



CEO RETREAT

 Washington State
Hospital Association

 Association of Washington
Public Hospital Districts

Cultivating Hospital Staffing Committees: From Thorn in Your Side to Prize Rose in Your Garden



Hospital Leadership Imperative

- Continue CARE Initiative activities, like CEO listening sessions
- Participate in hospital staffing committee meetings
- Use data collection as an opportunity: begin monitoring compliance now and make adjustments where you find issues
- Over-communicate efforts to comply with law and make other changes with staff

SB 5236: Hospital Staffing Legislative Compromise

- Enacted after years of negotiation with unions
- True compromise
 - WSHA member bottom lines are met, but hospitals will face:
 - Increased data collection and new reporting requirements
 - Increased oversight from both DOH and L&I
 - Greater potential for major financial penalties
- Our focus today: hospital staffing committees and hospital staffing plans

Hospital Staffing Committees in SB 5236

- Adds LPNs and CNAs to committees and staffing plans, now called “hospital staffing committee”
- Requires use of uniform form for hospital staffing plan
- Requires development of a charter with specific elements
- Voting committee members must be exactly 50% management/50% labor
- **Committee must vote to approve a proposed staffing plan.** If the hospital/CEO rejects or requests changes to the proposed plan, the committee must have the opportunity to resubmit a revised plan. If the hospital/CEO still rejects the plan, it reverts to either:
 - The most recently adopted hospital staffing plan that was approved by the committee; or
 - The 2023 staffing plan.

Hospital Staffing Plan Compliance in SB 5236

- Requires reporting and meeting 80% compliance with staffing-plan-directed patient assignments for RNs, LPNs, and CNAs
- Measured by patient care unit
- Semi-annual reporting to DOH
- If hospital drops below 80% compliance in a month:
 - Report to DOH
 - Create a corrective action plan (CAP)
 - If hospital fails to follow CAP, \$50,000 monthly fines by L&I until the hospital follows the CAP
 - If CAP followed but ineffective, another CAP

Complaints About Hospital Staffing in SB 5236

- Current process for complaints continues with hospital staffing committee
- If complaint unresolved by the committee for 60 days, L&I and DOH can investigate

Hospitals will not be found in violation if investigation shows:

- There were unforeseeable emergent circumstances;
 - An individual admission of a patient in need of life-saving care transferred from another hospital was the reason for the violation; or
 - The hospital made reasonable efforts to retain or obtain staff.
- If violation is discovered during investigation, hospital must develop a CAP
 - If hospital fails to follow CAP, \$50,000 monthly fines by L&I until the hospital follows the CAP
 - If CAP followed but ineffective, another CAP

Brian Gibbons

Sommer Kleweno-Walley

Susan Stacey

Table Discussion

What are the top two actions you need to take to ensure that all staff feel like the hospital staffing committee is important to you?

SAFE STAFFING

IS COMING TO

WA HOSPITALS



Table Discussion

What are the top two actions you need to take to ensure that all staff feel like the hospital staffing committee is important to you?



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