Sky Lakes Nurse Staffing Committee Charter

A. Effective Date
1. June 14, 2021

B. Purpose
1. The Nurse Staffing Committee’s primary goal shall be to ensure that the hospital is adequately staffed to meet the health care needs of patients. Determination of staffing levels includes the following:
   a. Historical hours of nursing care
   b. Average daily census
   c. Established nurse-to-patient ratios
   d. Acuity and work-intensity based analytic tools (Optilink)
   e. Patient outcomes
   f. National evidence-based practice guidelines
   g. Forecasting when possible

C. Nurse Staffing Committee Membership
1. Composition
   a. The Nurse Staffing Committee shall consist of equal numbers of hospital nurse managers and direct care staff.
2. Co-Chairs
   a. The Nurse Staffing Committee shall have two co-chairs. One co-chair shall be a hospital nurse manager elected by a majority of the members who are hospital nurse managers, and one co-chair shall be a direct care registered nurse elected by a majority of direct care staff members.
3. Hospital Nurse Managers
   a. Hospital Nurse Managers shall be appointed by the CNO or designee.
4. Direct Care Staff
   a. Direct care staff members shall be direct care registered nurses, except for one position to be filled by a direct care staff member who is not a registered nurse and whose services are covered by a written staffing plan.
   b. Direct care staff membership shall be coordinated by the bargaining unit to allow the direct care registered nurses who work in each unit or clinical grouping to select each direct care registered nurse on the staffing committee. The non-nursing member shall be nominated by direct care staff and voted on by NSC membership.
5. Units/Clinical Groupings
   a. The following criteria shall be used to determine which nursing units require a nurse staffing plan and representation on the Nurse Staffing Committee:
      i. Is the unit staffed with RNs, LPNs, and/or CNAs? If yes, continue to next question.
      ii. Are the nursing staff members replaced if they are unable to report to work? If yes, continue to next question.
      iii. Are the nursing staff members assigned to care for specific patients? If yes, the unit meets criteria and requires a nurse staffing plan and representation on the Nurse Staffing Committee.
      iv. If the patient requires a specific service (x-ray, IV therapy, Cath Lab, DI procedure, etc.) that is provided either at the patient bedside or outside the primary unit, does the primary nursing staff
continue to provide all other direct patient care services? If yes, the unit providing the specific service may not meet the criteria. Continue to next question.

v. Who would be expected to provide direct patient care services during the provision of the specific service? If the answer is the primary nursing staff, the unit providing the specific service may not meet the criteria.

b. Nurse Staffing Committee discussions and decisions shall be documented in meeting minutes.
c. The Nurse Staffing Committee shall include one direct care registered nurse member and one direct care alternate for each unit or clinical grouping.
d. The following units/clinical groupings have been determined to require representation on the Nurse Staffing Committee:
   i. ICU
   ii. PCU/ACD
   iii. MED/SUR
   iv. FBC/PEDS
   v. ED
   vi. OR/PACU/Day Surgery
   vii. Cath Lab/DI/Stress/Infusion Clinic
   viii. Non-RN Member

D. Membership Responsibilities
   1. Attend scheduled meetings and special sessions.
   2. If a direct care staff committee member is unable to attend a scheduled meeting or special session, arrangements shall be made by the member for the alternate to attend.
   3. If a Hospital nurse manager committee member is unable to attend a scheduled meeting or special session, arrangements shall be made by the nurse manager for an alternate nurse manager to attend.
   4. The hospital shall release a direct care staff committee member (unless releasing staff will immediately impact patient safety) from his or her assignment to attend committee meetings and special sessions.
   5. Direct care staff alternates are responsible to remain current and informed. They are encouraged and welcome to attend all meetings.
   6. Committee members shall be compensated for time in meetings and special sessions.
   7. Administrative Secretary or assigned committee member shall record minutes.

E. Nurse Staffing Committee Meetings
   1. Meeting Notifications
      a. Recurring Outlook calendar invite to each member
      b. E-mail reminder prior to Nurse Staffing Committee meeting
   2. Meeting Schedule
      a. Meetings are held quarterly at a minimum.
      b. Special meetings may be called as necessary.
   3. Agenda
      a. Agenda items and other input from direct care staff from any unit or clinical grouping may be escalated to the co-chairs for inclusion on the upcoming agenda.
      b. Agenda items shall be submitted to co-chairs via e-mail at least one week prior to scheduled meetings.
      c. Standing agenda items include:
         i. Tally of voting members
         ii. Declaration of quorum
ii. Review and approval of minutes
iii. Review and approval of agenda
iv. Membership review
v. Performance improvement project update
vi. Review of metrics/trends
vii. Recruitment data
viii. Staffing plan review, revision, approval
ix. Staffing complaints
x. New Business
xi. Open Floor

4. Meeting Minutes
   a. Minutes shall include:
      i. Motions made and outcomes of votes taken
      ii. Summary of discussions
   b. Meeting minutes shall be made available in a timely manner.

5. Meeting Guests
   a. Staffing Committee meetings shall be open to all hospital nursing staff as guests.
   b. Guests may be invited by either co-chair.
   c. At any time, guests may be excluded by either co-chair for purposes related to deliberation and voting.

F. Decision Making
1. Quorum
   a. A minimum of eight members of the committee shall constitute a quorum.
   b. A meeting may not be conducted unless a quorum of Nurse Staffing Committees members is present.

2. Voting
   a. A decision made by the Nurse Staffing Committee must be made by a vote of the majority of the members present.
   b. If a quorum consists of 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. (This includes the non-registered nurse direct care staff member.)
   c. Voting by proxy shall be allowed in extreme circumstances as decided by the committee.
   d. Electronic voting shall be allowed as decided by the committee.
   e. Direct care staff votes shall be by the member or alternate member from each unit or clinical grouping.
   f. Co-Chairs shall vote only in the case of a tie vote. Each co-chair will cast one vote. If a tie persists, a sub-committee shall be developed by the co-chairs to develop a solution. The sub-committee shall present a plan to the committee at the next scheduled meeting.
   g. Strategies for resolving disagreements may include but are not limited to:
      i. Seeking additional information
      ii. Seeking consultation from a broader group of nursing staff members
      iii. Testing competing alternatives
      iv. Third party facilitation
   h. If the committee is unable to reach an agreement on the staffing plan, either co-chair of the committee may invoke a 30-day period during which the committee shall continue to develop the staffing plan. During the 30-day period, the hospital shall respond in a timely manner to reasonable
requests from members of the committee for data that will enable the committee to reach a resolution. If at the end of the 30-day period, the committee remains unable to reach an agreement on the staffing plan, one of the co-chairs shall notify the Oregon Health Authority of the impasse. 

i. Upon receiving notification of the impasse, the Oregon Health Authority shall provide the committee with a mediator to assist the committee in reaching an agreement on the staffing plan.

G. Nurse Staffing Plans

1. The Nurse Staffing Committee shall have as its primary goal the development and implementation of staffing plans that ensure staffing meets the healthcare needs of patients.

2. Each member of the Nurse Staffing Committee shall have equal say in the development of the staffing plan using evidence based and best practice care models.

3. Nurse Staffing Plans shall include all required elements as stated in OAR 333-510-0110.

4. The Nurse Staffing Committee shall monitor, evaluate, and modify all staffing plans annually and as needed to ensure that the staffing plans appropriately and accurately reflect patient needs over time.

5. Monitoring, evaluating, and modifying of staffing plans shall be documented in meeting minutes.

6. The following units provide regular nursing services and utilizes a unique unit-specific written staffing plan:
   a. Intensive Care Unit (ICU)
   b. Progressive Care unit (PCU)
   c. Medical/Surgical (MED/SUR)
   d. Family Birth Center (FBC)
   e. Pediatric Services (Peds)
   f. Emergency Department (ED)
   g. Ambulatory Care Department (ACD)
   h. Operating Room (OR)
   i. Day Surgery/PACU
   j. Cath Lab
   k. Diagnostic Imaging (DI)
   l. Stress Lab
   m. Infusion Clinic

H. Annual Review

1. Annual review of staffing plans shall include all required elements as stated in OAR 333-510-0115.

2. Documentation of the staffing plan annual review shall be reflected in meeting minutes.