

**Hospital Name: Saint Marys Regional Medical Center**

**Address: 235 W. 6th St.**

**City: Reno**

**State: NV Zip Code: 89503**

**Telephone with Area Code: 775-770-3000**

**Staffing Committee Established:** Yes X No

**Committee Composition:**

Administration: 9 Directors or Administrative representatives

Licensed Registered Nursing Staff: 31 Registered Nurses

Ancillary Staff, (CNA/Tech): 11 CNA's and ancillary staff

Additional Members: 3 Nonclinical representatives

**Committee Meeting Frequency:** The Staffing Committee meets Quarterly on the third Thursday of the month.

Meeting Dates: January 20th, April 21st, July 21st, and October 20th.

All meetings are followed by the Workplace Violence Committee Meeting

**Committee Activities:**

COVID Staffing Updates for distribution to front line staff

Staffing and patient care improvements related to Crisis Staffing and emergence from 2021 pandemic

Assignment Despite Objection Review, and responses from Directors

Staffing committee communication review

Human Resources Update Quarterly

Quarterly update on staff retention and recruitment from Administration and Human Resources

Longevity staff retention proposal from committee

Elections

Provision to all committee members of staffing committee policy AND staffing plan policies for signature and objections

National Nurses United Bargaining Unit

Workplace Violence reporting and testimonials

Quarterly Infection Prevention updates, including CDC (Centers for Disease Control) recommendations and updates

ADO (assignment despite objections) Repository and Online storage

Committee Re Alignment. Units to Divisions to align with Hospital model

**Committee Efficacy:**

Nursing Staffing - Hired and established a new nursing role by hiring Licensed Practical Nurses and incorporating them into to Staffing Plan

Assignment Despite Objection Response- Continued to respond to ADO's and address concern in real time with staff

Hospital Department Floating- instituted a float bonus to increase staff satisfaction

Recruitment- Instituted Walk In Wednesdays, this decreased the time between outside applicants and the hiring and interviews process

Elections- Elections for 2023-2025 Staffing Representatives was completed.

**Signature of Responsible Party:**

Krystal Flaniken CNO



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## **PURPOSE**

The hospital administration and staff recognize the importance of adequate staffing in providing the highest quality of patient care. To that end, the hospital shall comply with all lawful staffing guidelines and evaluate effectiveness of staffing based on well-established and recognized criteria (e.g., The Joint Commission [TJC] standards).

## **POLICY**

The hospital recognizes that quality and safe patient care is the first and primary concern of all staff, and that this mutually shared goal is served by having hospital management and employees working together to examine the most effective and efficient means of providing quality patient care. A Staffing Committee is established and reviews the Staffing Plan in operation.

### **The staffing plan must include by law, NRS 449:**

- A detailed written plan setting forth the number, skill mix of nurses and certified nursing assistants (CNAs).
- Classification of licensed nurses required in each unit in the health care facility.
- Consider the experience of the clinical and non-clinical support staff with which the nurses collaborate, supervise, or otherwise delegate assignments.
- A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients.
- A description of the activities in each unit, including, without limitation, discharges, transfers, and admissions.
- A description of the size and geography of each unit.
- A description of any specialized equipment and technology available for each unit; and
- Any foreseeable changes in the size or function of each unit.
- A documented staffing plan must provide sufficient flexibility to allow for adjustments based upon changes in a unit of the health care facility.
- Other considerations the Staffing Committee may review include:
  - Review and discuss methods of improving patient care.
  - Review and discuss issues related to work loads, including call off procedures.
  - Review and discuss issues related to the patient acuity classification system and staffing guidelines.
  - Review and discuss issues related to the hospital's utilization of per diem employees, sitters, CNAs, and Patient Safety Advocates (PSAs).
  - Review and discuss issues related to floating, including orientation requirements for partner units.
  - Review and discuss issues related to nursing recruitment and retention.

## **DEFINITIONS**

“Unit” as defined by NRS 449.2418, means a component within a health care facility for providing patient care.

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For the purpose of Nevada Revised Statute (NRS) 449.242 regarding Staffing Committees and related statutes, the “units” at Saint Mary’s Regional Medical Center (SMRMC) will be defined by “like units” as the following:

- Emergency Department
- Critical Care and Telemetry units (monitored patients)
- Medical/Surgical units (Medical, Orthopedics, Oncology, Surgical), Tele (Medical Only patients)
- Operating Room
- PACU
- Same Day Surgery/STAR
- Endoscopy
- Imaging Services
- Cath Lab
- Maternal Child units (MB, NICU, Pediatrics)
- Labor and Delivery
- Behavioral Health Unit and Behavioral Health Holding Unit

## **PROCEDURE**

### **Staffing Committee**

The Staffing Committee (SC) meets at least quarterly to evaluate the efficacy of the staffing plan, which also includes issues brought forth via Assignment Despite Objection and Refusal of Work Assignment forms. An explanation of how the concerns were addressed shall be provided at each staffing committee meeting.

SMRMC’s staffing committee is comprised of:

- No less than one-half of the total members from the licensed nursing staff who are providing direct care at the hospital,
- To include at least 1 Certified Nursing Assistant (CNA); and
- No less than one-half of the total members appointed by the administration of the hospital.

This committee will be well-rounded and well-represented between shifts and units. It is the intent of the staffing committee that recommendations made will be implemented.

### **Elections**

Each time a new staffing committee is formed, the administration of the hospital shall hold an election to select the regular members of the staffing committee (RN and CNA) as well as the alternates (RN and CNA) who provide direct patient care on the unit that the member represents. Each Licensed Nurse and CNA who provide direct patient care must be allowed 3 days to vote for regular and alternate representatives for the staffing committee.



### NURSOPS - Staffing Committee

The Staffing Committee must consist of:

- One member representing each unit of the hospital who is a licensed nurse (RN) who provides direct patient care on that unit, elected by the licensed nursing staff who provide direct patient care on the unit that the member will represent, and
- One member representing each unit of the hospital who is a certified nursing assistant (CNA) who provides direct patient care on that unit, elected by the certified nursing assistants who provide direct patient care on the unit that the member will represent.
- One alternate member representing each unit of the hospital who is a licensed nurse or certified nursing assistant who provides direct patient care on that unit, elected by the licensed nursing staff (RN) and certified nursing assistant (CNA) who provides direct patient care on the unit that the member represents.

If a vacancy occurs in a position on the staffing committee, a new regular or alternate member must be elected in the same manner as his or her predecessor.

#### Requirements for Representatives and Alternates:

- If elected to the Unit Representative position (RN or CNA), the agreement is as follows:
  - The commitment is for two years.
  - To attend all four meetings in the calendar year.
  - If unable to attend arrangements for coverage by the Alternate Unit Representative or another nurse or CNA staff member will be made.
- If elected to the Alternate Nurse Unit Representative position (RN or CNA), I understand that:
  - My commitment is for two years.
  - To attend the meetings that the Unit Representative is unable to attend.
- If a Representative and Alternate is unable to fulfill their requirements they must submit a letter of resignation to the chair of the Staffing Committee. See Addendum A, for a Letter of Resignation from Representation of the Staffing Committee

#### Election Process:

- Elections will not be conducted for separate nomination positions for the Nurse Unit Representative and the Alternate Nurse Unit Representative. The election will simply be conducted for the Nurse or CNA Unit Representative. When the votes are tallied, the nurse/CNA with the most votes will be the Unit Representative and the person with the next most votes will subsequently be the Alternate Unit Representative.
  - Attempts will be made to have RN and CNA representatives and alternates from both day and night shifts for each nursing unit.
- The election will be conducted the 1<sup>st</sup> full week of January every other year. Individual unit elections will be conducted when vacancies arise throughout the year.
- A call-to-serve will be posted one month prior to the election.
- Interested candidates will need to fill out and submit to the chair of the Staffing Committee a Candidate Sign-up form.

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- Two weeks prior to the election, the candidates will be announced.
- The election will be conducted electronically.
- In order to capture the most ballot submissions, the ballots will be collected from 8:00 am Monday through 8:00 pm Sunday each week an election is conducted.
- The election results will be announced the Tuesday following the election.
- All communication with the candidates/representatives will be conducted electronically via their Prime Healthcare emails.
- Once elected, each representative and alternate will have their picture taken and posted on their unit, as well as, the Staffing Committee page on the hospital intranet.

#### Staffing Committee Election Report:

- An election report will be written after the election takes place. Individual unit elections conducted when vacancies arise throughout the year will be reported as an Addendum to the report.
- The report will contain the following information:
  - Notification of election.
  - Communication of election process to interested candidates and staff.
  - Election Results
  - Election Results Announcement.
  - Recommendations for future elections.

#### **Meeting Attendance**

- Each unit representative will attend the quarterly Staffing Committee meetings, or arrange for the alternate to attend. If the alternate is unable to attend, it may be arranged for another nurse from their unit to attend.
- All nurses and CNAs are welcome to attend.
- Only individuals that are elected and those staff who are invited to present at the meeting will be paid for their attendance.
- If it has been arranged for a nurse or CNA to attend in lieu of their representative or alternate, they must get prior authorization from Leadership before the meeting so that they can receive pay for attendance, as well.

#### **Assignment Despite Objection Process**

##### Submitting an ADO

- Conduct the crucial conversation with your Charge nurse or Supervisor regarding concerns about the assignment(s).
- Fill out the ADO:
  - Make sure that the names are legible, and the Unit/Department, Shift, and Date are completed.
  - Do not put the names of co-workers who do not wish to be on the ADO.
  - Check all statements that apply.
  - Fill in Census and Acuity

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- Fill in Staffing mix
- Fill it out as best you can; utilize another sheet of paper, if needed.
- Attach copies of the daily unit staffing sheet and any other pertinent forms to the ADO.
- Fill in the Supervisor and other administration notified & their response
- **Give white copy to the Supervisor, House Supervisor, or Director.**
- The Pink and Green copies go to your nurse representative OR into the CNA/NNOC/NNU drop box on the first floor in the back hallway next to Elevator A.
- The Yellow copy is your copy. (If the copy is not clear enough, you may want to make a copy of the white before you give it to administration.)

#### Recording/Reporting the ADO

- The Supervisor/House Supervisor/Director turns the ADO in at the next Bed Meeting they attend or to Nursing Operations.
- From Nursing Operations, it goes to the Staffing Committee Chairperson.
- The Staffing Committee Chairperson then logs it into the hospital intranet and gives it to Leadership.
  - All ADOs submitted are logged and trended in the hospital intranet.
  - The Charge nurse or Supervisor should fill out an ADO Response form when they receive the ADO form. These response forms are also logged in the hospital intranet.
- Before Staffing Committee, the union's Professional Practice Committee Chairperson meets with the Staffing Committee Chairperson to ensure that all ADO's have been received by both the union and nursing leadership.
- Leadership addresses any received ADO's at the Staffing Committee.

#### **Dispute Resolution at the Staffing Committee Meeting**

The staffing committee agrees to handle disputes in a democratic manner of a simple majority.

#### **Staffing Plan**

SMRMC shall make available to the Division of Public and Behavioral Health (DPBH) a written policy and a documented staffing plan. The hospital will attest that the policy and staffing plan are adequate to meet the needs of the patients.

The written policy and documented staffing plan must be signed by each representative, or their alternate. A signature indicates the member has received a copy of the policy and the staffing plan, and if desired, actively participated in the development of the policy and the staffing plan. The members are encouraged to note any objections or solutions to the written policy or the staffing plan. Other members of the staffing committee may sign and provide comment to the staffing plan and written policy, as well.

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The documented staffing plan must include without limitation, protocols for adequately staffing the health care facility if a licensed nurse or CNA is absent or refuses a work assignment pursuant to NRS 449.2423, among other things.

Staffing plans should be tiered to include:

- A plan for your basic medical or surgical unit,
- A staffing plan for emergencies or catastrophic events,
- A plan for unexpected change in acuity,
- Changes in staffing numbers (sick call ins, float pool, etc.),
- Contingency plans/Extenuating circumstances.

The Staffing Plan will be executed for each shift during the Bed Meetings. Variances to the staffing plan will be documented in the House Status Report and updated at each Bed Meeting. For more information, see the Nurse Staffing: Bed Meeting Procedure policy.

### **Communication**

The following documents will be shared with all staff via the hospital's intranet:

- The Staffing Plan,
- Meeting minutes,
- Sign-in sheets from each meeting,
- Annual education regarding staffing and new legislative mandates

Additionally, the staffing committee will prepare a written report/summary concerning:

- The establishment of the staffing committee,
- The activities and progress of the staffing committee, and
- A determination of the efficacy of the committee.

Via the Nevada Hospital Association (NHA), the report shall be submitted on even numbered years to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the legislature and in odd numbered years to the Legislative Committee on Health Care on or before December 31st.

### **Star Rating**

For those hospitals required to implement a staffing committee, the Division will develop a system to rate health care facilities to address the severity of compliance with requirements related to staffing, by assigning not less than 1 star and not more than 5 stars, after an inspection and investigation concerning a complaint.

Procedures by which a health care facility can appeal the assigned DPBH Star rating, no later than 30 days after an investigation or inspection, concerning a violation or request a follow up inspection.

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The star rating assigned by the Division becomes final 30 days after the investigation or inspection, or after the final determination of any appeal, whichever is later.

The Division will post the final star rating assigned to the facility, no later than 5 days after it becomes final.

A medical facility that receives a Centers for Medicaid and Medicare (CMS) Star Rating shall post the most recent rating in a conspicuous place near each entrance to the facility that is regularly used by the public, including all outpatient facilities that fall under the facilities license. The CMS Star Rating shall also be posted on the facility home page of the internet website.

The Department of Health and Human Services (DHHS) Star Rating, based on compliance with safe staffing statutes and regulations, shall be posted on the facility home page of the internet website and in a conspicuous place near each entrance to the facility that is regularly used by the public. This is to include all facilities that fall under the hospital license.

DPBH will send out the initial placard with 5 stars to those hospitals mandated to adhere to the safe staffing laws.

Placard will state the name of the facility, assign a star rating based on deficiencies.

Signage will not be less than 8.5 inches in height and 11 inches in width with margins not greater than 1 inch on any side and written in single typeface of not less than 20-point type. Signage will be titled "Nevada Division of Public and Behavioral Health – Requirements Relating to Staffing based on NRS 449.241 to 449.2428.

Facility may appeal within 30 days after an investigation, specifying each finding of a violation to be appealed, the reasons why the facility is disputing the finding, include any evidence to support reversal, and be submitted separately from the plan of correction.

The hospital will format the signage for CMS Star Rating to no less than 8.5 inches in height and 11 inches in width with margins not greater than 1 inch on any side; be written in single typeface in less than 20-point type; and state the name of the facility; identify the star rating assigned by CMS as the "Centers for Medicare and Medicaid Services Star Rating"

Penalties are also outlined in the revised proposed regulations.

If your facility does not receive a star rating, you are not required to post a star rating.

**DOCUMENTATION:**

- Staffing Plan
- Staffing Committee Annual Summary

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- Staffing Committee Election Report
- Assignment Despite Objection form, as needed
- Assignment Despite Objection Response form (Leadership only), as needed
- Letter of Resignation from Representation of the Staffing Committee, as needed

#### **REFERENCE/EVIDENCE BASED PRACTICE:**

Nevada Revised Statutes. (2013). Retaliation or discrimination against employees and certain other persons: Prohibition under certain circumstances; medical facility prohibited from restricting right to make report or take certain other actions. (NRS 449.205). Carson City, Nevada. <https://www.leg.state.nv.us/NRS/NRS-449.html>

Nevada Revised Statutes. (2017). Requirements Related to Staffing (NRS 449.241 – 449.2428). Carson City, Nevada. <https://www.leg.state.nv.us/NRS/NRS-449.html>

#### **CROSS-REFERENCE:**

- Assignment Objection policy
- Refusal of Work Assignment policy
- Nurse Staffing: Bed Meeting Procedure policy

**POLICY OWNER:** Chief Nursing Officer

**AUTHOR/POLICY COORDINATOR:** Katie Grimm, CNO and Staffing Committee Co-Chairs

#### **APPROVAL:**

<b>Committee Approvals</b>	<b>Date</b>
Administration	12/2018
Staffing Committee	1/2019
Policy Committee	2/2019
QUM	2/2019
MEC	3/2019

**Origination Date:** 12/2018

**Reviewed Date:**

**Revised Date:**

Name	Unit	Role
Jennifer Louie	ED	RN
Linsey Wegner	ED	RN
Ally Keefe	ED	RN
Alexa Abuan	ED	Tech
Christine Cotrell	Radiology	RN
Pam Johnson	Radiology	RN
Jennifer Johns	Radiology	Tech
Deanne Merritt	Radiology	Tech
Amy Mendez	Discharge Lounge	RN
Sarah Hoffbuhr	Same Day Surgery	RN
Shayla Tat	Same Day Surgery	RN
Lorena Sanchez	SPD	Tech
Angel Hernandez	SPD	Tech
Carol Morales	Operating Room	RN
Jaime Perkins	Operating Room	RN
Stephanie Ercolin	Operating Room	RN
Jesse Bolin	Operating Room	OR Tech
Vacancy	Operating Room	Anesthesia Tech
Marla Arvin	PACU	RN
Linda Quinlan	Endoscopy	RN
Justin Barba	Endoscopy	Tech
Holly Simental	Surgical (4N)	RN
Brittney Miller	Surgical (4N)	RN
Leo Frediani	Surgical (4N)	RN
Sue Olsen	NICU	RN
Stephanie Drake	NICU	RN
Darrella Lydell	Labor & Delivery	RN
Patti Daly	Labor & Delivery	RN
Vacancy	Labor & Delivery	Tech
Debbie Fanning	Postpartum	RN
Bethany Want	Postpartum	RN
Denise Rawson	Pediatrics	RN
Bailey Cryderman	Pediatrics	RN
Briana Peterson	BHU	RN
Gavin Garrick	BHU	RN
Arlene Borremans	BHU	RN
Lourdes Aker	BHU	Tech
Amy Wright	Oncology	RN
Beth Unger	Oncology	RN
Chrystine Revelli	Medical	RN
Vacancy	NeuroTele (Tele II)	Tech
Lauren Rametta	Telemetry	RN
Rachelle Williamson	Telemetry	Tech
Abi Doepker	Telemetry	Tech
Mike Hagstrand	Cath Lab	RN
Rachael Coe	Cath Lab	RN

Erin Ivens	Cath Lab	RN
Marnie Dwyer	Cath Lab	RN
Jeremy Shea	Cath Lab	RN
Katie Dawson	CCU/ICU	RN
Wendy Fry	CCU/ICU	RN
Deborah Skeans	Float Pool	RN
Vacancy	Float Pool	Tech
Dottie Novack	Medical Division	CNA
Claudia Imperial	Surgical/ Procedural Division	CNA
Melissa Skiff	Critical Care Division	CNA
Judy Cunningham	Critical Care Division	CNA
Vacancy	Maternal-Child Division	CNA