Harney District Hospital
Nurse Staffing Committee Charter

PURPOSE

To ensure patient safety through adequate staffing pursuant to ORS 441 and provide a process to develop, implement, monitor, evaluate and modify the staffing plan with collaboration from direct care clinical staff and nursing management.

To provide a process to ensure open communication between direct-care clinical staff and nursing management in regards to staffing.

To provide a forum to review and resolve staffing issues between direct care clinical staff and nursing management.

POLICY

General Statements

Committee members shall be provided copies of the current law and any applicable administrative rules. A copy of these documents shall be available in all meetings for reference.

The Nurse Staffing Committee (NSC) shall review nationally recognized evidence-based standards and guidelines where they exist and will monitor, evaluate and modify the staffing plan, as well as hospital policies regarding staffing, for re-approval at least once a year. Any amendments to the staffing plan or hospital policies shall be communicated to the direct care staff by appropriate means.

The adequacy of the staffing plan shall be monitored at least quarterly by following a quality assurance process. The quality assurance process involves a review of staffing forms utilized in the hospital.

Membership

Membership to the nurse staffing committee shall meet the criteria as described in SB 469. Every effort shall be made to secure an alternate for any member of the committee so that the work may continue despite a scheduled or unscheduled absence.

NSC members are responsible for gathering information and seeking input from their constituencies.
Member Selection

There will be equal representation from management and direct care registered nurses.

Management members are appointed by the Chief Nursing Officer (CNO).

Floor nurses who have completed their competencies in Med-Surg, ICU, ER and OB and work independently are eligible to place their bid to participate as a committee member.

All staff nurses are invited to participate as members of their clinical cluster through open e-mail detailing the eligibility criteria and membership responsibilities.

The list of potential members is then sent to all staff nurses in the clinical cluster for their final vote.

The NSC member selection for direct care staff will take place every three years when new ONA officers are elected. It shall be the responsibility of union members to include NSC member selection in their elections and inform their union representative of the names all elected members. It shall also be the responsibility of union executive committee to designate replacements, should a vacancy open before the next voting year.

Once chosen, direct care members will serve the committee for the duration of the nursing contract, at which time the election process will be repeated. Previously elected members may resubmit a bid for election.

Co-chairs shall be chosen by the two subgroups of management and direct care staff from the Nurse Staffing Committee.

Staff Input

General staff may submit topics for discussion at any time using the Issue Resolution Form.

Upon sending out a notice for the next meeting to committee members, general staff will also get a notice to RSVP if there is an interest in participating in discussions and/or submit issues for discussion.

Decision Making Process

Voting and decision-making shall follow Robert’s Rules of Order.

Decisions will be made by a vote of a majority of the committee members present at the meeting, assuming there is a quorum. Only committee members (or the alternate present to represent an absent member) will participate in the consensus. If a quorum of members comprises an unequal number of hospital nurse managers and direct care staff,
only an equal number of hospital nurse managers and direct care staff may vote. Voting members and those abstaining from a vote will be identified in the meeting minutes to show equal representation for votes. A quorum will consist of a minimum of 2 members from the direct care group and 2 members from the management group. The motion will be carried when there is a majority vote.

If the committee comes to an impasse despite attempts for resolution, the process shall be followed as outlined by SB 469.

Outside experts or other members of hospital staff may participate in the committee discussions but will not be part of the decision making process.

**Role of the Convener**

The role includes:

- working with the committee to set the agenda for the meetings
- sending announcements and materials for the meetings
- writing the minutes for the meetings

The convener does not vote or participate in the work of the committee.

**Meeting Minutes**

Minutes must:

- Include motions made
- Include outcomes of votes taken
- Including which members voted, who may have abstained and why
- Summarize discussions
- Be available to hospital staff upon request

When minutes are approved by the committee, it shall be posted in the public hard-drive to make it more accessible by all nursing staff, nursing managers, and hospital administration.

**Meeting Schedule**

The committee shall meet at least once every 3 months and at any time and place specified by either co-chair. For the purpose of scheduling and ensuring direct care staff attendance, quarterly meetings shall be scheduled for the third Thursday of the months of February, May, August, and November at 1500 or at any time and place specified by either co-chair. Meeting days will be blocked off for the new calendar year after the November meeting and extra meetings scheduled will be blocked off as soon as possible.
Following meetings will be scheduled prior to the end of a meeting to ensure attendance by committee members. A notice of the next meeting will go out to committee members and general staff by email a week prior to the next scheduled meeting.

All members shall have an opportunity to participate in determining the next committee meeting date and time. Every effort shall be made to schedule meetings when direct care staff are not on duty.

If the meeting occurs during on duty time, the member shall alert their manager/charge nurse in advance of the meeting to solicit manager/charge nurse support for scheduling time from their work duties to attend the meeting.

Members can make additions to the agenda to the meeting convener in advance of the meeting. The agenda will be standardized to include:

- Old business – Previous action items or previous agenda items the need discussion
- New business – New items for discussion
- Review of Staffing Request and Documentation Forms (SRDF)
- Performance improvement metrics due for review

**Reporting Structure**

The committee will report to the CNO.

**ATTACHMENTS**

Issue Resolution Form
ONA Staffing Request and Documentation Form (SRDF)

**REFERENCES**

House Bill 2800, 73rd Oregon Legislative Assembly, May 20, 2005
Oregon Association of Hospitals and Health Systems & Oregon Nurses Association Hospital Nurse Staffing Committee Guidelines, First Edition
HB 2800 Guideline for Compliance, Oregon Association of Hospitals and Health Systems, November 2006
ORS Chapter 441—Health Care Facilities 441.154 to 441.156
SB 469

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