Charter

Title:

Patient Care Staffing Committee
Reviewed, updated and approved .

Purpose:

The Committee is responsible for developing, monitoring, evaluating, and modifying as needed, a hospital-wide staffing plan for nursing services.

Objectives:

To focus on the provision of safe patient care and appropriate nurse staffing

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 acuteness, work load intensities, i.e. 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.
- reviews minimum numbers of patient care staff, 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 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)
- works within the parameters of the operating budget, which has been approved by the Board of Directors

To work in collaboration with Unit Practice Committees, PNCC, and the Labor Management Committee 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 an annual review of the staffing plan is performed and submitted to the CNO or designee for its review and any necessary revisions, as part of the hospital’s quality management processes.

Membership:

There will be a direct care RN and a management person from at least each of the following defined specialties:

- Critical Care (includes ICU, IMCU, and Dialysis)
- Medical Services (includes IV Therapy) and Surgical/Specialty (includes the Infusion
Roles and Responsibilities of Membership:

Responsibilities of the membership in this committee:
- Term of committee membership: 4 years
- Primary and alternate representatives will stagger terms by 2 years
- All primary and alternate members are expected to attend all meetings, however only one vote per represented group will be recognized in decision making
- Consistent attendance (two or more occurrences of lacking representation per service will result in follow-up by Co-Chairs)
- Commitment to participation
- Co-Chairs will assure input has been received from all members
- Follow through with action items
- Communication with colleagues in designated units/specialties to assure input.
- Meeting minutes will be made available to all nurses.
- For issues requiring additional discussion or if potential impasse arises, committee may form smaller groups to address issues and bring back recommendations to larger committee

Meeting Dates and Times:

Monthly meetings scheduled on the 1st Wednesday of the month with alternative meeting date to be the 2nd Wednesday of the month when rescheduling is necessary.
Meetings will be 90 minutes in duration, from 1100-1230 unless otherwise agreed upon.
The committee will hold a minimum of 10 meetings per year.

Record Keeping:

Committee documents will be posted in a centralized location for members to access.
This folder has read-only access for all, other than the co-chairs and the Administrative Assistant who supports the committee

Authority:

The Committee has authority – to gather data, to make recommendations, to pause to clarify or negotiate, and to act
Decision making on a level 4 consensus basis (see attachment on consensus)
For decision making to occur, a majority of nursing management members and a majority of direct care RN members must be present (at least five of each with equal representation)
If unable to reach consensus, an objective party (facilitator) may be asked to assist with resolution