I. **Title**  St. Charles - Redmond Patient Care Staffing Committee

II. **Purpose**
The Committee is responsible for developing, review, evaluating, and modifying as needed, a hospital-wide staffing plan for nursing services. A hospital nurse staffing committee shall develop a written hospital-wide staffing plan in accordance with ORS 441.162. The committee’s primary goal in developing the staffing plan shall be to ensure that the hospital is staffed to meet the healthcare needs of patients.

III. **Objectives**
To focus on the provision of safe patient care and to insure sufficient numbers of qualified nursing staff to meet the nursing care needs of the patients.

To assure that the hospital-wide staffing plan:
- is based on an accurate description of individual and aggregate patient needs and requirements
- is based on the specialized qualifications and competencies of the nursing staff
- is consistent with nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations, and recognizes differences in patient acuity, work load intensities, ADT (Admission-Discharge-Transfer activity), and orientation of staff and students;
- addresses issues related to geographic layout of unit, units/services being located in different areas, etc.;
- must be based on total diagnoses for each hospital unit and nursing staff required to manage that set of diagnoses;
- reviews annually for each unit covered by the hospital staffing plan, establishes minimum numbers of patient care staff, identifies core staffing on specified shifts;
- includes a formal process for evaluating and initiating limitations on admission or diversion of patients to another acute care facility when, in the judgment of the direct registered care nurse, there is an inability to meet patient care needs or a risk of harm to existing or new patients.
- works within the parameters of the operating budget, which has been approved by the Board of Directors.

To collaborate with Shared Practice Committees and Joint Labor Relations Committee (JLRC) to assure input from direct care RNs and other caregivers into unit-based staffing plans, and to provide oversight and assurance that relevant information is incorporated into the hospital wide staffing plan.

To monitor data related to patient safety and outcomes in relation to patient care staffing, and when indicated, to make recommendations related to the potential need for modification of the budget.

To assure that, at minimum an annual review of the staffing plan is performed and submitted to the CNO, or designees, for review and necessary revisions, as part of the hospital’s quality management processes.

Charter approved by Committee 5/1/2018
IV. **Membership**
   a. Membership will consist of an equal number of hospital nurse leaders and direct care staff from the defined groups below. For the portion of the committee composed of direct care staff, one position shall be filled by a direct care staff member whose services are covered by the hospital-wide staffing plan, and the rest will be direct care nurses. At a minimum, there will be a direct care representative and a management representative for each of the following defined specialties:
   - Intensive Care Unit (ICU)
   - Med-Surg (MS)
   - Emergency Department (ED)
   - Family Birth Center (FBC)
   - Operating Room (OR)
   - Patient Care Support (PCS)
   - Same Day Unit (SDU, PACU, Pre-op)

   b. One management and one direct care RN serve as Co-Chairs.

   c. Management membership selection will be the Nurse Manager or Assistant Nurse Manager of each department.

   d. All primary representatives are required, and alternate members are encouraged, to attend all meetings. However, only one vote per represented group will be recognized in decision making.

   e. Support (Executive Assistant)

   f. Courtesy / Ad Hoc Members

   g. Staffing & Scheduling Coordinator

V. **Roles and Responsibilities of Membership**

   Responsibilities of the membership in this committee:
   a. Consistent attendance: two or more occurrences of lacking representation per service will result in follow-up by Co-Chairs.
   b. Commitment to participation and discussion.
   c. Members are nominated and voted on by the bargaining unit at ONA election time. If a member leaves during their term, a replacement will be appointed by the ONA executive team by nomination or volunteers.
   d. Term of representation is 3 years.
   e. The direct care staff members who are not registered nurses shall select the direct care staff member who is not a registered nurse to represent them on the staffing committee (OAR 333-510-0105(4)).
   f. Co-Chairs will assure input has been received from all members.
   g. Communication with colleagues in designated units/specialties.
   h. Sub-committees may be formed at the request of the Staffing Committee.
   i. Follow through with action items, including deliverables from sub-committees.
   j. Review and approve all department staffing plans on an annual basis or as needed with changes.
   k. Co-Chairs shall send monthly meeting minutes to all Redmond caregivers represented by the staffing committee, via work email.

Charter approved by Committee 5/1/2018
I. Members shall post meeting minutes on departmental bulletin board within 7 calendar days of approval. Nurse Representative to post.

m. Representatives shall bring agenda items to committee Co-Chairs to be discussed at the upcoming meeting.

n. Nurse staffing committee members will be released from assignments and paid to attend the meeting. In the event that staffing levels are critical, they will not be expected to attend the meeting. The nurse representative will be responsible for requesting coverage as needed to attend the meeting.

VI. **Meeting Dates and Times**
   a. The staffing committee shall meet at any time and place specified by either co-chair of the staffing committee based on need.
   b. The meeting will be 90-minutes duration unless otherwise agreed upon.
   c. Monthly meeting the first Tuesday of the month from 1300-1430, unless mutually agreed on by committee membership.
   d. The committee will meet a minimum of once a quarter annually.
   e. Meeting calendar is created at the beginning of each year which includes an electronic invite. A reminder is sent out with the agenda and last month’s minutes, and discussed at prior months meeting.
   f. In the event that an additional meeting is scheduled, an electronic invite and email will be sent.

VII. **Agenda**
   a. Committee co-chairs determine each month’s agenda based on standing agenda items, the annual reporting schedule calendar that includes reviews and approval of department level staffing plans, and content brought forward from committee members.
   b. Staff may submit concerns through any committee member, who will then submit to committee co-chairs for inclusion on the agenda. Time will be allotted each meeting to address concerns that were not included on the agenda.

VIII. **Annual Staffing Plan Review**
   a. Reviews annually for each unit covered by the hospital staffing plan minimum numbers of patient care staff, core staffing on specified shifts.
   b. Includes a formal process for evaluating and initiating limitations on admission or diversion of patients to another acute care facility when, in the judgment of the direct care registered nurse, there is an inability to meet patient care needs or a risk of harm to existing or new patients (refer to peak census protocol (W03003, Emergency Preparedness Plan Q0928, and Altered Standards of Care - Patient Care Considerations).
   c. To work in collaboration with the Shared Practice Committees and Labor Management Committee to assure input from direct care RNs and other caregivers into the unit based staffing plans and to provide oversight and assurance that relevant information is incorporated into the hospital-wide staffing plan.
   d. Each written department specific staffing plan must: (333-510-0110(2)):
      
      1. Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients;
2. Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;

3. Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;

4. Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations such as, but not limited to: The American Association of Critical Care Nurses, American Operating Room Nurses (AORN), or American Society of Peri-Anesthesia Nurses (ASPAN);

5. Must recognize differences in patient acuity and nursing care intensity;

6. Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts, provided that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;

7. Must consider tasks not related to providing direct care, including meal breaks and rest breaks;

8. May not base nursing staff requirements solely on external benchmarking data;

9. May not be used by a hospital to impose upon unionized nursing staff any changes in wages, hours or other terms and conditions of employment unless the hospital first provides notice to and, upon request, bargains with the union; and

10. May not create, preempt or modify a collective bargaining agreement or require parties to an agreement to bargain over the staffing plan while a collective bargaining agreement is in effect.

e. In reviewing the department specific staffing plans, the staffing committee shall consider the following data (333-510-0115):
   1. Patient outcomes;
   2. Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;
   3. The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
   4. The aggregate hours of mandatory overtime worked by nursing staff;
   5. The aggregate hours of voluntary overtime worked by nursing staff;
   6. The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
   7. Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and
   8. Any report filed by a nursing staff member stating the nursing staff member's belief that the hospital unit engaged in a pattern of
requiring direct care nursing staff to work overtime for nonemergency care.

f. When a staffing plan has been approved by the committee, it shall be implemented as soon as reasonably possible, but no later than 90 days after approval.

IX. **Decisions/Quorum**
   a. The committee has authority to gather data, make recommendations, to pause, to clarify, to negotiate, and act on staffing plans.
   b. For decision making to occur, an equal number of nursing management members and direct care staff will be established (at least four of each with equal representation).
   c. If unable to reach consensus, an impasse can be called by either co-chair of the staffing committee per the process outlined in 333.510.0120 of the Oregon Nurse Staffing Law.
   d. Quorum is defined as: half the Redmond Staffing Committee membership plus one.

X. **Record Keeping**
Committee documents will be posted on the Redmond I:\Drive in a folder titled Redmond Staffing Committee. This folder has read-only access for all, other than the Co-Chairs and the Administrative Assistant who supports the committee. The Redmond Administrative Assistant will take minutes. Minutes will be approved at the next meeting held. Approved minutes from the prior month will be made available to all Redmond caregivers no longer than 7 calendar days following the staffing committee meeting. The minutes will be sent by email and posted in each department monthly.

I. **Authority**
The staffing committee shall vote by majority. The quorum and voting representatives will be declared at the beginning of each meeting which will be at minimum half of representation plus one. If the RN representative is not present, the CNA member of the same department may vote, but cannot replace the nurse representative. In the event that the RN representative is present, the committee CNA representative will not vote.

II. **Process for Voting**
   a. Equal members of direct and non-direct care members must be identified.
   b. Motion is made or a co-chair calls for a motion to be made
   c. Motion is seconded
   d. Vote is held and documented