2025 Holy Family Hospital Staffing Committee (HSC) Charter

This HSC Charter template is revisited and modified as deemed necessary by the Hospital Staffing Committee.

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Next review due:

Direct Care Nursing Staff:	Tristan Twohig, RN Martha Goodall, RN Peggy Smith, RN Eric Holden, RN Teresa Wood, RN Alysha Cooper, CNA	Administration: Present: Allesondra Machorro, WSNA Julia Williams, HF HR	Adam Richards, CNO Sarah Lohr, CFO Liz Ciais, RN, Manager Of ER D'Lane Skinner, RN, Manager of Med/Onc Amy DeHaas, RN, Manager of PACU/SMAU

•The HSC members collaboratively develop/implement the HSC charter. The charter is updated annually or more often as deemed necessary by the committee. The DOH and 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.

COMMITTEE (HSC) STRUCTURE, STATEMENT OF PURPOSE, MEMBERSHIP

Section 1 HSC Purpose
Purpose
This hospital staffing committee (HSC) is established by Holy Family Hospital to convene direct care nursing staff and hospital administration to participate in a joint process regarding decisions about direct care nurse staffing practices to promote quality patient care, safety for patients and staff, and greater retention of nursing staff. The committee uses pertinent organizational and other data for consideration in developing the Hospital Staffing Plan and analyzing nurse staffing.

Section 2 HSC Responsibilities
Scope
The primary responsibilities of the HSC are:
1. Develop and oversee the annual patient care unit and shift-based hospital staffing plan (HSP) for nursing staff, including registered nurses, licensed practical nurses, certified nursing assistants, and unlicensed assistive nursing personnel 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, including identified factors considered in staffing plan development and nurse-sensitive quality indicators collected by the hospital.
3. Review, assess, and respond to staffing variations, concerns, or complaints presented to the committee.
Hospital departments/units that require a *staffing plan: (Emergency Department, Intensive Care Unit, Family Maternity Center (including Neonatal Intensive Care), Medical Oncology Unit, Surgical Orthopedic Unit, Progressive Care Unit, Endoscopy Unit, Infusion, Surgical Medical Admit Unit, Post Anesthesia Care Unit, IV Therapy)

*The staffing plan includes acute care hospital areas (licensed under RCW 70.41) and state hospitals (as defined in RCW 72.23), where RNs provide patient care

Section 3 HSC Membership
Membership and Selection
The HSC consists of 10 voting members comprised of 5 direct care nursing staff and 5 from hospital administration.
At least 50 percent of the voting committee members are nursing staff who are nonsupervisory/nonmanagerial, currently providing direct patient care.
>The selection of HSC nursing staff members is according to the collective bargaining representative(s) if there is one or more at the hospital.

*Refer to information included in the collective bargaining agreement if applicable.

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.
Co-Chairs

The HSC is co-chaired by one direct patient care nursing staff WSNA representative and one representative from hospital administration.
>The nursing staff co-chair is selected under the direction of the collective bargaining agreement(s) as guided by the selected HSC nursing staff members. If not outlined in the CBA the co-chair will be selected by the direct care nursing staff who have voting membership of this HSC.

*Refer to information included in the collective bargaining agreement if applicable.

>The administrative co-chair is selected by the hospital administration.
>If an HSC co-chair or member is unable to fulfill the duties of their role, a new individual is selected using the process outlined above.
Other attendees
The following job classes will be represented on the HSC as nonvoting patient care staff members: (list job classes).
Human Resources representative and collective bargaining agreement representatives (WSNA and UFCW)
(HSC co-chairs and HSC members determine attendance of others with consideration given to hospital policy, collective bargaining agreement, memoranda of understanding, etc.)
>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.

COMMITTEE (HSC) ROLES AND RESPONSIBILITIES

Section 4 HSC Roles and Responsibilities

Co-chairs (or designee)

HSC co-chairs serve for a period of (2 years). Elections will take place in January of the EVEN years. A co-chair may be re-nominated and serve additional terms if elected by the direct care nursing staff who have voting membership. Co-chairs duties include, but are not limited to:

• Schedule HSC meetings to optimize attendance. Ensure HSC member notification of accurate meeting date, time, and location.
• Provide 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, staffing plan updates, and actions taken. Comply with meeting documentation retention consistent with hospital's 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 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.
• Extend a written invitation to the employee and manager (7 calendar 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.
• 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.
• (Other duties as determined by the committee)

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.
• HSC members serve for a period of 12 months
- Members may be re-nominated and serve additional terms if elected by the direct care nursing staff who have voting membership
- 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.
• 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.
• (Other duties as determined by committee)

Alternate Committee Members

- Alternate members may be chosen to replace voting members should there be an absence.
    - Alternate members will be paid when they are participating in a voting position of the committee.
    - Alternate member may attend meetings if they choose but will not be compensated unless they are participating as a voting member.

- Alternate member selection will follow the process as is outlined in Section 3 of this charter

HSC MEETING MANAGEMENT

Section 5 HSC Meetings, Management, and Attendance

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 with input from committee members. Committee members are notified of meeting dates and times via email invitation to the HSC meeting 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 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 their manager/supervisor if they are scheduled to work when a committee meeting is scheduled. (meeting schedules have a consistent cadence to allow schedules to be adjusted as needed well in advance of the meetings).

- Managers will be provided with the list of dates (given the meeting has a regular cadence) annually for the core 5 direct care nursing staff that are voting members of the HSC in order for them to arrange time off the unit for the HSC meeting.
- Alternate members will be need to attend in a voting role will need to notify the manager at least 7 calendar days in advance to allow for the manager to find coverage for that day/time

> Should there be a scheduling conflict that is not easily resolved, the issue will be escalated to both co-chairs via email.

> Members may attend via teleconference if unable to attend in person. Active participation in the meeting is required as defined by the HSC. Members attending remotely are responsible for accurately recording their time for payroll purposes.

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 Member Orientation

Newly selected staffing committee members receive basic orientation consisting of (but not limited to):

- The HSC charter.
- hospital quality improvement strategy
- the organizational budgeting process and relevant reports
- current applicable hospital staffing laws
- committee structure and function
- member duties.
- ADOs and all formats to report unsafe staffing
- Staffing plan education to include template format, current matrices...

Ex: 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. New members will receive orientation either prior to their first meeting but no later than before their second meeting. It is the HSC member's responsibility to review all required orientation materials within 30 days of joining the HSC. Completion of new member orientation is a condition of committee membership.

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

Quorum

Quorum is the minimum acceptable number of voting HSC members required to make the proceedings of the meeting valid. Establishing a quorum ensures sufficient representation at meetings before changes can be proposed or adopted. Quorum for the HSC is met as long as at least three of the 5 voting members are present for each voting contingent, with equal representation of voting direct care nursing staff and administration. Should there be one absence the alternate unit will have one person abstain from voting in order to have equal votes.

> 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 percent of voting members for purposes of timely processing of complaints.

> Attendance is taken at the beginning of each HSC meeting.

- Members unable to attend a meeting notify co-chairs via email prior to the meeting to allow for adjustments to maintain the quorum.
- HSC voting members are identified at the beginning of each meeting so that voting is undertaken with an equal number of direct care nursing staff and hospital administration members.

> If a HSC member is unable to attend, they should notify their co-chair. Each co-chair may appoint an alternate to attend in the absence of a member who will retain the voting rights within the approved number of voting members. The number of voting members will be adjusted so that there is an equal number from direct care nursing staff and administration.

Attendance and Participation

HSC members are expected to attend at least 75 percent of meetings held each year. Failure to meet attendance expectations may result in removal from the committee. If a member is unable to attend a meeting, co-chairs are notified via email in advance of the meeting. 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 members will receive materials in advance of the meeting and will be compensated (a maximum of one hour) to review the materials before the meeting. This will expedite meeting discussions and reduce in-person meeting time where material is reviewed.

Communication and Consensus

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 a staffing plan, classification of complaints, and other committee decisions. Should an issue need to be voted upon by the HSC, the action must be approved by a majority vote of a duly appointed HSC with an equal number of direct care nursing staff and administration present (not just the majority of the members present at a particular meeting). The following process will be utilized when a HSC vote is needed:
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 proposal that will be voted on.
4. Members submit their vote via verbal participation. Should an alternative method of voting become necessary the co-chairs will discuss the alternative process (i.e. electronic votes).
Consensus is reached 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).

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 seven calendar days 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 an 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.
1a. Verbal designation for voting members and verbal agreement on quorum
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 (two times per year).
8. Quality data report (Quarterly).
9. HR report (Quarterly)
10. Proposed unit staffing plan changes (as needed).
11. Hospital staffing plan review (including factors considered in development of the HSP – semi-annually).
12. Progress reports (corrective action plans in progress).
13. Staffing complaint trend data.
14. New staffing complaint review & classification.
15. Assignments and agenda items for next meeting.
16. Adjournment.

Documentation and Retention

Committee co-chairs designate a scribe to take notes during each HSC meeting. Meeting documentation (approved by co-chairs with input from HSC members) is distributed to HSC members for review at least (one week) prior to the next HSC meeting.
Note: Public hospitals utilize hospital documentation policies that guide exclusion of information from meeting records that should not be subject to public disclosure, (Ex: confidential information or specific quality data.) Committee co-chairs review the HSC notes for this confidential information prior to committee approval.
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 monthly master tracking 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 the hospitals' document retention policies.

HSC STAFFING PLAN DATA, DEVELOPMENT AND APPROVAL

Section 6 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 (two times per year, or as changes are needed/requested) 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.
• Hospital finances and resources as well as a defined budget cycle.

Section 7 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**
Results from staff satisfaction and culture survey trends	(annually) *frequency to be reviewed when the new survey method is launched
Staffing Plan Compliance reports	Monthly
Missed meal & rest break reports for nursing staff	Monthly
Overtime & mandatory on-call reports	Monthly
Hospital and department specific budget reports: Consider including: • Hospital operating margin • EBITDA (earnings before interest, taxes, depreciation, and amortization) • Days of cash on hand • Hospital bond rating	Quarterly (monthly reports reviewed quarterly)
Human Resources Report, including but not limited to: • Turnover & vacancy rates by nursing staff job class & patient care unit • Departure/Exit data that is tracked in genesis will be provided and evaluated to review information and trends • Nursing staff new hire turnover rates during the first year of employment • Hiring trends and hospital workforce development plans	Quarterly
Hospital-wide and department-specific quality indicators, including but not limited to: • Patient complaints related to staffing* • Patient satisfaction survey responses* • Key quality indicators as identified by the committee. (Including but not limited to HAPI, CAUTI, CLABSI, etc) *Patient comments about specific staff are not shared with the HSC. The quality director summarizes patient comments and presents them to the committee.	Quarterly

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. (Begin no later than August 2025)

Section 8 HSC Staffing Plan Development, Review, and Approval

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 1st 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*.

RCW 70.41.420 (8)

> Each hospital shall post, in a public area on each patient care unit, the staffing plan and the staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request. The hospital must also post in a public area on each patient care unit any corrective action plan relevant to that patient care unit as required under RCW 70.41.425(4).

HSC COMPLAINT MANAGEMENT

Section 9 HSC Complaint Review

Staffing concerns are addressed using the following process:

Step 1: Timely Communication

Staffing concerns are addressed (in real-time) with the immediate supervisor using chain of command.

Step 2: Immediate Intervention

Staffing concerns are discussed with the (shift lead – charge nurse) on duty, who is responsible for staffing assignments during the shift. The staff member and charge nurse 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 determines the appropriate reasonable efforts to resolve the situation using available resources.

Reasonable Efforts: 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.
- 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 charge nurse has exhausted all available resources and determines that there is immediate risk to patient and/or staff safety, the shift lead contacts the nursing 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 charge nurse and nursing supervisor, or the (senior leadership) determines that no immediate risk to patient and/or staff safety exists, the house 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 immediate house 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 3: Staffing Concern

When a WSNA 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 an ADO/unsafe staffing form. **When a UFCW 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 Collaborative Staffing Intervention (CSI) form- CSI Form.

PHI is not 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 ADO/unsafe staffing 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 4: Routing of Staffing Concerns

The charge nurse (informed verbally)/staffing committee co-chairs, and the department manager are notified immediately that a report has been initiated via email. When a report is filled out electronically it will go via email to the caregiver filing, department manager, HSC co-chairs, administrative support and labor representative. When a paper report is filed, the caregiver will provide a copy to the charge nurse and/or nursing supervisor and to their department manager to be routed to the HSC co-chairs.

Delayed or incomplete reports that are missing pertinent information may delay the review process. Efforts to obtain necessary information include, but not be limited to:

- Contacting the staff member who submitted the report if known.
- Contacting the charge nurse/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 5: Department/Unit Level Review and Action Plan

Upon receiving a staffing concern, the department manager initiates a department level review.

•Within 15 calendar days of receiving a concern, the co
-chairs will work together to notify the staff member in writing that their concern has been received and will be reviewed by the department manager and HSC. The department manager identifies trends and factors that contributed to staffing variances, facilitates problem solving at the department level, and implements and evaluates corrective interventions, as appropriate. The department manager evaluates the effectiveness of interventions with input from staff and makes a recommendation to the HSC regarding classification and future corrective actions.

Step 6: 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) 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 or extend the review period to allow the staff member to present their concern. HSC co-chairs (or designees) will document any request to postpone a review and the committee decision on the complaint tracking log.

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 & **A**ssessment – 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 7: 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:

DISMISSED (unsubstantiated data)

(1) Not enough information/detail was provided to investigate.
(2) The evidence presented to the hospital staffing committee does not support the staffing complaint.
(3) 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:

(1) The hospital documented that it made reasonable efforts* (RCW 70.41.410) to obtain staffing but was unable to do so. (See definition of reasonable efforts below).
(2) The incident causing the complaint occurred during an unforeseeable emergent circumstance (RCW 70.41.410).
(3) Other circumstances to be specified by HSC.

RESOLVED

HSC agrees that the complaint has been resolved and designates a resolution level.

(1) Resolved by immediate supervisor during shift in which concern occurred.
(2) Resolved at department/unit level with final review by HSC.
(3) Resolved after HSC action.

IN PROGRESS (awaiting resolution)

(1) 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.

(2) HSC to follow up on the concern to evaluate the effectiveness of the corrective action plan and determine the final disposition of the concern.

ESCALATED (awaiting resolution)

(1) HSC needs additional assistance and/or resources from senior leadership to address the concern.
(2) Intermediate or contingent designation. May not be the final disposition of a complaint.
(3) HSC revisits this concern for further discussion until it can be resolved.

UNRESOLVED
• HSC agrees that the complaint is not resolved or is unable to reach consensus on resolution.

*Reasonable efforts (as defined by RCW 70.41.410 (8)) – The employer exhausts and documents all the following but is unable to obtain staffing coverage:
a. Seeks individuals to consent to work extra time from all available qualified staff who are working.
b. Contacts qualified employees who have made themselves available to work additional time.
c. Seeks the use of per diem staff; and
d. When practical, seek 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.

If a complaint is not classified as dismissed or resolved when presented to the HSC, the committee identifies potential solutions and develops an action plan. The committee makes every effort to resolve concerns within 90 days of HSC co-chairs receiving a concern. The HSC extends the review period longer than 90 days with approval from the majority (50 percent plus one) 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 HSC are implemented as agreed upon in Step 7. If a solution cannot be identified or the committee recognizes that additional resources are needed to implement the plan, the committee may invite other senior leaders or stakeholders to assist in addressing the concern. The committee may repeat Step 7 with additional senior leaders or stakeholders and return to Step 8 when a solution has been identified.

Step 9: Evaluation

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

Step 10: Documentation

Protected health information (PHI) is not included in HSC documentation.

The following information for each staffing concern report is logged on the Staffing Concern Tracker:
• Date the concern was 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 reasonable efforts as defined.
>Other measures taken to ensure patient and staff safety.
>Rationale for shift-based staffing adjustments based on immediate circumstances.
• Initial, contingent, and 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 11: Closed-Loop Communication

The outcome of each complaint review will be communicated to the staff member who initiated the concern in writing via email.