

**2024 OLYMPIC MEDICAL CENTER Hospital Staffing Committee (HSC) Charter**

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

Date published:			
Charter review dates:			
Next review due:			
Direct Care Nursing Staff:	Co-Chair: Stacy Kovalak, RN Alternate co-chair: Laurie Elmer, RN Staff: Mel Clemens, RN-ED Jeana Hutton, RN, ICU Steph Hoax, NA-C HUC, MedSurg Danielle Gerdes, ERT, ED Jena Chamberlin, NA-C, Float unit	Administration:	Co-Chair: Denise Harman, RN, Director, Med/Surg/Peds Alternate co-chair: Elizabeth Wood, RN, Director Surgical Services Administrators: Vickie Swanson, RN, CNO Aaron Possin, RN, Director, ED Katrin Junghanns-Royack, RN, Director, ICU/CCU Christina Johnson, RN, Director, OB Isaac Ballou, RN, Case Management Alternates: Darryl Wolfe, CEO – AD H Lorraine Cannon, CFO Jeanine Demarco, HR, Senior Business Partner Cari Gavin, RN, Manager, House Supervision
<ul style="list-style-type: none"> <li>•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&amp;I provide technical assistance to the HSC on implementation of charter requirements.</li> <li>•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.</li> </ul>			
<b>COMMITTEE (HSC) STRUCTURE, STATEMENT OF PURPOSE, MEMBERSHIP</b>			
<b>Section 1 HSC Purpose</b>			
<b>Purpose</b>			
This hospital staffing committee (HSC) is established by Olympic Medical Center to convene direct care nursing staff and hospital administration to participate in a joint process regarding decisions about direct care nurse staffing practices to promote quality patient care, safety for patients and staff, and greater retention of nursing staff. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan and analyzing nurse staffing.			
<b>Section 2 HSC Responsibilities</b>			
<b>Scope</b>			
The primary responsibilities of the HSC are: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.</li> </ol> Hospital departments/units that require a *staffing plan: Case Management, Diagnostic Imaging (DI), Emergency Department (ED), Heart Center, Intensive Care Unit (ICU), Telemetry, Med/Surg/Peds, Medical/Radiology Oncology, Obstetrics (OB), Olympic Medical Physicians (OMP), Olympic Medical Cancer Center (OMCC), Surgical Services: Endoscopy, Operating Room (OR), Post-Anesthesia Recovery Unit (PACU), and Short Stay Unit (SSU) *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			
<b>Section 3 HSC Membership</b>			
<b>Membership and Selection</b>			
The HSC consists of fourteen (14) voting members comprised of seven (7) direct care nursing staff and seven (7) 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: In accordance with Article 17 and MOU 1 in the collective bargaining agreement as applicable			

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

HSC administration members are selected by administrative members of the committee through volunteers or voting by the administrative staff.

#### Co-Chairs

The HSC is co-chaired by one direct patient care nursing staff representative and one representative from hospital administration each with an alternate or designee.

The nursing staff co-chair is selected:

In accordance with Article 17 and MOU 1 in the collective bargaining agreement as applicable. If no language is present, will accept volunteers and/or voting by the direct care staff.

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

If an HSC co-chair or member or designee 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: CEO Ad Hoc, Senior HR Business Partner. (HSC co-chairs and HSC members will determine attendance of others with consideration given to hospital policy, collective bargaining agreement, memoranda of understanding, etc.)

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

Committee co-chairs or designee(s) 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(s))**

HSC co-chairs serve for a period of two (2) years. 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 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 a minimum of fourteen (14) to maximum of thirty (30) days in advance of the meeting when the complaint (involving the employee) is scheduled to be discussed. Include notification that a labor representative may attend at the employee's request.
- 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 written email invitation 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 or designee(s) if they are scheduled to work when a committee meeting is scheduled. Notification will be provided to the committee co-chairs in writing or verbally with a written follow-up. The written notification is to be provided as far in advance of the meeting as possible. No less than a month in advance after the finalized schedule is printed.

The HSC member works with their supervisor to arrange coverage to attend the committee meeting through collaboration with the department Director, Manager, Supervisor or designee per department operations. Meetings will be scheduled with an MS Teams meeting feature for individuals to join remotely to promote attendance. The employee if attending remotely will provide their department timekeeper with required documentation for payment per departmental and organizational operations and policy.

### **Contingency Staffing Plan**

**Departments will include a surge staffing plan within the department specific staffing plan to accommodate organizational operations during a surge as defined by the OMC's Policy**

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

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

### **HSC Member Orientation**

Newly selected staffing committee members receive basic orientation related to hospital quality improvement strategy, the organizational budgeting process and relevant reports, current applicable hospital staffing laws, committee structure and function, and member duties (e.g. reports, quality management, budget process, committee structure and functions, and member duties). Initial orientation is provided by committee co-chairs with ongoing education provided to all members as needed. Completion of new member orientation is a condition of committee membership.

Committee co-chairs or designee(s) 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 at least 60 percent of the 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. If a quorum is not present the voting items may be sent out to all voting members for an electronic vote. An electronic vote will require quorum participation and will follow the voting process noted under communication and consensus.

A quorum is preferred for review of staffing complaints, though co-chairs or designee(s) 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 notify co-chairs or designee(s) via email prior to the meeting to allow for adjustments to maintain the quorum.
- HSC voting members are identified at the beginning of each meeting so that voting is undertaken with an equal number of direct care nursing staff and hospital administration members.

If an HSC member is unable to attend, they may send a designee from the department sub-staffing committee providing the co-chairs or designee(s) are provided advance notice in writing or verbally followed by written notification. 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 80 percent of the 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 are notified via email in advance of the meeting. HSC member replacement is in accordance with the previously mentioned selection processes in section three.

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

#### **Communication and Consensus**

The HSC strives to resolve issues through collaboration.

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

1. Interested individuals present information relevant to the topic.
2. An opportunity is provided for discussion, questions, and clarification.
3. Co-chairs indicate that the committee will vote on the matter, restating the proposal that will be voted on.
4. Members submit their vote in writing, electronically or in person

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 but no later than 24 hours 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 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 meeting).
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 next meeting.
15. Adjournment.

#### **Documentation and Retention**

Committee co-chairs or designee(s) designate a scribe to take notes during each HSC meeting. Meeting documentation (approved by co-chairs or designee(s) with input from HSC members) is distributed to HSC members for review at least 24 hours prior to the next HSC meeting.

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 via the electronic tool.

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 and a representative from the department sub-staffing committee should regularly report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan. The report may be provided in writing or verbally.

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

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift.
- Skill mix of staff and FTE mix of current staff, including full-time, part-time, per diem, travel/contract/local agency/float pool.
- Anticipated staff absences, (i.e., vacation, planned leave, sabbatical).
- Level of experience, specialty certification, and training of nursing and patient care staff providing care.
- The need for specialized or intensive equipment.
- Availability and ease of access of resources, equipment, and supplies.
- The architecture/geography of the patient-care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment.
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations.
- Availability of other personnel and patient-care staff supporting nursing services on the unit, (e.g., Respiratory Therapy, PT/OT, etc.).
- Measures to optimize available staff, (e.g., current/alternative staffing models of care, workflow optimization, etc.)
- Compliance with the terms of an applicable collective bargaining agreement, if any, and relevant state and federal laws and rules, including those regarding meal and rest breaks and use of overtime and on-call shifts.
- Semiannual review of the staffing plan against patient needs.
- Known evidence-based staffing information, including the quality indicators collected by the hospital.
- Review, assessment, and response to staffing variations or complaints presented to the committee.
- Hospital finances and resources as well as a defined budget cycle.

**Section 7 HSC Information/Data Review**

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

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

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

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

Each department and unit have a department specific staffing committee based on MOU One of the collective bargaining agreement. The staffing sub-committees will follow MOU One in addition to the required elements in Section Eight of OMC's HSC Charter. The Department Specific staffing sub-committees will submit their proposed staffing plan to OMC's HSC four months in advance of the date for the HSC to compile and create the HSP for submission to the CEO for review and signature. If the sub-committee is unable to make the timeline the department sub-committee will appear before the HSC and will provide a written timeline for completion and submission as well as an action plan for future timeliness.

The HSC will review and compile the department/unit staffing sub-committee documents to create the HSP for submission to the CEO. If the HSC is unable to make the proposed timeline, the HSC will notify the CEO in writing, preferably 30 days in advance but no less than 15 days, of the anticipated timeline for submission of the HSP for review and signature.

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

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

- Elements of the proposed staffing plan the CEO requests to be changed.
- Elements that could cause concern regarding financial feasibility, temporary or permanent closure of units, or patient care risk.
- A status report on implementation of the staffing plan including nurse-sensitive quality indicators, patient surveys, recruitment/retention efforts, and success over the 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 as described in the organizational policy Chain of Support and MOU 11.

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

Staffing concerns are discussed with the charge nurse on duty, who is responsible for staffing assignments during the shift. The staff member and house supervisor/department supervisor/department manager/director 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 charge nurse and the House Supervisor determine the appropriate reasonable efforts to resolve the situation using available resources. [Chain of Support Policy provides guidance and MOU 11.](#)

Reasonable Efforts: 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.
- 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 charge nurse and House Supervision has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the charge nurse and the House Supervisor contact the next level supervisor as outlined in the organization's chain of support policy for assistance in resolving the concern.

If the concern cannot be resolved after escalating to senior leadership, or the charge nurse and House Supervisor determine that no immediate risk to patient and/or staff safety exists, the immediate charge nurse and House Supervisor 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 and staff safety. And-
- Rationale for shift-based staffing adjustments based on immediate circumstances.

If the staffing concern is a result of an unforeseen emergent circumstance, the immediate charge nurse and the House Supervisor document 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 Variance Form**

When a staff member has discussed their staffing concern with the charge nurse and House Supervisor and is not satisfied with the outcome or solution, the staff member initiates a Staffing Variance Form.

**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 support, a Staffing Variance 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 department sub-staffing committee review. A staffing concern report may be submitted to the department/unit sub-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 Charge Nurse, House Supervisor, Staffing Committee Co-chairs, department manager/director and the department sub-staffing committee staff co-chair are notified immediately (this could happen in the middle of the night) that a report has been initiated via an electronic tool.

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 either the department sub-committee or the HSC due to insufficient information to investigate the concern.

The department/unit staffing sub-committee 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 the department sub-committee co-chairs or designee(s) receiving the report. Committee co-chairs or designee(s) log the date each report is received and will proceed with the standard review process. The HSC will review and track and trend all the dismissed, dismissed with acknowledgement, and all resolved level 1 (logged/written) and resolved level 2.

The HSC will review and try to resolve all submitted staffing concerns the department/unit staffing sub-committee is unable to resolve (resolved level 3), in progress, and escalated, and unresolved concerns as described below in step 7.

### **Step 5: Department/Unit Level Review and Action Plan**

Upon receiving a staffing concern, the department manager or designee or the department/unit staffing sub-committee co-chair initiates a department level review with the department/unit based staffing sub-committee per Article 17 and MOU one of the collective bargaining agreement

• Within 30 days of receiving a concern, the department director, manager, supervisor or department staffing sub-committee co-chair or designee notifies the staff member in writing that their concern has been received and will be reviewed by the department manager and the department sub-staffing committee. The department director/manager along with the department/unit sub-staffing committee 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 sub-staffing committee will work to resolve the concern as previously noted in step 4. The department director/manager with the department sub-staffing committee evaluates the effectiveness of interventions 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 in writing to the HSC co-chairs (or designee) that the 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 director/manager or designee will present the concern to the HSC together, along with any suggested corrective action plans, and further recommendations. If the staff member declines to attend the meeting, the department director/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 & Assessment** – 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) (outcome for use by department/unit sub-staffing committee and HSC)**

- 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 (outcome for use by department/unit sub-staffing committee and HSC)**

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 (outcome for use by department/unit sub-staffing committee level 1 and 2 if unresolved at the department level the next step is for the HSC to review)**

- 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 written communication.