POLICY SUMMARY:
This policy outlines the coordination of the RRMC Nurse Staffing Committee meeting process and its functions, as well as the hospital wide staffing plan as required by OAR 333-510-0045.

Document Title: Nurse Staffing Committee Policy  Document Number 100-PCS-NURS-0046  Document Type Policy  Procedure
Date of Origin: 06/27/2008  Department of Origin: Nursing Administration
Effective Date:  Owner Position: Nursing Operations Director
Review Due Date:  Regulations:
Key Words: Staffing committee, Nurse Staffing, Nurse Staffing Committee Policy, Nursing Services Staffing Plan, staffing, scheduling, schedule, hospital wide, nursing care, nurse staffing, hospital wide staffing plan for acute care nursing services

POLICY DETAIL:
I. Representative Membership
Membership will be comprised solely of equal number of hospital nurse managers/directors (as referenced in Oregon Administrative Rules) and direct care registered nurses as its exclusive membership for decision making. OAR 333-510-0045(1)(a)

II. Members Chosen
A. A mix of managers/directors are appointed by Director/Vice President of Patient Care Services as defined by table, reference table maintained by co-chairs:

Area of Representation
CCU/ICU/IMCU Gen Med, Oncology, Rad Onc,
Infusion Services Cath Lab/CVR/Nuclear Medicine, MRI
Perioperative Services Post Surgery, Ortho/Neuro, Rehab,
Wound Clinic ED/BHU
Heart Center, Observation, Cardiac Rehab ONA
Women’s & Children’s Services PNCC

B. Staff Nurse Member Selection
1. Regular member selection: selection takes place every January for two year terms. Nurse Staffing Committee notices with application will be posted on unit bulletin boards, placed in ONA & Hospital newsletters and e-mailed to nurse managers for presentation at staff meetings. Staff may nominate representatives or self-nominate. Final selection will be by the current staff nurse members. Current staff nurse members may self-nominate. It is recommended that the hospital staffing committee member is a representative from their unit based scheduling committee.
2. Mid term, scheduled/non-scheduled departure: alternate will replace primary if primary no longer able to continue. The alternate will be selected by staff nurse members:
a. From nominations received from previous January nominations.
b. New applications from appropriate area of representation.
3. If Committee member changes units the member will decide if they can still represent the areas they were assigned to. Will be brought to Committee to review.

4. Members rotate every two years.

C. Special Advisors to the Committee (non-voting members):
   1. VP for Nursing
   2. Clinical Nurse Specialist
   3. Any other consultant deemed necessary by entire Committee

III. Voting
A. Must have a quorum to hold a meeting. Eight (8) people, four (4) direct care and four (4) management including co-chairs.

B. Decision-making: majority (50% of group + 1) vote will win. We will strive for 2/3rds vote for adoption. In case of an impasse, 50/50, would move forward to have a facilitator assist with resolution of issue.

C. Committee will use consensus and insure that everyone is heard.

D. Primary member is the voting member unless not at meeting, then the alternate member will vote. Any voting member can call a vote. If primary attends, alternate can attend but will not vote. Primary and alternate can discuss and decide on the one vote together.

IV. Meetings
A. Agenda
   1. Tentative agenda will be established at end of each meeting, either co-chair may add items to agenda.
   2. Meeting will follow the agenda with time for open forum at end of meeting.
   3. Timekeeper will keep meeting on schedule.

4. Agenda will be posted on each unit one week prior to meeting by Staff Nurse Representative.

B. Observers and guests can attend any meeting. Published dates of upcoming meetings are located on agenda. Agenda and minutes shall be sent to all members two weeks prior to next meeting by e-mail.

C. Staff nurses are encouraged to bring forward issues and recommendations concerning staffing issues to their unit representative for discussion and clarification. If the unit representative is unable to address the issue, the unit representative will then bring the topic to the Nurse Staffing Committee.

D. Meetings are set up for one year at a time with meeting consensus by 2/3’s vote. The years scheduled meetings are listed on agenda. The Committee will decide at beginning of year for the next year’s meeting times. All Nurse Staffing Committee work shall be compensated per ONA contract. Vital and necessary subjects not able to be addressed during regular meetings will use smaller group with an assigned task determined by this Committee. These subcommittees may include alternates.

V. Unit Level Staffing Committees
Each nursing unit will have a committee of staff nurses review their unit level staffing to include;

A. Accurate descriptions of (how) individual and aggregate patient needs and requirement for nurse care are used to staff the unit.

B. A system for recognizing differences in acuteness (acuity) of patients, except in those units where National Standards exist and are being utilized.

C. A description of the specialized qualifications and competencies of the nursing staff on the unit and how this is related to the staffing plan.

D. A description of how the skill mix and competency qualifications ensure that nursing care needs of all the patients on the unit are met.

E. Consistency with nationally recognized evidence-based standards in the specialty. The requirement here is to determine if the unit-level plan is below, at, or above the national standards from specialty nursing organizations. Wherever the unit level-staffing plan falls below national standards, an explanation needs to be given for that level.
F. A description of minimum number of nursing staff personnel (including licensed practical nurses (LPNs) and certified nursing assistants (CNAs)) required on specified shift with no fewer than one RN and one other nursing care staff person on duty in a unit when a patient is present.

G. Identification of criteria that a direct care RN would use to indicate the inability to meet patient care needs or where a risk of harm would exist if patients were admitted to the unit. (This links to the hospital-wide policy for limitation of admission or diversion of the patients.

H. Description of a process for reporting (verbal, written) when safe patient care does not occur. This will include notification of Clinical Manager/House Supervisor and response to these concerns.

I. Description of an annual quality evaluation process to determine whether the staffing plan is accurately reflecting patient needs over time.

Source: Oregon Administrative Rules 333-510-0045 (3) (a) through (g)

This information will be utilized by the unit staffing committee as a basis upon which to recommend the unit-staffing plan for the next fiscal year to the Nurse Staffing Committee.

VI. Staffing Plan for Nursing

The Nurse Staffing Committee Policy will be reviewed per guidelines every three years/or more often as deemed necessary.

1. Staffing and scheduling is directed by the hospital’s management staff. The Nurse Staffing Committee will develop, monitor, modify and evaluate the nurse-staffing plans to include:

A. Changes to the charge nurse criteria.

B. When hours per patient day are modified (decreased and increased). Each department will describe how Nursing Hours per Patient Day (NHPPD) for their own unit is determined.

C. When there is a change to the Patient Acuity System to include criteria, weighting or recommendations.

D. Annual review of Patient Acuity System.

E. When there is possibility of deletion of a dedicated work pool of nursing staff.

F. Changes in the unit based staffing plan as described in Operations Plan.

G. Changes to improve staffing level may be implemented with VP approval then reviewed at the Nurse Staffing Committee.

H. Changes that decrease staffing will be brought to Nurse Staffing Committee pending VP approval.

2. In collaboration with the hospital wide Nurse Staffing Committee, each manager is responsible for the unit specific staffing plan. This plan is based on an accurate description of individual and aggregate patient needs, specialized qualifications and competencies of the nursing staff. It is to be consistent with nationally recognized evidence based standards and guidelines established by professional nursing organizations, budgetary guidelines and feedback from direct care clinical staff members and unit based staffing committees.

3. Each unit’s specific staffing plan, which can be found in the department’s operations plan, will be reviewed and evaluated by the unit based committee and brought forward to be reviewed and approved by the Nurse Staffing Committee annually to determine the effectiveness and appropriateness of the current plan. These unit specific staffing plans include specialized qualifications and competencies of the nursing staff and will establish minimum numbers of nursing staff personnel (licensed nurses and CNAs) on specified shifts. The number of nursing staff personnel on duty shall be sufficient to insure the nursing care needs of each patient are met safely and appropriately.

4. The unit specific staffing plan will include: required skill mix and qualifications, minimum number of nursing staff personnel for specified shifts/hours. At least one RN and one other nursing staff member must be on duty in the unit, when a patient is present.

5. RNs, LPNs and CNAs are assigned patient care duties in compliance with their scope of practice within Oregon. A representative from the appropriate department will present data regarding staffing effectiveness indicators annually based on indicators selected by Nurse Staffing Committee. The hospital wide Nurse Staffing Committee will evaluate and monitor this plan’s effectiveness and revise as necessary. This ensures that the staffing plan accurately reflects patient needs over time.
7. Patient care services departments may utilize either the central staffing office or be responsible for a decentralized staffing model. Centralized and decentralized units will apply consistent scheduling practices. Centralized and decentralized staffing units will maintain and post a list of qualified, on call nursing staff and nursing services (i.e. nursing agencies) that can be called to provide replacement or additional staff in the event of: emergencies, sickness, vacations, vacancies or other absences of nursing staff that provides a sufficient number of replacement staff for the hospital on a regular basis.

8. As described in the Operational Plan, centralized and decentralized core staffing plans shall allow for breaks, sickness, vacation, vacancies and other absences, and shall define how replacement staff is obtained including incentive shifts.

9. An RN may not place patient(s) at risk of harm by leaving a patient care assignment during an agreed upon shift or an agreed upon extended shift without authorization from the appropriate supervisory personnel as required by the Oregon Administrative Rules (OARs) 851-045-0016(1)(j) and (5).

10. When the hospital learns about the need for replacement staff, the hospital must make every reasonable effort to obtain RNs, LPNs and CNAs for unfilled hours or shifts before requiring an RN, LPN or CNA to work overtime. Reasonable effort includes the hospital seeking replacement at the time the vacancy is known and contacting all available resources as described in section (8) OAR 333-510-0045 of this rule. Such efforts must be documented.

11. A hospital may not require an RN, LPN or CNA to work:
   a. Beyond the agreed upon shift
   b. More than 48 hours in any hospital defined work week; or
   c. More than 12 consecutive hours in a 24 hour period, except that a hospital may require an additional hour of work beyond the 12 hours or 1 hour beyond the scheduled shift if:
      1. A staff vacancy for the next shift becomes known at the end of the current shift
      2. There is a risk of harm to an assigned patient if the RN, LPN or CNA leaves the assignment or transfers care to another.

12. A direct care nurse may volunteer to work additional hours not to exceed 16 hours in a 24 hour period.

13. The provisions of sections (11) to (13) of OAR 333-510-0045 do not apply to nursing staff needs:
   a. in the event of a national or state emergency or circumstances requiring the implementation of a hospital disaster plan;
   b. in emergency situations, such as but not limited to:
      1. Sudden unforeseen adverse weather condition;
      2. An infectious disease epidemic of staff; or
      3. Any unforeseen event preventing replacement staff from approaching or entering The premises;
   c. If a hospital has made reasonable efforts to contact all of the on call nursing staff or staffing agencies on the list described in section (8) of OAR 333-510-0045 and is unable to obtain replacement staff in a timely manner.

14. Should a nurse believe there is a violation of the OAR 333-510-0002 through 333-510-0047 he/she should give written notice to a manager and/or his/her unit representative on the house wide Nurse Staffing Committee. This notice should include documentation of the activity in question to include the policy, practice or violation of professional standards of concern and provide reasonable opportunity to correct the activity, policy, practice or violation. There will be no retaliatory actions taken for bringing concerns forward. Nursing staff members are encouraged to resolve staffing issues at the unit level. Hospital will post a notice summarizing the provisions of ORS in Human Resources (HR) and on the Dubs entrance bulletin board where notices to employees and applicants for employment are customarily displayed.

- 441.162 Written staffing plan for nursing services
- 441.166 Need for replacement staff
- 441.168 Leaving a patient care assignment
- 441.174 Retaliation prohibited
o 441.176 Remedies for retaliation
o 441.178 Unlawful employment practices; civil action for retaliation
o 441.192 Notice of employment outside of hospital

References:
Professional Agreement between Rogue Regional Medical Center and Oregon Nurses Association, July 1, 2014 through June 30, 2017
Oregon Revised Statutes (ORS)
Oregon Administrative Rules (OARs)
ORS
441.160 Definition for ORS 441.162 to 441.170
441.162 Written staffing plan for nursing services
441.164 Variances in staffing plan requirements
441.166 Need for replacement staff
441.168 Leaving a patient care assignment
441.170 Civil penalties; suspension or revocation of license; rules; compliance audits
441.174 Retaliation prohibited
441.176 Remedies for retaliation
441.178 Unlawful employment practices; civil action for retaliation
441.192 Notice of employment outside of hospital
OARs
333-510-0002 Definitions
333-510-0030 Nursing Services
333-510-0045 Nursing Services Staffing Plan
333-510-0045 (4) Nursing Services Staffing Plan
333-510-0045 (8) Nursing Services Staffing Plan
Minutes (Official records in Nurse Staffing Committee Notebooks located in Administration.

If any above changes occur between meetings, an e-mail will be sent to all Committee members. If there is no response within 5 days, the co-chairs will contact members by phone for a vote. If further clarification is necessary an emergency meeting will be called.

SUBMITTED BY

REVIEWED BY

REVISIONS