

Steering Committee: Nursing Services

Guiding Requirements: [RCW 70.41.420](#), [SEIU 1199NW Collective Bargaining Agreement- Article 40](#)

CQIP: No

Standing Workgroups: None

I. Purpose/Mission:

The hospital staffing committee is established by Eastern State Hospital to develop a staffing plan and guide unit based direct care staffing practices to promote quality patient care.

The committee will establish a mechanism whereby direct care staff and hospital management participate in a collaborative process regarding decisions about direct care staffing.

II. Scope

The primary responsibilities of the staffing committee are to:

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.
2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence based staffing information, including nurse sensitive quality indicators collected by the hospital.
3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.

III. Composition:

1. The staffing committee will consist of twelve members made up of direct care staff and hospital leadership. At least 50 percent of the voting committee membership will be RNs and MHT/FCA/LPNs, who are nonsupervisory and nonmanagerial, currently providing direct patient care. Paid union representatives are welcomed as observers in a non-voting, non-speaking capacity.
2. A quorum is the minimum acceptable level of individuals with an interest in the committee needed to make the proceedings of the meeting valid. ESH Staffing Committee quorum will be considered met as long as each side has four (4) members present. In addition to minimum standard for quorum, voting will be conducted with equal representation from hospital leadership and direct care staff.
3. Participation in the ESH Staffing Committee by employees shall be compensated at the appropriate rate of pay. Hospital staffing committee members shall be relieved of all other work duties during meetings of the committee. Additional staffing relief must be provided if necessary to ensure committee members are able to attend hospital staffing committee meetings. ESH Staffing Committee members shall be granted one-half (1/2) hour pre-meeting time just prior to the ESH Staffing Committee meeting. Members attending remotely are responsible for accurately recording their time for payroll purposes.
4. The Employer and Union will continue and update the composition and mission of staffing committees to meet the requirements as defined in RCW 70.41.020 and state hospitals as defined in RCW 72.23.010.
5. The staffing committee will be co-chaired by one nursing staff member currently providing direct patient care and one management representative. The staff co-chair will be selected annually according to the collective bargaining agreement, if any, or by vote of committee members. The management co-chair will be selected annually by vote of committee members. If at any point a co-chair is unable to fulfill the duties of the role, a new co-chair will be selected.

IV. Orientation of Members

1. 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 be required to orient themselves with RCW 70.41.420 and staffing committee charter.

V. Membership:

1. Co-Chairs: Chief Nurse Officer (or current member) and Union Local Chair
2. Required Membership: Six (6) union selected direct patient care staff (three RN2 and three MHT/FCA/LPN), six (6) members determined by the hospital administration and shall include the Chief Financial Officer, Chief Nursing Officer, plus four patient care unit directors or managers. Standing members shall include the Chief Nursing Officer and Chief Financial Officer. Both hospital leadership and direct care members will have an alternate that is expected to attend meetings in preparation for need based on absence/vacancy.
3. Staffing committee voting members will be selected according to the following process:
 - a. The CNO will make selections in October annually.
 - b. Direct care staff will notify the CNO of their selections by the end of October annually.
 - c. Should a vacancy occur the CNO must be notified two weeks prior to the next scheduled meeting of who has been selected as a replacement member.
4. Term limits:
 - a. The membership term is two years.
 - b. Initial member terms are staggered so that half of the members rotate every year and will have one half of members sitting for two years and the other half for one year.
 - c. Other than standing members, no member may serve consecutive terms.
 - d. Selections are made in October and begin January 1st each year.

VI. Member Roles and Responsibilities:

Staffing committee co-chairs will serve for a period of two years. Co-chair duties include, but are not limited to:

1. Schedule meetings, ensure all members are notified of changes to meeting schedules, and arriving on time to conduct committee business.
2. Monitor attendance of members to ensure adequate quorum for each meeting and take action to address non-attendance as outlined in the committee charter.
3. Develop agenda for each meeting with input from committee members.
4. Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, & staffing plan updates.
5. Facilitate respectful professional discussions and moderate as needed.
6. Present annual staffing plan and any semi-annual adjustments to the CEO for review and approval

All committee member responsibilities include, but are not limited to:

1. Complete new member orientation and participate in on-going education as recommended by committee co-chairs.
2. Consistently attend committee meetings, arriving on time. Members who miss two consecutive meetings or more than four meetings annually will be replaced through the member selection process previously outlined. No substitute representatives are allowed.
3. Notify committee co-chairs if meetings are scheduled during a scheduled shift so that coverage can be arranged for member to attend.

4. Actively participate in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in respectful dialogue as professional committee members. If ill-prepared for topic, will be tabled for next meeting.
5. Act as a committee ambassador to gather input from peers and share with committee to inform decisions and assist peers in understanding process for developing staffing plans and reviewing complaints.

VII. Deliverables:

1. Development of Staffing Plans
 - A. The staffing committee is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs for the identified areas. The committee will review the effectiveness of each patient care unit nurse staffing plan semiannually.
 - B. The staffing committee will produce the hospital's annual nurse staffing plan recommendation. If this staffing plan is not adopted by the hospital, the chief executive officer shall provide a written explanation of the reasons why the plan was not adopted to the committee. The chief executive officer must then either: (a) Identify those elements of the proposed plan being changed prior to adoption of the plan by the hospital or (b) prepare an alternate annual staffing plan that must be adopted by the hospital.
 - i. The staffing plan must not diminish other standards contained in state or federal law and rules, or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.
 - ii. Hospital finances and resources must be taken into account in the development of the nurse staffing plan.
 - C. Factors to be included in the development of staffing plans include, but are not limited to: please see RCW 70.41.420
2. Staffing Complaint Review
 - A. A registered nurse may report to the staffing committee any variations where the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variations.
 - B. Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a patient care unit objects to a shift-to-shift adjustment, the registered nurse may submit the complaint to the staffing committee.
 - C. Each hospital shall post, in a public area on each patient care unit, the nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.
3. The staffing committee will review relevant data as outlined in the table below for consideration of the effectiveness of unit-based staffing plans.

Quality Metric	Review Frequency
Staff satisfaction and culture survey trends	Every other year
Overtime & mandatory on call reports	Monthly

Position Management Report, including but not limited to, turnover & vacancy rates by discipline & patient care unit, new hire turnover rates during the first year of employment, and hiring trends.	Quarterly
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