

## 2024 EvergreenHealth Hospital Staffing Committee (HSC) Charter

*This HSC Charter template is revisited and modified as deemed necessary by the Hospital Staffing Committee.*

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- The HSC members collaboratively develop/implement the HSC charter. The charter is updated annually or more often as deemed necessary by the committee. The DOH and L&I provide technical assistance to the HSC on implementation of charter requirements.
- Retaliation, intimidation, or otherwise adverse action against any individual performing duties or responsibilities in connection with the HSC or any employee, patient, or other individual who notifies the HSC or the hospital administration of concerns related to nurse staffing is not permitted.

### COMMITTEE (HSC) STRUCTURE, STATEMENT OF PURPOSE, MEMBERSHIP

#### Section 1 HSC Purpose

##### Purpose

This hospital staffing committee (HSC) is established by EvergreenHealth to convene direct care nursing staff and hospital administration to participate in a joint process regarding decisions about direct care nurse staffing practices to promote quality patient care, safety for patients and staff, and greater retention of nursing staff. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan and analyzing nurse staffing.

#### Section 2 HSC Responsibilities

##### Scope

The primary responsibilities of the HSC are:

1. Develop and oversee the annual patient care unit and shift-based hospital staffing plan (HSP) for nursing staff, including registered nurses, licensed practical nurses, certified nursing assistants, and unlicensed assistive nursing personnel providing direct patient care based on the needs of patients.
2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence based staffing information, including identified factors considered in staffing plan development and nurse-sensitive quality indicators collected by the hospital.
3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.

Hospital departments/units that require a \*staffing plan:

**Hospital:** Acute Rehab Unit, Pre-Op, OR, PACU, PSCU, CPC, Cardiac Services (Cath Lab/IR), DI Recovery, Cardiac & Pulmonary Rehab Services, ECIC, Infusion Services, Radiation Oncology, ICU, PCU, CVNS, Oncology Unit, Ortho, Spine, & Neuro Surg Unit, Medical Surgical Unit, ED (Kirkland and Redmond), FMC L & D, Post Partum, NICU, and Pediatrics

**Provider-Based Clinics:** EH Cardiology Care, EH Diabetes Education & Nutrition Therapy, Gastro Care, EH Diabetes, Endocrinology, Weight Loss Bariatric Center, EH Breast Center, EH Pulmonary Care, EH Geriatric Care, EH Interventional Spine Care (ISC), EH Maternal Fetal Medicine, EH Spine & Neurosurgical Care, EvergreenHealth Neuroscience Institute (ENI), Wound Care.

\*The staffing plan includes acute care hospital areas (licensed under RCW 70.41) and state hospitals (as defined in RCW 72.23), where RNs provide patient care

**Section 3 HSC Membership  
Membership and Selection**

The HSC consists of 8 WSNA and 3 SEIU voting members comprised of 11 direct care nursing staff and 11 from hospital administration. At least 50 percent of the voting committee members are nursing staff who are nonsupervisory/nonmanagerial, currently providing direct patient care. The selection of HSC nursing staff members is according to the collective bargaining representative(s) if there is one or more at the hospital.  
\*Refer to information included in the collective bargaining agreement if applicable.

Fifty percent of the total HSC voting members are from hospital administration and include the Chief Financial Officer, Chief Nursing Officer, and patient care unit directors or managers or their designees.

>HSC administration members are selected by the Chief Nursing Officer.

Co-Chairs

The HSC is co-chairs by one direct patient care nursing staff (shared by 1 WSNA and 1 SEIU member) representative and one representative from hospital administration.

>The nursing staff co-chairs selected as guided by the selected HSC nursing staff members.

\*Refer to information included in the collective bargaining agreement if applicable.

>The administrative co-chair is selected by the hospital administration.

>If an HSC co-chair or member is unable to fulfill the duties of their role, a new individual is selected using the process outlined above.

Other attendees

The following job classes will be invited ad hoc on the HSC as nonvoting patient care staff members: Respiratory Therapy, Social Workers, Surgical Techs, Radiology Techs, ED Techs, HUC/CNA's and OT/PT etc.

>Interested non-members who are unable to attend a meeting are encouraged to share their input with an HSC member who may represent their interests during the meeting.

> Labor representatives from WSNA and SEIU as non-voting members

>Committee co-chairs may agree on HSC sub-committee or secondary meetings outside of the HSC meeting with attendance in these meetings as deemed appropriate by the co-chairs.

**COMMITTEE (HSC) ROLES AND RESPONSIBILITIES**

**Section 4 HSC Roles and Responsibilities**

**Co-chairs (or designee)**

HSC nurse staffing co-chairs administrative co-chair, one SEIU co-chair, and one WSNA co-chair, who serve for a period of time as determined by the respective collective bargaining representatives. Administrative co-chair period will be determined by the administrative representatives.

Co-chairs duties include, but are not limited to:

- Schedule HSC meetings to optimize attendance. Ensure HSC member notification of accurate meeting date, time, and location.
- Provide new HSC member orientation and ongoing training to members.
- Track meeting attendance of members. Ensure adequate quorum for each meeting and address non-attendance (as specified by charter).
- Develop the agenda for each meeting with input from the HSC members.
- Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, staffing plan updates, and actions taken. SEIU and WSNA will be provided with copies of all documentation listed here within at least 30 days after documenting. Comply with meeting documentation retention consistent with hospital's policy.
- Facilitate review of factors to be considered in the development of the staffing plan. Ensure review of staff turnover rates (including new hire turnover rates during the first year of employment) quarterly, anonymized aggregate exit interview data on an annual basis, hospital plans regarding workforce development, and patient grievance submissions related to hospital staffing.
- Facilitate development and semi-annual review of the HSP. Present the annual staffing plan and any semi-annual adjustments to the CEO for review and approval. Ensure timely submission of the plan to the DOH following HSC and CEO approval.
- Facilitate respectful and productive discussions and moderate as needed
- Organize review of staffing complaints and ensure adherence to the complaint management process (specified in the charter) to facilitate the best use of time during the HSC.
- Acknowledge receipt of staffing complaints by communicating with the staff member who submitted the complaint.
- Extend a written invitation to the employee and manager 14 days in advance of the meeting when the complaint (involving the employee) is scheduled to be discussed. Include notification that a labor representative may attend at the employee's request. The department manager will work with the employee to ensure availability to attend the meeting when possible.
- Ensure closed-loop communication occurs following committee review of a staffing complaint (ADO) via written response to the staff member who submitted the complaint including the outcome of the complaint after committee review.
- Other duties as determined by the committee.

**Hospital Staffing Committee Members**

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

- Complete new member orientation and participate in on-going education as recommended by committee co-chairs.
- Attend committee meetings consistently.
- Notify committee co-chairs if unable to attend an HSC as specified by charter.
- For direct care staff, notify direct supervisor if HSC meetings are scheduled during a scheduled shift as outlined in the charter so that coverage can be arranged.
- Participate actively in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in dialogue.
- Remain open-minded and solution-focused and earnestly engage in collaborative/cooperative problem-solving process.
- Model solution-focused communication both in committee meetings and when discussing staffing concerns with peers.

- Serve as a committee ambassador to gather input from peers and share with the HSC to inform decisions and assist peers in understanding the process for developing staffing plans and reviewing complaints.
- Encourage peers to effectively communicate staffing concerns through the process established by the committee to best facilitate collaborative problem-solving.
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.
- Other duties as determined by the committee.

## **HSC MEETING MANAGEMENT**

### **Section 5 HSC Meetings, Management, and Attendance**

#### **Meeting Schedules and Notification**

The HSC meets monthly, or more often if needed, to achieve objectives of the committee in compliance with RCW 70.41.420. Meeting dates and times are set by the committee co-chairs with input from committee members. Committee members are notified of meeting dates and times via email and Teams calendar at least 30-days in advance of regular meetings.

> Meeting participation by HSC members is scheduled work time and compensated at the appropriate rate of pay. Members are relieved of all other work duties during meetings. Whenever possible, meetings are scheduled as part of members' normal full-time equivalent hours.

> It is understood that meeting schedules may require members to attend on their scheduled day off. In this case, staff shall be compensated at the appropriate rate of pay.

> Staffing relief is provided (when necessary) to ensure committee members are relieved of their duties to attend meetings. Members are responsible for notifying the HSC co-chairs and manager if they are scheduled to work when a committee meeting is scheduled. Managers are responsible for awareness of the dates of HSC meetings and will ensure the committee member has the day off or will provide relief staff to cover the committee member to attend all scheduled hospital staffing committee meetings.

> Meetings will be held via Microsoft Teams. Active participation in the meeting is required as defined by the HSC. Members attending remotely are responsible for accurately recording their time for payroll purposes.

#### **Contingency Staffing Plan**

> In the event of an unforeseeable emergent circumstance lasting for 15 days or more, the hospital incident command will provide a report to the hospital staffing committee co-chairs within 30 days including an assessment of the staffing needs arising from the unforeseeable emergent circumstance and the hospital's plan to address the identified staffing needs.

> Upon receipt of this report the hospital staffing committee will convene to develop a contingency staffing plan.

#### **HSC Member Orientation**

Newly selected staffing committee members receive basic orientation related to hospital quality improvement strategy, the organizational budgeting process and relevant reports, 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 is a condition of committee membership.

> Committee co-chairs will review orientation materials annually and update as needed.

#### **Quorum**

Quorum is the minimum acceptable number of voting HSC members required to make the proceedings of the meeting valid. Establishing a quorum ensures sufficient representation at meetings before changes can be proposed or adopted. A quorum must be established at the beginning of each HSC meeting. A quorum will exist when at least one-half of the HSC's total voting members are present, at least half of the HSC voting members present are "nursing staff," at least one HSC voting member RN from the WSNA bargaining unit is present, and at least one HSC voting member CNA from the 1199NW bargaining unit is present. Because WSNA selects the RN members of the HSC's "nursing staff" members, the WSNA staff representative may designate another bargaining unit member to attend the meeting on paid time as a proxy and vote on their unit's behalf. Because 1199NW selects the CNA members of the HSC's "nursing staff" members, the 1199NW staff representative may designate another bargaining unit member to attend the meeting on paid time as a proxy and vote on their unit's behalf. Administrative members will designate a proxy if unable to attend an HSC meeting.

> Attendance is taken at the beginning of each HSC meeting.

- Members unable to attend a meeting notify co-chairs via email prior to the meeting to allow for adjustments to maintain the quorum.

- HSC voting members are identified at the beginning of each meeting so that voting is undertaken with an equal number of direct care nursing staff and hospital administration members.

> If an HSC member is unable to attend, each corresponding union will identify an approved alternate that could attend. The number of voting members is adjusted so that there is an equal number from direct care nursing staff and administration.

#### **Attendance and Participation**

HSC members are expected to attend at least nine of the meetings held each year. Absences will be discussed with members, co-chairs, and management to see what obstacles are present and work to remove obstacles to support the member in attending. Union representatives can replace members as needed and will work to ensure a quorum is present in all meetings.

> It is the expectation of the HSC that all members participate actively, including reading required materials in advance of the meeting as assigned and coming prepared to meetings.

#### **Communication and Consensus**

The HSC strives to resolve issues through collaboration.

Consensus is the primary decision-making model when a quorum is met and is used for approval of the annual staffing plan, changes to a staffing plan, classification of complaints, and other committee decisions. Should an issue need to be voted upon by the HSC, the action must be approved by a majority vote of a duly appointed HSC with an equal number of direct care nursing staff and administration present (not just the majority of the members present at a particular meeting). The following process will be utilized when an HSC vote is needed:

1. Interested individuals present information relevant to the topic.
2. An opportunity is provided for discussion, questions, and clarification.
3. Co-chairs indicate that the committee will vote on the matter, restating the proposal that will be voted on.
4. Members submit their vote via voice roll call conducted by the co-chairs.

Consensus is reached if there is a 50 percent plus one vote of a duly constituted HSC (with an equal number of voting representatives from direct patient care nursing staff and from administration). Ex: If twenty members vote (ten nursing staff and ten administration), at least eleven votes are needed for consensus. The committee will produce the hospital's annual nurse staffing plan. The committee shall approve all staffing plans only by a 50 percent plus one (or more) majority vote of all voting members present that includes at least one (1) vote in favor of the staffing plan by an HSC voting member who is an RN and part of the WSNA bargaining unit and one member who is part of the SEIU Bargaining Unit.

#### **Agenda**

Meeting agendas are developed and agreed upon by the HSC co-chairs prior to each meeting and disseminated to HSC members (with meeting documentation). Meet to discuss agenda items ten days in advance of the HSC meeting, send agenda to membership at least one week in advance. HSC members may request items to be added to the agenda either before or during the meeting. Non-member employees may request that an HSC member include an item on the agenda.

Items added to the agenda during a meeting will be addressed as time allows and moved to the next meeting agenda if there is inadequate time.

HSC standing agenda items are as follows:

1. Call to order/attendance.
2. Approval of documentation from previous meeting.
3. Agenda review (opportunity for additions).
4. Charter approval (annually or more often as needed).
5. Committee member education (annually and as needed).
6. Old business (review prior assignments, unresolved discussions, ADOs, and agenda items rolled over from previous meeting).
7. Budget review semi-annually.
8. Quality data report/HR reports provided and discussed quarterly.
9. Proposed unit staffing plan changes (if any).
10. Hospital staffing plan review (including factors considered in development of the HSP – semi-annually).
11. Progress reports (corrective action plans in progress).
12. Staffing complaint trend data.
13. New staffing complaint review & classification.
14. Assignments and agenda items for next meeting.
15. Adjournment.

A list of staffing complaints along with any data related to complaints, a summary of unit-based discussion, and unit-based recommendations will be sent with the agenda to all committee members, and labor representatives one week before HSC meetings. This is to ensure adequate time to review and efficiently discuss and vote in the HSC meeting.

#### **Documentation and Retention**

Committee co-chairs designate a scribe to take notes during each HSC meeting. Meeting documentation (approved by co-chairs with input from HSC members) is distributed to HSC members for review at least one week prior to the next HSC meeting.

Note: Public hospitals utilize hospital documentation policies that guide exclusion of information from meeting records that should not be subject to public disclosure, (Ex: confidential information or specific quality data). Committee co-chairs review the HSC notes for this confidential information prior to committee approval.

Meeting documentation includes, (but is not limited to):

- HSC meeting attendance and identification of voting members present.
- Approval of previous meeting documentation.
- Summary of member education provided during the meeting.
- The outcome of any votes taken during the meeting.
- Topics discussed during the meeting with action items and member assignment(s).
- Review/disposition/action taken on staffing complaints reviewed during each HSC meeting with tracking on a complaint spreadsheet.

Written documents containing confidential information including (PHI) will not be included in the meeting minutes. or shared with individuals who are not members of the HSC. All committee documentation, including meeting documentation and staffing complaint tracking logs are retained for a minimum of three years and consistent with the hospitals' document retention policies.

### **HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL**

#### **Section 6 HSC Information/Data Review**

The HSC 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. Department leaders should regularly report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan.

Factors to be considered in the development of the staffing plan include, but are not limited to:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.
- Skill mix of staff and FTE mix of current staff, including full-time, part-time, per diem, travel/contract/local agency/float pool.
- Anticipated staff absences, (i.e., vacation, planned leave, sabbatical).
- Level of experience, specialty certification, and training of nursing and patient care staff providing care.
- The need for specialized or intensive equipment.
- Availability and ease of access of resources, equipment, and supplies.
- 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.
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations.
- Availability of other personnel and patient-care staff supporting nursing services on the unit, (e.g., Respiratory Therapy, PT/OT, etc.).
- Measures to optimize available staff, (e.g., current/alternative staffing models of care, workflow optimization, etc.)
- 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.

- Semiannual review of the staffing plan against patient needs.
- Known evidence-based staffing information, including the quality indicators collected by the hospital.
- Review, assessment, and response to staffing variations or complaints presented to the committee.
- Hospital finances and resources as well as a defined budget cycle.

**Section 7 HSC Information/Data Review**

The HSC reviews relevant data outlined below to assess the effectiveness of unit-based staffing plans and financial performance.

Data/Metrics	Frequency of Review
Results from staff satisfaction and culture survey trends	Per hospital schedule
Staffing Plan Compliance reports	Monthly
Missed meal & rest break reports for nursing staff	Monthly
Overtime & mandatory on-call reports	Monthly
Hospital and department specific budget reports: Consider including: <ul style="list-style-type: none"> <li>• Hospital operating margin</li> <li>• EBITDA (earnings before interest, taxes, depreciation, and amortization)</li> <li>• Days of cash on hand</li> <li>• Hospital bond rating</li> </ul>	Quarterly (monthly reports reviewed quarterly)
Human Resources Report, including but not limited to: <ul style="list-style-type: none"> <li>• Turnover &amp; vacancy rates by nursing staff job class &amp; patient care unit</li> <li>• Nursing staff new hire turnover rates during the first year of employment</li> <li>• Aggregate anonymized exit interview trends*</li> <li>• Hiring trends and hospital workforce development plans</li> </ul> *Individual exit interview responses are not shared with the HSC due to confidentiality.	Monthly  Consider reviewing exit interview trends annually
Hospital-wide and department-specific quality indicators, including but not limited to: <ul style="list-style-type: none"> <li>• Patient complaints related to staffing*</li> <li>• Patient satisfaction survey responses*</li> <li>• Key quality indicators as identified by the committee. CLABSI, Falls, CAUTI, HAPI, NTSV *Patient comments about specific staff are not shared with the HSC. The quality director summarizes patient comments and presents them to the committee.</li> </ul>	Quarterly

**Data Validation**

Staffing Plan Compliance Report. The HSC co-chairs conduct a monthly review of the staffing plan compliance report. The standard form includes a checkbox for either HSC co-chair to indicate their belief that the validity of the report should be investigated by the WA DOH. (Begin no later than August 2025)

**Section 8 HSC Staffing Plan Development, Review, and Approval**

Upon review of *factors to be considered in development of a staffing plan* and quality metrics, the HSC develops and votes on a proposed staffing plan. The HSC voting members approve the proposed staffing plan when a vote as described above in Communication and Consensus of the HSC is in favor of the plan.

The committee-approved staffing plan proposal is provided to the hospital Chief Executive Officer (CEO) for review.

>Due annually by July 1<sup>st</sup> for the following year and any time a staffing plan adjustment is requested and approved by the committee.

Upon receiving a staffing plan proposal from the HSC, the CEO or designee reviews the proposal and provides written feedback to the committee. The written feedback must include, but is not limited to the following:

- Elements of the proposed staffing plan the CEO 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.

The committee reviews and considers any feedback from the CEO, revises the staffing plan if applicable, and approves the new draft staffing plan by vote as described above in Communication and Consensus, before submitting the revised staffing plan to the CEO for approval.

>If the revised staffing plan proposal is not accepted by the CEO and adopted upon second review, the CEO documents rationale for this decision.

If the HSC is unable to agree on a staffing plan proposal by vote as described above in Communication and Consensus or the CEO does not accept and adopt the proposed staffing plan, the most recent of the following staffing plans remains in effect: a) the staffing plan in effect January 1, 2023, or b) the staffing plan last approved by a 50 percent plus one vote of a duly constituted HSC and adopted by the hospital until a new proposal can be agreed upon.

The CEO's written report is retained with HSC documentation as outlined in *Section 5 Documentation and Retention*.

**HSC COMPLAINT MANAGEMENT**

**Section 9 HSC Complaint Review**

Employees are expected to follow this process, but nothing covered here in Section 9 would imply that an employee must go through this process before submitting a staffing complaint.

Staffing concerns are addressed using the following process:

**Step 1: Timely Communication**

Staffing concerns are addressed (in real-time) with the immediate supervisor using chain of command.

### **Step 2: Immediate Intervention**

Staffing concerns are discussed with the charge RN, who is responsible for staffing assignments during the shift. The staff member and charge nurse work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions, including escalation to the shift supervisor and unit leadership. When a variance from the staffing plan is identified or clinical circumstances warrant additional staff to accommodate patient care needs, the shift lead or immediate supervisor determines the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable Efforts: 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.
- 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 shift lead has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the shift lead contacts 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 unit leadership, or the charge nurse or shift supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate charge nurse documents 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 and staff safety. And-
- Rationale for shift-based staffing adjustments based on immediate circumstances.

If the staffing concern is a result of an unforeseen emergent circumstance, the immediate shift supervisor documents those circumstances for HSC 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: Assignment Despite Objection/ADO**

The purpose of reporting a staffing concern is to escalate concerns to the department staffing committee and then the HSC for review, regardless of if the concern was resolved during the shift. A staff member may initiate an ADO for any concern, even if considered resolved at the time the concern arose. **PHI is not included in the staffing concern report.**

- Multiple events submitted for the same date will be considered individually.
- Multiple reports submitted for the same event will be reviewed for context and to ensure all information is considered but will be counted as a single occurrence for documentation purposes.
- Timely reporting using ADOs is encouraged and is best practice to resolve problems as they come up. There is no defined time limit for submitting an ADO. Complaints beyond 30 days from the date of the incident may be voted on by HSC as DISMISSED WITH ACKNOWLEDGEMENT but will be on record as submitted and considered when looking at patterns or chronicity of reported complaints.
- Unit Based Meetings should be scheduled within 30 days of an ADO submission to discuss the ADO if a meeting is not already planned in that 30-day window.
- The HSC will resolve complaints within 75 days of receipt by the co-chairs and the 75-day deadline will be clearly stated for each ADO in the tracking spreadsheet.
- An additional 30 days may be granted for further review or information gathering only and only by the HSC and only with a majority approval of the HSC.
- If an additional 30 days is agreed upon, the status of the ADO will be emailed to the ADO filing staff member.
- All unit-based Resource Management Committees will prioritize the review of ADOs on their agenda. If the regularly scheduled committee meeting is canceled, or time does not permit, an ADO review meeting will be scheduled in its place. The employee who submitted the complaint is to be allowed paid time to attend the unit-based meeting when discussing their ADO. Time off the floor for this discussion will be provided if needed.
- All ADOs will be reviewed by the HSC at the latest HSC meeting scheduled within the initial 75-day review period.
- The staff member who filed the ADO will be invited to the HSC meeting where their ADO will be reviewed. If the staff member wishes to do so on a day, they are not working they will be compensated at their regular rate of pay for the duration of their presentation. The manager will work with the staff member to arrange coverage on the floor in the event the staff member is scheduled to work during meeting time. In these circumstances the staff member can attend with no reduction in pay.
- The initial 75 days' timeline includes the time needed to process the ADO at the department level. Should the department not provide feedback to the HSC by the latest HSC meeting scheduled within the 75-day timeline, the HSC will review and vote on the ADO without department input.
- 30-day extension will not be considered due to lack of input from the department.

### **Step 4: Routing of Staffing Concerns and Review Process.**

The staffing committee co-chairs, department manager, unit director, union representatives, and CNO are notified immediately that a report has been initiated via email. A report tracking spreadsheet will be updated by the Human Resources department. The report tracking sheet will be made available to all HSC team members including union representatives located outside of the organization, and all members will have access to update and review in real time.

- Upon receiving a staffing concern, the department manager initiates the department-level review at the unit-based resource committee by forwarding the ADO email to the chair or designated staff members as determined by the unit-based resource committee.
- The chair or designated staff members as determined by the unit-based resource committee will notify the submitting staff member that their concern has been received and will be reviewed by the unit-based resource committee and will then be forwarded to the HSC. The chair may ask the staff to provide any

additional information they need to review the ADO and should include a statement that the staff member is welcome to attend the unit-based resource committee meeting and will be paid for their time.

- The department manager and unit-based resource committee co-chair will work together to investigate/gather information to support the review of the ADO including but not limited to:
  - staffing report sheet for the shift (staff working, census, call-outs, etc.)
  - missed break report for the shift
  - staffing assignments for the shift
  - SOS (staffing need alert) sent for the shift
- The unit-based resource committee will review ADOs including obtaining any additional information needed and facilitate problem-solving at the department level.
- The unit-based resource committee will determine and implement any corrective interventions as appropriate.
- After discussion and decisions around interventions are made, the unit-based resource committee chair or designated representative on the unit-based team will summarize the team's findings and recommendations in the ADO tracking spreadsheet.
- All members of the HSC team are responsible for reviewing and being familiar with the content of the ADOs spreadsheet before the monthly HSC meeting. This will be sent to labor representatives for WSNA and SEIU one week before the HSC meeting.

#### **Step 5: – Presentation to the Hospital Staffing Committee**

- Before a concern is presented to HSC for review, the committee co-chairs (or designee) will notify the staff member who submitted the concern that their concern is scheduled for HSC review and arrange for the staff member to attend the meeting. The staff member who filed the ADO will be invited to the HSC meeting where their ADO will be reviewed. If the staff member wishes to attend and present their ADO they will be compensated at their regular rate of pay for the duration of their presentation. The manager will work with the staff member to arrange coverage on the floor in the event the staff member is scheduled to work during meeting time. In these circumstances the staff member can attend with no reduction in pay.

Whenever possible, the staff member who opened the ADO and the department manager present the concern. If the staff member who opened the ADO is not present, the HSC representative from the department may present the ADO in their place. The staff member and manager summarize the discussion from the unit-based committee and present any corrective action plans and further recommendations.

Presentations to the HSC use the **SBAR** format 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 and evaluation of the effectiveness of attempted solutions.

**Recommendation** – Provide other potential solutions and the recommended classification of the complaint.

- The HSC will then proceed with the standard review process including voting members determining the disposition of the ADO (see step 6 below).
- When the review and voting of each ADO is completed, the designated scribe for the meeting will fill out the ADO completion form for all to review. When all are in agreement that the ADO completion form accurately reflects a summary of the discussion including any process, procedure, or staffing changes, and if the ADO was reviewed by the department before the HSC, the final report will be sent to the reporting staff members email and the spreadsheet will be updated with the date of the review and the final disposition.
- Any voting member of the HSC may act as the scribe during a meeting.

#### **Step 6: HSC Complaint Classification**

After receiving the department report, the HSC determines the classification of each staffing concern and whether additional action is needed to resolve the concern. The following standard definitions are used to classify each concern:

##### **DISMISSED (unsubstantiated data)**

- The evidence presented to the hospital staffing committee does not support the staffing complaint.

##### **DISMISSED WITH ACKNOWLEDGEMENT**

- HSC acknowledges variation from the staffing plan which could not be resolved due to the following circumstances:
- The hospital documented that it made reasonable efforts (RCW 70.41.410) to obtain staffing but was unable to do so including incentive offered and timing of incentives (See definition of reasonable efforts). The incident causing the complaint occurred during an unforeseeable emergent circumstance (RCW 70.41.410). The circumstance is unlikely to occur in the future.
- ADOs filed more than 30 days after the incident occurred.
- Other circumstances to be specified by HSC.
- May not be used for chronic staff shortages regardless of cause.
- Repetitive ADOs that report staffing shortages for any given department may not be dismissed with acknowledgment and must be addressed by the HSC including but not limited to the review of the adequacy of the staffing plan.

##### **RESOLVED**

- HSC agrees that the complaint has been resolved and designates a resolution level.
- Level 1 – Resolved during the shift in which concern occurred.
- Level 2 – Resolved at department/unit level with final review by HSC.
- Level 3 – Resolved after HSC action.

##### **UNRESOLVED IN PROGRESS (awaiting resolution- must be reviewed monthly and defaults to Unresolved after the additional 30 days)**

- 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 to follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.
- HSC needs additional assistance and/or resources from senior leadership to address the concern.
- HSC revisits this concern for further discussion until it can be resolved, or we reach the end of the additional 30 days.

**UNRESOLVED**

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

**Step 7: Documentation OF ADO COMPLETION FORM**

As the review and/or voting of each ADO is completed, the designated scribe for the meeting will fill out the ADO completion form for all to review. When all are in agreement that the ADO completion form accurately reflects a summary of the discussion including any process, procedure, or staffing changes, and if the ADO was reviewed by the department prior to the HSC, the final report will be sent to the reporting staff members email and the spreadsheet will be updated with the date of the review and the current disposition.

The following information will be included in the documentation both in the spreadsheet and in the ADO completion form:

**Protected health information (PHI) is not included in HSC documentation.**

- Date the concern was received by the committee.
- Information from unit-based committee (data, a summary of unit-based review and recommendation)
- Precipitating circumstances including unforeseen emergent circumstances if applicable.
- All efforts to obtain staff, including exhausting reasonable efforts as defined including incentives offered and timing of offers.
- Other measures taken to ensure patient and staff safety.
- Rationale for shift-based staffing adjustments based on immediate circumstances.
- Corrective action taken, if necessary.
- Date resolved.
- Names of HSC voters and final disposition
- Closed-loop written communication to the complaint stating the outcome of the complaint.

**Step 8: Implementation or Escalation**

During this step solution(s) identified by the HSC are implemented as agreed upon in Step 7. If a solution cannot be identified or the committee recognizes that additional resources are needed to implement the plan, the committee may invite other senior leaders or stakeholders to assist in addressing the concern. The committee may repeat Step 7 with additional senior leaders or stakeholders and return to Step 8 when a solution has been identified.

**Step 9: Evaluation of UNRESOLVED IN PROGRESS**

After a time agreed upon by HSC members, the HSC reviews and evaluates UNRESOLVED IN PROGRESS ADOs for 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 75 days from the date the report was received, the committee will vote on whether to extend the review period by one additional 30-day period. If unable to resolve after the 125-day period it would be designated as unresolved.

**Step 10: Closed-loop communication/documentation**

The outcome of each complaint review will be communicated to the staff member who initiated the concern in writing via email. The employer will send using an HSC group email address, signed by the co-chairs.