

## 2024 Hospital Staffing Committee

<b>Workgroup Name</b>	Capital Medical Center Hospital Staffing Committee
<b>Staffing Committee Membership</b>	See Addendum A
<b>Leadership</b>	<p>The Hospital Staffing Committee (HSC) is led by two co-chairs, one direct-care nursing staff representative and one representative from hospital administration. Each co-chair will serve for a 2-year term.</p> <p>The nursing staff co-chair is selected by vote of the direct-care HSC members. The administration co-chair is selected by hospital administration. If a co-chair is unable to fulfill the duties of their role, a new co-chair will be selected using the process outlined above and will serve for the remainder of the current term. It is expected that the Chief Nurse Executive or Designee will provide mentorship to their staff co-chair related to committee leadership, as needed.</p>
<b>Scope of the Committee</b>	<p>The primary responsibilities of the staffing committee are to:</p> <ol style="list-style-type: none"> <li>1. Development and oversight of an annual patient care unit and shift-based hospital staffing plan for Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistant, and unlicensed assistive personnel providing direct patient care based on the needs of the patients.</li> <li>2. Review and evaluate the effectiveness of the staffing plan at a minimum semi-annually against patient needs and known evidence based staffing information, including nurse sensitive quality indicators collected by the hospital.</li> <li>3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.</li> </ol> <p>The staffing plan is for the hospital (as defined in RCW 70.41.020 and state hospitals as defined in RCW 72.23.010) where nursing staff deliver care. Refer to Addendum A to the departments covered by the staffing committee.</p>
<b>Membership</b>	<p>The staffing committee will consist of 22 voting members, 11 from hospital administration and 11 direct-care staff. Direct-care staff includes only RNs, LPNs, CNAs, and unlicensed assistive personnel who are non-supervisory and nonmanagerial, currently providing direct patient care. As closely as possible, each category of direct-care staff, will have the number of committee members proportionate to the number of direct-care staff of that type in the hospital.</p> <p>The CNE will select the members for the 11 management positions to include CNE, CFO, and patient care unit directors/managers or their delegates. For each type of direct-care staff, their union, if any, will select the number of members for that type of staff. If any category of direct-care staff is not represented, the members of that type will be selected by a vote of their peers.</p> <p>In the event there is not enough staff participation among unrepresented staff, the union(s) will be charged with appointing staff to fill the remaining staff positions.</p> <p>Members at large (non-management staff) will serve for a tenure of 2 years with the selection being held at the 2<sup>nd</sup> meeting of each year.</p> <p>The following patient-care job classes will be represented on the HSC as non-voting members: rehabilitation services, respiratory therapy, wound care, float pool, and radiation oncology direct-care staff.</p>

	<p>Other interested staff employed by Capital Medical Center may also be included in staffing committee meetings as non-voting members, as needed, to provide insight and context to inform committee discussion and decisions. But only selected committee members may have a vote. (See authorization of guests for attendance process and options for non-members).</p> <p>Voting member or their alternate need to attend 100% of committee meetings. If any elected member is absent &gt; 25% of all published and held meetings in a year period without adequate coverage by the alternate, a replacement member will be selected for the remainder of the current term by the same process set forth above.</p>
<b>Orientation</b>	<p>It is important for all voting committee members to be knowledgeable about factors that inform decision making regarding hospital operations and current laws related to hospital staffing. Newly selected staffing committee members will receive basic orientation related to hospital quality improvement strategy, organizational budgeting process, current applicable hospital staffing laws, committee structure and function, and member duties. Initial orientation is provided by committee co-chairs with ongoing education provided to all members as needed. Completion of new member orientation within 90 days is a condition of committee membership. A hospital staffing committee Microsoft Teams site will be maintained and up to date as a resource and ongoing education/orientation. It will also house the completed checklist for review if requested by the Department of health.</p>
<b>Decision Making</b>	<p>Informal decisions, such as complaint, meeting minute, and attendance reviews made by the Capital Medical Center Hospital Staffing Committee can be made by majority consensus of the committee membership in attendance.</p> <p>Formal Decisions, such as charter and staffing plan approvals and actions taken, are made through a majority vote of a quorum of the membership. A quorum is 60% of the full voting membership of the committee. Voting will take place by Australian ballot (anonymous voting).</p> <p>Voting will be done in person, at meetings where a quorum exists, or electronically if the meeting is held electronically. The committee's intention is that this meeting is always held in-person with an electronic option for non-voting guests.</p>
<b>Authorization for Guests</b>	<p>"Drop-In" Guests are not allowed at the Hospital Staffing Committee meetings. Invited or requesting guests may attend with a quorum approval vote of the voting membership, prior to the meeting. Requests should be made to the committee with at least a month's notice prior to the next HSC meeting to allow for voting.</p>
<b>Meeting Schedule</b>	<p>The Hospital Staffing Committee will meet monthly. The HSC will meet quarterly in person on the second Wednesday of the assigned month from 12pm-2pm and the monthly meetings between the quarterly meetings will be held in an electronic/telephonic forum on the second Wednesday of assigned months from 1pm – 2pm. All Department Leaders and dyad staff are to be scheduled to attend each meeting. As this committee is driven by law and is instrumental in ensuring safe and appropriate staffing within the facility, attendance is considered mandatory. Any scheduling changes will be made at least 30 days before the meeting at issue. All HSC members will be given notice via their MultiCare email address of changed meetings at least 30 days before the meeting.</p> <p>Direct-care staff members will be relieved of other duties during meeting times, and their attendance will be compensated at the appropriate rate of pay. In the event a member is unable to attend, the alternate will need to attend in the primary's place and hold and fulfill all the duties of the role.</p>
<b>Overall Strategic Objective</b>	<p>The strategic objective of the Hospital Staffing Committee is to assure hospital-based compliance with all relevant and current house and senate bills - on Hospital Staffing Committees and to also assure compliance with our labor contracts that specifically address direct care staffing issues. Additionally, it is hoped that this committee will work beyond compliance with the law and attempt to address the intent of the law which is to create a healthy and collaborative environment where management and staff cooperatively reach agreement on issues related to Hospital Staffing.</p>

	<p>The staffing committee will on a quarterly basis review staff turnover rate, new hire turnover during 1<sup>st</sup> year of employment, anonymized aggregate of exit interview data (annually), and hospital plans regarding workforce development/planning.</p>
<p><b>Roles and Responsibilities</b></p>	<p>The Hospital Staffing Committee must accomplish the following for:</p> <ul style="list-style-type: none"> <li>• Assure that committee composition is made up of 50% direct care staff.</li> <li>• Assure that members are allowed to attend staffing committee meetings when on paid time.</li> <li>• The President written report to the committee: The written feedback must include, but is not limited to the following: Elements of the proposed staffing plan the President 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 past six months in filling open positions for employees covered by the staffing plan.</li> <li>• Assure a final approval of the Hospital Staffing Plan</li> <li>• Assure that the Hospital Staffing plan is publicly posted on Women's Services, Med/Surg, ICU/PCU, Cath Lab/IR, Ambulatory/PAC/Endo, PACU, Surgery, ED, and Off-Campus ED units along with a copy of the current shift's actual staffing and a list of clinical support personnel on duty for that shift who are available to assist in care provision (examples include: pharmacists, patient transporter, interpreters, chaplain, hospitalist, clinical nurse specialist or educator, phlebotomist, on-call physician, etc.)</li> <li>• Assure that there is a defined process for the submission and investigation of complaints related to noncompliance with staffing plan compliance.</li> <li>• Assure that all staffing plans and any plan revisions are submitted to DOH each year or within 12 months of any plan revision.</li> <li>• Refine the process for assuring that all staff get their required meal and rest breaks.</li> </ul> <p>Additionally, the Staffing Committee should consider providing the following functions:</p> <ul style="list-style-type: none"> <li>• Create a data collection process to evaluate staff floating from the perspective of both the nurse floated and the unit charge nurse on the unit where a float was received</li> <li>• Create a Hospital Staffing Committee newsletter to improve communication related to the committee's work to all staff nurses</li> <li>• Create a unit location (break room) where Hospital Staffing Committee updates can be posted</li> <li>• Have frontline co-chair or alternate present at new hire orientation sessions provided by HR</li> </ul>
<p><b>Specific Expected Outcomes</b></p>	<p>Expected Outcomes:</p> <ul style="list-style-type: none"> <li>• Compliance with the following expectations: <ul style="list-style-type: none"> <li>○ Complete and forward to the President, or their designee, the approved Hospital Staffing plan by July 1<sup>st</sup> of each year.</li> <li>○ Turn the approved Hospital Staffing plan into DOH by the expected due date.</li> <li>○ Assure that a final staffing plan is approved and posted publicly.</li> <li>○ Assure posting of shift-to-shift Hospital Staffing and availability of clinical support, each day, and each shift.</li> <li>○ Educate all new committee members on all relevant and current HB and SB requirements and the requirements set forth by our labor contract.</li> <li>○ Committee to identify and review quality metrics that affect hospital staffing examples: patient satisfaction data, missed breaks, mandatory OT reports / trends.</li> <li>○ Review of Staffing plan compliance report and verify and document the validity of those reports beginning August 2025.</li> <li>○ Approval of the Hospital Staffing Plan with a 50%+1 vote.</li> </ul> </li> </ul>

# Hospital Staffing Committee

## Capital Medical Center - CapMC



<b>Timeline for Outcome Completion</b>	<ul style="list-style-type: none"> <li>• Staffing Committee Membership to be finalized by the July Hospital Staffing Committee Meeting</li> <li>• CNE will forward the Hospital Staffing Plan to the President on or before July 1<sup>st</sup> of each year.</li> <li>• Feedback to be received from the President to the Staffing Committee by September Staffing Committee.</li> <li>• Hospital staffing plans are to be posted on each unit by February of the applicable year.</li> </ul>
<b>Reporting Structure/ Accountability</b>	<p>The committee has decision-making authority on its creation of the annual hospital staffing plan that is forwarded to the President for final approval.</p> <p>The committee has the authority to make recommendations to the CNE/President related to issue or problem resolution related to Hospital Staffing that goes beyond the creation of the staffing plan.</p>
<b>Hospital President</b>	<p>The President will provide written feedback to the committee of any changes and the rationale for the requested changes, which could include nursing sensitive quality indicators, patient surveys, and recruitment and retention efforts.</p> <p>These written requests will be maintained in accordance with the documents and retention section below.</p> <p>If the revised staffing plan is not accepted by the President and adopted, the President will document the rationale of this decision and the previous staffing plan adoption by majority vote will remain in effect.</p>
<b>Documents and Retention</b>	<p>All Committee documentation and documents will be maintained on a shared electronic system (Teams) for a minimum of 3 years.</p>
<b>Information and Data Review</b>	<p>The HSC is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs for the identified areas.</p> <p>Each quarter, the HSC will review staff turnover rates, new hire turnover during first year of employment, and hospital plans regarding workforce development. The HSC will review anonymized aggregate exit interview data annually.</p> <p>The committee will review the effectiveness of each patient care unit staffing plan semiannually. Department dyads shall report out to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan at least once a year and as needed. Report out schedule cadence developed and disseminated at the first meeting of the new year.</p> <p>Factors to be considered in the development of the staffing plan include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.</li> <li>• Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.</li> <li>• Turnover &amp; vacancy rates by nursing staff job class &amp; patient care unit</li> <li>• Skill mix of staff <u>and</u> FTE mix of current staff, including full-time, part-time, per diem, travel/contract/local agency/float pool.</li> <li>• Anticipated staff absences, (e.g., vacation, planned leave, sabbatical).</li> <li>• Missed Meal and Rest Periods</li> <li>• Level of experience, specialty certification, and training of nursing and patient care staff providing care.</li> <li>• The need for specialized or intensive equipment.</li> <li>• Availability and ease of access of resources, equipment, and supplies.</li> </ul>

	<ul style="list-style-type: none"><li>• 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.</li><li>• Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations.</li><li>• Availability of other personnel and patient-care staff supporting nursing services on the unit, (e.g., Respiratory Therapy, PT/OT, etc.).</li><li>• Measures to optimize available staff, (e.g., current/alternative staffing models of care, workflow optimization, etc.)</li><li>• 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.</li><li>• Semiannual review of the staffing plan against patient needs.</li><li>• Known evidence-based staffing information, including the quality indicators collected by the hospital.</li><li>• Review, assessment, and response to staffing variations or complaints presented to the committee.</li><li>• Hospital finances and resources as well as a defined budget cycle.</li></ul>
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# Hospital Staffing Committee Capital Medical Center - CapMC



## Addendum A: Committee Membership

<b>Voting Members:</b>		
	<b>Leadership</b>	<b>Staff</b>
	<b>Primary / Alternate</b>	<b>Primary / Alternate</b>
Co-Chairs	Shanon Watkins CNE / Casey Rieland Dir. Nursing Ops	Anthony Pansoy /
	Jennifer Weldon CFO / Suzanne Murray DoF	Shelby Macomber / Jennifer Wohld
Women's Services	Jondra Long / Lisa Shepherd	Kristin Hickey / Annalise Palzer / Debora Smith
Med/Surg	Taylor Mallahan / Erin Standard	Lida Vent /
ICU /PCU	Erin Standard / Chrissy Boice	Jesica Reeves / Steven Thompson
Cath Lab / IR	Travis Fox / Eric Dufour	Valerie Dailey / Ty Sanders
Ambulatory/PAC/Endo	Evie Ward / Donna LoCurto	Tanisha Warner / Rachel Quinlan
PACU	Kathryn Vigil / Donna LoCurto	Cindy Dixon / Nicole Rux
Surgery	Sherry Leduc / Donna Locurto	Lynne Nelson / Erin Brewer
ED	Chuck Miller / LouAnn Morriss	Margaret Taylor /
Off-Campus ED	Tammy Smith / Pamela Brown	Brandy Long / Julie Pliska-Rees
<b>Non-Voting Ex-Officio Members:</b>		
President	Will Calliccoat	
HP	Sarah Pedersen	
Therapy Services	Chris Nixon	
Cardiopulmonary	Laura Leach	
Wound Care	Mish Trac	
Rad Onc.	Michael Henslee / Carrie Pichler	
Float Pool	LouAnn Morriss / Casey Rieland	

## Addendum B: Complaint Review Process

The following is the expected process for addressing staffing concerns.

Step 1: Real time communication – Staffing concerns should be discussed with the immediate supervisor and whenever possible resolved in real time.

Step 2: Immediate Supervisor Review – Staffing concerns are to be discussed with the Nurse Lead, Clinical Assistant Nurse Manager, Manager, Director, or the Hospital Supervisor on duty responsible for staffing assignments during the shift. The staff member and supervisor 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 the clinical circumstances warrant additional staff to accommodate patient care needs, the immediate supervisor will determine the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable effort means that 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; and
- When practical, seeks 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 supervisor has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the supervisor will contact 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 supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate supervisor will document 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 & staff safety, and
- Rationale for shift-based staffing adjustments based on immediate circumstances.

If the staffing concern is a result of unforeseen emergent circumstances the immediate supervisor should document those circumstances for the staffing committee to 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/Complaint Report (Staffing Compliant Form CSI Form)–

When a staff member has discussed their staffing concern with the immediate supervisor and is not satisfied with the outcome or solution, the staff member should initiate a Staffing Complaint Form (CSI) in either hard copy or electronically.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and Hospital Staffing Committee for review. Every effort should be made to complete the report prior to the end of the shift in which the concern occurred. Timely communication helps to facilitate prompt review and response to the concern. The staffing committee aims to address all concerns within 90 days of the committee co-chairs receiving the report. Delayed reporting may cause a delay in this process.

If a concern is resolved during the shift by activating the standard chain of command, a CSI 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 4 – Routing of staffing concern reports/CSIs – The immediate supervisor, staffing committee co-chairs, and the department manager should be notified immediately that a report has been initiated via union notification of a completed CSI hard copy or electronic staffing complaint. Front-line staff are encouraged to provide copies of submitted staffing complaints to their immediate supervisor for dissemination to the above-listed team and for timely review and resolution.

Incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information will 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 hospital staffing committee will review all written reports submitted to the committee regardless of the format used to submit the report. However, the use of a reporting method other than the expected process outlined above may cause a delay in committee co-chairs receiving the report. Committee co-chairs will log the date each report is received and will proceed with the standard review process.

Step 5 – Department/Unit Level Review & Action Plan – Upon receiving a staffing concern report/CSI, the department leader will initiate a department level review. Within (30) days of receiving a concern, the (department leader) will notify the staff member(s) in writing that their concern has been received and will be reviewed by the department leader and staffing committee. The department leader will identify trends and factors that contribute to staffing variances, facilitate problem solving at the department level, and implement and evaluate corrective interventions, as appropriate. Corrective actions may include, but are not limited to, process improvement to optimize staffing, workflow optimization, alternative models of care, proposing adjustments to the staffing plan, staff education, and counseling of individual staff regarding performance or attendance issues. The department manager will evaluate



the effectiveness of any interventions with input from staff and make a recommendation to the Hospital Staffing Committee regarding classification and future corrective actions.

### Step 6 – Present to Hospital Staffing Committee

Prior to a concern being presented to HSC for review, the committee co-chairs 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. 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 review of their concern until the next scheduled meeting. If 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 will document any request to postpone review and the committee decision on the complaint tracking log.

Ideally the staff member and department leader will present the concern, the corrective action plan, and further recommendations to HSC together. If the staff member declines to attend the meeting, the department leader will present their recommendations to the committee.

**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 & evaluation of effectiveness of attempted solutions.

**Recommendation** – Next steps for HSC. Suggest other potential solutions and how the concern should be classified by HSC.

**Step 7 – Staffing Committee Classification & Collaboration** – After receiving the department report, HSC will determine how to classify each staffing concern/CSI and whether additional action is needed to resolve the concern. The following standard definitions will be used to classify each concern:

#### **Dismissed –**

- Not enough information/detail was provided to investigate.
- The evidence presented to the Hospital Staffing committee does not support the staffing complaint.
- The hospital followed the Hospital Staffing plan

#### **Dismissed 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 has documented that it has made reasonable efforts to obtain staffing but has been unable to do so. See definition of reasonable efforts.
  - The incident causing the complaint occurred during an unforeseeable emergent circumstance.
  - Other circumstances to be specified by HSC.

#### **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.

- Level 2 – Resolved at department/unit level with final review by HSC.
- Level 3 – Resolved after HSC action.

**In progress –**

- A potential solution or corrective action plan has been identified and initiated.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- HSC must follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.

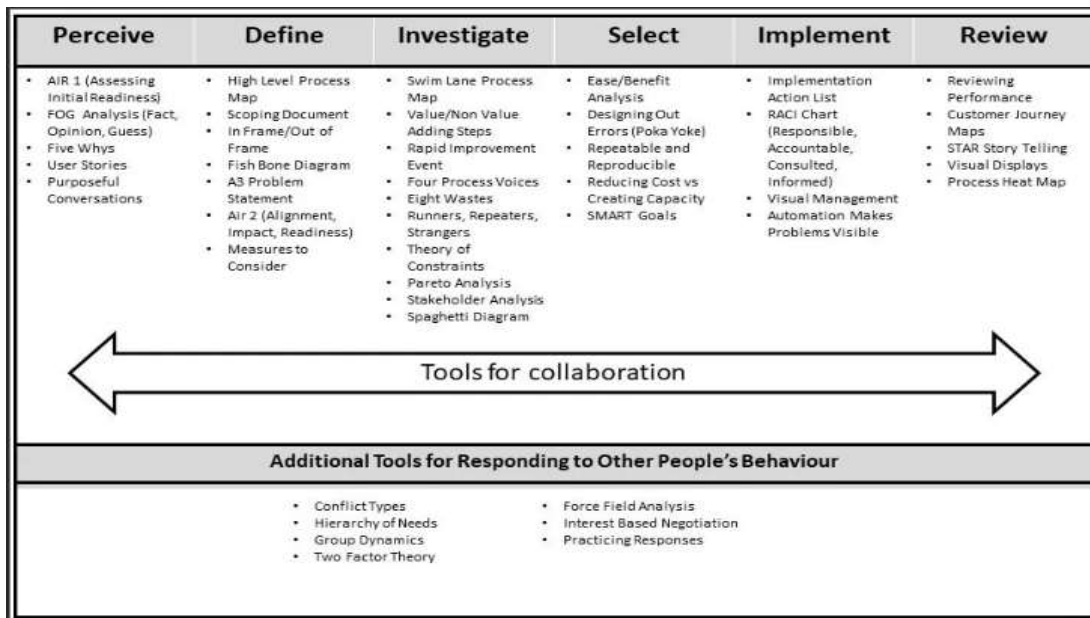
**Escalated –**

- HSC needs additional assistance and/or resources from senior leadership to address the concern.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- HSC will revisit this concern for further discussion until it can be resolved.

**Unresolved –**

- HSC agrees that a complaint is not resolved or is unable to reach consensus on resolution.

If a problem is not classified as dismissed or resolved when presented to the committee, the committee will utilize a Collaborative Problem-Solving model:



to identify potential solutions and develop an action plan. The committee will attempt to resolve concerns within 90 days of HSC co-chairs receiving a concern report. The HSC may choose to extend the review period longer than 90 days with approval from the majority (50%+1) 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 – Implementation or Escalation – During this step solution(s) identified by the committee 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 will be 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 9 – Evaluation – After a time period agreed upon by committee members, the HSC will review and evaluate 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 report was received, the committee will vote on whether to extend the review period.

Step 10 – Documentation – **No protected health information (PHI) should be included in any HSC documentation.**

The following information for each staffing concern report/CSI is logged on the Staffing Concern Tracker:

- Date concern 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 defined reasonable efforts.
  - Other measures taken to ensure patient & staff safety.
  - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, & final disposition
- Corrective action taken, if necessary
- Date resolved (within 90 days or 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 11 – Closed Loop Communication – The outcome of each complaint review will be communicated to the staff member who initiated the concern report/CSI in writing via email.