

Providence St. Peter Hospital Staffing Committee Charter

Date Reviewed:	3/27/2024	Committee Leadership Co-chair:	Cari Pearson
Next Review Date:		Committee Staff Co-chair:	Haley Sweet

Purpose

The hospital staffing committee is established by Providence St. Peter Hospital to develop a staffing plan and guide unit based direct care staffing practices to promote quality patient care and caregiver safety.

The committee will establish a mechanism whereby direct care staff and hospital management participate in a collaborative process regarding decisions about direct care staffing in accordance with [RCW 70.41](#).

Scope

The primary responsibilities of the staffing committee are to:

1. Develop and oversee an annual patient care unit and shift-based hospital staffing plan for Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, and unlicensed assistive personnel providing direct patient care based on the needs of the patients.
2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence based staffing information, including nurse sensitive quality indicators collected by the hospital.
3. Review, assess, and respond to staffing variations, patterns, concerns, or complaints presented to the committee.
4. Work with unit-based leadership to implement corrective action plans based on complaint (Collaborative Staffing Inquiry or CSI) review and committee decision.

The staffing plan is for the hospital (as defined in RCW 70.41.020 and state hospitals as defined in RCW 72.23.010) where nursing staff deliver care.

The following patient care areas are covered by the Hospital Staffing Committee:

Acute Care	Behavioral Health	Critical Care Services	Emergency and Procedural Services	Maternal Child/Health	Perioperative Services
Long Length of Stay (LLOS)	Psychiatry	Intermediate Care	Emergency Department	Family Birth Center	Operating Rooms (Main, West, CVOR)
1 South Emergent		Progressive Care		Special Care Nursery	SADU (North, South, West)
Oncology		Neuroscience		Pediatrics	PACU (East, West)
Med Renal		CVICU			Endoscopy
AMTU		NTICU			Cardiac Cath Lab
Orthopedics					DI Nursing
Surgical Acute					Cardiac Rehab
Discharge Unit					Pre-Admission Clinic
					Clinical Decision Unit (CDU)

Selection of members

The staffing committee will consist of at least 50 percent RN, LPN and CNA voting members, who are nonsupervisory and nonmanagerial, currently providing direct patient care. In accordance with the agreement between SEIU and St. Peter Hospital, two CNAs and one HUC will also serve on the Hospital Staffing Committee. The CNAs will be voting members of the committee and the HUC will serve as a non-voting member in accordance with the RCW.

Not more than 50 percent of the total committee voting membership will be selected by the hospital administration and shall include the Chief Financial Officer or designated representative, Chief Nursing Officer, and patient care unit directors or managers. Administrative members will be selected by the Chief Nursing Officer.

Nursing staff voting members will be selected according to the following process:

The selection of committee members and member co-chair will be coordinated through the union representative and the membership. There must be at least one RN member from each pod. Registered Nurse voting members will be approved by their peers within their pod. CNA and HUC members will be selected in accordance with the collective bargaining agreement between SEIU and St. Peter Hospital.

A UFCW union steward and union representative may attend and participate in the meeting as non-voting members.

Other interested individuals may also be included in staffing committee meetings as nonvoting members as needed to provide insight and context to inform committee discussions and decisions. General committee meetings are open for any interested staff employed by St. Peter Hospital to attend and contribute to discussion, but only selected committee members may have a vote. Individuals who are not employed by the hospital may attend and contribute to the discussion at the discretion of the committee co-chairs but may not have a vote. Individuals who are not members of the committee or representatives from one of the collective bargaining units listed above may be asked not to attend committee meetings if their participation becomes a hindrance to respectful and productive discussion or the collaborative problem-solving process. Interested non-members who are not able to attend a meeting are encouraged to share their input with a committee member who can represent their interests during the meeting. The committee co-chairs may choose to limit attendance to members only for all or a portion of other meetings. Meetings in which hospital finances, patient outcomes and other data of a sensitive nature are discussed will be limited to committee members only.

The staffing committee will be co-chaired by one nursing staff member currently providing direct patient care and one management representative. The staff co-chair will be selected bi-annually by vote of the nonsupervisory and nonmanagerial committee members. The management co-chair will be selected bi-annually by the Chief Nursing Officer. If at any point a co-chair is unable to fulfill the duties of the role, a new co-chair will be selected in accordance with these same procedures.

Orientation of Members

It is important for all voting committee members to be knowledgeable about factors that inform decision making regarding hospital operations and current laws related to hospital staffing [RCW 70.41](#). Newly selected staffing committee members will receive basic orientation related to hospital quality improvement strategy, organizational budgeting process, current applicable hospital staffing laws, committee structure and function, and member duties. Initial orientation is provided by committee co-chairs with ongoing education provided to all members as needed. Completion of new member orientation is a condition of committee membership.

Committee co-chairs will review orientation materials with the Chief Nursing Officer and the bargaining unit representatives annually and make any necessary updates.

Roles & Responsibilities

Staffing committee co-chairs will serve for a period of 2 years and may serve up to 2 terms. Co-chair duties include, but are not limited to:

- Schedule meetings to optimize the ability of all members to attend and ensure all members are notified of changes to meeting schedule or any anticipated extension to the meeting time based on the necessary functions of the committee
- Monitor attendance of members to ensure adequate quorum for each meeting and take action to address non-attendance as outlined in the committee charter
- Ensure adequate staffing coverage is available for members to attend meetings to meet quorum
- Develop agenda for each meeting with input from committee members
- Maintain complete and accurate committee documentation, including but not limited to meeting minutes, CSI review log, annual staffing plan, & staffing plan updates.
- Ensure timely submission of the staffing plan to DOH following committee & CEO approval
- Work with unit-based leadership to ensure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- Facilitate respectful professional discussions and moderate as needed.
- Organize CSIs to facilitate the best use of time during committee review
- Acknowledge receipt of staffing complaints and respond in writing to the staff member who submitted the CSI. This response shall also include an updated status of the complaint once reviewed and voted upon by the committee
- Notify staff member and manager when a CSI is scheduled to be reviewed by the committee and invite them to attend
- Ensure closed loop communication occurs following committee review of a staffing CSI outlining any respective outcome as determined by committee
- Work with unit-based leadership to implement corrective action plans based on CSI review and committee decision
- Present annual staffing plan and any semi-annual adjustments to the CEO or review and approval
- Hold committee members accountable for expectations of professional conduct
- Ensure that all committee members work collaboratively together in good faith to meet the collective needs of patients and caregivers

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
- Consistently attend committee meetings. Members are asked to notify a co-chair should they expect to be absent. If a member misses two consecutive meetings or more than 4 meetings annually may be replaced through the member selection process previously outlined
- Notify committee co-chairs and arrange for a substitute representative when unable to attend
- Notify committee co-chairs if meetings are scheduled during a scheduled shift so that coverage can be arranged for member to attend

- Actively participate in committee meetings, including reading required materials in advance of the meeting as assigned and coming prepared for meetings
- Remain open minded and solution focused and earnestly engage in the collaborative/cooperative problem-solving process
- Model professional solution focused communication both in committee meetings and when discussing staffing concerns with peers
- Act as a committee ambassador to gather input from peers and share with committee to inform decisions and assist peers in understanding process for developing staffing plans and reviewing CSIs
- Encourage peers to effectively communicate staffing concerns through the process established by the committee to best facilitates collaborative problem solving. However, all written complaints submitted to the Hospital Staffing Committee, must be reviewed by the committee, regardless of what format the complainant uses to submit the complaint
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs

Meeting Schedule & Notification

The staffing committee will meet no less than monthly, and more often if needed, to achieve objectives of the committee as determined by committee members. Monthly meeting dates and times are set for the fourth Wednesday from 9:00 am to 11:30 am. Changes to this standard meeting date and time will be determined by the committee co-chairs with input from committee members. Any additional ad hoc meetings will be scheduled by the committee co-chairs and committee members will be notified of meeting dates and times via email at least 30 days in advance of routine meetings.

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

Staffing relief will be provided to ensure committee members are able to attend meetings. Members must notify the committee co-chairs if a meeting is scheduled during a previously scheduled shift and staffing relief will be needed. Members should notify the co-chairs via email at least 2 weeks in advance if staffing relief is needed.

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. If a contingency staffing plan is necessitated any deviation from the hospital staffing plan may not be in effect for more than ninety (90) days without the review of the Hospital Staffing Committee. Within ninety (90) days of an initial deviation, the hospital must report to the Department of Health (DOH) the hospital will again report to the DOH once the deviation is no longer in effect.

Quorum

Quorum is the minimum acceptable level of individuals with an interest in the committee needed to make the proceedings of the meeting valid. Establishing a quorum ensures there is sufficient representation at meetings before changes can be proposed or adopted. Quorum for the staffing committee will be considered met as long as at least 60% of voting committee members (10 voting members) are present, to the degree that up to 50% of attendees are administrative caregivers and at least 50% are nonsupervisory and non-managerial caregivers. Quorum must be established before the committee takes a vote on staffing plan approval or revision. A Quorum is preferred for review of staffing CSIs, but in order to ensure timely processing of CSIs, committee co-chairs may elect to process CSIs with less than 60% of members present. Committee co-chairs may also elect to process CSIs outside of the scheduled monthly meeting and bring the results of the review to the committee for final vote/approval.

Attendance is taken at the beginning of each committee meeting. Members who are unable to attend a meeting for any reason should notify the co-chairs in advance of the meeting to allow for adjustments to maintain the quorum. A substitute/delegate may be selected if approved by the committee co-chairs.

Communication Strategy & Consensus

The preferred communication strategy to ensure effective and efficient communication is collaborative problem solving, defined as a process of civil discussion wherein two or more parties negotiate agreeably to have varying needs met by considering the perspective of all parties to seek a mutually agreeable solution.

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

1. Interested parties will present relevant information.
2. Opportunity will be given for discussion, questions, & clarification. Upon request, the non-supervisory committee members are allowed a reasonable time to caucus separately. Reasonable time shall be agreed upon per the committee members with request made to and approved by the co-chairs. An ad hoc meeting could be arranged by co-chairs as an alternative when appropriate.
3. Co-chairs will indicate that the committee will vote on the matter.
4. Members will submit their vote via paper ballot for committee members present in person or via a Teams poll that allows the co-chairs to see who has voted but does not allow other members or visitors to know how each committee member voted. (This is to ensure that only member votes are counted.)

A consensus will be considered met with a vote of 50% of voting committee members +1 additional member in attendance. Example: If all 18 members vote, at least 10 votes are needed for consensus.

Agenda

Meeting agendas are developed and agreed upon by the committee co-chairs prior to each meeting. Members and non-member employees may request items to be added to the agenda either before or during the meeting. Non-employees may not add items to the agenda but may request a committee member to add an agenda item. Items added to the agenda during a meeting will be addressed as time allows and moved to the next meeting agenda if there is not adequate time.

Standing agenda for committee meetings is as follows:

Monthly -

1. Call to order
2. Attendance
3. Reflection
4. Safety story
5. Approval of documentation/minutes from previous meeting (requires motion to approve)
6. Agenda review (opportunity for additions)
7. Old business (Review of assignments made last meeting, unresolved discussions, & agenda items rolled over from previous meeting)
8. Proposed unit staffing plan changes (if any are required outside of scheduled staffing plan review)
9. Progress reports (corrective action plans in progress)
10. Meal and rest data (beginning July 2024)
11. Overtime and mandatory on call data
12. Staffing plan compliance trend data
13. New staffing CSI review & classification (may be completed in separate meeting with vote in monthly meeting)
14. Assignments & agenda items for next meeting
15. Adjournment

Periodic agenda items –

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Charter approval (annually)					x							
Committee member selection (annually)									x	x		
Committee member education (annually and as needed)	x											
CEO Update (semi-annually)				x							x	
Budget review (semi-annually)							x					x
Quality report (quarterly)		x			x			x			x	
HR report (quarterly)	x			x			x			x		
Review department staffing plans			x	x	x			x	x	x		
Hospital staffing plan review (semi-annually)						x					x	

Documentation & Retention

When available, the Chief Nursing Officer’s executive assistant (EA) will take notes during committee meetings. In the event the EA is not available, committee co-chairs will designate a scribe to take notes during each committee meeting. If possible, notes will be projected and recorded in real time so that members can make adjustments/clarification in the moment. Minutes and supporting documentation will be reviewed by the committee co-chairs and saved to the committee Teams site/Sharepoint within one week after the meeting. Prior to posting minutes and supporting documentation, co-chairs will ensure that all information that should not be subject to public disclosure such as confidential or specific quality data will be removed from the meeting notes.

Committee members are expected to review minutes prior to the next meeting and provide input to the co-chairs with final vote on the minutes from members at the next committee meeting.

Meeting documentation will include, but not be limited to:

- Attendance
- Approval of previous meeting documentation
- Summary of member education provided during the meeting
- The outcomes of any votes taken during the meeting
- Action items discussed during the meeting with member assigned
- Disposition and action taken on staffing complaints reviewed during each meeting will be recorded on (preferred complaint tracker/document).

Written documents containing confidential information should not be removed from the meeting or shared with individuals who are not members of the committee. All committee documentation, including meeting documentation and staffing complaint tracking logs will be retained for a minimum of seven years (calendar year plus 6 years) consistent with Providence policy *PSJH-RIS-715, Records Retention and Disposal*.

Development of Staffing Plans

The staffing committee 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 shall report semi-annually to the staffing committee all relevant information to be considered in the review & approval of the patient care unit staffing plan.

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

- Census, including total number of patients on the patient care unit each shift
- Activity such as patient discharges, admissions, & transfers
- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
- FTE mix of current staff, including full-time, part-time per diem, travel/contract, local agency, float pool, etc.
- Anticipated staff absences (vacation, planned leave, sabbatical)
- Skill mix of staff
- Level of experience and specialty certification or training of nursing and patient care staff providing care
- The need for specialized or intensive equipment
- Availability and ease of access of resources, equipment, and supplies
- The architecture and 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 organizations, and other health professional organizations
- Availability of other personnel and patient care staff supporting nursing services on the unit, including support staff not assigned to a specific patient care unit. Ex: Respiratory therapy, Occupational Therapy, Environmental services.
- Measures to optimize available staff, such as the current staffing model, alternative models of care considered, workflow optimization, reduction of redundant documentation, use of technology, etc.
- Compliance with the terms of an applicable collective bargaining agreement, if any, and relevant state and federal laws, including those regarding meal and rest breaks and use of overtime and on-call shift.

- Semiannual review of the staffing plan against patient need
- 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

The staffing committee will review relevant data as outlined in the table below for consideration of the effectiveness of unit-based staffing plans.

Quality Metric	Review Frequency
Staff satisfaction and culture survey trends	Annually
Staffing Plan Compliance reports	Monthly
Missed meal & rest break reports	Monthly
Overtime & mandatory on call reports	Monthly
Hospital & department specific budget reports	Semi-annually
Human Resources Report, including but not limited to, turnover & vacancy rates by discipline & patient care unit, new hire turnover rates during the first year of employment, reasons for leaving trends as captured in Genesis, hiring trends, & hospital workforce development plans.	Quarterly
Hospital wide and department specific quality indicators, including but not limited to, patient complaints*, patient satisfaction survey responses*, and key quality indicators as identified by the committee. (<u>Falls, CAUTI, CLABSI, HAPI, NSTV, OR first case on time starts, ED boarding times, ED LWBS</u>) *Patient comments about specific staff will not be shared with the committee. The quality director will summarize patient comments and present them to the committee.	Quarterly

Validation of data: The Hospital Staffing Committee co-chairs will review staffing plan compliance and meal and rest break compliance reports monthly to determine and document the validity of each report. (Beginning no later than August 2025).

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

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

Complaint Review Process

The following is the expected process for addressing staffing concerns.

Step 1: Real Time Communication

Staffing concerns should be discussed with the immediate supervisor and whenever possible resolved in real time.

Step 2: Immediate Supervisor Review

Staffing concerns are to be discussed with the immediate supervisor – (Ex: Charge RN, Nurse Manager, Nursing Supervisor) on duty responsible for staffing assignments during the shift whenever practicable. The staff member and supervisor work together to evaluate the immediate clinical situation, evaluate patient and staff conditions, and explore potential solutions. When a staffing variance from the staffing plan is identified or the clinical circumstances warrant additional staff to accommodate patient care needs, the immediate supervisor will determine the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable effort means that the employer exhausts and documents all the following but is unable to obtain staffing coverage [RCW 70.41](#)

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

If the concern cannot be resolved by or after escalating to senior leadership or the supervisor determines that no immediate risk to patient and/or staff safety exists, the immediate supervisor will document the following to aid in ongoing review of the concern:

- Precipitating circumstances – such as an unforeseen emergent circumstance as defined below, unusually high number of sick calls or unexpected influx of patients,
- All efforts to obtain additional staff,
- Other measures taken to ensure patient & staff safety, and
- Rationale for shift-based staffing adjustments based on immediate circumstances

If the staffing concern is a result of unforeseen emergent circumstances the immediate supervisor should document those circumstances for the Hospital Staffing Committee to review. Unforeseen emergent circumstances are defined as:

- Any unforeseen declared national, state, or municipal emergency;
- When a hospital disaster plan is activated;
- Any unforeseen disaster or other catastrophic event that 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/Complaint Report (SCR) or Nurse Staffing Complaint (CSI)

In conjunction with discussing a staffing concern with an immediate supervisor, in any circumstance where a caregiver has experienced a staffing concern and is not satisfied with the outcome or solution, the staff member should initiate a (Staffing Concern/Complaint Report (SCR), currently known as a Nurse Staffing Complaint (CSI), by using the link on the internal Sharepoint site at [PSPH Collaborative Staffing Intervention Alert \(Page 1 of 2\) \(office.com\)](#).

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

If a concern is resolved during the shift by activating the standard chain of command, a CSI may still be completed at the discretion of the staff member. Concerns resolved during the shift are tentatively classified as resolved but shall be formally closed upon the staffing committee review. A CSI 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 committee co-chairs, respective bargaining unit representative as outlined in any corresponding CBA and the department manager should be notified immediately that a report has been initiated via email. When caregivers use the internal staffing complaint (CSI) form via Sharepoint, this email notification is generated automatically.

Incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information will include, but not be limited to contacting the staff member who submitted the report if known, contacting the immediate supervisor on the shift in which the concern occurred, contacting other staff members working the shift in which the concern occurred. A report may be dismissed by the committee after review if it is determined that there is insufficient information to investigate the concern.

The Hospital Staffing Committee 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 committee co-chairs receiving the report. Committee co-chairs will log the date each report is received and will proceed with the standard review process.

Step 5 – Department/Unit Level Review & Corrective Action Plan

Upon receiving a staffing concern report, the unit manager will initiate a unit level review/investigation. Within (5) days of receiving a concern, the manager or their designee will notify the reporting staff member in writing via email that their concern has been received and will be investigated and reviewed by the unit and staffing committee. The unit manager will identify trends and factors that contribute to staffing variances, facilitate problem solving at the unit level, and implement and evaluate corrective interventions, as appropriate.

Corrective actions may include, but are not limited to, process improvement to optimize staffing, workflow optimization, alternative models of care, proposing adjustments to the staffing plan, staff education, and counseling of individual staff regarding performance or attendance issues. The unit manager will evaluate the effectiveness of any interventions with input from staff and make a recommendation to the Hospital Staffing Committee regarding classification and future corrective actions.

Step 6 – Present to Hospital Staffing Committee

Prior to a concern being presented to Hospital Staffing Committee for review, the staffing committee representative responsible for that unit will notify the staffing member who submitted the concern that their concern is scheduled for review and arrange to discuss the staffing concern ahead of the scheduled meeting. If a discussion of the concern cannot be arranged ahead of the meeting, the staff member may request to postpone the review of their concern until the next schedule meeting. If postponement will exceed the 90-day review period, the Hospital Staffing Committee members will vote on whether to review the concern or extend the review period to allow the staff member time to review their concern with their committee representative. Hospital Staffing Committee co-chairs will document any request to postpone review and the committee decision on the complaint tracking log.

A **SBAR** format should be used to facilitate clear communication.

Situation – Explain the staffing concern or variation

Background – Explain contributing factors, and any identified root cause(s).

Action & Assessment – Corrective action taken at the department level & evaluation of effectiveness of attempted solutions.

Recommendation – Next steps for Hospital Staffing Committee. Suggest other potential solutions and how the concern should be classified by Hospital Staffing Committee.

Step 7a – Staffing Committee Classification & Collaboration

After receiving the department report, Hospital Staffing Sub-committee will make a recommendation on each staffing CSI to determine how to classify each staffing concern and whether additional action is needed to resolve the concern. The caregiver submitting the CSI will be invited to participate in this meeting and the Hospital Staffing Committee. The following standard definitions will be used to classify each concern:

Dismissed –

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

Dismissed with Acknowledgement –

- Hospital staffing committee 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 exhausted each reasonable effort as outlined above to obtain staffing but has been unable to do so. See definition of reasonable efforts [RCW 70.41](#)
 - The incident causing the complaint occurred during an unforeseeable emergent circumstance.
 - Other circumstances to be specified by hospital staffing committee.

Resolved –

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

In progress –

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

Escalated –

- Hospital staffing committee 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.
- Hospital staffing committee will revisit this concern for further discussion until it can be resolved.

Unresolved –

- Hospital staffing committee agrees that a complaint is not resolved or is unable to reach consensus on resolution.

Step 7b- Hospital Staffing Committee Review

If a problem is not classified as dismissed or resolved when presented to the sub-committee, the hospital staffing committee will utilize a collaborative problem-solving approach to identify potential solutions and develop a corrective action plan. The hospital staffing committee and/or the hospital staffing sub-committee will attempt to resolve concerns within 90 days of hospital staffing committee co-chairs receiving a concern report. The hospital staffing committee may choose to extend the review period longer than 90 days with approval from the majority

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 committee are implemented as agreed upon in Step 7. If a solution could not be identified or the committee recognizes that additional resources are needed to implement a corrective action plan, the problem will be escalated to senior leadership for assistance. The committee may repeat Step 7 with senior leadership and return to Step 8 when a solution has been identified. A corrective action plan must be of a duration long enough to demonstrate the hospital's ability to sustain compliance with the requirements outlined in [RCW 70.41](#). The unit manager will evaluate the effectiveness of any interventions with input from staff and make a recommendation to the Hospital Staffing Committee regarding classification and future corrective actions.

Step 9 – Evaluation

After a time period which is of a duration long enough to demonstrate the hospital's ability to sustain compliance, and is agreed upon by committee members, the hospital staffing committee will review and evaluate the effectiveness of the corrective action plan. The committee will reclassify the concern at this time and record the new classification in the complaint tracking log. If the concern is not adequately resolved, the committee may choose to repeat Steps 6 through 9 as many times as necessary to resolve the problem. If this process exceeds 90 days from the date the report was received, the committee will vote on whether to extend the review period.

Step 10 – Documentation –

No protected health information (PHI) should be included in any hospital staffing committee documentation.

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

- Date concern received by the committee
- Information from the immediate supervisor and/or department manager review including:
 - Precipitating circumstances including unforeseen emergent circumstances if applicable
 - All efforts to obtain staff, including exhausting each of the defined reasonable efforts
 - Other measures taken to ensure patient & staff safety
 - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, & final disposition
- Corrective action taken, if necessary
- Date resolved (within 90 days or receipt or longer with majority approval)
- Attendance by employee involved in complaint and labor representative if requested by the employee SBAR from caregiver/staffing committee representative describing details of their concern

Step 11 – Closed Loop Communication

The outcome of each complaint review will be communicated to the staff member and the respective union representative (per corresponding CBA) who initiated the concern report/ADO in writing via email.