatient units?</li> </ul>				
	No discussion				
	Include bed capacity and average daily unit?				
	<ul> <li>Will need to define further</li> </ul>				
	<ul> <li>This would be for inpatient, outpatient would likely be average number of visits</li> </ul>				
	Skill mix? Included for each unit?				
	<ul> <li>Skill mix is required to be used when creating staffing plan, but is not required for having on the form.</li> </ul>				
	<ul> <li>Skill mix changes, so doesn't make sense to have on the plan</li> </ul>				
	<ul> <li>Years of experience is not necessarily a useful measurement</li> </ul>				
	<ul> <li>Understanding skill mix is important, but not needed on the form, cannot be maintained accurately</li> </ul>				
	<ul> <li>Even though it is a snapshot, it is important to have a model represented</li> </ul>				
	<ul> <li>Maybe not a pie chart, but the data is relevant and useful</li> </ul>				
	If there are any thoughts or positions you'd like to add comment to, please email us: <a href="https://hospitalstaffing@doh.wa.gov">hospitalstaffing@doh.wa.gov</a>				
PUBLIC	No comments				
COMMENT	Can Alternates speak during the meetings? Will review charter!				

Action Items	Assignment	Deadline
Send comments/feedback for LNI forms	Advisory Committee	Ongoing, early January for changes to be made before public comment
Send comments/feedback for DOH uniform form	Advisory Committee	Ongoing