

Hospital Staffing Committee Charter

UWMC Montlake

Date Reviewed:	6/2024	Committee Leadership Co-chair:	Kellie Garth Green
Next Review Date:	6/2025	Committee Staff Co-chair:	Anne Marie Rodriguez

Purpose

The hospital staffing committee was established by UWMC-ML to develop a staffing plan and guide unit based direct care staffing practices to promote quality patient care.

The committee will establish a mechanism whereby direct care staff and hospital management participate in a collaborative process regarding decisions about direct care staffing.

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, Patient Care Technicians (PCT), Hospital Assistants (HA), 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, concerns, or complaints presented to the committee.

The staffing plan is for the hospital (as defined in RCW 70.41.420 and state hospitals as defined in RCW 72.23.010) where nursing staff deliver care, and includes the following areas:

- Inpatient
- OR/Procedural
- Emergency Department (ED)
- Ambulatory

Selection of members

The staffing committee will consist of up to forty (40) voting members, made up of direct care staff (up to 15 WSNA, up to 5 WFSE and hospital leadership. At least 50 percent of the voting committee membership will be RNs, PCTs, and HAs who are nonsupervisory and nonmanagerial, currently providing direct patient care.

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

Staff voting members will be selected according to the following process:

The unions will select the staff representatives. Committee members may also solicit their peers for membership. With committee agreement, managers may inform staff of committee openings. Staff committee members will serve for a minimum of 1 year. Ideally, terms will be staggered to ensure there are not all new members at any given time. Goal 50% of members are experienced committee members.

Labor union representatives and labor relations will be on the committee as nonvoting 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 UWMC-ML 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 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 unable to attend a meeting are encouraged to share their input with a committee member who can represent their interests during the meeting. Meetings in which hospital finances, patient outcomes and other data of a sensitive nature are discussed will be limited to committee members only. The committee co-chairs may choose to limit attendance to committee members only for all or a portion of other meetings.

The staffing committee will be co-chaired by one staff member currently providing direct patient care and one management representative. The staff co-chair will be selected every two years (even numbered years) by vote of committee members. The management co-chair will be selected every other year on odd numbered years. by vote of committee members. If a co-chair is unable to fulfill the role's duties, a new co-chair will be selected.

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. 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 an expectation of committee membership. Time in orientation will be paid at the employee's regular rate of pay, not to exceed two hours.

Committee co-chairs will review orientation materials annually and make any necessary updates.

Roles & Responsibilities

Staffing committee co-chairs will serve for a period of 2 years. 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;
- Monitor attendance of members to ensure adequate quorum for each meeting and take action to address non-attendance as outlined in the committee charter;
- Management co-chair will ensure that managers have been notified of committee members and meeting dates to allow for adequate staffing coverage 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, complaint 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 staffing complaints 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 complaint;

- Notify staff member and manager when a complaint is scheduled to be reviewed by the committee and invite them to attend;
- Ensure closed loop communication occurs following committee review of a staffing complaint;
- Work with unit-based leadership to implement corrective action plans based on complaint 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, staff, and the organization.

Staff committee members will serve for a minimum of one year. Ideally, terms will be staggered to ensure there are not all new members at any given time. The goal is that 50% of members are experienced committee members.

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 attending committee meetings. Members are expected to attend at least 75% of the meetings held each year. Committee members' attendance will be reviewed at the semiannual review.
- Notify committee co-chairs and arrange for a proxy representative when unable to attend;
 - Staff members are additionally required to notify their union representatives for proxy approval.
- Notify manager and 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, coming prepared for meetings, and engaging in respectful dialogue as professional committee members;
- 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 complaints;
- Encourage peers to effectively communicate staffing concerns through the process established by the committee to best facilitates collaborative problem solving;
- Communicate urgent staffing concerns that arise between meetings with unit-based leadership and committee co-chairs.

Meeting Schedule & Notification

The staffing committee will meet monthly, or more often if needed, to achieve objectives of the committee as determined by committee members. Meeting dates and times will be set by the committee co-chairs with input from committee members. Committee members will be notified of meeting dates and times via email at least 30 days before routine meetings. At the committee's discretion, additional meetings may be scheduled.

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 may be remote/hybrid. (Ex: Members may attend via teleconference if unable to attend in person but must actively participate (preferably remaining on camera). Members attending remotely are responsible for accurately recording their time for payroll purposes.)

Staffing relief will be provided if necessary to ensure committee members can attend meetings. Members must notify the manager and committee co-chairs via email a minimum of one week in advance if a meeting is scheduled during a previously scheduled shift and staffing relief will be 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.

Quorum

Quorum must be established before the committee takes a vote on staffing plan approval or revision. A quorum is preferred for review of staffing complaints, but to ensure timely processing of complaints, committee co-chairs may elect to process complaints with less than 60% of members present, but no less than 40%.

Establishing a quorum ensures there is sufficient representation at meetings before changes can be proposed or adopted. The quorum for the staffing committee will be considered met as long as at least 60% of voting staff committee members and 60% voting management committee members are present. Attendance is taken at the beginning of each committee 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 to maintain the quorum.

In order to achieve 50% leadership and 50% staff voting pool, if either leadership or staff require a reduction in the number of attendees who can vote, the union will select the staff voting members. The leadership co-chair will select the leaders who will vote.

If any committee member is unable to attend at least 75% of the meetings held each year, the process outlined above in Selection of Members will be followed to replace members who are unable to attend consistently.

Communication Strategy & Consensus

The preferred communication strategy is respectful collaboration. (See Appendix A.)

At the start of each meeting, voting members will be identified. This is to ensure that there is an equal number of voters in the staff representative group and the management group for each meeting.

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.
3. Co-chairs will indicate that the committee will vote on the matter.
4. Members will submit their vote via the process outlined by the staffing committee

A consensus will be considered with a vote of 50% +1 of voting committee members. Example: If 20 members vote, at least 11 votes are needed for consensus. In the event of an imbalance between staff and management, voting members of the larger portion will abstain from voting to achieve balance.

Agenda

Meeting agendas are developed and agreed upon by the committee co-chairs before each meeting. Members and non-member employees may request items to be added to the agenda either before or during the meeting. 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:

Regular Agenda Items	Periodic/As Required
1. Call to order	1. Charter approval (annually)
2. Attendance/Quorum	2. Committee member education (annually and as needed)
3. Approval of documentation from previous meeting	3. Budget review (semi-annually)
4. Agenda review (opportunity for additions)	4. Quality report (quarterly)
5. Old business (Review of assignments made last meeting, unresolved discussions, & agenda items rolled over from previous meeting)	5. HR Report (quarterly)
6. Proposed unit/department/clinic staffing plan changes (if any)	6. Hospital staffing plan review (semi-annually)
7. In Progress ADO Review	7. Staffing complaint trend data (quarterly)
8. New staffing complaint review & classification	8. Retention/turnover data (semi-annually)
9. Assignments & Agenda items for next meeting	
10. Adjournment	

Documentation & Retention

Committee co-chairs will designate a scribe to take minutes during each committee meeting. The minutes will be distributed to committee members for review prior to the next meeting and approved at the next committee meeting.

Minutes will include, but not be limited to:

- Attendance;
- Approval of previous meeting minutes;
- 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).

Protected health information shall not be shared with individuals, not members of the committee. All committee documentation, including minutes and staffing complaint tracking logs will be retained for a minimum of three years.

Development of Staffing Plans

The staffing committee is responsible for developing and overseeing the staffing plan for providing daily staffing needs for the identified areas. The committee will review the effectiveness of each patient care unit/department/clinic hospital staffing plan semiannually. Department leaders should annually report 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 are 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	Regularly
Missed meal & rest break reports	Monthly
Overtime & mandatory on call reports	Monthly
Hospital & department specific budget reports	Semi-annually

<p>Human Resources Report may include the available, turnover & vacancy rates by discipline & patient care unit, new hire turnover rates during the first year of employment, exit interview trends*, hiring trends, & hospital workforce development plans.</p> <p>*Individual exit interview responses will not be shared with the committee due to potential staff confidentiality conflict. An HR representative will identify trends and provide a consolidated report to the committee.</p> <p>Retention efforts</p>	<p>Quarterly and as requested by the committee</p>
<p>Hospital wide and department specific quality indicators may include available patient complaints*, patient satisfaction survey responses*, and key quality indicators as identified by the committee. Examples of quality indicators may include Hospital Associated Infections, fall reports, medication administration data, and mobility data.</p> <p>*Patient comments about specific staff will not be shared with the committee. The presenter will summarize patient comments and present them to the committee.</p>	<p>Quarterly</p>
<p>Workplace Violence</p>	<p>Twice per year</p>

Validation of data: The Hospital Staffing Committee co-chairs will review staffing plan compliance and meal and rest break compliance reports regularly to determine and document the validity of each report.

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 are to be discussed with the immediate supervisor (i.e., charge nurse, RN3, lead, etc.) on duty responsible for staffing assignments during the shift. In the event that there is not a shift supervisor, the manager will be contacted directly. The staff member and the immediate supervisor will together evaluate the current 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.

When the immediate shift supervisor has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the immediate supervisor will contact the unit/department manager for assistance in resolving the concern.

Reasonable effort means that the employer exhausts and documents all the following but is unable to obtain staffing coverage:

- Seeks individuals to work additional time from all available qualified staff who are working;
- Contacts qualified employees who have made themselves available to work additional time;
- Seeks the use of per diem staff;
- Seeks personnel from a contracted temporary agency when available.

If the concern cannot be resolved after escalation the unit/department manager 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 hospital leadership 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 Complaint /Assignment Despite Objection (ADO)

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 /Assignment Despite Objection (ADO).

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 resolve 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 staffing complaint/ADO may or may not be completed at the discretion of the staff member. 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/ADOs

The staffing committee and the department manager should be notified immediately via email that a report has been initiated.

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, and/or 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 the committee receiving the report. **A log will be kept with the date each report is received.**

Step 5 – Department/Unit Level Review & Action Plan

Upon receiving a staffing complaint/ADO, the department manager will initiate a department level review. Within fourteen (14) days of receiving a concern, the manager or staffing committee designee will notify the staff members 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, staff education, and counseling of individual staff regarding performance or attendance issues.

Step 6 – Present to Hospital Staffing Committee

Prior to a concern being presented to HSC (Hospital Staffing Committee) for review, the committee co-chairs will notify the staff member who submitted the concern that their concern is scheduled for HSC review and offer 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 manager 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 manager will present their recommendations to the committee.

A **SBAR** format is recommended 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/ADO and whether additional action is needed to resolve the concern. The following standard definitions will be used to classify each concern:

Resolved –

- HSC agrees that the complaint has been resolved and must designate a resolution level.
 - Level 1 – Resolved during shift in which concern occurred.
 - Level 2 – Resolved at department/unit level with final review by HSC.
 - Level 3 – Resolved after HSC action.
 - Level 4 – Unforeseeable emergent circumstance
- Acknowledged with Monitoring –
 - 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.
 - If the ADO has been classified as acknowledged with monitoring, it will be added to the complaint tracking log so the committee can identify patterns that may need intervention.

Unresolved –

- HSC agrees that a complaint is not resolved or is unable to reach consensus on resolution. After 3 consecutive split votes, the complaint will be designated as unresolved.
- In Progress –
 - A potential solution or corrective action plan has been identified and initiated.
 - HSC must follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.
 - HSC will revisit this concern at each meeting until it can be resolved.
 - Escalated: HSC needs additional assistance and/or resources from senior leadership to address the concern.

If a problem is not classified by vote as resolved the committee will work 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 on the complaint tracking log.

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.

Documentation – No protected health information (PHI) should be included in any HSC documentation.

The following information for each staffing complaint/ADO is logged on the Staffing Concern Tracker:

- Initial, contingent and final disposition
 - Date concern received by the committee
 - Date of any contingent deadlines
 - Date of final vote or resolved (within 90-days of receipt or longer with majority approval);
- 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.
- Actions taken, if necessary;
- Attendance by employee involved in complaint

Step 11 – 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 email.

Appendix A

COLLABORATIVE PROBLEM-SOLVING GUIDE			
UNDERSTANDING THE CONCERN -PART 1	UNDERSTANDING THE CONCERN – PART 2	BRAINSTORMING	CHOOSE A SOLUTION TO IMPLEMENT
<p>Gather information to achieve a clear understanding from the perspective of the staff raising the concern</p>	<p>Repeat Part 1 to achieve a clear understanding of the situation from alternative perspectives. May include patient experience, manager, supervisor, human resources, etc.</p>	<p>Restate concerns identified in the first two steps. Generate realistic, actionable solutions that address the concerns of all parties.</p>	<p>Select a solution with a high probability of success and make an implementation plan</p>
NEUTRAL OBSERVATION DO	NEUTRAL OBSERVATION DO	PROPOSALS DO	SELECTION & IMPLEMENTATION DO
<ul style="list-style-type: none"> Use reflective listening and clarifying questions Gathering information related to the who, what, where, and when Ask why the problem occurs under some conditions and not others <p>Think: What don't I understand about the concern or perspective? What does not make sense to me yet? What do I need to ask to understand better?</p>	<ul style="list-style-type: none"> Share contributing or confounding factors Acknowledge other concerns that may compliment, complicate, and/or contradict information shared in part. <p>Think: Do we have a clear understanding of varying perspectives?</p>	<ul style="list-style-type: none"> Summarize all concerns accurately. Stick closely to the identified concerns Consider the odds of a given solution, effectively resolving the problem. Consider what is making you skeptical and talk about it. <p>Think: Have we summarized concerns accurately? Does the solution truly address the concerns of both parties? What are the estimated odds of the solution working?</p>	<ul style="list-style-type: none"> Identify one idea to try. Make clear assignments. Define measures for success Determine a timeline for re-evaluation. Consider new ideas. Try something. Not all solutions are perfect. <p>Think: What steps do we need to take to implement this plan? Who will be responsible for completing these steps? How will we know if the plan worked? When will re review this again?</p>
DON'T	DON'T	DON'T	DON'T
<ul style="list-style-type: none"> Skip this step Assume you already know others' concerns or perspectives Rush or treat this step as a formality Talk about solutions yet 	<ul style="list-style-type: none"> Start talking about solutions yet Judge, lecture, use sarcasm Take an "us-against-them" approach 	<ul style="list-style-type: none"> Rush through this step Enter this step with preordained solutions Choose solutions that can't be effectively implemented Choose solutions that don't truly address the stated concerns 	<ul style="list-style-type: none"> Dismiss other ideas without giving due consideration Wait for the "perfect" solution before acting Forget to assign specific tasks and target dates Make the timeline so short that there isn't enough time for the plan to work.