Providence Regional Medical Center Everett (PRMCE)
Hospital Staffing Committee

Date Reviewed:	06/28/2024	**Committee Leadership Co-Chair:**	Pam Steinke, Interim CNO (Pacific Campus)
Next Review Date:	08/23/2024	**Committee Staff Co-Chair:**	Kelli Johnson, ED RN

HSC Name: Hospital Staffing Committee (HSC)

HSC Purpose: In compliance with SB 5236 to replace the existing Nurse Staffing Steering Committee. The HSC will be comprised of direct care staff and hospital management and develop a collaborative process to carry out the responsibilities of the HSC. The HSC will develop and oversee annual patient care unit(s) shift-based hospital staffing plan(s) based on the needs of patients which will be the primary component of the staffing budget. The HSC will take into consideration:

- Census of unit
- Skill mix
- Level of experience and specialty certification or training of nursing and patient care staff
- Need for specialized/intensive equipment
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations.
- Compliance with the terms in the applicable collective bargaining agreement.
- Relevant state and federal rules and laws including those pertaining to meal and rest breaks, overtime, and on-call shifts.
- Geography of the department
- Nurse sensitive indicators collected by the hospital (are these listed in the charter or casually understood amongst HSC members)
- In determining the staffing budget, the HSC shall consider hospital finances and resources.

The HSC will conduct a semi-annual review of the staffing plan's effectiveness to address patient needs and known evidenced-based staffing information including nurse sensitive indicators collected by the hospital.

The HSC will develop a process to examine and respond to any reports, Collaborative Staffing Intervention (CSI), of variations to a nurse staffing assignment that is not in compliance with the staffing plan; any shift-to-shift adjustments in staffing levels made by appropriate hospital management; and/or reports made of missed meal/rest breaks. All written complaints submitted will be reviewed by HSC and HSC will have guidelines outlining how to determine if a complaint is resolved, in progress, or dismissed. (Please refer to Process for CSI Review & Resolution section for details)

New member orientation includes review of SB 5236, staffing language in the collective bargaining agreement, responsibilities of HSC members, management to determine pertinent data HSC members will need to be knowledgeable of that impact staffing levels or determining staffing level needs, and any other items HSC members determine to be relevant for effectiveness of HSC members.

This language can be modified dependent on the needs of the hospital.

HSC Member Composition

At least 50% of voting members shall be bedside nursing staff and will be elected by their peers in their respective units; or if insufficient election participation role may be filled by a volunteer. Not more than 50% will be determined by hospital administration and include, but are not limited to, the Chief Nursing Officer (CNO) and Chief Financial Officer (CFO), or designees.

Bedside Nursing Staff members will be selected to represent the following units listed below. The HSC can add/remove units. Elections will occur:

- September 1st – 15th: Unit Subcommittee Election
- October HSC Meeting: Unit Subcommittee Chairs announced.
- November HSC Education: Mandatory for new HSC members, voluntary for all others
    - Education will take place outside of a regularly scheduled HSC meeting.
    - HealthStream module
- December 1st – 15th: HSC Co-Chair* election to be announced at December's HSC meeting

*HSC co-chair term limit of 4 years; time spent as chair may be extended at the discretion of HSC members.

1. Critical Care Units – MICU and SICU
2. Intermediate Care (e.g., PCC/Vascular, Cardiac Tele)
3. Neonatal Intensive Care Unit
4. Pediatrics
5. Family Maternity Center (Mother Baby, L&D, Lactation/Post Partum Clinics), Maternal Fetal Medicine
6. OR/Colby, Pacific
7. Emergency Department
8. Acute Care (e.g., Oncology, Renal, Ortho, Telemetry, Non-telemetry)
9. Behavioral Health/Long Length of Stay, Substance Use Treatment and Recovery (SUTR)
10. AM Admit, D2N, D3N, PACU – Colby & Pacific, Endo, Infusion, PASC
11. IV Therapy
12. Cardiovascular Lab
13. Interventional Radiology
14. Radiation Oncology
15. RN Transition Coordinator, RN Transition Planner

HSC meetings open to all Licensed Practical Nurses (LPNs), Nursing Assistants Certified (NACs), Nurse Technicians, and all other ancillary staff. Process for submitting an issue for consideration on the agenda is an email to the HSC co-chairs; approval will be at the discretion of the HSC co-chairs. Notification will be completed via email. (Leadership Co-Chair and Staff Co-Chair)

HSC voting members will be relieved of all other work duties during meetings of the HSC. Voting members are bedside staff, elected or volunteered to represent peers specific to their unit and management selected by the CNO. All other staff will be considered non-voting members and will be denoted as such on the agenda. Camera use is encouraged.

HSC Member Responsibilities

Any newly elected HSC member will complete new member orientation (in-person/live) no later than one month after being elected to HSC including any online education that the HSC requires.

HSC voting members must be relieved of all work duties to attend monthly meetings. If any HSC member has two (2) consecutive or more than three (3) unexcused absences annually they may not run for re-election for the following year. The HSC will appoint an interim member until annual elections are held. If an HSC member knows in advance, they are unable to attend a meeting they must notify HSC co-chairs and work with HSC co-chairs in finding a substitute to attend on their behalf.

Each HSC member must come prepared to participate in discussion related to agenda items and will be expected to review the agenda and reading any required material prior to the monthly HSC meeting. (Agenda expectations are outlined in the Co-Chair Selection & Responsibilities section)

Practice openness and a desire to collaborate with all members of HSC through professional solution focused communication. Act as ambassadors for the unit(s) they represent and actively seek input from their peers/bedside staff. Disseminate decisions/resolutions made by HSC to help bedside staff understand any action taken by HSC.

Each member will communicate emergent staffing concerns that arise in between meetings to the HSC co-chairs who will determine need to schedule any additional meetings with HSC or specific to the unit affected.

Co-Chair Selection & Responsibilities

Refer to the HSC Member Composition section for details on annual election.

Responsibilities of each co-chair (in collaboration with the project manager):

- Scheduling of meetings and ensuring all members notified of meeting schedule and any changes that are made.
- Monitor attendance compliance of HSC members.
- Ensure all members are relieved of their responsibilities to attend HSC meetings and address any staffing barriers preventing HSC members from attending HSC meetings. Address any concerns of attendance or preparedness for meetings with any HSC member.
- Develop an agenda for monthly meetings at least two weeks prior to a scheduled meeting and to be disseminated to HSC members no later than one week prior to HSC meeting.
- Delegate record-keeping of actions taken by HSC to include but not limited to meeting minutes, CSIs, annual and mid-year staffing plan reviews/submissions, and staffing plan updates.
- During HSC meetings, will facilitate timely and respectful discussion of agenda topics and to moderate as needed.
- Collaborate with unit-based leadership to implement corrective action plans based on a CSI and action taken by HSC and ensure there is closed-loop communication following HSC review of CSIs to staff whom submitted the complaint.
- Co-chairs will collaborate with units presenting CSIs to ensure preparedness.
- Ensure HSC member representing a unit(s) of bedside staff presents an annual staffing plan and/or semi-annual adjustments to the Chief Executive Officer (CEO) for review which may

include any requests by the CEO to make changes before submission to the Department of Health (DOH).

- Will address any emergent staffing issues that arise between monthly meetings and determine if any additional meetings to be scheduled either with HSC or specific to unit affected.
    - If either chair is affected by an emergent staffing issue in their unit they may select a separate HSC member to act as chair for any meeting being requested or held to address the staffing issue on their unit to ensure there is balanced representation for all HSC members.

Meeting Ground Rules

Standard monthly meetings to be held every fourth Friday of the month from 0900-1000 (CSI Review) and 1000-1200 (HSC Meeting); 3 hours total. If the CSI review ends early, HSC meeting will start at 10am. Meetings may be extended in length or additional meeting scheduled at HSC co-chair discretion in which all members will be notified within 30 days of the change unless it is a change in response to an emergent staffing issue submitted to the chairs between scheduled meetings. Meetings may be canceled at the discretion by HSC members and must be voted with a simple majority.

Quorum-met with at least 70% of membership is present. At least 80% of membership to be present with not more than 50% management and at least 50% bedside staff to vote on annual staffing plans, mid-year changes to staffing plans, and any corrective action plan addressing emergent staffing complaints.

At any time, HSC is requiring a vote it will be anonymous to all voting HSC members and require a simple majority.

Each meeting agenda will include (at minimum), but not limited to:

1. Call to order
2. Attendance (voting members will not be asked to leave; HSC members will determine voting members)
3. Approval of previous meeting minutes
4. Agenda Review
5. Old Business or WWW's
6. CSI
7. HR Report (quarterly)
    a. Including, but not limited to: HR Report: Turnover and vacancy rates by discipline and unit, new hire turnover rates during first year of employment, exit interview trends, hiring trends, and hospital workforce development (HR representative)
    b. Residency/Fellowship Program Update (Director of Education or designee)
8. Missed Meals and Missed Breaks
9. Progress Reports/Corrective Action plans in place
10. Quality Report/Nurse Quality Indicators (quarterly)
    a. Quality manager to report out with metrics from the Quad Aim
11. Hospital staffing plan review (semi-annual)
12. Budget Review (quarterly)
13. Charter (annual)

General HSC meetings are open to staff to attend for the purpose of contributing to discussion at the discretion of the HSC voting members. Voting HSC members may limit non-voting member attendance during meetings in which data pertaining to patient outcomes hospital finances, or other sensitive topics are discussed.

Summary of HSC meeting discussion to be made available monthly to staff at PRMCE.

Process for CSI Review & Resolution

The purpose of reporting a staffing concern is to escalate unresolved concerns to the manager and HSC for review. Every effort should be made to complete the report prior to the end of the shift in which the concern occurred. Timely communication helps to facilitate prompt review and response to the concern. The staffing committee aims to address all concerns within 90 days of the committee co-chairs receiving the report. Delayed reporting may cause a delay in this process.

Examples of a staffing concern, but are not limited to: overall unit safety due to lack of skilled/trained professionals, individual nurse to patient ratio assignment, deviation from the staffing plan submitted to the Department of Health (DOH), increase in patient acuity requiring additional staff beyond the DOH submitted staffing plan, specialty equipment, inappropriate assignment in relation to staff skillset, meal and rest breaks, etc.

Step 1: Real-Time Communication – Staffing concerns should be discussed with the immediate supervisor or local leader following chain of command, and whenever possible resolved in real-time.

Step 2: Immediate Supervisor Review – Staffing concerns are to be discussed with the immediate supervisor (e.g.: Charge RN, Administrative Supervisor, local leader following chain of command, etc.) on duty responsible for staffing assignments during the shift. The staff member and supervisor will 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 and escalate to senior leadership including Administrator On Call (AOC).

All reasonable efforts taken by immediate supervisor or local leader will be documented and reviewed by the HSC.

Step 3: Collaborative Staffing Intervention (CSI) Submission – When a staff member has discussed their staffing concern with the immediate supervisor and is not satisfied with the outcome or solution, the staff member should initiate a CSI.

If a concern is resolved during the shift by activating the standard chain of command, a CSI 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 or unresolved needing further investigation. 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/CSIs – The immediate supervisor, staffing subcommittee co-chairs, and the department manager should be notified immediately that a report has been initiated via email.

Incomplete CSIs that are missing pertinent information may delay the review process. Efforts to obtain necessary information will include, but not be limited to contacting the staff member who submitted the report if known, contacting the immediate supervisor on the shift in which the concern occurred, contacting other staff members working the shift in which the concern occurred within 7 days of receipt. A report may be dismissed by the committee due to insufficient information to investigate the concern.

The HSC will review all written reports submitted to the committee regardless of the format used to submit the report. However, the use of a reporting method other than the expected process outlined above may cause a delay in subcommittee co-chairs receiving the report. Recipient of the written CSI will log the date each report is received and will proceed with the standard review process.

Step 5: Department/Unit Level Review & Action Plan – Upon receiving a staffing concern report/CSI, the department manager will initiate a department level review. Within 5 days of receiving a concern, the recipient or designee will notify the staff member in writing that their concern has been received and will be reviewed by the department manager and staffing committee. The department manager and subcommittee will identify trends and factors that contribute to staffing variances, facilitate problem solving at the department level, and implement and evaluate corrective interventions, as appropriate. Corrective actions may include, but are not limited to, process improvement to optimize staffing, workflow optimization, alternative models of care, proposing adjustments to the staffing plan, staff education, and counseling of individual staff regarding performance or attendance issues. The department manager will evaluate the effectiveness of any interventions with input from staff and make a recommendation to the HSC regarding classification and future corrective actions. Committee will establish an accountability process.

Step 6: Present to Hospital Staffing Committee – Prior to a concern being presented to HSC for review, the committee co-chairs will notify the staff member who submitted the concern that their concern is scheduled for HSC review and invite staff member as a listening and non-voting guest and their labor representative (if requested) to attend the meeting if the staff member wishes to do so. If a staff member is unable to attend the scheduled meeting but still wants to present their concern to HSC directly, they may request that HSC postpone review of their concern until the next scheduled meeting. If postponement will exceed the 90-day review period, HSC members will vote on whether to review the concern or extend the review period to allow the staff member to present their concern. HSC co-chairs will document any request to postpone review and the committee decision on the complaint tracking log.

Ideally the subcommittee co-chairs will present the concern, the corrective action plan, and further recommendations to HSC together. If the staff member declines to attend the meeting, the subcommittee co-chairs will present their recommendations to the committee.

Step 7: Staffing Subcommittee Classification & Collaboration – After the subcommittee co-chairs receive a CSI, the subcommittee will determine if the CSI is dismissed, in progress, or escalated to HSC. Subcommittee cochairs will notify staff member the status of their CSI in writing. The following standard definitions will be used to classify each concern:

Dismissed:

- Not enough information/detail was provided to investigate after either staffing subcommittee co-chair attempted to contact staff member who submitted the complaint within 5 days of submission. After 5 days, if no additional information has been provided, CSI will be dismissed.
- The evidence presented to the nurse staffing committee does not support the staffing complaint.
- The department followed the nurse staffing plan including support staff, excluding acuity of patients exceeding staffing plans, additional patients above the staffing matrix, or inadequate access to specialty supplies or equipment.

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 within 90 days.
- If the solution or corrective action plan for chronic issues, results in the staffing concern being resolved and a change to the DOH submitted staffing matrix may be warranted.

Escalated:

- Subcommittee will escalate to HSC when additional assistance and/or resources from senior leadership to address the concern is needed.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- Subcommittee will revisit this concern for further discussion until it can be resolved after response from HSC.
- If the subcommittee is unable to identify a solution or corrective action plan, the CSI will be escalated to HSC.

If staff member is unsatisfied with the subcommittee's decision of their CSI, they can request to have the CSI escalated to the HSC and present on behalf of themselves. Staff member will contact one of the HSC co-chairs (Leadership Co-Chair and Staff Co-Chair) to request to be invited to the HSC for presentation.

Step 8: Hospital Staffing Committee Classification & Collaboration – After the HSC reviews CSI presented by subcommittee cochairs, the HSC will identify the CSI as dismissed with acknowledgement, in progress, or resolved. The CSIs will be reviewed within 90 days. The following standard definitions will be used to classify each concern:

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 definition of reasonable efforts.
    - The incident causing the complaint occurred during an unforeseeable emergent circumstance.
    - Other circumstances to be specified by HSC.

- The department followed the nurse staffing plan including support staff, excluding acuity of patients exceeding staffing plans, additional patients above the staffing matrix, or inadequate access to specialty supplies or equipment.

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 within 90 days.
- If the solution or corrective action plan for chronic issues, results in the staffing concern being resolved and a change to the DOH submitted staffing matrix may be warranted.

Resolved:

- HSC agrees that the complaint has been resolved and must designate a resolution level.
    - Level 1 – Staffing concern was addressed immediately and resolved.
    - Level 2 – Resolved at subcommittee/department level with final review by HSC, if needed.
    - Level 3 – Resolved after HSC action.

Unresolved:

- HSC agrees that a complaint is not resolved or is unable to reach consensus on resolution.
- If a chronic or acute complaint is unresolved, will be revisited every 90 days until resolved. The HSC may choose to extend the review period longer than 90 days with approval from the majority (50%+1) of the committee. Any decision to extend the review period will be recorded by the committee co-chairs on the complaint tracking log.

Step 9: Closed Loop Communication – The outcome of each complaint review will be communicated to the staff member who initiated the concern report/CSI in writing via email.

Note, that this is the preferred process, but Caregivers can submit a CSI at their discernment.

Subcommittees

Purpose: Engage staff by holding an open forum to discuss CSIs, compilate trending data, and discuss potential resolutions/action plans to bring to HSC. Standing members include the co-chairs (elected bedside staff and unit leader) and is open to all bedside staff. Maximum of 24 participants per subcommittee. Subcommittees include:

- Acute Care: Oncology, Renal, Ortho, Neuro, Telemetry, Non-Telemetry, IMCU
    - 10N/S, 9N/S, 8N/S, 7N, 6N, 5A, 4C, 3C, ED Boarders/Pods, IVT
- Behavioral Health/Long Length of Stay, Substance Use Treatment and Recovery
    - 3A, 4A, 6A, 7A, SUTR
- Family Maternity Center (Mother Baby, L&D, Lactation/Post Partum Clinics), Maternal Fetal Medicine
- Emergency Department
- Critical Care – MICU, SICU
- Neonatal Intensive Care Unit
- Perioperative and Interventional (OR, Endo, CVL/IR, Pre-Op, PACU, ESU)

- Case Management

Float Pool can participate in any of the subcommittees of the areas they support. Subcommittees to be determined immediately, but no later than August 31st, 2024.

The following roles potentially delegate to unit specific subcommittee chairs/representation:

- Acknowledgement of CSIs received and action taken to address CSI.
- Organize/congregate staffing complaints to streamline discussion and resolution of staffing complaints.
- Ensure annual staffing plans along with shift based staffing and total clinical staffing is posted in a public area daily.
- Invite staff members who submitted CSIs and their manager to attend when it is being reviewed in HSC.

The following information for each staffing concern report is logged on the CSI Alert spreadsheet:

- 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 and staff safety.
    - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, and final disposition.
- Resolution action taken, if necessary.
- Date resolved (within 90 days or receipt or longer with majority approval).
- Attendance by employee involved in complaint and labor representative if requested by the employee.
- Closed loop written communication to the complainant stating the outcome of the complaint.

References

Chain of Communications Policy: Viewing Chain of Communications (policystat.com)