**Nurse Staffing Task Force**

**Meeting Five Executive Summary**

**July 18, 2022**

**Task Force Members Present**: Chelsea Backler, Denise Bayer, Katrina Bickerstaff, Carol Bradley, Michelle Buck, Amber Clayton, Curtis DeVos, Joanne Disch, Zina Gontscharow, Nicole Gruebling, Melinda Hancock, Rick Miller, Ryan Miller, Cheryl Roth, Amy Rushton, Deborah Ryan, Judy Schmidt, Mary Slusser, Gina Symczak, Crystal Tully, Monica van der Zee, John Welton, David Wyatt

**Absent Task Force Members**: Natalia Cineas, Vicki Good, April Hansen, David Keepnews, Katheren Koehn, Holli Martinez, Kelly Nedrow, Kelley Saindon, Sarah Wells, Joyce Wilson

**Meeting Objective:** Pivot to building on the foundation we have laid; identify the priority areas for addressing nurse staffing.

**I. Meeting Announcements** – Sarah Delgado, Core Team

10th Task Force Meeting will move to meeting on November 1st and the 13th Task Fore Meeting will be on January 3rd.

**II. Statement of Meeting Objective** – Brian Sims, Co-Chair

Pivot toward building on the foundation we have laid; identify the priority areas for addressing nurse staffing (Outcome 4)

**Outcome 4**

Develop Process**:** Develop draft recommendations for sustainable workforce solutions to support appropriate staffing.

**III. Results of between meeting work -** Final versions of the definition for appropriate staffing and the philosophy statement (Outcome 2 and 3)

**OUTCOME 2**

Define: Create a shared definition of “appropriate staffing” to achieve a safe and healthy care environment for staff and patients.

**Definition** - Appropriate staffing is a dynamic process that aligns the number of nurses, their workload, expertise, and resources with patient needs in order to achieve quality patient outcomes within a healthy work environment.

**OUTCOME 3**

Establish philosophy: Identify principles to guide the development of safe and appropriate staffing models.

**Philosophy Statement** - All meaningful efforts for nurses, nurse leaders, hospital executives, and other key stakeholders to build sustainable nurse staffing structures and models should be safe, accountable, transformative, equitable, and collaborative. Strategies to address the nurse staffing crisis will be nurse-driven with continuous measurement for success, using an agile approach to innovation and change to accomplish intended results and outcomes. These 5 tenets serve as guideposts to develop contemporary and progressive pathways toward a new and positive future for our nursing workforce:

1. *Safe*: There is a reliable presence of sufficient and appropriately skilled and supported staff to achieve an uncompromising focus on effective, quality, safe, and optimal care delivery. Staffing is appropriate to ensure optimal person-centered outcomes and freedom from harm for patients, families, and the workforce.

2. *Accountable*: Organizational leaders, unit managers, and direct care nurses have an aligned understanding of the determinants of staffing and appropriate staffing. Leaders are responsible for identifying and correcting resource gaps that lead to inappropriate staffing. Nurses are responsible and empowered to collaborate with the interdisciplinary team to allocate staff and patient care resources to match patient needs and to reallocate resources as those needs change and evolve

3. *Transformative*: Change is driven by nurses and occurs through innovative thinking.

4. *Equitable*: The quality of care does not vary based on patient characteristics, geography, timing, or other factors. The distribution of the workload among staff and the distribution of care to patients is a just and unbiased process. There is flexibility and adaptability to meet the unique needs of each patient.

5. *Collaborative*: Behaviors are defined by common goals, equal voice and power, and shared decision-making based on knowledge and experience. This leads to improved efficiency and more holistic care that results in people working together to provide more beneficial services.

**Meeting Introduction**

Staffing Testimonial – Crystal Tully, Patient and Family Advocate

* Where doesn’t staffing have an impact? Young patient bit by a copperhead snake admitted into the hospital. Firstborn child with very involved, large family presence. Covid numbers increasing, and staff stressed. Family is then advised to not enter to room due to protecting the environment of their child. This resulted in a healthy conversation with the nurse managers and care coordinators; helping the family understand the points of care and what processes look like. There was pressure on the staff to meet clinical needs. Family brings personal expectations and stressors into the clinical setting. When creating guidelines, consider how we’re going to help the staff mitigate these emotions. Healthy conversation and everyone willing to discuss what should/should not have been occurring, the patient then accepts nurses/physicians into the room The key takeaway is if it doesn’t fall on the nurses (and it shouldn’t), who should these conversations fall on? How do we propose that they occur?

**V. Meeting Objective/Results of between meeting work:** Building off of the small group work from meeting 4 with the 30 Minute Small Group report out on the proposed versions for revisions/amend/validation for the philosophy to now taking the themes created on the survey sent out Monday, July 11th, 2022.

**VI**. Sharing of Think Tank Video

**High-Level Time**: Aim is to be future focused and transformative

**VII. Themes Framework:**

**Theme 1 – Regulation, policy, rules:**

* Need for recommendations to “have teeth” and there must be accountability for organizations, individuals, etc.
* Inclusion of regulators, policy makers, specific mentions of The Joint Commission, Center for Medicaid and Medicare, Magnet.

**Theme 2 – Care delivery, processes, models for nursing practice:**

* Participants identified the need for meaningful change, that is sustainable and makes a difference.
* How we deliver care needs to be reimagined – using teams, expanding capacity, working with new and older generation of nurses, and expanding capacity in innovative ways.
* Technology must play a role but used wisely and without burden.
* Data- new models and processes should be data-informed/utilized data.

**Theme 3- Financial structures, payment models:**

* Financial considerations for the value of nursing, ranging from including nurses in decisions to the cost of nursing, to impact of financial decisions.

**Theme 4 – Staffing standards and guidance**

* Participants identified that safe staffing evidence exists, desire to move patient-centered care into nursing-centered care.
* Enforceable staffing standards – a sufficient number of nurses. Address guidance and evidence that’s out there. Engaging staff and scheduling vendors.

**Theme 5-Work environment, recruitment, and retention:**

* Need to architect trust between staff, leaders, public. Lack of engagement is there- we need to hear from our front line.
* Need to focus on retention and improve recruitment.

**Theme 6 – Pipeline, paths to prepare future nursing workforce**

* Improve pipeline of talent to recruit and retain nurses including preceptors, academic-partnerships, and support of new graduates.
* Ideas for improving academic settings, nursing student processes, graduation rates and transition to practice programs.

**VIII. Facilitated Discussion:**

**Theme 1 (regulation, policy rules):**

* Safe standards is separate from regulation and policy. One seems to be a process and the other is a specific target.
* Consider addressing CMS Conditions of Participation. A very powerful tool rarely used by CMS because it is so broad. If we are able to put that in Theme 1 and interact with CMS to improve the overall nurse staffing piece, that would put a lot of teeth behind it.
* CMS should also set a standard for labor and delivery in their new initiative on birth-friendly hospitals.
* Theme 1 (regulatory) and Theme 3 (finance) should be viewed as supporting structures.
* Magnet is a voluntary program with no regulatory authority.
* Regulatory creates structure and guidance. The joint commission is voluntary. Starting at the federal then state level to develop structure that supports how they’re operated.

**Theme 2 – (care delivery, processes, models for nursing practice):**

* Consider having patient and family-centered under theme 2.
* Discuss the importance of having workforce mobility and the nurse licensure compact (nurse regulation).
* In the early days of the pandemic, nurses participating in the nurse licensure compact had more mobility.
* Small but growing number of nurses are starting their own professional practice groups and working directly with hospitals.
* We need to deal with nursing issues- make sure what we do includes patients/family/nurses.
* Travel nurses are here to stay. This does influence the care delivery team.
* Streamlining of documentation – the burden of technology and EHR.
* Expanding the documentation to include discussion on innovations-how do we make the actual work of the nurse easier?
* Notate the six dimensions of quality since the interpretation of quality can be highly variable.

**Theme 3 – (Financial structures, payment models):**

* Addressing head-on and making recommendations to separate nursing out to its own billing codes, we have a different cost accounting model for nursing care. That raises nurses’ value-you can see who provided that care and what the value was.
* One area to do better is the return on investment of nurses.
* Strongly articulate savings, cost avoidances and benefits. We don’t do a good job of really helping others calculate how you would quantify the impact of nursing.
* Tightly connect this back to theme 1- the way we regulate and the way we get paid.
* Make sure we don’t get too narrowly focused on the nurses’ contributions who are directly assigned to patients.

**Theme 4 – (Staffing standards, guidance):**

* Think about adding this to the theme- in light of the mobile/gig type of workforce, can we put standards into place for orientations and onboarding which vary across organizations right now?
* How can we ensure that anyone who comes in the door meets some minimum standards?
* Informatics interventions could be developed to understand the real-time environment in which care is given in an acute care setting.
* There is a group of processes that hospitals have traditionally adopted that relate to staffing scheduling, patterns, and shift length – characteristics about staffing that aren’t about the staffing standards but the process that unfolds.

**Theme 5 – (Work environment, recruitment and retention):**

* Where have we addressed in the nurse work environment the ability for a nurse to say “ I’m so swamped, I don’t know what to do”. Think about how we can help nurses who are in that situation speak up.
* Is there anything we can learn from the hospitalist staffing model? Can it be transferable to the nurse staffing model?
* If you have a program that brings solid retention, you’ll bring the nurses in.

**Theme 6- (Pipeline, paths to prepare future nursing workforce):**

* Nursing schools have out-performed most labor supply models from the year 2000.
* Support existing nurses instead of focusing on the pipeline.
* Academic setting isn’t what we are here for but it will flow organically with our work.
* Raising wages would get more nurses. If we raise wages in areas where nurses are needed, we could draw those nurses.
* Recommendation to pause theme 6 for future discussion.

**Additional Takeaways:**

* Creating an opportunity for discussion on nurse well-being/work-life balance.
* Staffing standards tend to be employer focused. Nurses need to own their own work patterns, self-care, and well-being.
* There can be some recommendations about what individuals can do that fall under on or more of these themes overall.
* Trust is needed between the staff and leadership.
* Discussing the pipeline issues as part of the set-up of any report so we aren’t silent on it and nothing that our recommendations are interdependent but still focused on a manageable subset.
* “You cannot solve a problem with the same thinking that created the problem.” – Albert Einstein
* Things have to be nurse-centered in order to ultimately be patient/family-centered.
* True nursing value can only be described by measurement if the clinical and financial impact of nursing care.
* Diverse perspectives and backgrounds, challenging the “status-quo” – this is how change happens.
* We will need to reinvent nursing care. Partnering with all healthcare providers to find a way to safely care for patients together.

**Final Thoughts-** Brian Sims, Co-Chairs

* This group has been entrusted with thinking through the future of nurse staffing.
* It is all worth it when we are minded that we’ve been entrusted to create solutions for people who will benefit from this work.

**X. Next Steps**

* Meeting 5: August 8th, 6-8 p.m. ET, 3-5 p.m. PT
* Framework developed from these actions and priorities will be discussed at the next meeting

**XI. Meeting Adjourned at 8:53 p.m. ET, 4:53 p.m. PT**