



Hospital Staffing Advisory Committee Meeting

Meeting Notes

Date	1/16/2024				
Meeting Topic	Hospital Staffing Matrix and Categories				
Note Taker	Holli Erdahl				
Attendees	Standing Attendees				
	WSHA	WSNA, SEIU, UFCW			
	🛛 Chelene Whiteaker	🛛 Cara Alderson			
	⊠ Darcy Jaffe	☑ David Keepnews			
	🛛 Jason Hotchkiss	🛛 Duncan Camacho			
	🛛 Jennifer Burkhardt	🛛 Maureen Hatton			
	🖂 Keri Nasenbeny	🖂 Tamara Ottenbreit			
	Renee Rassilyer Bomers	🛛 Vanessa Patricelli			
	DOH	L&I			
	Christie Spice	🛛 Caitlin Gates			
	🖂 Holli Erdahl	🛛 Lizzy Drown			
	🔲 Ian Corbridge	🖂 Carl Backen			
	🛛 Julie Tomaro				
	🖂 Kristina Buckley				
	🛛 Tiffani Buck				
	Alternates and Other Attendees				
	Krista Touros	Lauren Platt			
	Anthony Cantu	Trish Anderson			
	Barbara Friesen Toni Swenson	Ashlen Strong			
	Jessica Hauffe	Bonnie Fryzlewicz Dawn Marick			
	Dino Johnson– Alternate for Renee Rassilyer Hanna Welander				
	Bomers				
	Tim Bock	Jacqueline Barton True			
	Jacqueline Mossakowski	Lindsey Grad			
	Matthew Erlich	Trish Anderson			
	Kelsey McCauley	Kara Yates			

Agenda Item	Notes
WELCOME & ROLE CALL	Attendance taken

Washington State Department of HEALTH



LAND AND LABOR ACKNOWLEDGEMENT & SAFETY TOPICSafety Topic: Electrical Safety https://lni.wa.gov/licensing-permits/electrical/electrical-violators If you are looking to have electrical work done you can always look up electrical violations and confirm that someone is licensed at L&I's websiteAPPROVE PRIOR MEETING MINUTES• Approved for last meetingACTION ITEM FOLLOW UP• Welcome to Maureen Hatton who has joined the committee! • For meeting minutes changes, please send update requests in writingL&I MEAL AND REST BREAK POLICY UPDATE• Still requesting feedback for the Meal and Rest Break Policy and Mandatory Overtime Policy • January 30 th is the current deadline for feedback, public comment solicitation will begin 2/6/2024 • Please sent comments to HealthcareLaborStandards@Ini.wa.govDOH DRAFT BASIC FORM - HOSPITAL STAFFING MATRIX AND CATEGORIES• Goal is to get through all content today, and to vote at the next meeting in three weeks for recommendations Inpatient Matrix • HPPD - want to have it included, have concerns about including by individual specialty • Possibly keep HUC out of HPPD since they often don't reflect direct patient care
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 Maximum Beds, HPPD metrics, other thoughts?
 HPPD is meant to be an average over a full year, it is expected to
vary
 Ranges in HPPD:
 could be more accurate as HPPD is not static
 ranges allow for staffing flexibility
 could be confusing to the public and unnecessary
 Census should have what the ideal/standard should be,
ranges take away from an accurate comparison
 Enforcement action will not occur for one-off plan adjustments
 Concerns around 80% compliance – how can we measure
 Census – should not have a range, should have a minimum
standard
• Could do an excel formula for HPPD based on specialty numbers?
 Shifts: clarification, shift type formatting, should it be Day/Night,
Day/Evening/Night? Will need to clarify time range for this once decided
Outpatient Matrix
Similar to the Harborview model
 UAP would contain MA's? Check WAC to confirm.
 (69) "Unlicensed assistive personnel (UAP)" means individuals
trained to function in an assistive role to nurses in the provision of
patient care, as delegated by and under the supervision of the
registered nurse. Typical activities performed by unlicensed
assistive personnel include, but are not limited to: Taking vital
signs; bathing, feeding, or dressing patients; assisting patient with
transfer, ambulation, or toileting. Definition includes: Nursing
assistants; orderlies; patient care technicians/assistants; and
graduate nurses (not yet licensed) who have completed unit





	 orientation. Definition excludes: Unit secretaries or clerks; monitor technicians; therapy assistants; student nurses fulfilling educational requirements; and sitters who are not providing typical UAP activities. If MA is not captured in the above, would we add them to the list? Can also add a checkbox for other roles ergency Department Matrix Broken down by hour ER Techs – UAP, can get confirmation on if they are included Suggestion to use ranges since ED's have a wide range of acuity Rather than ranges, suggest utilizing minimum staffing model Number of anticipated visits Maybe too confusing, data not readily available? Data is available, and is used to make staffing decisions 	
	 Working to get questions out to everyone for voting next meeting ahead of time. 	
ALTERNATE COMMENT	 Bonnie Fryzlewicz – Discussion on ranges – has worked well for Seattle Childrens Dawn Marick – Ranges of 3-5, as a Charge RN would need to ask approval to go above minimum of 3. Intent of using ranges on matrices seems 	
	 confusing. Send additional comments to <u>Hospitalstaffing@doh.wa.gov</u> 	
PUBLIC COMMENT	 Kara Yates – Seattle Childrens – factors can be subjective when using ranges. If ranges are used, there should be objective guidelines. Ambulatory staffing matrix – doesn't always make sense to tie number of nurses on staff to number of patients seen, would be great to allow for clarity on forms 	

Action Items	Assignment	Deadline
Determine if UAP contains MA, ER Techs in WAC definition	DOH	Next meeting