Hospital Nurse Staffing Committee Charter

Approved by: ____________________________  Physician Department Chairman
Approved by: ____________________________  Chief Nursing Officer
Approved by: ____________________________  Administrator / CEO

Purpose:
Lake District Hospital Nurse Staffing Committee (NSC) is responsible for developing, monitoring, evaluating, and modifying a hospital-wide staffing plan for all Acute and Surgery Unit nursing services. The focus and goal of the NSC and staffing plans is to ensure that the hospital is adequately staffed to meet the health care needs of our patients in each of the existing units including:

- Acute Unit (AC) – encompasses Medical Surgical Services, Pediatrics, Transitional Care, Mental Health Hold Services, Obstetric Services, and Emergency Services
- Surgery Unit (SU) – encompasses Surgical and Endoscopic Services, Pre and Post-Anesthesia Care and Bio/Chemo Infusion Services.

Objectives and Functions:
The objectives and functions of the NSC as required by law, are as follows:

- To focus on the provision of safe patient care and appropriate nurse staffing
- To assure that hospital staffing plans are:
  - Based on individual and aggregate patient needs and requirements.
  - Based on specialized qualifications and competencies of the nursing staff.
  - Consistent with and based on nationally recognized evidence based standards and guidelines, if available, provided by professional nursing specialty organizations.
  - Able to recognize and accommodate differences in patient acuity, work load intensity, admission-discharge-transfer (ADT) activity, and orientation of staff and students.
- To monitor and review data related to patient and staff safety and outcomes, and when indicated, to make changes and modifications in the Acute or Surgery Unit Staffing Plans or related documents.
- To assure that an annual review of the Charter and Staffing Plans is performed and reviewed or revised as needed.

MEMBERSHIP:
The NSC shall be comprised of equal number of hospital managers and direct care staff. There will be three direct care RN’s from the Acute Care Floor. At least one of these RN’s will have an in-house ED certification and another will have an in-house OB certification or, one RN may hold both certifications. One additional direct care RN will represent the SU. This RN will hold in-house OR certification. There will be one additional direct care non-RN member of the NSC.  If enough nursing managers exist in facility there will be an attempt at equal number of hospital nursing managers to direct care staff on the NSC (see voting pages 2-3). At least one manager will specifically represent the AC and one will represent the SU. If manager members are under-represented, then a manager designated at each meeting may cast 2 votes.

Direct care NSC members will be selected by their respective bargaining units (in a manner determined by nd overseen by that specific bargaining unit). Bargaining unit leadership will be notified by the hospital when there is a need for selection of a new or returning member. Direct care members shall be elected for 2-year terms. Elections will be expected every September, and special elections will be held for
unexpected vacant positions. Each member elected will be assigned to a designated rotation so as to stagger terms of the members. Extension to additional terms is permitted if determined by the bargaining unit. If an elected member of the NSC has two or more unexcused absences from scheduled meetings, the position will be up for election of a new member and that respective bargaining unit notified. Unexcused absences will be determined by Chief Nursing Officer (CNO).

Nursing manager NSC members will be appointed by the hospital and serve as long as appropriate to their role, function or hospital position.

**LEADERSHIP:**
The NSC shall have two co-chairs. One co-chair must be a hospital nurse manager elected by a majority of the NSC members who are hospital nurse managers. The other co-chair must be a direct care registered nurse elected by a majority of the NSC members who are direct care staff members. Co-chairs will review membership and report to CNO with need for replacements. Membership will also be monitored quarterly during QI/QA review.

**MEETINGS:**

1. **Schedule** – The NSC shall meet at least once every three months. A meeting schedule will be established at the first meeting of the calendar year. Meetings may be added or cancelled as needed or at the request of the NSC. Final decision for addition or cancellation of meetings will lie with the co-chairs. Each RN and non-RN direct care staff will be scheduled for NSC meetings by the scheduling staff and relieved of their direct patient care and other work-related duties for attendance at NSC meetings. All direct care staff will be paid for their time attending NSC meetings and performing NSC work & duties. Meetings generally will be scheduled to last two-to-four hours in length.

2. **Notification** – NSC members will be notified of meetings by being given the annual meeting schedule established at the first meeting of the calendar year. In addition, each specific meeting will be noted on the FINAL unit wide schedule for each respective direct care staff NSC member. The unit schedule is published and available on each unit and allows for a minimum of at least a 10-day notice of any meeting.

3. **Agenda** – An agenda template will be utilized to formulate meeting agendas for each meeting and will be emailed to NSC members for agenda item suggestions prior to the meeting. Agendas shall be formulated, or assigned to be formulated, by the co-chairs at least one week prior to each meeting.

Any direct care staff member may submit input, agenda items, or requests to the NSC on a standing, ongoing agenda form posted in the AC Report Room and Surgery lounge. In addition, meetings are open to all hospital nursing staff and union representatives as observers, and to any other individual, as either observer or presenter, by invitation of either co-chair of the NSC. Either co-chair of the NSC may temporarily exclude all non-members from the meeting during NSC deliberations and voting.

4. **Quorum and Voting** – A majority, or one-half plus one, of the voting members of the staffing NSC constitutes a quorum which must be present to hold a NSC meeting. Non-nursing staff member may vote and be counted as a direct care nursing voting member.

If a quorum is present and a meeting is held, only equal numbers of direct care NSC members and nurse manager NSC members may vote on motions made. In the event of unequal managers and
staff members, volunteers to abstain will be entertained and co-chairs will determine final voting
members for that specific meetings, in order to maintain equal voting number of nursing managers
and direct care staff. Decisions will be made by majority vote. Decisions are made after discussion
and deliberation of issues has been held, motion has been made by any NSC member and a 2nd of
that motion made by a separate NSC member, followed by a vote of the quorum with specification
of which members and their corresponding NSC roles voted. In the event hospital nurse
management staff numbers cannot/do not accommodate and equal number of nurse managers to
direct care staff, one nurse manager may be designated to utilize two votes for that meeting. Non-
NSC staff may participate in discussions and offer opinions but may not participate in voting.

5. Minutes – Minutes will be kept at each meeting by one of the co-chairs or their designee. Minutes
will include the name and position of each NSC member and each observer or presenter in
attendance. Minutes will include a summary of NSC discussions, motions and seconds to motions
made, and outcomes of votes taken with specification of which members and their corresponding
roles that voted and if applicable which nurse manager utilized two vote role designation.

Minutes will summarize and/or cite the evidence on which the NSC relied in making a decision and
the reason given for making the decision, if appropriate.

EVALUATIONS:
The NSC will review the Hospital Charter and Staffing Plans for each specified unit at least
annually, generally at the first meeting of the calendar year, and at any other time specified by
either co-chair of the NSC.

In the annual review, the NSC will consider:
   a. Patient outcomes.
      b. Complaints regarding staffing, including complaints about a delay in direct care nursing or
         an absence of direct care nursing.
      c. The number of hours of nursing care provided through acute care compared with the number
         of patients served by acute care during a 24-hour period.
      d. The aggregate hours of mandatory overtime worked by nursing staff.
      e. The aggregate hours of voluntary overtime worked by nursing staff.
      f. The percentage of shifts for acute for which staffing differed from what is required by the
         staffing plan.
      g. Any other matter determined by the NSC to be necessary to ensure that the hospital is
         staffed to meet the health care needs of patients.
      h. Any report filed by a nursing staff member stating the nursing staff member’s belief that the
         acute care unit engaged in a pattern of requiring direct care nursing staff to work overtime
         for non-emergency care.
      i. Staffing Committee membership.

Following the review of the Charter and Staffing Plans, the NSC shall issue a written report, in the
form of meeting minutes, to the hospital that indicates whether the staffing plans ensures that the
hospital is adequately staffed and meets the health care needs of patients. If the review and report
indicate that it does not, the NSC may modify the Charter and Staffing Plans as necessary to
accomplish this goal.
References:
Academy of Medical-Surgical Nurses “Healthy Practices Environment Advocacy Guide” Jan 2017;
Adalere White Paper on Staffing 2015