



Hospital Nurse Staffing Committee Minutes

Hospital: _____
 Meeting Date: _____ Q1 Q2 Q3 Q4 Special Meeting- Purpose _____
 Location: _____ Start Time: _____ Adjourn Time: _____ Quorum Declared: Yes No
 Date for Minutes Approved by Committee: _____ Co-Chair Signatures: _____ / _____
Manager Co-Chair Staff RN Co-Chair
 Date for Minutes Posted: _____ By _____

Membership Roster and Attendance

Nursing Departments	Nursing Leadership NAME/TITLE <small>Co-Chair/Voting Members</small>	Sign-in	Nursing Staff NAME/POSITION <small>Co-Chair/Voting Members</small>	Sign-in	
List depts here	Voting Status		Voting Status		
Total Managers Voting			Total Staff Voting		
Non-Voting Attendees					
Invited Guests					
Invited Presenters					



Oregon Nurse
Staffing Collaborative

Oregon Nurses Association and
Oregon Association of Hospitals and Health Systems

and Legacy Health

Other						

Standing Agenda						
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Topic	Discussion/Motions Made	Actions Taken/Vote Results	
<input type="radio"/> Welcome and Introductions	1.		
<input type="radio"/> Declare Quorum	1.		
<input type="radio"/> Review and Approval of Minutes	1.		
<input type="radio"/> Review and Approval of Agenda	1.		
<input type="radio"/> Staffing Complaints	1. Filed/Reviewed/Resolved		
<input type="radio"/> Metrics/Trends	<input type="radio"/> Staffing and Outcome Trends		
<input type="radio"/> Labor Utilization	<input type="radio"/> Overtime <input type="radio"/> Contract Labor <input type="radio"/> Sick Calls <input type="radio"/> FMLA <input type="radio"/> Mandatory Overtime		
<input type="radio"/> Recruitment	<input type="radio"/> Hires <input type="radio"/> Voluntary Terminations <input type="radio"/> Turnover Rate <input type="radio"/> Vacancy Rate <input type="radio"/> Days to Fill		

<input type="radio"/> Staffing Plans for Review, Approval, Revision	<input type="radio"/>		
<input type="radio"/> Actions	<input type="radio"/>		
<input type="radio"/> General Discussion	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		

STAFFING COMMITTEE SCHEDULE:

NOTE: Dates below are an illustration of how you might use this section. Customize it as appropriate to your hospital.

2017	January	February	March	April	May	June	July	August	September	October	November	December
STAFFING COMMITTEE SCHEDULE		FY Q1 Staffing Committee Meeting DATE:			FY Q2 Staffing Committee Meeting DATE:			FY Q3 Staffing Committee Meeting DATE:			FY Q4 Staffing Committee Meeting DATE:	
OTHER REVIEWS											Staffing Plan Review DATE:	