Hospital Staffing Committee (HSC) Charter
Good Samaritan Hospital (GSH)

MultiCare

Staffing Committee Membership	See Addendum A

Leadership	The HSC is led by two (1) co-chairs one (1) direct-care nursing staff co-chair and one (1) co-chair from hospital administration. It is expected that the Chief Nurse Executive (CNE) or Designee will provide mentorship to their HSC co-chair related to committee leadership as needed.
Scope and Objective of the Committee	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 (RN's), Licensed Practical Nurses (LPN's), Patient Care Assistants (PTCA's), Emergency Room Technicians (ERT's), 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 at a minimum semi-annually against patient care 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. The strategic objective of the HSC is to assure compliance with all applicable staffing laws. It is the HSC's goal to create a healthy and collaborative environment in which administration and direct care nursing staff cooperate on issues related to hospital staffing. 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.
Membership and Selection	The HSC will consist of ten (10) voting members from hospital administration and ten (10) direct-care nursing staff. Direct-care nursing staff includes only Registered Nurses (RN's), Licensed Practical Nurses (LPN's), Patient Care Assistants (PTCA's), Emergency Room Technicians (ERT's) and unlicensed assistive nursing personnel who are non-supervisory and nonmanagement currently providing direct patient care. As closely as possible, representation for each category of direct-care nursing staff (i.e., RN's, LPN's, PTCA's, ERT's) will be proportionate to the number of direct-care nursing staff of that category in the hospital. The CNE will select the administration voting members and will include the CNE, Chief Financial Officer (CFO) and certain patient care unit Directors or Managers or their designees. Each category of direct-care nursing staff will select its own voting members. If the category of direct-care nursing staff is represented by a union, the union will select the voting members. In the event there is not enough staff participation, the union(s) will appoint any remaining HSC members. Voting members of administration and direct care staff will serve for a tenure of three (3) years with the option to serve more than one consecutive term. Other interested individuals 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. Other interested staff employed by the hospital may also be included in HSC meetings as non-voting members, as needed, to provide insight and context to inform committee discussion and decision. (See authorization of guests for attendance process and options for non-members). Voting members or their alternate need to attend all committee meetings. If any voting member's attendance falls below 60% of meetings during a one-year period, a replacement member will be selected for the remainder of the current term by the same process set forth above. The union voting member will be compensated for the HSC meeting at their regular rate of pay. If the voting member is unable to attend, then the alternate will be compensated for the HSC meeting at their regular rate of pay. If both

	the voting member and alternate attend the HSC only the voting member will be compensated unless the alternate has requested to be on the agenda and/or reviewing staffing complaints not resolved at the unit level. The hospital and union(s) may not retaliate against or engage in any form of intimidation or otherwise take any adverse action against any HSC member for performing any duties or responsibilities in connection with the hospital staffing committee or for notifying the hospital staffing committee or the hospital administration of his or her concerns about nurse staffing.
Orientation	It is important for all voting HSC members to be knowledgeable about factors that inform decision-making regarding hospital operations and current laws related to hospital staffing. Newly selected HSC 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 HSC co-chairs with ongoing education provided to all members as needed.
Decision Making	Decisions are made through a majority vote of a quorum of the membership. A quorum is 60% of the full HSC voting membership. We will achieve equal representation. Voting will take place by Australian ballot (anonymous voting). Voting will be done in person at meetings where a quorum exists.
Other Attendees	"Drop-In Guests are not allowed at the HSC meetings. A representative from Human Potential (HP) will attend HSC meetings. Guests may attend upon approval by the co-chairs. Requests for guest attendance should be made to the co-chairs at least one week in advance.
Meeting Schedule	The HSC co-chairs will schedule HSC meetings at least 30 days in advance. The HSC meetings will be held monthly on the fourth Thursday 10:30 – 12:30 p.m. unless scheduled for a different date or time by the co-chairs. All HSC voting members will be given notice of meetings via their MultiCare email address at least 30 days before the meeting. Direct-care nursing staff voting members will be relieved of other duties during meeting times and will be compensated at the appropriate rate of pay.

Roles and Responsibilities	All voting members are expected to:
	• Attend 100% and no less than 60% of all HSC meetings.
	• Actively participate in HSC meetings including reviewing relevant materials in advance of meetings.
	• Remain open-minded.
	• Model solution-focused communication with peers.
	• Participate in accordance with High Reliability Organization (HRO) behaviors:
	  ○ C: Communicate Clearly
	  ○ A: Pay Attention to Detail
	  ○ R: Be a Respectful Team Member and
	  ○ E: Embrace a Questioning Mindset.
	
	• Act in accord with MultiCare values:
	  ○ Respect
	  ○ Integrity
	  ○ Stewardship
	  ○ Excellence
	  ○ Collaboration
	  ○ Kindness and
	  ○ Joy

Hospital President	The President will review the hospital staffing plans and provide written feedback to the HSC as required by law.
Data and Information Review	On a quarterly basis, the HSC will review staff turnover rates, new hire turnover during first year of employment, anonymized aggregate of exit interview data (annually) and hospital plans regarding workforce development/planning.

Documents and Retention	The CNE or designee will be responsible for taking minutes at all HSC meetings. At each meeting, the HSC will vote on approval of minutes from the prior meetings. All HSC documentation will be maintained on a shared electronic system (Teams) for a minimum of 3 years.

Addendum A: Hospital Staffing Committee Membership

	Management		WSNA & SEIU Staff	
	Primary	Alternate	Primary	Alternate
Co-Chairs	Kristi Hartway CNE	Renae Hawkins RN	Mindy Thornton RN	Ilia Monday RN
CFO	Marni Leonard	Brian McFadden		
Medical-Surgical	Caroline Rath RN	Carey Ellis RN	Aaron Bradley RN Brittianey Brown LPN	Keith Templeton RN

Rehabilitation	**Debbie Backstrom RN**	**Amy Gotcha RN**	**Angeline Nzuki RN Erin Blaine LPN**	
Perioperative Services	**Brenda Aragon RN**	**Emily Wagner RN**	**Bridget Windt RN**	**Mindy Thornton RN**
Observation	**Bobbi Trana RN**	**Dylan Miller RN**		**Nancy Yim RN**
Emergency Services	**Shannon Pulley RN**	**Matt Hooper RN**	**Jerae Goldsby RN Ethen Roseman ER**	
CCU/CVICU/Cath Lab	**Jill Seeberger RN**	**Shannon McSorley RN**	**Luke Peters RN**	**Natalie Newton PTCA**
Family Birth Center	**Stacy Mauch RN**	**LaVena Narvaiz RN**	**Raeli Korzeniecki RN**	**May Smith RN**
Clinical Operations/ICU/PCU/OBS	**Renae Hawkins RN**	**Kristin Cross RN**	**Atalia Lapkin RN**	**Ruth Gelbach RN**
President	**Tim Holmes**		**WSNA**	**Janet Stewart RN**
Human Potential	**Greg Garrity**		**SEIU**	**Melissa Hawkins**

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 Charge RN whenever possible resolved in real time.

Step 2: Immediate Supervisor Review – Staffing concerns are to be discussed following the chain of command beginning with the Charge RN and escalated to the Clinical Assistant Nurse Manager (CANM) and/or Clinical Nurse Manager and/or House Supervisor. The staff member and Charge RN 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 unit leadership will determine the appropriate reasonable efforts to resolve the situation using available resources in collaboration with the House Supervisor.

Reasonable effort means that the employer exhausts and documents all 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 uses a contracted temporary agency.

When the unit leadership and House Supervisor have exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the Administrator On-Call (AOC) will be contacted following the hospital chain of command policy for assistance in resolving the concern.

If the concern cannot be resolved after escalating to the AOC or the House Supervisor determines that no immediate risk to patient and/or staff safety exists, the Unit Leadership 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 Charge RN and/or Unit Leadership should document those circumstances for the HSC 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 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

When a staff member has discussed their staffing concern with the Charge RN and is not satisfied with the outcome or solution, the staff member should initiate an ADO or short staffing form in either hard copy or electronically.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the Clinical Manager and HSC 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, an ADO or short staffing form 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 – The Charge RN, HSC co-chairs, and the Clinical Manager should be notified immediately that a report has been initiated via union notification of an ADO or short staffing form. 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 HSC due to insufficient information to investigate the concern.

The HSC will review all written reports submitted to the HSC 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 HSC co-chairs receiving the report. HSC 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 an ADO or short staffing form, the Unit Based Staffing Committee will initiate a unit level review. Within (30) days of receiving a concern, the Clinical Nurse Manager or designee will notify the staff member(s) in writing that their concern has been received and will be reviewed by the Clinical Nurse Manager and Unit Based Staffing Committee. The Clinical Nurse Manager will identify trends and factors that contribute to staffing variances, facilitate problem solving at the unit 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 Clinical Nurse Manager will evaluate the effectiveness of any interventions with input from staff and make a recommendation to the HSC regarding classification and future corrective actions.

Step 6 – Present to Hospital Staffing Committee
Prior to a concern being presented to HSC for review, the HSC 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 Clinical Nurse Manager 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 & **A**ssessment – Corrective action taken at the department level & evaluation of effectiveness of attempted solutions.
Recommendation – Next steps for HSC. Suggest other potential solutions and how HSC should classify the concern.

Step 7 – Staffing Committee Classification & Collaboration – After receiving the department report, HSC will determine how to classify each ADO and short staffing form whether additional action is needed to resolve the concern. The HSC will trend the ADO's and short staffing forms.

Resolved –

- HSC agrees that the ADO or short staffing form 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 Unit Based Staffing Committee 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.

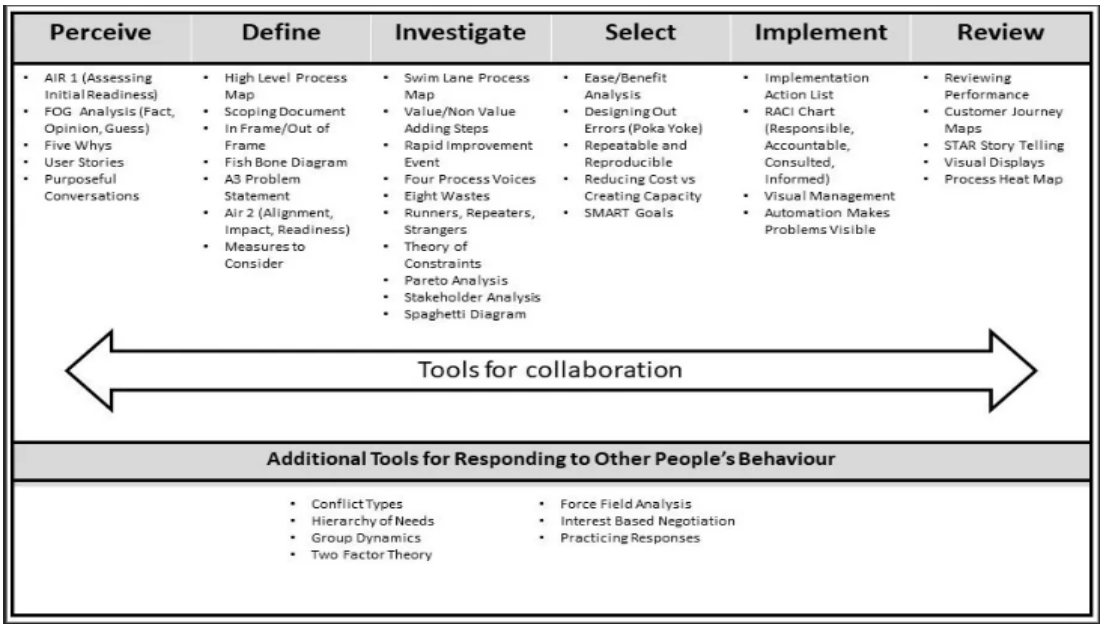
Escalated –

- 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 HSC 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 agreed upon by HSC 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 ADO or short staffing form is logged on the Staffing Concern Tracker:

- Date concern received by the committee.
- Information from the Clinical 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 employe.
- 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 ADO or short staffing form in writing via email.