

OHA Hospital Staffing Investigation
Service 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 Service Staffing Committee (SSC) Staff Co-Chair and Manager Co-Chair (or designees). Initial and date at the bottom of each page of the form when complete.

Section 1 - Service Staffing Plan (SSP) Approval Status

1. Identify below whether the SSC had approved a SSP effective on the date under investigation identified above. Each Co-Chair should check one box below.

	SSC Staff Co-Chair	SSC Manager Co-Chair
Option 1 - No Approved SSP: The unit identified above did not have an approved staffing plan effective on the date under investigation identified above.	<input type="checkbox"/>	<input type="checkbox"/>
If you check the box for Option 1, skip to Section 4.		
Option 2 - Approved SSP: The unit identified above had an approved staffing plan on the date under investigation identified above.	<input type="checkbox"/>	<input type="checkbox"/>
If you check the box for Option 2, complete the table in Section 2 on the next page.		
Option 3 - CEO Selected SSP: The unit identified above had a SSP selected by the CEO because the SSC was unable to come to an agreement about the plan after at least 60 days of deliberations.	<input type="checkbox"/>	<input type="checkbox"/>
If you check the box for Option 3, complete the table in Section 3 on the next page.		

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Section 2 - SSP Approval

1. What was the date the SSC approved the SSP? _____

2. Complete the table below for the SSC meeting where the SSP was approved. List each member of the SSC, even if the member was not present at the meeting when the SSP was adopted. Do not list individuals who are not members of the SSC. 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?	
Staff 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"/>	
					Abstain <input type="checkbox"/>	
					N/A - Didn't vote <input type="checkbox"/>	
Manager 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"/>	
					Abstain <input type="checkbox"/>	
					N/A - Didn't vote <input type="checkbox"/>	
Committee Members						
Name:	Staff Member / Manager Member (Mgr)	Unit	Primary (P) Alternate (A)	Present (Y/N)	Participated in vote?	How member voted?
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Abstain <input type="checkbox"/>
						N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/>		P <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>
	Mgr <input type="checkbox"/>		A <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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Committee Members						
Name:	Staff Member / Manager Member (Mgr)	Unit	Primary (P) Alternate (A)	Present (Y/N)	Participated in vote?	How member voted?
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> N/A - Didn't vote <input type="checkbox"/>
	Staff <input type="checkbox"/> Mgr <input type="checkbox"/>		P <input type="checkbox"/> A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <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 - CEO Selected SSP

1. Did at least one SSC Co-Chair invoke a 60-day deliberation period?

☐ Yes ☐ No
2. When was the 60-day deliberation period invoked?
3. Did the SSC extend the 60-day deliberation period?

☐ Yes ☐ No
- 3a. If yes, when did the SSC invoke the second 60-day deliberation period?
4. After the deliberation period, was the SSC still at an impasse on the SSC?

☐ Yes ☐ No

If the SSC was still at an impasse after the deliberation period, fill out the questions below. Otherwise, skip to Section 4.

5. When did the SSC send the disputed SSP to the CEO or designee?
6. Has the CEO or their designee issued a decision on the disputed SSP?

☐ Yes ☐ No
- 6a. If yes, check the box to confirm the CEO's deliberations related to the disputed SSP are attached to the SSP Approval Tool.

☐

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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 SSP approval documentation for the date under review.

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

Staff Care Co-Chair Information

Co-Chair (or designee) Printed Name

Co-Chair (or designee) Job Title

Co-Chair (or designee) Signature

Co-Chair Date Signed

Manager Co-Chair Information

Co-Chair (or designee) Printed Name

Co-Chair (or designee) Job Title

Co-Chair (or designee) Signature

Co-Chair (or designee) Date Signed