

Legacy Salmon Creek Hospital_Staffing Committee Charter

Date Reviewed:	6/2024	Committee Leadership Co-chair:	Jamie Payne-Westfall Tim Bock
Next Review Date:	6/2025	Committee Staff Co-chair:	Kim MacKinnon Sonja Cavens-Harman

COMMITTEE (HSC) STATEMENT OF PURPOSE, SCOPE AND STRUCTURE, MEMBERSHIP

Purpose

The hospital staffing committee is established by Legacy Salmon Creek Medical Center 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.

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.

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.

- Emergency Department
- Procedural (Cath Lab, Endo, PACU, OR)
- Critical Care
- Family Birth
- NICU (Neonatal Intensive Care Unit)
- Medical Specialties
- Surgical Specialties Inpatient and Outpatient Services
- Progressive Cardiac Care

Selection of members

The staffing committee will consist of members made up of direct care staff and hospital leadership. At least one half of the nurse Hospital Staffing Committee members shall be composed of registered nurse (RN) and clinical health technician (CHT) staff providing direct patient care. Up to one half of the members shall be composed of hospital and department leadership. The Hospital Staffing Committee will invite other staff members and key stakeholders to participate in committee discussions pertaining to Salmon Creek staffing plans and issues as needed.

Not more than 50 percent of the total committee voting membership of the committee will be selected by the hospital administration and shall include the Chief Financial Officer (or their delegate), Chief Nursing Officer, and patient care unit directors or managers or their designees.

The committee will have two chairs, one direct patient care RN and one clinical nurse leader. In addition, there will be a chair in training who will be a clinical nurse leader.

Chair positions will be two-year terms with the direct patient care and clinical nurse leader chairs rotating on alternating years. The chair in training will move into the designated chair position.

Chair positions will be initiated by an internal nomination process. The Hospital Staffing Committee will select the Chair position by a majority approval of voting members.

Committee Member Voting Requirements

Direct patient care RN and CHT staff will compose 50% of the voting membership of the HSC (Hospital Staffing Committee). Staff voting members shall:

- Not work in a supervisor or managerial job code.
- Note, a Charge RN or Shift Lead is considered a direct patient care role and is not a supervisory or managerial position.

Hospital and department leadership voting membership is determined by hospital administration. Hospital leadership will compose up to 50% of the voting membership of the Hospital Staffing Committee.

Each of the following designated departments or areas will be accorded one staff and one leadership committee vote:

- Emergency Department
- Procedural (Cath Lab, Endo, PACU, OR)
- Critical Care
- Family Birth
- NICU
- Medical Specialties
- Surgical Specialties Inpatient and Outpatient Services
- Progressive Cardiac Care

The above list is subject to change at the approval of this Hospital Staffing Committee

Staff and leadership HSC voting members will designate alternates to vote in their absence from Hospital Staffing Committee business or meetings. These alternates will be identified on the HSC roster.

It is the responsibility of the primary voting member to inform the HSC Chairs if they are going to miss a meeting/vote and to coordinate with their designated alternate to serve on their behalf.

HSC Membership Appendix A

Orientation of Members

It is important for all voting committee members to be knowledgeable about factors that inform decision making regarding hospital operations and current laws related to hospital staffing. Newly selected staffing committee members will receive basic orientation related:

- Current applicable hospital staffing laws
- Hospital Staffing Committee structure and function
- Hospital Staffing Committee member roles and responsibilities.

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 make necessary updates.

COMMITTEE (HSC) ROLES AND RESPONSIBILITIES

HSC co-chairs will serve for two years.

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

- Schedule meetings to optimize the ability of all members to attend and ensure all members are notified of changes to the meeting schedule.
- Monitor attendance of members to ensure adequate quorum for each meeting and take action to address non-attendance as outlined in the committee charter.
- Ensure adequate staffing coverage is available for members to attend meetings to meet quorum.
- Develop agenda for each meeting with input from committee members.
- Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, & staffing plan updates.
- Ensure timely submission of the staffing plan to DOH (Department of Health) following committee & CEO approval.
- Work with unit-based leadership to ensure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- Facilitate respectful professional discussions and moderate as needed.
- Organize staffing complaints to facilitate the best use of time during committee review.
- Acknowledge receipt of staffing complaints and respond in writing to the staff member who submitted the complaint.
- Extend an email invitation to the employee and manager at least 10 days before the meeting when the complaint (involving the employee) is discussed.
- Ensure closed loop communication occurs following committee review of a staffing complaint.
- Work with unit-based leadership to implement corrective action plans based on complaint review and committee decision.
- Present annual staffing plan and any semi-annual adjustments to the CEO or review and approval.
- Hold committee members accountable for expectations of professional conduct.
- Ensure that all committee members work collaboratively together in good faith to meet the collective needs of patients, staff, and the organization.

Hospital Staffing Committee members will serve one to two years.

HSC member responsibilities include, but are not limited to:

- Complete new member orientation and participate in on-going education as recommended by committee co-chairs.
- Consistently attending committee meetings. Members who miss two consecutive meetings or more than 3 meetings annually may be replaced through the member selection process previously outlined.
- 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, as necessary.
- Notify committee co-chairs and arrange for a substitute representative when unable to attend.
- 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.
- Remain open minded and solution focused and earnestly engage in the collaborative/cooperative problem-solving process.
- Model professional solution focused communication both in committee meetings and when discussing staffing concerns with peers.
- 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.
- 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.

HSC MEETING MANAGEMENT

Meeting Schedule & Notification

The Hospital Staffing Committee holds monthly meetings unless notified by the Chair.

- A cancellation of a meeting will be announced through the standard email channel.
- At the Chair's request, more meetings may be scheduled as necessary to complete HSC work or assignments. Communication of additional meetings will occur through standard email channels and will provide HSC members no less than a 30-day notice of the extra meeting.

Participation by committee members in meetings shall be during scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Whenever possible, meetings will be scheduled as part of members' normal full-time equivalent hours. Meeting schedules may require members to attend on their scheduled day off. In this case, staff may be given equivalent time off during another scheduled shift or may be compensated at the appropriate rate of pay. Members are responsible for notifying the committee co-chairs if they are scheduled to work when a committee meeting is scheduled so that coverage can be arranged. Members may attend via teleconference if unable to attend in person but must actively participate in the meeting by remaining on camera. Members attending remotely are responsible for accurately recording their time for payroll purposes.

Staffing relief will be provided if necessary to ensure committee members can attend meetings. Members must notify the committee co-chairs by email and at least 7 days in advance if a meeting is scheduled during a previously scheduled shift and staffing relief will be needed.

Contingency Staffing Plan

In the event of an unforeseeable emergent circumstance lasting for 15 days (about 2 weeks) or more, the hospital incident command will provide a report to the hospital staffing committee co-chairs within 30 days (about 4 and a half weeks) 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.

Quorum

The Quorum is the minimum acceptable level of individuals with an interest in the committee needed to make the proceedings of the meeting valid. Establishing a quorum ensures there is sufficient representation at meetings before changes can be proposed or adopted. The Quorum for the staffing committee will be considered met as long as at least 50% of committee voting members (or identified delegates) are present with equal representation of voting direct care nursing staff and administration. Quorum must be established before the committee takes a vote on staffing plan approval or revision. A Quorum is preferred for review of staffing complaints, but to ensure timely processing of complaints, committee co-chairs may elect to process complaints with less than 50% of voting members present.

Communication Strategy & Consensus

HSC meeting business will be documented with approved minutes and archived on the HSC designated Teams page. Approval of HSC minutes will occur as a standing agenda item with the monthly meeting and in accordance with Robert's Rules:

- All Voting members will have read the meeting minutes from the prior month.
- The Chair will ask the HSC membership if there are any corrections to the minutes.
- The Chair will separately resolve and clarify each correction with the committee.
- Once all committee corrections have been resolved, the Chair will announce the minutes are approved as distributed/corrected.

Attendance for each HSC meeting will be recorded on the committee roster and archived on the HSC Teams page.

Consensus, defined as agreement among the majority of voting members present when quorum is met, will be the primary decision-making model for approval of the annual staffing plan, changes to a staffing plan, classification of complaints following committee review, and other committee decisions as determined by the committee co-chairs. The following process will be utilized when a committee consensus vote is needed:

1. Interested parties will present relevant information.
2. Opportunity will be given for discussion, questions, & clarification.
3. Co-chairs will indicate that the committee will vote on the matter.
4. Members will submit their vote via a poll within the meeting TEAMS format.

A consensus will be considered as met with a vote of 50% of voting committee members +1 additional member in attendance. Example: If 20 members vote, at least 11 votes are needed for consensus.

Agenda

Meeting agendas are developed and agreed upon by the committee co-chairs before each meeting. Members and non-member employees may request items to be added to the agenda either before or during the meeting. Non-

employees may not add items to the agenda but may request a committee member to add an agenda item. Items added to the agenda during a meeting will be addressed as time allows and moved to the next meeting agenda if there is not adequate time.

Standing agenda for committee meetings is as follows:

1. Call to order
2. Attendance
3. Approval of minutes from previous meeting
4. Agenda review (opportunity for additions)
5. Old business (Review of assignments made last meeting, unresolved discussions, & agenda items rolled over from previous meeting)
6. New staffing complaint review & classification
7. Staffing complaint trend data
8. Proposed unit staffing plan changes (if any)
9. Progress Reports (corrective action plans in progress)
10. Assignments & Agenda items for next meeting
11. Adjournment

Documentation & Retention

Committee co-chairs will designate a scribe to take notes during each committee meeting. Documentation will be distributed to committee members for review prior to the next meeting and approved by co-chairs with input from members at the next committee meeting.

Meeting documentation will include, but not be limited to:

- Attendance
- Approval of previous meeting documentation
- Summary of member education provided during the meeting
- The outcomes of any votes taken during the meeting
- Action items discussed during the meeting with member assigned

Written documents containing confidential information should not be removed from the meeting or shared with individuals not members of the committee. All committee documentation, including meeting minutes and staffing complaint tracking logs, will be retained for at least three years.

HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL

Development of Staffing Plans

The staffing committee is responsible for developing and overseeing the staffing plan for providing 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 annually report to the staffing committee all relevant information to be considered in the review & approval of the patient care unit staffing plan.

Factors to be included in the development of staffing plans include, but are not limited to:

- Census, including total number of patients on the patient care unit each shift.
- Activity such as patient discharges, admissions, & transfers.
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.

- FTE mix of current staff, including full-time, part-time per diem, travel/contract, local agency, float pool, etc.
- Anticipated staff absences (vacation, planned leave, sabbatical).
- Skill mix of staff.
- Level of experience and specialty certification or training of nursing and patient care staff providing care.
- The need for specialized or intensive equipment.
- The architecture and geography of the patient care unit, including placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment.
- Staffing guidelines adopted or published by national nursing organizations, and other health professional organizations.
- Availability of other personnel and patient care staff supporting nursing services on the unit, including support staff not assigned to a specific patient care unit. Ex: Respiratory Therapy, Occupational Therapy, Environmental services.
- Measures to optimize available staff, such as the current staffing model, alternative models of care considered, workflow optimization, reduction of redundant documentation, use of technology, etc.
- Compliance with the terms of relevant state and federal laws, including those regarding meal and rest breaks and use of overtime and on-call shift.
- 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 CFOs and resources as well as a defined budget cycle.

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	Annually
Staffing Plan Compliance reports	Monthly
Missed meal & rest break reports	Monthly
Overtime & mandatory on call reports	Monthly
Hospital & department specific budget reports may include: <ul style="list-style-type: none"> • Hospital operating margin • Hospital operating margin • EBITDA (earnings before interest, taxes, depreciation, and amortization) • Days of cash on hand • Hospital bond rating 	Quarterly
Human Resources Report, including but not limited to: <ul style="list-style-type: none"> • Turnover & vacancy rates by discipline & patient care unit • New hire turnover rates during the first year of employment • Aggregate anonymized exit interview trends • Hiring trends, & hospital workforce development plans. *Individual exit interview responses will not be shared with the committee due to potential staff confidentiality conflict.	Quarterly

<p>Hospital wide and department specific quality indicators, including but not limited to:</p> <ul style="list-style-type: none"> • Patient complaints related to staffing • Patient satisfaction survey responses • Key quality indicators as identified by the committee. <p>*Patient comments about specific staff will not be shared with the committee. Summarized comments may be presented to the committee.</p>	<p>Quarterly</p>
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Validation of data: Beginning August 2025, The Hospital Staffing Committee co-chairs will review staffing plan compliance and meal and rest break compliance reports monthly to determine and document the validity of each report.

Upon review of all relevant data, the staffing committee will consider and vote on proposed staffing plan adjustments. A staffing plan will be considered and approved by the committee when a majority (50% +1) of the committee votes in favor of the plan. The committee approved staffing plan proposal will be forwarded to the hospital President (CEO) for review by July 1st annually for the following year and any time an adjustment is requested and approved by the committee.

Upon receiving a staffing plan proposal from the Hospital Staffing Committee, the President will review the proposal for signature approval. If not approved, the President will provide written feedback to the committee that includes 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 will review and consider any feedback from the President, revise the staffing plan if applicable, and approve the new draft staffing plan by majority vote (50% +1) before submitting the revised staffing plan to the President for approval. If the revised staffing plan proposal is not accepted by the President and adopted upon second review, the President will document rationale for this decision. If the committee is unable to agree on a staffing plan proposal by majority vote or the President does not accept and adopt the proposed staffing plan, the staffing plan in effect January 1, 2023, or the most recent staffing plan approved by majority committee vote and adopted by the hospital will remain in effect until a new proposal can be agreed upon. The President’s written report will be retained with Hospital Staffing Committee documentation as outlined in the section of the document titled “Documentation and Retention.”

HSC COMPLAINT MANAGEMENT

Complaint Review Process

The following is the expected process for addressing staffing concerns.

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

Step 2: Immediate Supervisor Review – Staffing concerns are to be discussed with the Charge Nurse on duty responsible for staffing assignments during the shift. The staff member and supervisor work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions. When a staffing variance from the staffing plan is identified or the clinical circumstances warrant additional staff to

accommodate patient care needs, the immediate supervisor will determine the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable effort means that the employer exhausts and documents all 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 the supervisor has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the supervisor will contact the next level supervisor as outlined in the hospital chain of command for resolving the concern.

If the concern cannot be resolved after escalating to senior leadership or the supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate supervisor will document the incident within the Legacy I-CARE reporting system.

If the staffing concern is a result of unforeseen emergent circumstances the immediate supervisor should document those circumstances within the I-CARE report for the staffing committee to review. Unforeseen emergent circumstances are defined as:

- “Any unforeseen declared national, state, or municipal emergency;
- When a hospital disaster plan is activated;
- Any unforeseen disaster or other catastrophic event that 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 (SCR) or Assignment Despite Objection (ADO)–

When a staff member has discussed their staffing concern with the immediate supervisor and is not satisfied with the outcome or solution, RN and CHT staff will use the ICARE system to report staffing level variations, concerns, or objections to the site Hospital Staffing Committee. The completed ICARE report for the Hospital Staffing Committee will include the Staffing Details section of the ICARE Staffing Event report.

Reporting a staffing concern is to escalate unresolved concerns to the manager and Hospital Staffing Committee for review. Every effort should be made to complete the report prior to the end of the shift in which the concern occurred. Timely communication helps to facilitate prompt review and response to the concern. The staffing committee aims to address all concerns within 90 days (about 3 months) 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 I-CARE report may or may not be completed at the discretion of the staff member. Concerns resolved during the shift are classified as resolved. 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/ADOs – The department manager should be notified immediately that a report has been initiated via the LH I-CARE system. The Staffing Committee co-chairs will be provided with a monthly report of all I-care reports concerning staffing complaints.

Step 5 – Department/Unit Level Review & Action Plan – Upon receiving a staffing I-CARE concern report, the department manager will initiate a department level review in accordance with standards Legacy Health I-CARE review policy and practice. Per I-CARE policy the department manager will document identified factors that contribute to staffing variances, facilitate problem solving at the department level, and implement 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.

Step 6 – Present to Hospital Staffing Committee

At each monthly meeting, the HSC will review all staffing complaints reporting a staffing level variance from an established department approved staffing plan.

- For each staffing level complaint received, the HSC will review and respond to the staff as the committee members deem appropriate.
- A staff member submitting a Staffing Complaint form may attend the next scheduled monthly HSC meeting where their report is reviewed. A request for the meeting invite shall be submitted to the HSC Chairs.
- The HSC may determine if a complaint is resolved or dismiss a complaint based on unsubstantiated data.
- The committee will use the ICARE reporting system for review, assessment and tracking of staffing complaints submitted by RN and CHT staff.
- Corrective action plans will be archived within the HSC Teams page.
- Completion of review and resolution will occur within 90 days (about 3 months) of HSC receipt of the Staffing Complaint.

An extension to the 90-day timeline shall occur at the approval of the majority HSC voting members.

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

Dismissed –

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

Dismissed with Acknowledgement –

- HSC acknowledges that there was a variation from the staffing plan which could not be resolved due to the following circumstances:
 - The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to do so. See above definition of reasonable efforts.
 - The incident causing the complaint occurred during an unforeseeable emergent

circumstance.

- Other circumstances to be specified by HSC.

Resolved –

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

In progress –

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

Escalated –

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

Unresolved –

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

If a problem is not classified as dismissed or resolved when presented to the committee, the committee will utilize the Legacy Operating System to identify potential solutions and develop an action plan.

Step 8 – Implementation or Escalation – During this step solution(s) identified by the committee are implemented as agreed upon in Step 7. If a solution could not be identified or the committee recognizes that additional resources are needed to implement the plan, the problem will be escalated to senior leadership for assistance. The committee may repeat Step 7 with senior leadership and return to Step 8 when a solution has been identified.

Step 9 – Evaluation – After a period agreed upon by committee members, the HSC will review and evaluate the effectiveness of the corrective action plan. The committee will reclassify the concern 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 necessary to resolve the problem. If this process exceeds 90 days (about 3 months) from the date the report was received, the committee will vote on whether to extend the review period.

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

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

- Date concern received by the committee
- Information from the immediate supervisor and/or department manager review including:
 - Precipitating circumstances including unforeseen emergent circumstances if applicable
 - All efforts to obtain staff, including exhausting defined reasonable efforts
 - Other measures taken to ensure patient & staff safety
 - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, & final disposition

- Corrective action taken, if necessary
- Date resolved (within 90 days (about 3 months) or receipt or longer with majority approval)
- Attendance by employee involved in complaint and labor representative if requested by the employee.
- Closed loop written communication to the complainant stating the outcome of the complaint.

Step 11 – Closed Loop Communication – The outcome of each complaint review will be communicated to the staff member who initiated the concern report/ADO in writing via the Legacy I-CARE system.

Appendix A

Legacy Salmon Creek Medical Center
Hospital Staffing Committee: Voting Roster – 2024

Unit	Staff Membership Vote	Leadership Vote
Critical Care <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Deanna Stewart, RN – Primary Terri Strobeck, RN - Alternate	Cheryl Forry NM Krysta Pilot ANM
ED <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Jessie Pick, RN – Primary Robyn Martin, RN - Alternate	Kelly Brady-Pavelko NM Brynne Guthrie ANM
FBC <ul style="list-style-type: none"> • 2 Staff • 1 Management 	Sonja Cavens-Harmen, RN – Primary Kim MacKinnon, RN Primary	Jamie Payne-Westfall NM
Medical Specialties <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Jennifer Brooks, RN – Primary Brooke Leathers, RN - Alternate	Colette Reilly NM Travis Homan ANM
NICU <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Krista Jaramillo, RN – Primary Jen Ristau, RN - Alternate	Kacia Gauthier NM
PCCU <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Jessie Jochim, RN – Primary Brittney Crowson, RN - Secondary	Diane Brouwer NM Lisa Streissguth-Kasberg ANM
Procedural Area (2 nd FL: Cath Lab, Endo & PACU, OR) <ul style="list-style-type: none"> • 1 Staff • 1 Management 	Lacy Peterson RN - Primary	Kat Tower NM - Primary Jen Walling NM – Alternate Sara Hogenson NM - Alternate
Surgical Specialties & Short Stay <ul style="list-style-type: none"> • 2 Staff • 1 Management 	Lindsey Gudge, RN – Primary Jill Shannon, RN - Primary	Julie Mcphedran NM Allison Carlson ANM - Alternate Erin Robbins ANM - Alternate
Administration <ul style="list-style-type: none"> • 2 Management 		Tim Bock CNO Anna Zingale Finance PM (Alternate for CFO)