



<b>Columbia County Health System</b>	
<b>Acute Care, Swing Bed, Emergency Department</b>	Ref. No.: 91 Total Pages: 6
Effective Date: 02/12/2024	Subject
Approval:  Gretchen Eslick (RN, DNS), Shane McGuire (CEO), Stephanie Carpenter (RN, COO)	<b><i>Hospital Staffing Committee/Plan</i></b>
	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol

### **Staffing Committee Charter:**

**Per SB 5236 Columbia County Health System (CCHS) Hospital Staffing Committee (HSC) must include a comprehensive charter.** CCHS's charter will provide a shared understanding of how the HSC will operate among committee members and throughout the organization. This charter is a guiding document that defines roles and responsibilities, composition, and standard protocols of the HSC. The charter holds members accountable for their participation and encourages them to contribute to the progress of the organization by ensuring clarity and alignment within the committee.

The committee charter should be reviewed at least annually to ensure it remains relevant and effectively meets the needs of the HSC.

### **PURPOSE:**

To outline the Hospital Staffing Plan (HSP) and objectives of the HSC for management. This includes scheduling, provision of daily staffing needs, and providing licensed staff to provide safe quality care to the patients of the community and region, within the Acute Care (AC), Swing Bed (SB), and Emergency Departments (ED) of CCHS. This plan will be developed and modified in partnership with direct nursing care staff and hospital leadership per SB 5236 and RCW 70.41.

### **Composition and Selection Process of the Committee:**

The Hospital Staffing Committee (HSC) will consist of at least 50% of nursing staff who are voting members that are nonsupervisory, nonmanagerial, and currently providing direct patient care. Nursing staff consist of RNs, LPNs, CNAs, and MA-Rs from all shifts. Nursing staff can volunteered or nominated by their peers to be part of the HSC.



The other 50% will consist of hospital administration that must include at least the Chief Financial Officer (CFO), Chief Nursing Officer/Chief Operations Officer (CNO/COO), and Director of Nursing (DNS).

The HSC Chair, Co-Chair, and Secretary will be nominated and elected through the Parliamentary Procedure.

Participation in the HSC by a hospital employee shall be during scheduled work time and compensated at the appropriate rate of pay. HSC members will be relieved of all other work duties during meeting times. Additional staffing may be provided if necessary to ensure committee members are able to attend. If the meeting is scheduled during a committee member's time off, the member will be compensated appropriately for attending.

New committee members will be orientated to the HSC by reading the HSC Plan, and by the employee that nominated that individual. Employees may attend a meeting for the opportunity to see how the meetings are run and what is addressed.

#### **Roles and Responsibilities of Committee Members and Co-Chairs:**

1. Development and semi-annual review of the HSP. The HSP is based on patient acuity as well as staff skill and ability. This plan should be used as the primary component of the staffing budget.

Factors to be considered in the development of the HSP should include but not limited to the following:

- a. Patient Census-including total numbers of patients in each unit and shift; admissions, discharges; transfers, and boarding.
  - b. Patient Acuity-level of care required per patient.
  - c. Staffing Experience- Consider experience, specialty certifications, and training.
  - d. The need for specialized equipment.
  - e. Placement of patient in the care unit to ensure patient safety.
  - f. Availability of other support care staff.
  - g. Relevant state and federal rules and laws; including those regarding meal and rest breaks, over-time, and on-call shifts.
  - h. Hospital finances and resources
2. Semi-annual review of the staffing plan against patient acuity and evidence-based staffing information.
  3. Review, assessment, and response to staffing concerns presented to the committee.



4. The committee will produce the annual staffing plan too the Chief Executive Officer (CEO). If the staffing plan is not adopted by the CEO, they will provide a written explanation to the committee.

**Voting Procedures:**

The voting members must pass the HSP by 50% + 1 vote for the HSP to take effect.

Members of the HSC may be part of the committee if they choose. Co-Chairs will be nominated annually in January of every year. Members must attend at least 50% of the meetings a year. If they do not, the HSC may nominate and vote to have the employee removed from the HSC.

Nonvoting members may include the Activity Aides, Health Unit Coordinators, Case Managers, Social Workers, Respiratory Therapists, Laboratory, Radiology, and Pharmacy Techs.

The HSC will meet monthly, and the meeting invite series will be sent out per the Executive Assistant or assigned designee.

To ensure an adequate quorum and the ability for members to attend, the HSC will be held at 7:15am, with a virtual and in person option to attend the meeting. This will allow committee members working night shift to attend the meeting.

The HSC Chair will provide an agenda for each meeting, and the Secretary will provide Meeting Minutes that include attendance and any actions taken from the previous meeting. The HSC will approve meeting minutes through Parliamentary Procedures. All Meeting Minutes will be retained for a minimum of three years and per CCHS retention policy.

**Staff Turnover:**

A HR representative will present a quarterly review of staff turnover rates including new hire turnover rates during the first year of employment, anonymized aggregate exit interview data on an annual basis, and hospital plans regarding workforce development.

**Staffing Complaints/Grievances Reporting and Review Process:**

- Nursing staff are encouraged to report any variation in nursing staff assignments in a patient care unit that is not in accordance with the adopted staffing plan to the hospital staffing committee (HSC).
- This can be done electronically through SQSS or on the paper Hospital Staffing Concern Report



- Shift to shift adjustments in staffing levels may be made by the appropriate hospital personnel overseeing patient care operations. Nursing staff who object to a shift-to-shift adjustment may submit a complaint to the HSC.
- The HSC will follow the process outlined below to examine and respond to any written complaint:
  - The staffing committee may take up to 90 days from the date a concern is received to thoroughly review/investigate a concern.
  - The HSC will review all written reports submitted to the committee regardless of the format used to submit the report. The date and time each report is received by the committee co-chairs will be recorded. Use of an alternative reporting format or delay in reporting may cause a delay in committee co-chairs receiving the report. Incomplete concern reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information may include contacting the staff member who submitted the report, contacting the immediate supervisor, and/or contacting other staff members working the shift in which the concern occurred.
- The hospital will not retaliate against or engage in any form of intimidation or otherwise take any adverse action against any employee or individual for performing any duties or responsibilities in connection with the HSC, exercising any right under RCW 49.12.480, or notifying the HSC or the hospital administration of a staffing concern.

### **Communication with Lead Nurse (LN)**

- Staffing concerns should be discussed with the employee responsible for the staffing assignments on that shift. The staff member and LN should work together to assess the immediate clinical situation and risk to patient and staff safety and explore potential solutions to remedy the situation.
- The LN will make reasonable efforts to resolve the situation using available resources. Efforts to obtain additional staff and/or other interventions will be documented by the LN or staffing coordinator.
- When a solution cannot be identified and there is immediate risk to patient and/or staff safety, the LN will contact the (DNS)/Assistant Director of Nursing Services (ADNS), and/or Executive leader on-call.

### **Initiate Concern Report – Part 1**



- If the staff member believes their concern has not been adequately addressed, they should complete a Nurse Staffing Concern Report (See Attachment A).
- Nurse Staffing Concern Reports are submitted directly to the LN and forwarded to the department manager and staffing committee chairs.
- Every effort should be made to complete the report prior to the end of the shift in which the concern occurred. Timely submission of a concern report helps to facilitate timely review and response to the concern.
- If the concern is resolved during the shift through the standard chain of command, a Nurse Staffing Concern Report is not necessary, but may still be completed to inform the staffing committee of a concern. Duplicate reports of the same occurrence will be reviewed by the staffing committee and counted as one occurrence for tracking purposes. Multiple staff may attach supporting statements to a single concern report if needed.
- If there is a repeating pattern of similar issues, a Nurse Staffing Concern Report should be completed even if the concern is resolved during the shift.

#### **LN Review – Part 2**

- The LN will review the concern report and provide additional information and rationale for shift-based staffing adjustments to aid in ongoing review of the concern.

#### **Department/Unit Review – Part 3.**

- The Department Manager will gather information about the concern, identify trends, and facilitate problem solving with department staff including but not limited to the staff member who initially reported the concern. If a department/unit level nurse staffing committee has been formed, the concern should be reviewed by this committee.
- The Department Manager will make every effort to resolve the concern at the department level. No concern will be closed prior to staffing committee review.

#### **Hospital Staffing Committee Review – Part 4**

- The staff members who submitted the concern will be invited to attend the HSC



meeting when their concern will be discussed and will be notified of the outcome of their concern in writing within 90 days of the committee receiving the report.

- The Department Manager (or designee) and staff will present their concern to the (HSC) for review including any action taken and a recommendation for further action by the committee.
- The HSC will review and classify all concerning reports received and determine whether additional action is required.
- The HSC will utilize a collaborative problem-solving approach to address concerns.
  1. Each concern will be logged and classified as described below:
    - a. Dismissed –
      - i. Not enough information/detail was provided to investigate.
      - ii. The evidence presented to the HSC does not support the staffing complaint.
      - iii. The hospital followed the staffing plan.
    - b. Dismissed with Acknowledgement – HSC acknowledges that there was a variation from the staffing plan which could not be resolved due to the following circumstances:
      - i. The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to do so.
      - ii. The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4: any unforeseen declared national, state, or municipal emergency, when a hospital disaster plan is activated, any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or when a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.
      - iii. Other circumstances to be specified by HSC.



- c. Resolved – The HSC agrees that the complaint has been resolved.
    - i. Level 1 – Resolved by LN during shift in which concern occurred.
    - ii. Level 2 – Resolved at department/unit level with final review by HSC.
    - iii. Level 3 – Resolved after HSC action.
  - d. In progress – potential solutions have been identified and a process improvement plan has been initiated. HSC to follow up for outcome.
  - e. Escalated – HSC requires additional assistance/resources from senior leadership to address the concern.
2. Unresolved – HSC agrees that a complaint is not resolved or is unable to agree that a complaint is resolved.

**Patient Complaints related to Staffing:**

The Patient Advocate will provide the HSC with a quarterly update regarding patient complaints involving staffing made through the patient grievance process. All patient complaints involving staffing will be entered into the Strategic Quality Support System (SQSS).

Staffing Complaints/grievances will be reviewed, investigated, and resolved through SQSS. The complaint will be resolved within 90 days or less of receipt, or longer with majority approval from the HSC. The Patient Advocate will send out an acknowledgment letter upon receiving the complaint, and a follow up letter when the complaint has been resolved.

The employee filling the complaint/grievance will be invited to voice their concern to the HSC if they choose.

**Approval of Hospital Staffing Schedules:**

**DNS/ADNS Lead Nurses, and Staffing Coordinator:**

- 3. The (DNS)/ (ADNS), in collaboration with the staffing coordinator, is responsible for approving the master schedules.



4. LN s will consult with Nurse Managers as needed; they are responsible for coordinating with the staffing coordinator the response to staffing demands on a shift-by-shift basis (including call-ins and coverage).
5. The LN for each nursing department is responsible for identifying staffing needs for each shift and communicating these needs to the Staffing Coordinator. The Staffing Coordinator will collaborate with the DNS/ADNS as needed.
  - a. When staff are not needed for a full shift, staff will consult with the LN if there are needs in other departments, staff may be asked to float to departments in which they are trained for the remainder of the shift. Staff may be asked to take a low census, depending on department needs.
6. Coordination of patient admissions, discharges, and transfers goes through Case Management, and they will consult with the Provider and LN. The LN will collaborate with the DNS/ADNS during daytime business hours Monday through Friday. The LN/Weekend Provider is responsible for coordinating weekend and after-hour admissions, discharges, and transfers.

#### **A. Scheduling:**

1. A one-month schedule will be developed by the Staffing Coordinator in collaboration with the DNS/ADNS and department staff as applicable. The schedule will be completed with the core staffing needs covered and will be posted in a designated area in each department by the 15th of the previous month. Departments are staffed with full-time, part-time, and per diem staff.
2. Requests for time off will be submitted and processed per the staffing policy and may be submitted up to one year in advance. Requests for the following month need to be in no later than the 1st of the current month. After the schedule is approved and posted, staff members will be responsible for finding coverage for their non-emergent requests. This coverage must not allow staff members to accrue overtime.
3. The DNS/ADNS will approve other schedule changes at their discretion. CCHS reserves the right to schedule employees for all shifts according to the needs and discretion of CCHS, as described in the Employee Handbook. Every attempt will be made to maintain set patterns to support work-life balance, however patterns may be changed based on unit needs. Communication between employee and employer will be completed in the event patterns need to be adjusted in a timely manner.

#### **B. Shift-to-Shift Staffing:**





1. Factors affecting appropriate staffing include: the number of patients, levels of acuity, location of patients (outpatient, ED, and inpatient), and the level of preparation and experience of those available to provide care.
2. Schedules are designed to meet the work requirements of each nursing department.
3. The number of staff needed is determined two hours before the start of each shift utilizing staffing ratios and guidelines and the identified patient needs. Employees will be notified a minimum of one hour prior to being called off or placed "on-call".
  - a. If an employee is called off after arriving at work with no documented attempt by the Staffing Coordinator, LN DNS/ADNS to notify the employee, the employee will be paid a minimum of two hours' working time. Staff may be given a work assignment during this two-hour period.
4. The DNS/ADNS will be consulted for unusual staffing circumstances and needs.

#### **C. Staffing Assignments:**

1. Staff assignments are designed to match patient acuity with the qualifications & competence of the staff and to allow the assigned staff to function within their scope of practice. An acuity scale may be used to make fair assignments and/or even the workload.
2. The designated LN makes staff assignments after reviewing the patients and their status.
3. Consideration is given to the following but not limited to:
  - Physical Assessment
  - Respiratory/Cardiac Status
  - Medications
  - Devices
  - Pain Management
  - Status Change
  - Psychosocial needs
  - Skin Care/Incontinence
  - Safety/ADLS
  - Isolation
4. Assignments may change to accommodate the staff skill mix and needs of the patients or departments.
5. Hall One in "Booker" is designated under AC/SB Beds.



6. In the event there is an LPN scheduled to cover a shift, staff will notify the AC Shift Supervisor, or another AC staff RN will be delegated to be available for oversight for the LPN on shift if needed.

**D. Extra Shifts:**

1. Staff may notify the Staffing Coordinator LN, and/or DNS/ADNS when they are available to work extra shifts. This assists in reducing the number of calls necessary when additional staff are needed.

**E. On-Call:**

1. AC staff may volunteer to be on call when the census and/or acuity are elevated.
2. AC staff may be placed on call when the census is low, in which case a scheduled Nurse would be sent home with the expectation that they would be on call for the remainder of the scheduled shift.
3. AC staff that are placed on call are expected to report to work within 30 minutes of notification. If staff know they cannot make it within this time frame due to commute, they need to communicate this to charge prior to being assigned on call and make prior arrangements for coverage until they can get there.
4. Staff must be available by phone when on call. A telephone response is expected within fifteen (15) minutes.

**F. Low Patient Census: (LPC):**

1. Staff may be sent home and placed on call when there is a low patient census (LPC).
2. Staff may use Personal Time Off (PTO) when they are required to take LPC time off.
3. Staff that are placed on LPC may also be placed on-call at the discretion of the shift supervisor.

**G. Use of Float and Per Diem Staff:**

**a. Float Staff:**

1. Floating to other departments within CCHS may be required.



2. During low census times and/or when scheduled, staff may complete float orientation in other departments.
3. Floating is assigned at the discretion of the DNS/ADNS
4. Assignments for staff floating into another department are designed to minimize interruption in the continuity of patient care and to ensure nursing functions are within the scope of practice and abilities, infection control guidelines, and patient needs.
  - a. A float nurse will not be assigned to the following duties:
    - i. Department LN
    - ii. Transport of patients to outside facilities
    - iii. Ward clerk duties
  - b. Float nurses participate in patient care reports.
  - c. Float nurses ensure that tasks and interventions performed throughout the shift are properly documented.
  - d. LN's and Nursing Directors will maintain backup plans if float nursing personnel are called back to their home department.

**b. Per Diem Staff:**

1. Per Diem staff is utilized on an as-needed basis to cover vacation requests, sick calls, and peaks in the census. Per Diem staff members will be expected to cover a minimum of two (2) shifts each month.

**H. Plan for Meal/Breaks:**

1. Each department creates a plan for meal periods and breaks each shift. Meals and breaks will be managed according to the Washington State Law, WAC 296-126-092.
  - a. This plan may fluctuate depending on changes in patient care needs/status, admissions, and discharges. Each department creates a plan for meal breaks each shift.
  - b. Staff members caring for the same group of patients should alternate their break times.
2. When scheduled staff members are unable to reasonably adjust their meal break plan, the following actions may be taken:
  - a. Contact the LN for coverage. (The LN may delegate coverage by other nursing staff).



- b. Contact the Staffing Coordinator and DNS/ADNS for available in-house coverage.
- c. If these options are not available, the LN DNS/ADNS may contact on-call staff or unscheduled staff to assist with meal/break coverage.
- d. Short breaks or missed breaks need to be documented in the payroll system.
- e. Payment will be made for any missed meals/break coverage.
- f. Break Attestations are required by all AC/ED hourly staff, per RCW 49.12.480. (Refer to Meal and Rest Break Attestation policy for more information). The attestation is documented in the payroll system.

## **I. Department Staff Qualifications, Mix, Staffing Guidelines & Ratios:**

### **1. Staff Qualifications:**

- a. Licensure  
AC/ED nursing staff members (nurses (RNs and LPNs), nursing assistants, and medical assistant-registered) who provide direct patient care will maintain a current license from the Washington State Department of Health.
- b. Certification
  - i. Registered Nurses (RNs) will maintain a current Basic Life Support (BLS), and Advanced Care Life Support (ACLS). Pediatric Advanced Life Support (PALS) and Trauma Nurse Core Course (TNCC) certifications will be required for those that cover the ED. See Emergency Staff Qualifications for the timeline of certifications and requirements.
  - ii. Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) will maintain a current BLS Certificate
  - iii. Medical Assistants-Registered (MA-Rs) will maintain a CNA, BLS Certificate, and core competency check off list.
- c. Specialties  
Staff members are encouraged to become certified in relevant specialties.
- d. Participation  
Staff members will be required to participate in:
  - i. Performance improvement activities and/or improvement teams. i.e. Simulations



- ii. Ongoing in-service education programs and periodic clinical skills evaluations.
- iii. Staff Meetings, Forums, and Department projects.
- iv. Assigned committees.

## 2. Acute Care and Swing Bed Staff:

### a. Staff Mix:

- i. Acute Care staff consists of RNs, LPNs, MA-Rs, and CNAs. The RN staff is assigned the responsibility of patient care management. The LPN is responsible for caring for assigned patients within their scope under the supervision of the RN. The MA-R role is to support the RNs and LPNs with core competency skills. The primary role of the CNA personnel is to help with tasks as directed by the RN that are within the CNA's scope of practice.

### b. Staffing Guidelines/Ratios:

- i. The Acute Care/Swing Bed unit is open 24 hours per day, seven days per week, with care provided by RNs, LPNs, MA-Rs and CNAs
- ii. The core staffing consists of:
  - 1. 4 Nurses, 2 CNAs, or MA-Rs from 0645-1915
  - 2. 3 Nurses, 1 CNA/MA-R from 1845-0715 - with a goal of staffing a second CNA/MA-R, especially during high census.
- iii. Core Staffing is based on the average daily census and typical acuity of patients. Monday through Friday, additional support staff available include the Unit Secretary, Activity Aid, Case Management, Hospitalist RN, and DNS or ADNS.
- iv. LN are expected to be assigned patients depending on census, acuity levels, outpatient, ED volumes, and staff skill mix.
- v. Staff that have been low censused may also be placed on call and are available if patient care needs change or additional patients are admitted.
- vi. Staff-to-patient ratio is increased for pediatric patients (In the ED), patients in restraints, telemetry, high risk outpatient infusions, or other high risk/acuity reasons. Depending on the skill need, the patient ratio may be 1 Nurse to 6 patients. Assessments for staff-to-patient ratios use the scale below as a guide.
  - 1. OBS/Acute patient status: 1 Nurse to 4 patients
  - 2. Swing bed/Rehab status: 1 Nurse to 6 patients.

Additional staff may be added to minimum ratios based on acuity scale documentation and nursing care needs.



### 3. Emergency Department (ED) Staff:

- a. Staff Mix:
  - i. One ED provider is always scheduled/ on call for the ED.
  - ii. Registered nurses provide care in the ED with support from other nursing staff.
- b. Additional Qualifications:
  - i. RNs acquire PALS and ACLS within 6-12 months of hire and TNCC within 12 months of hire if not previously credentialed. These certifications should be kept current for the duration of employment to work in the ED.
  - ii. Participation in skills labs, based on employee needs and regulatory requirements, provides an opportunity to review high-risk, low-volume skills.
- c. Staffing Guidelines/Ratios:
  - i. Non-Urgent\* Patients: 1 to 4
  - ii. Urgent\* Patients: 1 to 2
  - iii. Emergent\* Patients: 1 to 1
  - iv. Active resuscitation, thrombolytic administration, and modified trauma team activation or other acute events, 2 to 1 ratio of nurse-to-patient staffing for the duration of the acute event is indicated.
  - v. Putting a 2:1 ratio for these acute ED pt types is going to require a higher matrix and more chances of us being out of compliance.
  - vi. 1 RN is scheduled to always cover the ED as a standard. As mentioned above, support staff are available as needed.

\* Refer to the triage policy to outline definitions of non-urgent, urgent, and emergent patient type. [TRIAGE](#)

0645-1915 and 1845-0715



Projected Pt. census 0645-1915	Lead RN	RN	ED RN	CNA	HUC
1-3	1	1	1	1	1
4-6	1	1	1	1	1
7-10	1	2	1	2	1
11-13	1	2	1	2	1
14-15	1	2	1	3	1
16-20	1	3	1	3	1
20-25	1	4	1	4	1

Projected Pt. census 1845-0715	Lead RN	RN	ED RN	CNA	Admitting/Registration
1-3	1	1	1	1	4:00-1:30am
4-6	1	1	1	1	4:00-1:30am
7-10	1	2	1	2	4:00-1:30am
11-13	1	2	1	2	4:00-1:30am
14-15	1	2	1	3	4:00-1:30am
16-20	1	3	1	3	4:00-1:30am
20-25	1	4	1	4	

#### Factors to consider when staffing or low census

No Lead RN  
 No registration staff NOC/Wknds  
 Outpatient Procedures  
 If ED Acuity is increased Sup-RN will assist with ED patients  
 Resp Therapy not available on-site 24/7  
 The need for ACLS transfers



**Attachment A:**

**Columbia County Health System (CCHS)  
Dayton General Hospital (DGH)  
Hospital Staffing Concern Report**

**PART 1: THIS SECTION TO BE COMPLETED BY STAFF REPORTING CONCERN**

Have you discussed this concern with the immediate supervisor?  YES  NO

Name(s) of supervisor(s) notified:

\_\_\_\_\_

Role of supervisor(s) notified:  Charge Nurse  Shift Supervisor  Manager  Other

Date/Time supervisor was notified of staffing concern: Date \_\_\_\_\_ Time \_\_\_\_\_

**Mark all that apply to the situation:**

Our unit is not staffed according to the staffing plan.

Explain:

\_\_\_\_\_

Our staffing plan needs review. Please select any of the following:

- Census is higher than planned
- Patient acuity is higher than planned
- Unit activities (e.g., discharges, admissions, transfers) are different than planned
- Need for specialized equipment
- Staff support different than the planned
- Other (please describe):

Shift adjustments to the staffing plan need review. Please select any of the following:

- Census is higher than planned
- Patient acuity is higher than planned





- Unit activities (e.g., discharges, admissions, transfers) are different than planned
- Need for specialized equipment
- Staff support different than the plan (please list staff #s below)
- Inappropriate assignment for skill level of RN or coworkers
- RN or CNA assigned without prior orientation and competency demonstration
- Other (please describe):

Missed/Interrupted breaks:  Meal Break x \_\_\_\_\_  Rest Break x \_\_\_\_\_  
 Time missed/interrupted break was scheduled \_\_\_\_\_

Reason for missed break:

- Unable to handoff care to another caregiver due to
- 

- Unforeseeable clinical circumstances that may lead to a significant adverse effect on the patient's condition. Describe:
- 

- Break was interrupted by \_\_\_\_\_ due to \_\_\_\_\_

Did you notify the immediate supervisor of missed/interrupted break per hospital policy?

- YES  NO

Was your missed/interrupted break rescheduled or offered a break at an alternative time?

- YES  NO

**Please provide details about the shift in which the concern occurred:**

Unit: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Census: \_\_\_\_\_

Number of staff: RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Unit Secretary \_\_\_\_\_  
 Other \_\_\_\_\_

**Please provide your name and contact information to facilitate review of this concern.**

Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_



**Submit report to the Lead Nurse (LN) . Attach additional pages if needed.**

**PART 2A: THIS SECTION TO BE COMPLETED BY LN – STAFFING PLAN VARIANCE**

Date/Time LN was notified of staffing concern: Date \_\_\_\_\_ Time \_\_\_\_\_

RCW 70.41.410 defines out of compliance as the number of patients assigned to the nursing staff exceeds the patient care unit assignment as directed by the nurse staffing plan.

**I have reviewed the staffing plan and determined that current staffing is:**

- Compliant with the hospital staffing plan     A variation from the hospital staffing plan

**I have evaluated the immediate clinical situation, safety of patients and staff, and potential solutions and taken the following action(s):** (Mark all that apply)

- No action needed at this time. Current staffing is appropriate. Comment:

\_\_\_\_\_

Exhausted reasonable efforts as defined in RCW 70.41.410 were made to obtain/retain staff:

*Requested all available qualified staff to work additional time.*

*Contacted qualified employees who made themselves available to work additional time*

*Contacted per diem staff*

*Contacted contracted temporary staffing agency (if permitted by law, and hospital policy)*

- Other efforts to obtain staff:

\_\_\_\_\_

**Circumstances contributing to staffing variance:** (Mark all that apply)

- Unforeseen emergency circumstances as defined in RCW 70.41.410
- Unforeseen declared nation, state, or municipal emergency*
  - Situation requiring activation of the hospital disaster plan*
  - Admission of a patient in need of life saving care transferred from another hospital*
  - Unforeseen disaster or catastrophic event that substantially affects or increases the need for health care services.*
  - Hospital was diverting patients to another hospital or hospitals when*



*the staffing variance occurred.*

- Staff attendance (Ex: sick call, no show, late arrival, leaving before end of scheduled shift)
- Staff refusal to accept assignment (Ex: refusal to float or work on a particular unit)
- Patient and/or job abandonment
- Unexpected volume/influx of patients
- Shift based staffing adjustment (Ex: staff assigned to assist another unit with higher patient acuity)
- Other(describe)

\_\_\_\_\_

Was the staffing concern resolved during the shift in which it occurred?  YES  NO

If no, concern was escalated to next level leader on duty/call:  
Name \_\_\_\_\_

**Shift LN Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Forward completed report to Dept. Manager, COO, Hospital Staffing Committee Chairs.**

**PART 2B: THIS SECTION TO BE COMPLETED BY LN – MISSED/INTERRUPTED BREAK**

**The LN was notified of and approved the missed/interrupted break.**  YES  NO

**If no, reason missed/interrupted break was not approved:**

- Employee declined to take a break when offered.
- Employee was offered and declined an alternative break time.
- Missed/interrupted break was rescheduled, and employee took a break at an alternative time.
- Oher

\_\_\_\_\_

**LN Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**PART 3: THIS SECTION TO BE COMPLETED BY MANAGER OR UNIT LEVEL STAFFING**



**COMMITTEE**

Date concern report received: \_\_\_\_\_

Planned Staffing:      RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Unit Secretary \_\_\_\_\_ Other \_\_\_\_\_

Actual Staffing:      RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Unit Secretary \_\_\_\_\_ Other \_\_\_\_\_

**I have reviewed the staffing plan and determined that staffing during this shift was:**

Compliant with the hospital staffing plan     A variation from the hospital staffing plan

Factors contributing to this staffing plan variation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staffing concern was reviewed with the following staff:

\_\_\_\_\_  
\_\_\_\_\_

Dept/unit level interventions considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action(s) taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**PART 4: THIS SECTION TO BE COMPLETED BY THE HOSPITAL STAFFING COMMITTEE**

Date concern received by committee co-chairs: \_\_\_\_\_

**Staff members submitting concern were notified of meeting date/time during which their concern will be reviewed by the committee.** The staff member

Accepted  Declined to attend

Date concern presented to committee: \_\_\_\_\_

**This concern was reviewed, discussed, and considered by the Hospital Staffing Committee and given the following designation:**

- Dismissed for the following reasons(s): *(check all that apply)*
  - Nursing personnel assignments were aligned with the hospital staffing plan.
  - The evidence presented to the nurse staffing committee does not support a staffing variance
- Dismissed with acknowledgement for the following reason(s): (Check all that apply)
  - The hospital has documented reasonable efforts to obtain/retain staffing as defined in RCW 70.41.410 were exhausted.
  - The variance occurred because of unforeseeable emergency circumstances as defined in RCW 70.41.410.
  - Other

\_\_\_\_\_

Resolved -  Level 1 (during shift)  Level 2 (after dept level review)  Level 3 (after HSC review)

The resolution is described below:

In progress – improvement plan implemented. Next review date: \_\_\_\_\_

HSC has agreed by majority vote to extend the standard 90 review period to continue to evaluate the corrective action plan.

Next review date: \_\_\_\_\_

Escalated – additional assistance/resources required from senior leadership



Unresolved – HSC is unable to reach consensus on resolution of the complaint.  
Describe corrective measures taken:

**Outcome of the HSC review was communicated to the person who submitted the concern via written communication on \_\_\_\_\_**

**Date Resolved/Closed: \_\_\_\_\_  Logged in SQSS**

**Signature of Committee Co-Chair: \_\_\_\_\_ Date:**

\_\_\_\_\_

**Signature of Committee Co-Chair: \_\_\_\_\_ Date:**

\_\_\_\_\_



**References:**

RCW 70.41.420.

<https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5236-S2.SL.pdf?q=20230616155749>

**Nurse Staffing Concern-Complaint Form-WSHA October 2023**

**2023 WSHA Hospital Staffing Committee and Staffing Law Guidebook-Final 2023**