

OHA Hospital Staffing Investigation
Nurse Staffing Plan Approval Tool

OHA Hospital Staffing Unit completes the fields in this box to be provided with the Investigation Needs List at the initiation of the investigation.

Hospital

Date Under Investigation

Unit

Instructions:

This form is to be completed by the Nurse Staffing Committee (NSC) Direct Care Co-Chair and NSC Nurse Manager Co-Chair (or designees). Initial and date at the bottom of each page of the form when complete.

Section 1 - Nurse Staffing Plan (NSP) Approval Status

1. Identify below whether the NSC had approved an NSP effective on the date under investigation identified above. Each Co-Chair should check one box below.

	NSC DC Co-Chair	NSC NM Co-Chair
<div><div>Option 1 - No Approved NSP: The unit identified above did not have an approved staffing plan effective on the date under investigation identified above.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div>If you check the box for Option 1, skip to Section 4.</div>		
<div><div>Option 2 - Approved NSP: The unit identified above had an approved staffing plan on the date under investigation identified above.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div>If you check the box for Option 2, complete the table in Section 2 on the next page.</div>		
<div><div>Option 3 - Binding Arbitration: The unit identified above had a staffing plan decided upon after binding arbitration.</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div>If you check the box for Option 3, complete the table in Section 3.</div>		

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Section 2 - NSP Approval

1. What was the date the NSC approved the NSP? _____

2. Complete the table below for the NSC meeting where the NSP was approved. List each member of the NSC, even if the member was not present at the meeting when the NSP was adopted. Do not list individuals who are not members of the NSC. When the table is complete, skip to Section 4.

The table continues on page 3. Attach additional pages as needed.

	Name	Unit	Present (Y/N)	Participated in vote?	How member voted?	
Direct Care (DC) Co-Chair			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Nurse Manager (NM) Co-Chair			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>	
			No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>	
Committee Members						
Name:	DC Member / NM Member	Unit	Primary (P) Alternate (A)	Present (Y/N)	Participated in vote?	How member voted?
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Abstain <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	N/A - Didn't vote <input type="checkbox"/>

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Committee Members						
Name:	DC Member / NM Member	Unit	Primary (P) Alternate (A)	Present (Y/N)	Participated in vote?	How member voted?
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	DC <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	NM <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>

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Section 3 - Binding Arbitration

1. Did the NSC request binding arbitration through OHA?

☐ Yes☐ No
2. Date the NSC requested OHA arrange binding arbitration:
3. Has the arbitrator issued a decision on the NSP?

☐ Yes☐ No
- 3a. If yes, check the box to confirm that the
arbitrator's decision is attached to this tool.

☐

Section 4 - Signatures

Are additional pages attached to this packet?

☐ Yes☐ No

Number of additional pages attached:

By signing below, I confirm that the answers provided in this tool and the attached pages, if applicable, are complete and true to the extent of my knowledge and after review of the NSP approval documentation for the date under investigation.

By signing below, I also confirm that I have sufficient knowledge about the NSC to be able to complete this form.

Direct Care Co-Chair Information
<div></div> <div>Co-Chair (or designee) Printed Name</div>
<div></div> <div>Co-Chair (or designee) Job Title</div>
<div></div> <div>Co-Chair (or designee) Signature</div>
<div></div> <div>Co-Chair (or designee) Date Signed</div>

Nurse Manager Co-Chair Information
<div></div> <div>Co-Chair (or designee) Printed Name</div>
<div></div> <div>Co-Chair (or designee) Job Title</div>
<div></div> <div>Co-Chair (or designee) Signature</div>
<div></div> <div>Co-Chair (or designee) Date Signed</div>