2024 Mid Valley 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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Direct Care Nursing Staff:	Tiffany Brantner, RN Co-Chair Teresa Cutchie, RN, AC Cheryl Pfeifer, RN, ER, Infection Control Judy Mirick, RN, AC Karen Sanders, CNA, ER, Trauma Registrar	Administration:	Tiffany Keeton, RN, AC/ER Manager-Co-Chair Holly Stanley, CFO Randy Coffell, HR Director Carol Neely, CNO Patricia McKinnon, Director of Quality

• 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 Mid Valley Hospital 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 (HSP) 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: Acute Care, Emergency Department, Labor and Delivery, Post-Acute Care Unit, Operating Room

*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 10 voting members comprised of 5 direct care nursing staff and 5 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 direct patient care nursing staff peers.

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 Salaried exempt management staff.

Co-Chairs

The HSC is co-chaired by one direct patient care nursing staff representative and one representative from hospital administration.

>The nursing staff co-chair is selected by vote of their peers if there is no collective bargaining representative at the facility.

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

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

>If a 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 represented on the HSC as nonvoting patient care staff members: Lab, Radiology, Respiratory Therapy, Surgery Scrub Tech, Emergency Department Tech

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

> Committee co-chairs may limit HSC attendance to committee members for all or a portion of meetings as deemed appropriate by the co-chairs.

COMMITTEE (HSC) ROLES AND RESPONSIBILITIES

Section 4 HSC Roles and Responsibilities

Co-chairs (or designee)

HSC co-chairs serve for a period of 2 years (July-June). 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. 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 a 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 10 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.

• Ensure closed-loop communication occurs following committee review of a staffing complaint via written response to the staff member who submitted the complaint including the outcome of the complaint after committee review.

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.

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 employee email 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 may be given equivalent time off during another scheduled shift or are 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 if they are scheduled to work when a committee meeting is scheduled.
> The HSC member works with their supervisor to arrange coverage to attend the committee meeting by notifying scheduler to find coverage at least two weeks prior to the committee meeting. HSC Committee will post a yearly schedule of meetings that may be utilized by scheduling. Meetings will be scheduled in person with a ZOOM and/or Teams or other skype option.

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. 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. Orientation will include hospital quality improvement, organizational budgeting process, current hospital staffing laws and committee structure.

1. **Welcome and Introductions:** We will begin with introductions and a brief overview of the purpose and objectives of our staffing committee.
2. **Role and Responsibilities:** You will receive an in-depth overview of your role and responsibilities as a member of the staffing committee, including the decision-making process, meeting expectations, and communication protocols.
3. **Organizational Structure and Policies:** We will review the organizational structure of our hospital/clinic and relevant policies and procedures related to staffing, including hiring practices, scheduling, and performance management.
4. **Staffing Needs and Challenges:** We will discuss current staffing needs and challenges facing our organization, as well as strategies for addressing these issues collaboratively as a committee.
5. **Data and Metrics:** You will learn about the data and metrics used to assess staffing levels and performance, including key performance indicators and benchmarking data.
6. **Collaboration and Communication:** Effective collaboration and communication are essential for the success of our committee. We will explore strategies for fostering collaboration among committee members and communicating effectively with other departments and stakeholders.
7. **Next Steps:** We will conclude the orientation session by discussing next steps and outlining opportunities for ongoing training and development to support you in your role.

> HSC Committee 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. Quorum for the HSC is met as long as 3 members from Administration and Direct Patient Care staff each of committee members are present, with equal representation of voting direct care nursing staff and administration.
> A quorum is established before the committee takes a vote on all voting matters, including staffing plan approval or revision.
> A quorum is preferred for review of staffing complaints, though co-chairs may elect to move forward with presence of fewer than 60 percent of voting members for purposes of timely processing of complaints.
> Attendance is taken at the beginning of each HSC meeting.
  - Members unable to attend a meeting must 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 a HSC member is unable to attend, that member can designate a proxy to attend that holds the same position and has been oriented. An up-to-date list of acceptable alternatives will be maintained by the Staffing Committee. 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 75 percent of meetings held each year. Failure to meet attendance expectations may result in removal from the committee. If a member is unable to attend a meeting, co-chairs must be notified via email in advance of the meeting. HSC member replacement is in accordance with the aforementioned selection processes.
>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 a 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 show of hands.
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).

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) at least one week in advance of the upcoming HSC meeting. 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 the 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, and agenda items rolled over from previous meetings).
7. Budget review quarterly
8. Quality data report (quarterly)/HR report 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 the next meeting.
15. Adjournment.

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 Ex: a complaint spreadsheet.
Written documents containing confidential information are not removed from the meeting 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 report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan semiannually.

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 Full Time Equivalent (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 to 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, Physical and Occupational Therapy, 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	Monthly
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: • Hospital operating margin • EBITDA (earnings before interest, taxes, depreciation, and amortization) • Days of cash on hand	Quarterly (monthly reports reviewed quarterly)
Human Resources Report, including but not limited to: • Turnover & vacancy rates by nursing staff job class & patient care unit • Nursing staff new hire turnover rates during the first year of employment • Aggregate anonymized exit interview trends* • Hiring trends and hospital workforce development plans • Online Reviews *Individual exit interview responses are not shared with the HSC due to confidentiality.	Quarterly Review exit interviews annually
Hospital-wide and department-specific quality indicators, including but not limited to: • Patient complaints related to staffing* • Patient satisfaction survey responses* *Patient comments about specific staff are not shared with the HSC. The quality director summarizes patient comments and presents them to the committee.	Quarterly

Data Validation

<u>Staffing Plan Compliance Report</u>. 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 Washington State Department of Health (WA DOH. (To 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 majority (50 percent plus one) vote 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 1st 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 majority vote (50 percent plus one) 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 majority vote 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

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 Supervisor on duty, who is responsible for staffing assignments during the shift. The staff member and the Supervisor work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions. 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. If concerns cannot be resolved the following Chain of Command should be followed: Acute Care/Emergency Department Manager; Chief Nursing Officer; CEO

Reasonable Efforts: the employer exhausts and documents all of the following but is unable to obtain staffing coverage:
• Seeks individuals to volunteering 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 senior leadership, or the Supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate the Supervisor 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 <u>unforeseen emergent circumstance,</u> the immediate 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/ Staffing Concern/Complaint Report (SCR)/Assignment Despite Objection (ADO)/Complaint Staffing Inquiry (CSI))
When a staff member has discussed their staffing concern with the shift lead/immediate supervisor and is not satisfied with the outcome or solution, the staff member initiates a (Staffing Concern/Compliant Report (SCR)/Assignment Despite Objection (ADO/Complaint Staffing Inquiry (CSI)).
PHI is not included in the staffing concern report.

The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and HSC for review. Ideally, the reporting staff member completes the report prior to the end of the shift in which the concern occurred. The HSC aims to resolve complaints within 90 days of receipt by the co-chairs, or longer with majority approval of the HSC.

If a concern is resolved during the shift by activating the standard chain of command, a Staffing Concern Report 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 Concerns
The shift lead/immediate supervisor, staffing committee co-chairs, <u>and </u>the department manager are notified immediately that a report has been initiated via hospital email.
Delayed or incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information include, but not be limited to:
• Contacting the staff member who submitted the report if known.
• Contacting the shift lead/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 committee due to insufficient information to investigate the concern.

The HSC reviews all written reports submitted to the committee regardless of the format used to submit the report. The use of a reporting method other than the process outlined above may cause a delay in HSC co-chairs receiving the report. Committee co-chairs (or designees) log the date each report is received and will proceed with the standard review process.

Step 5: Department/Unit Level Review and Action Plan
Upon receiving a staffing concern, the department manager initiates a department level review.
•Within (5) days of receiving a concern, the Staffing Committee Co-Chairs notify the staff member in writing that their concern has been received and will be reviewed by the department manager and HSC. The department manager identifies trends and factors that contributed to staffing variances, facilitates problem solving at the department level, and implements and evaluates corrective interventions, as appropriate. The department manager evaluates the effectiveness of interventions with input from staff and makes a recommendation to the HSC regarding classification and future corrective actions.

Step 6: Presentation to the Hospital Staffing Committee
Prior to a concern being 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 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 the review of their concern until the next scheduled meeting. If the 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 (or designees) will document any request to postpone a review and the committee decision on the complaint tracking log.

Whenever possible, the staff member and department manager present the concern to the HSC together, along with any corrective action plans, and further recommendations. If the staff member declines to attend the meeting, the department manager or designee presents their recommendations to the committee.
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 & **A**ssessment – Corrective action taken at the department level and evaluation of effectiveness of attempted solutions.

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

Step 7: HSC Complaint Classification

After receiving the department report, the HSC determines 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)

• Not enough information/detail was provided to investigate.

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

• The hospital followed the hospital 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 documented that it made reasonable efforts (RCW 70.41.410) to obtain staffing but was unable to do so. (See definition of reasonable efforts).

• The incident causing the complaint occurred during an unforeseeable emergent circumstance (RCW 70.41.410).

• Other circumstances to be specified by HSC.

RESOLVED

• HSC agrees that the complaint has been resolved and designates 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 (awaiting resolution)

• 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.

ESCALATED (awaiting resolution)

• 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 revisits this concern for further discussion until it can be resolved.

UNRESOLVED

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

If a complaint is not classified as dismissed or resolved when presented to the HSC, the committee identifies potential solutions and develops an action plan. The committee makes every effort to resolve concerns within 90 days of HSC co-chairs receiving a concern. The HSC extends the review period longer than 90 days with approval from the majority (50 percent plus one) 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 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

After a time agreed upon by HSC members, the HSC reviews and evaluates 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

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

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

• Date the concern was 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 reasonable efforts as defined.

  >Other measures taken to ensure patient and staff safety.

  >Rationale for shift-based staffing adjustments based on immediate circumstances.

• Initial, contingent, and final disposition.

• Corrective action taken, if necessary.

• Date resolved (within 90 days of 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 in writing via employee's work email.