

2024 Hospital staffing Committee Charter

<b>Workgroup Name</b>	MultiCare Tacoma General Hospital Staffing Committee
<b>Staffing Committee Membership</b>	See Addendum A
<b>Leadership</b>	<p>The Hospital Staffing Committee (HSC) is led by two co-chairs, one direct-care nursing staff co-chair and one co-chair from hospital administration. Each co-chair will serve for a 3 year term. Co-chairs will be elected/selected 6-12 months in advance to allow a period for mentoring by existing leadership before transitioning to new co-chairs.</p> <p>The direct-care nursing staff co-chair will be selected by the direct-care nursing staff HSC voting members in accordance with the respective union procedures. The administration co-chair is selected by hospital administration. If a co-chair is unable to fulfill the duties of their role, a new co-chair will be selected using the process outlined above and will serve for the remainder of the current term. It is expected that the Chief Nurse Executive or Designee will provide mentorship to their staff co-chair related to committee leadership, as needed.</p>
<b>Scope and Objective of the Committee</b>	<p>The primary responsibilities of the staffing committee are to:</p> <ol style="list-style-type: none"> <li>1. Development and oversight of an annual patient care unit and shift-based hospital staffing plan (HSP) for registered nurses, licensed practical nurses, certified nursing assistants, and unlicensed assistive nursing personnel providing direct patient care based on the needs of the patients. See addendum B for Staffing Plan Development</li> <li>2. Review and evaluate the effectiveness of the HSP at least semi-annually against patient needs and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.</li> <li>3. Review, assess, and respond to staffing variations or complaints presented to the HSC. See addendum C for Complaint Review Process</li> </ol> <p>The strategic objective of the HSC is to assure compliance with all applicable staffing laws. It is the HSC’s goal to create a healthy and collaborative environment in which administration and direct-care nursing staff cooperate on issues related to hospital staffing.</p> <p>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. Refer to Addendum A to the departments covered by the staffing committee.</p>
<b>Membership</b>	<p>The staffing committee will consist of 36 voting members, 18 from hospital administration and 18 direct-care nursing staff. At least 50% of the voting members are direct-care nursing staff including RNs, LPNs, CNAs, and unlicensed assistive nursing personnel who are non-supervisory and nonmanagerial, currently providing direct patient care. As closely as possible, representation for each category of direct-care nursing staff (e.g., RNs, LPNs, etc.) will be proportionate to the number of direct-care nursing staff of that category in the hospital.</p> <p>The Chief Nursing Executive (CNE) will select the administration voting members and will include the CNE, Chief Financial Officer (CFO), and certain patient care unit directors or managers or their designees. Each category or direct-care nursing staff will select its own voting members. If the category of direct-care nursing staff is represented by a union, the union will select the voting members</p> <p>In the event there is not enough staff participation among unrepresented direct-care nursing staff, the union(s) will appoint any remaining voting HSC members. Direct-care nursing staff voting members will serve a two-year term with the selection being held at the 2<sup>nd</sup> quarter of each year.</p> <p>Voting members (or their alternates) are expected to attend all committee meetings. If any voting member’s attendance falls below 75% of meetings during a one-year period. Failure to meet attendance expectations, a</p>

	replacement member will be selected for the remainder of the current term by the same process set forth above.
<b>Orientation</b>	It is important for all voting HSC members to be knowledgeable about factors that inform decision-making regarding hospital operations and current laws related to hospital staffing. Newly selected HSC 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 HSC co-chairs with ongoing education provided to all members as needed. Completion of new member orientation within 90 days is a condition of HSC membership. Incoming co-chairs will shadow outgoing co-chairs for a period of no less than 6 months prior to assuming role. Committee co-chairs will review orientation materials annually and update as needed. All members will be required to review training materials annually.,
<b>Decision Making</b>	<p>Decisions are made through a majority vote of a quorum of the membership. A quorum is 60% of the full HSC voting membership. (22 members). A quorum is established before the committee takes a vote on all voting matters including staffing plan approval or revision. A quorum is preferred for review of staffing complaints, though co-chairs may elect to move forward with presence of fewer than 60% of voting members for purposes of timely processing of complaints.</p> <p>The HSC strives to resolve issues through collaboration. Consensus is the primary decision-making model when a quorum is met and is used for approval of the annual staffing plan, changes to staffing plan, classification of complaints, and other decisions. The following process will be utilized when a HSC vote is needed:</p> <ul style="list-style-type: none"> <li>• Interested individuals present information relevant to topic</li> <li>• An opportunity is provided for discussion, questions, and clarification</li> <li>• Co-chairs indicate that the committee will vote on the matter, restating the proposal that will be voted on</li> </ul> <p>Voting will take place by Australian ballot (anonymous voting) for formal decisions to include staffing plans, changes to staffing plans, charter. Show of hands would be used for all other decisions at the discretion of the co-chairs. Consensus is reached if there is 50% plus one vote of the duly constituted HSC.</p> <p>Voting will be done in person, at meetings where a quorum exists, or electronically if the meeting is held electronically.</p>
<b>Other Attendees</b>	<p>Other interested nursing staff to include RN, LPN, CAN, Unlicensed Assistive Personnel employed by the hospital may also be included in staffing committee meetings as non-voting members, as needed, to provide insight and context to inform committee discussion and decisions. Committee co chairs may limit HSC attendance to committee members for all or a portion of meetings as deemed appropriate by the co-chairs.</p> <p>Drop-in guests are not allowed at HSC meetings.          Guests outlined in collective bargaining agreements may be included in meetings at the co-chairs discretion.          Other guests may attend upon approval by the co-chairs. Requests for guest attendance should be made to the co-chairs at least one week in advance.</p>
<b>Meeting Schedule</b>	<p>The HSC co-chairs will schedule HSC meetings at least 30 days in advance. Generally, the monthly meetings will be held in an in person forum on the first Monday of the applicable month from 3:30 – 5pm unless scheduled for a different date or time by the co-chairs. All HSC voting members will be given notice of meetings via their MultiCare email address at least 30 days before the meeting or by mutual agreement for more urgent topics. See addendum D for Sample Agenda</p> <p>Meeting agendas are developed and agreed upon by the HSC co-chairs prior to each meeting and disseminated to HSC members (with meeting documentation to include previous months meeting minutes) at least 4 days before the scheduled meeting. HSC members may request items to be added to the agenda to the co-chairs prior to the meeting.</p> <p>Direct-care nursing staff voting members will be relieved of other duties during meeting times and will be compensated at the appropriate rate of pay.</p>

<p><b>Roles and Responsibilities</b></p>	<p>Co-chairs:</p> <ul style="list-style-type: none"> <li>• Schedule HSC meetings to optimize attendance. Ensure HSC member notification of accurate meeting date, time, and location.</li> <li>• Provide new HSC member orientation and ongoing training to members.</li> <li>• Track meeting attendance of members. Ensure adequate quorum for each meeting and address non-attendance (as specified by charter).</li> <li>• Develop the agenda for each meeting with input from the HSC members.</li> <li>• Maintain complete and accurate committee documentation, including but not limited to meeting minutes, complaint review log, annual staffing plan, staffing plan updates, and actions taken. Comply with meeting documentation retention consistent with hospital’s policy.</li> <li>• Facilitate review of factors to be considered in the development of the staffing plan. Ensure review of staff turnover rates (including new hire turnover rates during the first year of employment) quarterly, anonymized aggregate exit interview data on an annual basis, hospital plans regarding workforce development, and patient grievance submissions related to hospital staffing.</li> <li>• 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.</li> <li>• Facilitate respectful and productive discussions and moderate as needed aligning with our HRO behaviors and MHS core values</li> <li>• 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.</li> <li>• Acknowledge receipt of staffing complaints by communicating with the staff member who submitted the complaint.</li> <li>• Extend a written invitation to the employee and manager 10 days in advance of the meeting when the complaint (involving the employee) is scheduled to be discussed. Include notification that a labor representative may attend at the employee’s request.</li> <li>• Ensure closed-loop communication occurs following committee review of a staffing complaint via written response to the staff member who submitted the complaint including the outcome of the complaint after committee review.</li> </ul> <p><u>All voting members:</u></p> <ul style="list-style-type: none"> <li>• Complete new member orientation and participate in on-going education as recommended by committee co-chairs.</li> <li>• Attend committee meetings consistently.</li> <li>• Notify committee co-chairs if unable to attend a HSC as specified by charter.</li> <li>• 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.</li> <li>• Participate actively in committee meetings, including reading required materials in advance of the meeting as assigned, coming prepared for meetings, and engaging in dialogue.</li> <li>• Remain open-minded and solution-focused and earnestly engage in collaborative/cooperative problem-solving process.</li> <li>• Model solution-focused communication in committee meetings.</li> <li>• 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.</li> <li>• Encourage peers to effectively communicate staffing concerns through the process established by the committee to best facilitate collaborative problem-solving aligning with our HRO behaviors and core values</li> </ul> <p>Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.</p> <p style="text-align: center;">○</p>
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<b>Hospital President</b>	The hospital’s chief executive officer, or their designee, will review the HSP and provide written feedback to the HSC as required by law. See Addendum B
<b>Data and Information Review</b>	On a quarterly basis, the HSC will review staff turnover rates, new hire turnover during first year of employment, anonymized aggregate of exit interview data (annually), and hospital plans regarding workforce development/planning.
<b>Documents and Retention</b>	<p>The CNE or designee will be responsible for taking minutes at all HSC meetings. At each meeting, the HSC will vote on approval of minutes from the prior meeting. Meeting documentation (approved by co-chairs) is distributed to HSC members for review at least 4 days prior to next meeting.</p> <p>Meeting documentation includes (but is not limited to):</p> <ul style="list-style-type: none"> <li>• HSC meeting attendance and identification of voting members present</li> <li>• Approval of previous meeting documentation</li> <li>• Summary of member education provided during the meeting</li> <li>• The outcome of any votes taken during the meeting</li> <li>• Topics discussed during the meeting with action items and member assignments</li> <li>• Review/disposition/action taken on staffing complaints reviewed during each HSC meeting with tracking on a complaint spreadsheet</li> </ul> <p>All HSC documentation will be maintained on a shared electronic system (Teams) for a minimum of 3 years.</p>

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## Addendum A: Committee Membership

<b>Voting Members:</b>		
	<b>Leadership</b>	<b>Staff</b>
	<b>Primary / Alternate</b>	<b>Primary / Alternate</b>
1) Co Chairs	Raylene Alred/ Linda Alderson	Michelle Stevenson RN/ Sally Lecce RN
2)	Jason Pinson/George Decker	Liana Delacorte RN/ Kassie Monroe RN
3)	Kate Waterman/Andrew Bucey	Therese Juntunen RN/
4)	Patty Lewis/Jill Seeberger	Tony Braeger RN/
5)	Cyril Elep/Aimee Reeves	Luanne Gracias RN/ Valentina Nesvarlivaya RN
6)	Angelique Banton/Cass Bucey	Mallory Gregorie RN/ Saudah Ssemakula RN
7)	Jaime Craugh/Nicole Duvall	Debbie Stevenson RN/
8)	Andrew Waldman/Meghan Bingam	Val Perry RN/ Jess Oyler RN
9)	Amy Imhoff-Harris/	Zac Lemieux RN/
10)	Susan Rodriguez/Amanda Tellvik	Brenda Bowhay RN/
11)	Kristina Valenzuela/Krystal Pellerito	James Ciabal RN/
12)	James Branche/	Kaleb Cabe RN/
13)	Sierra Ribero/	RN pending name
14)	Felicia Harding/Laura Garrison	RN pending name
15)	Michelle Kim/Jenny Zhu	Gloria Hawkins/ Mirian Ijeoma
16)	Kristin Johnson/	Heather Tompkins/ Robyn James
17)	Linda Alderson	Rena Steiner/ Amel Villarreal
18)	Matt Scherer	Madison Yelle/ Mowuleh Stovall

### Addendum B – Staffing Plan Development

The HSC is responsible for the development and oversight of the staffing plan for provision of daily nurse staffing needs for the identified areas. The committee will review the effectiveness of each patient care unit nurse staffing plan semiannually. Department leaders should report to the HSC all relevant information to be considered in the review and approval of the patient-care unit staffing plan, prior to semiannual review.

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

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

Upon review of *factors to be considered in development of a staffing plan* and quality metrics, the HSC develops and votes on a proposed staffing plan. The HSC voting members approve the proposed staffing plan when a majority (50 percent plus one) vote of the HSC is in favor of the plan.

The committee-approved staffing plan proposal is provided to the hospital Chief Executive Officer (CEO) for review. Due annually by July to the President/CEO for the following year and any time a staffing plan adjustment is requested and approved by the committee.

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

- Elements of the proposed staffing plan the CEO requests to be changed.
- Elements that could cause concern regarding financial feasibility, temporary or permanent closure of units, or patient care risk.
- A status report on implementation of the staffing plan including nurse-sensitive quality indicators, patient surveys, recruitment/retention efforts, and success over past six months in filling open positions for employees covered by the staffing plan.

The committee reviews and considers any feedback from the CEO, revises the staffing plan if applicable, and approves the new draft staffing plan by majority vote (50 percent plus one) before submitting the revised staffing plan to the CEO for approval.

If the revised staffing plan proposal is not accepted by the CEO and adopted upon second review, the CEO documents rationale for this decision.

If the HSC is unable to agree on a staffing plan proposal by majority vote or the CEO does not accept and adopt the proposed staffing plan, the most recent of the following staffing plans remains in effect: a) the staffing plan in effect January 1, 2023, or b) the staffing plan last approved by a 50 percent plus one vote of a duly constituted HSC and adopted by the hospital until a new proposal can be agreed upon.

The CEO's written report is retained with HSC documentation as outlined in *Section 5 Documentation and Retention*.

### **Addendum C: 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 Nurse Lead, Clinical Assistant Nurse Manager, Manager, Director, or the Hospital Supervisor on duty responsible for staffing assignments during the shift. 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

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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 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; and
- 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 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 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 (Staffing Compliant Form CSI Form)–

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 Staffing Complaint Form (CSI) in either hard copy or electronically.

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 or may not be completed at the discretion of the staff member. Concerns resolved during the shift are classified as resolved and closed upon staffing committee review. A staffing concern report may be submitted to the committee if there is a recurring pattern, even if the immediate concern is resolved. Multiple reports submitted for the same occurrence will be reviewed for context and to ensure all information is considered but will be counted as a single occurrence for documentation purposes.

Step 4 – Routing of staffing concern reports/CSIs – The immediate supervisor, staffing committee co-chairs, and the department manager, labor representative should be notified immediately that a report has been initiated via union notification of a completed CSI hard copy or electronic staffing complaint. Front-line staff are encouraged to provide copies of submitted staffing complaints to their immediate supervisor for dissemination to the above-listed team and for timely review and resolution.

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 due to 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 & Action Plan – Upon receiving a staffing concern report/CSI, the department leader will initiate a department level review. Within (10) days of receiving a concern, the (department leader) will notify the staff member(s) in writing that their concern has been received and will be reviewed by the department leader and staffing committee. The department leader 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 Hospital Staffing Committee regarding classification and future corrective actions.

#### 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 arrange for the staff member and their labor representative (if requested) to attend the meeting if the staff member wishes to do so. If a staff member is unable to attend the scheduled meeting but still wants to present

their concern to HSC directly, they may request that HSC postpone review of their concern until the next scheduled meeting. If postponement exceeds the 90-day review period, HSC members will vote on whether to review the concern or extend the review period to allow the staff member to present their concern. HSC co-chairs will document any request to postpone review and the committee decision on the complaint tracking log.

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

**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 HSC. Suggest other potential solutions and how the concern should be classified by HSC.

**Step 7 – Staffing Committee Classification & Collaboration** – After receiving the department report, HSC will determine how to classify each staffing concern/CSI and whether additional action is needed to resolve the concern. 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 Hospital Staffing committee does not support the staffing complaint.
- The hospital followed the Hospital Staffing plan

**Dismissed with Acknowledgement –**

- HSC acknowledges that there was a variation from the staffing plan which could not be resolved due to the following circumstances:
  - The hospital 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.

**Resolved –**

- HSC 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 HSC.
  - Level 3 – Resolved after HSC 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.

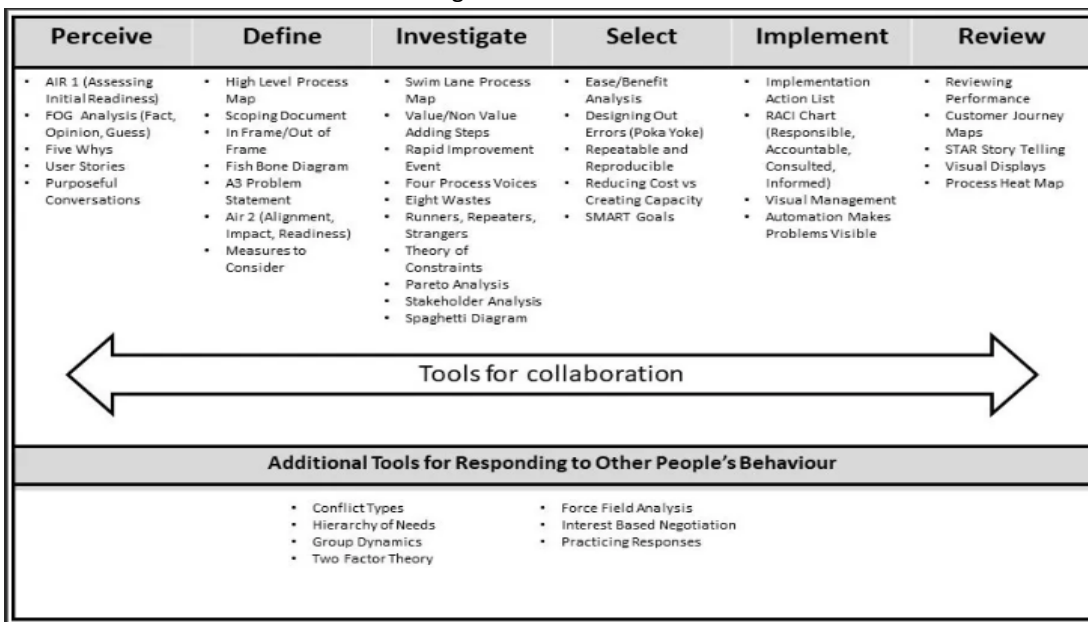
**Escalated –**

- HSC needs additional assistance and/or resources from senior leadership to address the concern.
- Intermediate or contingent designation. May not be the final disposition of a complaint.
- HSC will revisit this concern for further discussion until it can be resolved.

**Unresolved –**

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

If a problem is not classified as dismissed or resolved when presented to the committee, the committee will utilize a Collaborative Problem-Solving model:



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.

**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 the 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.

**Step 9 – 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 6 through 9 as many times as necessary to resolve

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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 HSC documentation.**

The following information for each staffing concern report/CSI 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 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.

Step 11 – 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.

**Addendum D – Sample HSC Agenda**

1. Call to Order/attendance
2. Guiding principles review/Ground rules for guests
3. Approval of documentation from previous meeting
4. Agenda review
5. Charter Approval (annually or with edits)
6. Committee member education (annually or as needed)
7. Old Business (review prior assignments, unresolved discussions, and agenda items rolled over from previous meetings)
8. Financial review (quarterly)
9. Quality data report (quarterly)
10. HR report (monthly or quarterly as desired by co-chairs)
11. Proposed unit staffing plans changes (if any)
12. Hospital staffing Plan review (semi-annually)
13. Progress reports (corrective action plans in progress)
14. New staffing compliant review and classifications
15. Adjustments and agenda items for next meeting
16. Adjournment

