



SVH Hospital Staffing Committee Charter

The Hospital Staffing Committee charter is collaboratively developed and implemented by the Hospital Staffing Committee (HSC). The charter is updated annually or more often as deemed necessary by the committee. The Department of Health (DOH) and Department of Labor & Industries (L&I) provide technical assistance to the HSC on implementation of charter requirements.

Retaliation, intimidation, or otherwise adverse action against any individual performing duties or responsibilities in connection with the HSC or any employee, patient, or other individual who notifies the HSC or the hospital administration of concerns related to nurse staffing is not permitted.

Purpose

The Skagit Valley Hospital Staffing Committee (HSC) is established to assemble direct care nursing staff and hospital administration to participate in a joint process regarding decisions about direct care nurse staffing practices. Evidence-based staffing plans promote quality patient care, foster a mutual interest in safety for patients and staff, and create an environment that nurtures greater retention of nursing staff. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan (HSP) and analyzing nurse staffing.

Responsibilities

Hospital Staffing Committee Responsibilities

1. Develop and oversee the annual patient care unit and shift-based hospital staffing plan (HSP)*. This plan pertains to the allocation and scheduling of staff including registered nurses, licensed practical nurses, certified nursing assistants, and unlicensed assistive nursing personnel (UAP) providing direct patient care based on the needs of patients.
2. Review and evaluate the effectiveness of the staffing plan semi-annually against patient needs and known evidence-based staffing information. This includes identified factors considered in staffing plan development and nurse-sensitive quality indicators collected by Skagit Regional Health.
3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.
4. Develop a contingency staffing plan to address any unforeseeable emergent circumstances lasting more than 15 days in conjunction with the emergency preparedness committee and hospital incident command.

**The staffing plan includes acute care hospital areas licensed under RCW 70.41 where RNs provide patient care:*

*SVH-Skagit Valley Hospital SRC-Skagit Regional Clinics-SRH- Skagit Regional Health *Clinics under Cascade Valley Hospital License whose staffing plans are developed by the Skagit Valley Hospital Staffing Committee*

SVH Diagnostic Imaging	SRH Division Street Clinic	SVH Critical Care Unit (CCU)	SRH-Orthopedics Smokey Point Clinic
SVH Emergency Department	SRH-Endocrinology Mount Vernon	SVH Special Observation Unit (SOU)	*SRH-Pediatrics Arlington Clinic
SVH Family Birth Center and Special Care Nursery	SRH-ENT and Allergy Clinic Anacortes	SRC-Urgent Care Riverbend	SRC-Podiatry Mount Vernon Clinic
SVH Kidney Dialysis	SRH -ENT and Allergy Clinic Mount Vernon 12th Street Clinic	SRC- Urgent Care Smokey Point	SRC- Rheumatology Riverbend Clinic

SVH Medical and Pediatric Unit	SRH -ENT and Allergy Clinic Mount Vernon Division Street Clinic	SRC-Urgent Care Station Square	SRH-Sleep Medicine Clinic
SVH Medical Observation Unit	SRC-Gastroenterology Mount Vernon Clinic	Wound Healing Center SVH	SRH-Smokey Point Family Medicine Clinic
SVH Mental Health Unit	SRC-General Surgery Mount Vernon Clinic	SRC- Stanwood Family Medicine Clinic	SRC-Camano Island Family Medicine Clinic
Mount Vernon Surgery Center Endoscopy	SRC-GME Residency Family Medicine Clinic	SRH-Station Square Family Medicine Clinic	SRC-Cardiology Anacortes Clinic
Mount Vernon Surgery Center Operating Room	SRC-GME Residency Internal Medicine Clinic	SRC-Urology Mount Vernon Clinic	*SRH-Cardiology Clinic Arlington
Mount Vernon Surgery Center Peri-Operative Services	*SRH-Granite Falls Family Medicine Center	SRC-Urology Oak Harbor Clinic	SRC-Cardiology Mount Vernon Clinic
SVH Endoscopy	SRH MLJ Midwifery Clinic	SRH-Women's Health Mount Vernon OBGYN	*SRH-Darrington Family Medicine
SVH Operating Room	SRH-Mount Vernon Family Medicine North Clinic	*SRH-Women's Health Arlington	SRH-Little Mountain Pediatrics
SVH Peri-Operative Services and PACU	SRC-Mount Vernon Family Medicine South Clinic		
SVH Orthopedic and Surgical Care (OSC)	SRC-Nephrology Mount Vernon Clinic		
SVH Outpatient Infusion	SRC-Neurology Clinic		
SVH Progressive Care Unit (PCC)	SRC-Orthopedics Riverbend		

Membership

Hospital Staffing Committee Membership (HSC)

Membership and Selection

The HSC consists of 16 voting members comprised of 8 direct care nursing staff and 8 members selected from hospital administration.

- At least 50 percent of the voting committee members are nursing staff who are nonsupervisory/non-managerial, currently providing direct patient care.
- 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 the CNO.

Other attendees

The following job classes will be represented on the HSC as nonvoting patient care staff members: Human Resources representative and Nursing Program Manager.

- Other non-voting members may attend and may contribute to the discussion and provide insight and context to issues. Their attendance will be at the discretion of the HSC co-chairs and HSC members with consideration given to

hospital policy and the collective bargaining agreement.

- Interested non-members who are unable to attend a meeting are encouraged to share their input with a HSC member who may represent their interests during the meeting.
- Committee co-chairs may limit HSC attendance to committee members for all or a portion of meetings as deemed appropriate by the co-chairs.

Hospital Staffing Committee Roles and Responsibilities

Co-chairs

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

- The nursing staff co-chair is selected by the nursing staff.
- The administrative co-chair is selected by the hospital administration.
- If a HSC co-chair or member is unable to fulfill the duties of their role, a new individual is selected using the process outlined above.
- HSC co-chairs serve for a period of two years. To ensure continuity of the membership, the initial term for one co-chair will be two years and the other one year as decided by the HSC members. This process is to ensure a staggered turnover process moving forward. Following the initial term, the co-chairs will serve a two-year term.

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

- Schedule HSC meetings to optimize attendance. Ensure HSC member notification of accurate meeting date, time, and location.
- Facilitate 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 updates, and actions taken per SRH Documented Information and Document Control 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 if available 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 within 14 days by sending an email to that employee outlining the process for reviewing the complaint along with an appropriate invitation to the staffing committee meeting where the concern will be discussed and 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 email 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 a 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. The intent is to have the schedule outlined at the beginning of the calendar year so that this meeting can be noted on a committee member's work schedule.
- 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 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, and committee structure and function. Initial orientation is facilitated by committee co-chairs with ongoing education provided to all members as needed. Completion of new member orientation is a condition of committee membership.

*Committee co-chairs will review orientation materials annually and update as needed.

HSC Meetings, Management, and Attendance

Meeting Schedule

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. Committee members are notified of regular meeting dates and times via Skagit Regional Health email at least 30-days in advance of regular meetings.

- Meeting participation by HSC members is scheduled work time and compensated at the appropriate rate of pay. Members are relieved of all other work duties during meetings. Whenever possible, meetings are scheduled as part of members' normal full-time equivalent hours.
- It is understood that meeting schedules may require members to attend on their scheduled day off. In this case, staff may be given equivalent time off during another scheduled shift or, if that is not possible, then they are compensated at the appropriate rate of pay.
 - Staffing relief is provided (when necessary) to ensure committee members are relieved of their duties to attend meetings. Members are responsible for notifying the HSC co-chairs if they are scheduled to work when a committee meeting is scheduled. Shift coverage will be provided if the meeting is during scheduled work hours, but it is the responsibility of the staff members to notify the co-chairs and the staff member's manager or unit scheduler that coverage will be needed. It is recommended that the staff member share the staffing committee schedule with their manager or unit scheduler as soon as the meeting series is sent out via Skagit Regional Health email so that their participation can be accounted for when developing the unit schedule.
- Members may attend remotely via teleconferencing and they must actively participate and remain on camera for the meeting. Members who attend remotely are responsible for accurately recording their time for payroll.

Quorum

Quorum for staffing committee will be established at the beginning of each meeting. The co-chairs will recognize the members present at the beginning of the meeting and establish a voting membership that is a 50/50 split between hospital administration voting members and nursing staff voting members.

- Attendance is taken at the beginning of each HSC meeting.
- Members who are unable to attend a meeting for any reason must notify the co-chairs in advance of the meeting to allow for adjustments if necessary.

Attendance and Participation

HSC members are expected to attend at least nine (9) meetings each year (75% of the meetings held). Failure to meet attendance expectations may result in removal from the committee and replacement. HSC member replacement is in accordance with the aforementioned selection processes.

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

Voting

The HSC strives to collaborate on issues and reach consensus. Voting by the voting membership will occur to approve hospital staffing plans and the committee charter as well as items that require a vote. The voting process will include:

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 specific proposal that will be voted on.
4. Members submit their vote verbally.
5. The vote passes 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).

Structure

Agenda

Meeting agendas are developed and agreed upon by the HSC co-chairs prior to each meeting and disseminated to HSC members (with meeting documentation) at least one week in advance of the upcoming HSC meeting. HSC members may request items to be added to the agenda either before or during the meeting. Non-member employees may request that a 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 (at least annually).
8. Quality data report (at least semiannually).
9. 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 will designate a scribe to take notes during each HSC meeting. Meeting documentation (approved by co-chairs with input from HSC members) is will be distributed to HSC members for review at least one week 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 with tracking on staffing committee Smart Sheet. 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 hospital [document retention policies](#).

Contingency Staffing Plan

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

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

HSC Staffing Plan Data, Development and Approval

HSC Information/Data Review

The HSC is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs for the identified areas.

The committee will review the effectiveness of each patient care unit nurse staffing plan semiannually. Department leaders should semiannually report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan.

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.
- Reports, if any, regarding the hospital being out of compliance with a staffing plan.
- Hospital finances and resources as well as a defined budget cycle.

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
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Results from staff satisfaction and culture survey trends	Annually
Staffing Plan Compliance reports	Monthly (commence August 2025)
Missed meal & rest break reports for nursing staff	Quarterly (commence October 2024)
Overtime & mandatory on-call reports	Quarterly (commence August 2025)
<p>Hospital and department specific budget reports:</p> <p>Consider including:</p> <ul style="list-style-type: none"> ▪ Hospital operating margin ▪ EBITDA (earnings before interest, taxes, depreciation, and amortization) ▪ Days of cash on hand ▪ Hospital bond rating 	At least annually-consider quarterly (commence August 2025)
<p>Human Resources Report, including but not limited to:</p> <ul style="list-style-type: none"> • Turnover & vacancy rates by nursing staff job class & patient care unit • Nursing staff new hire turnover rates during the first year of employment • Aggregate anonymized exit interview trends if available* • Hiring trends and hospital workforce development plans 	<p>Quarterly</p> <p>Consider reviewing exit interview trends annually if available</p>
<p>Hospital-wide and department-specific quality indicators, including but not limited to:</p> <ul style="list-style-type: none"> • Patient complaints related to staffing* These are complaints made to the hospital through the formal grievance process required under 42 C.F.R. 482.13(a)(2). Grievance information will be provided to the HSC semi-annually via the appropriate hospital quality and risk reporting and will not contain PHI or specific staff information. Information will include number of grievances related to staffing by month and category of complaint (eg staffing level, courtesy) • Key quality indicators 	Semi-annually

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. Start by no later than August 2025.

Staffing Plan Development, Review, and Approval

Upon review of factors to be considered in development of a staffing plan (from Section 6 HSC Information/Data Review, above and quality metrics, the HSC develops and votes on a proposed staffing plan annually by July 1 (covering the following year) and any time a staffing plan is requested and approved by the committee. 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.

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 current staffing plan including nurse-sensitive quality indicators, patient surveys, recruitment/retention efforts, and success over past six months in filling open positions for employees covered by the staffing plan.

The committee reviews and considers any feedback from the CEO, revises the staffing plan if applicable, and approves the new draft staffing plan by majority vote (50 percent plus one) before submitting the revised staffing plan to the CEO for approval. If the revised staffing plan proposal is not accepted by the CEO upon second review, the CEO documents their 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 until a new proposal can be agreed upon: 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. The CEO's written report is retained with HSC documentation as outlined in *Section 5: Documentation and Retention policy*.

HSC Complaint Management

Staffing concerns are addressed using the following process:

Step 1: Timely Communication and Immediate Intervention

Staffing concerns are addressed (in real-time) with the immediate supervisor using chain of command. Staffing concerns are discussed with the charge nurse on duty, who is responsible for staffing assignments during the shift. The staff member and charge nurse will 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 in conjunction with the unit manager or clinical supervisor determines the appropriate reasonable efforts to resolve the situation using available resources. If no resolution is found, follow chain of command.

Reasonable Efforts: the employer exhausts and documents all of 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.

If the concern cannot be resolved after escalating to the chain of command, or the clinical supervisor determines that no immediate risk to patient and/or staff safety exists, the staff nurse, charge nurse or clinical supervisor documents the following to aid in ongoing review of the concern:

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

If the staffing concern is a result of an unforeseen emergent circumstance, the charge nurse or clinical supervisor documents those circumstances for HSC review. Unforeseen emergent circumstances are defined as:

- Any unforeseen declared national, state, or municipal emergency.

- When a hospital disaster plan is activated.
- Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services.
- When a hospital is diverting patients to another hospital or hospitals for treatment.

Step 2: Staffing Concern Form

When a staff member has discussed their staffing concern with the shift lead/immediate supervisor and is not satisfied with the outcome or solution, the staff member initiates a Staffing Concern form. PHI is not to be included in the staffing concern report.

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

If a concern is resolved during the shift by activating the standard chain of command, a Staffing Concern 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 staffing committee review. A staffing concern report may be submitted to the committee if there is a recurring pattern, even if the immediate concern is resolved. Multiple reports submitted for the same occurrence will be reviewed for context and to ensure all information is considered but will be counted as a single occurrence for documentation purposes.

Step 3: Routing of Staffing Concerns

The immediate supervisor, staffing committee co-chairs, and the department manager should be notified that a report has been initiated via the Nurse Staffing Concern Process. The preferred method is to utilize the electronic version of the staffing concern form found on the SRH intranet. Electronic submission is the preferred method because it will automatically route the form to the appropriate manager and committee members. This will start the process for inclusion on the staffing committee agenda and alert the HSC co-chairs to send an invitation to the nurse bringing the concern forward. Delayed or incomplete reports that are missing pertinent information may delay the review process. In such effect, efforts to obtain necessary information include, but are not limited to:

- Contacting the staff member who submitted the report if known.
- Contacting the shift lead/immediate supervisor on the shift in which the concern occurred.
- Contacting other staff members working the shift in which the concern occurred.

A report may be dismissed by the committee due to insufficient information to investigate the concern.

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

Step 4: Department/Unit Level Review and Action Plan- Upon receiving a staffing concern report/ADO, the department manager will initiate a department level review. Within 14 calendar days of receiving a concern, the staffing committee co-chair 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 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, and staff education. The department 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 5: 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 by the staff member) to attend the meeting if the staff member wishes to do so. If a staff member is unable to attend the scheduled meeting but still wants to present their concern to HSC directly, they may request that HSC postpone the review of their concern until the next scheduled meeting. If the postponement exceeds the 90-day review period, HSC members will vote on whether to review the concern without a staff member presentation or extend the review period to allow the staff member to present their concern. HSC co-chairs (or designees) will document on the complaint tracking log any request to postpone a review and the committee decision on that request.

Whenever possible, the staff member and department manager present the concern to the HSC together, along with any corrective action plans, and further recommendations. If the staff member declines to attend the meeting, the department manager or designee presents their recommendations to the committee.

Presentations to the HSC use the SBAR format to facilitate clear communication.

Situation – Explain the staffing concern or variation.

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

Action & 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 6: 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:

1. **Resolved** - HSC agrees complaint has been resolved.
2. **Staffing Plan** - Hospital followed nursing personnel assignments in a patient care unit as called for in the Staffing Plan.
3. **Outside of HSC Scope** - Evidence does not support the staffing complaint/complaint was not RN staffing related and concern was sent to the appropriate committee.

4. **Reasonable Efforts** -SRH documents it has made reasonable efforts to obtain staffing but has been unable to.

“Reasonable efforts” means that the employer, to the extent reasonably possibly, does all of the following but is unable to obtain staffing coverage:

- a. Seeks individuals to volunteer to work extra time from all available qualified staff who are working;
- b. Contracts qualified employees who have made themselves available to work extra time;
- c. Seeks the use of per diem staff; and
- d. 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.

5. **Unforeseeable Emergency** - Incident causing the complaint occurred during an unforeseeable emergency defined in RCW 70.41.425

For purposes of this section, “unforeseeable emergency circumstance” means:

- a. Any unforeseen national, state, or municipal emergency;
- b. When a hospital disaster plan is activated;
- c. Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services; or
- d. When a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients who are from another hospital or hospitals.

6. **Unresolved** - HSC agrees that the complaint was not resolved.

7. **Unresolved** - HSC is unable to agree if the complaint has been resolved.

If a problem is not classified as dismissed or resolved when presented to the committee, the committee will utilize a collaborative Problem Solving Approach to identify potential solutions and develop an action plan. The committee will attempt to resolve concerns within 90 days of HSC co-chairs receiving a concern report. 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. Staffing concern forms will be decided by a 50+1 vote of nursing staff and clinical managers and directors who are voting members.

*The determination selections were created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA (In development of charter Nurse Staffing Committee was replaced by Hospital Staffing Committee for the Complaint Classification system)

Step 7 – Implementation or Escalation – During this step solution(s) identified by the committee are implemented as agreed upon in Step 6. If a solution could not be identified or the committee recognizes that additional resources are

needed to implement the plan, the problem will be escalated to senior leadership for assistance. The committee may repeat Step 6 with senior leadership and return to Step 7 when a solution has been identified.

Step 8 – Evaluation – After a time period agreed upon by committee members, the HSC will review and evaluate the effectiveness of the corrective action plan. The committee will reclassify the concern 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 5 through 8 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 9– Documentation – No protected health information (PHI) should be included in any HSC documentation.

- The following information for each staffing concern report/ADO is logged on the Staffing Concern Tracker:
- Date concern received by the committee
- Information from the immediate supervisor and/or department manager review including:
 - Precipitating circumstances including unforeseen emergent circumstances if applicable
 - All efforts to obtain staff, including exhausting defined reasonable efforts
 - Other measures taken to ensure patient & staff safety
 - Rationale for shift-based staffing adjustments based on immediate circumstances.
- Initial, contingent, & final disposition
- Corrective action taken, if necessary
- Date resolved (within 90 days 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 10 – Closed Loop Communication – The outcome of each complaint review will be communicated to the staff member who initiated the concern report/ADO in writing via SRH email.

Ground Rules:

- The hospital may not retaliate against or engage in any form of intimidation of an employee performing any duties or responsibilities in connection with the nurse staffing committee.
- A hospital may not retaliate against or engage in any form of intimidation of an employee, patient, or other individual who notifies the hospital staffing committee or the hospital administration of his or her concerns on direct care patient staffing.
- Meetings will start and end on time.
- Work product will focus on the annual staffing plan, semi-annual review and review of staffing concern forms.
- Planned agendas circulated prior to the meeting and reviewed at the beginning of each meeting.
- Pre-meeting preparation & follow up on action times as necessary. It is the expectation of the Nurse Staffing committee that all members will participate actively including reading required materials in advance of the meeting as assigned, coming prepared to meeting and engaging in respectful dialogue as professional committee members.
- At the start of each meeting a time keeper will be identified.
- Staff Support: Nursing Admin Assistant—Administrative Assistant for CNO will act as support staff and take minutes.
- Approval of the minutes will be a standing agenda item for each meeting.
- A master copy of the minutes will be kept to ensure regulatory compliance.
- Agenda will be distributed to members the week prior to the meeting.
- Members will use evidence from literature and current data to guide thinking and decisions.
- Participants will be courteous to each other, listen respectfully, limit emotional responses, be professional, be present, assume positive intent and avoid being argumentative.
- Participants will not use the committee meeting as a forum to vent frustrations but will remain solution focused.
- No side conversations are to be held, including phone calls or text messages. If a call must be answered, please step out of the meeting.
- Attendance agreement: No member shall miss more than three meetings a year. A substitute may attend the meeting with co-chair approval but not vote. A quorum is required to vote on the staffing plan. Less than a quorum can vote on other items, including staffing concerns, but members must abstain to maintain the 50% plus one majority.

References

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	CMS Patient Rights	
Referenced Documents	Documented Information and Document Control	
Signed/Approved By	(08/26/2024 10:40 AM PST) Bianca Gordon, MSN, RN, CCRN-K, Vice President and Chief Nursing Officer, Skagit Valley Hospital	
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