OHA Hospital Staffing Investigation
Professional/Technical 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 Professional/Technical Staffing Committee (PTSC) 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 - Professional/Technical Staffing Plan (PTSP) Approval Status

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

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

PTSC Staff Co-Chair (or designee) Initials _____ Date_____ / PTSC Manager Co-Chair (or designee) Initials _____ Date_____

Section 2 - PTSP Approval

1. What was the date the PTSC approved the PTSP? ________________

2. Complete the table below for the PTSC meeting where the PTSP was approved. List each member of the PTSC, even if the member was not present at the meeting when the PTSP was adopted. Do not list individuals who are not members of the PTSC. 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 ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
Manager Co-Chair			Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯

Committee Members

Name:	Staff Member / Manager Member (Mgr)	Unit	Primary (P) Alternate (A)	Present (Y/N)	Participated in vote?	How member voted?
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯
	Staff ◯ Mgr ◯		P ◯ A ◯	Yes ◯ No ◯	Yes ◯ No ◯	Yes ◯ No ◯ Abstain ◯ N/A - Didn't vote ◯

PTSC Staff Co-Chair (or designee) / PTSC Manager Co-Chair (or designee)
Initials ________ Date_________ Initials ________ Date_________

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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 Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote
	Staff Mgr		P A	Yes No	Yes No	Yes No Abstain N/A - Didn't vote

PTSC Staff Co-Chair (or designee)
Initials _________ Date__________

/ PTSC Manager Co-Chair (or designee)
Initials _________ Date__________

Section 3 - CEO Selected PTSP

1. Did at least one PTSC Co-Chair invoke a 60-day deliberation period? ◯ Yes ◯ No

2. When was the 60-day deliberation period invoked? _____

3. Did the PTSC extend the 60-day deliberation period? ◯ Yes ◯ No

   3a. If yes, when did the PTSC invoke the second 60-day deliberation period? _____

4. After the deliberation period, was the PTSC still at an impasse on the PTSC? ◯ Yes ◯ No

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

5. When did the PTSC send the disputed PTSP to the CEO or designee? _____

6. Has the CEO or their designee issued a decision on the disputed PTSP? ◯ Yes ◯ No

   6a. If yes, check the box to confirm the CEO's deliberations related to the disputed PTSP are attached to the PTSP Approval Tool. ☐

PTSC Staff Co-Chair (or designee) Initials _____ Date_____ / PTSC Manager Co-Chair (or designee) Initials _____ Date_____

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 PTSP approval documentation for the date under review.

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

Staff Care Co-Chair Information	Manager Co-Chair Information
_____ Co-Chair (or designee) Printed Name	_____ Co-Chair (or designee) Printed Name
_____ Co-Chair (or designee) Job Title	_____ Co-Chair (or designee) Job Title
_____ Co-Chair (or designee) Signature	_____ Co-Chair (or designee) Signature
_____ Co-Chair Date Signed	_____ Co-Chair (or designee) Date Signed

PTSC Staff Co-Chair (or designee) Initials _____ Date_____ / PTSC Manager Co-Chair (or designee) Initials _____ Date_____