**Nurse Staffing Task Force**

**Meeting Two Executive Summary**

**May 16, 2022**

**Task Force Members Present**: Chelsea Backler, Denise Bayer, Katrina Bickerstaff, Carol Bradley, Michelle Buck, Natalia Cineas, Curtis De Vos, Joanne Disch, Zina Gontscharow, Nicole Gruebling, April Hansen, David Keepnews, Katheren Koehn, Holli Martinez, Rick Miller, Kelly Nedrow, Cheryl Roth, Amy Rushton, Judy Schmidt, Mary Slusser, Crystal Tully, Monica van der Zee, Sarah Wells, John Welton, David Wyatt

**Absent Task Force Members**: Amber Clayton, Vicki Good, Melinda Hancock, Kiersten Henry, Ryan Miller, Deborah Ryan, Kelley Saindon, Gina Symczak, Joyce Wilson

**Co-Chairs:** Sherry Perkins, Brian Sims

**Advisors:** Matthew McHugh

**Scholar in Residence:** Lesly Kelly

**Nurse Staffing Core Team**: Katie Boston-Leary, Wendy Cross, Kendra McMillan, Cheryl Peterson

**Absent Nurse Staffing Core Team:** Connie Barden, Sarah Delgado, Linda Cassidy

**Nurse Staffing Partners attending**: Todd Nelson

**Absent Nurse Staffing Partners:** Robyn Begley, Patricia McGaffigan

**I. Identify meeting roles** - Kendra McMillan

This will be a standing agenda item, and the roles will rotate. Each meeting will need the following: meeting facilitator, timekeeper, minute taker, queue keeper, and chat monitor.

**II. Announcements** - Kendra McMillan

* The Nurse Staffing Think Tank [press release](https://www.aacn.org/newsroom/national-nurse-staffing-think-tank-launched-by-leading-health-care-organizations) has gone out and the [Nurse Staffing Think Tank: Priority Topics and Recommendations](https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf) are also available online.
* Task Force members who missed the first meeting were introduced.

**III. Statement of meeting objective** - Sherry Perkins, Co-Chair

*Objective:* “By end of today’s meeting , we will define the Task Force purpose and outcomes, moving from draft to final. The aim is to be the future-focused and transformative.”

**IV. “State of the Evidence” pertinent to Task Force purpose and outcomes** - Lesly Kelly, Scholar in Residence

Presented a “big picture” overview of existing evidence and prevailing concepts or practices. Discussion included the following broad topics:

* Definitions of staffing
* Models of care
* Staffing trends and models
* Workforce supply
* Staffing policy
* Healthy work environments
* Implementation

**Comments and Questions:**

* It is important to note there are many variables in the current nursing environment that affect nurse staffing and workload and are not related to patient care (e.g., physical plant design, technology, professional roles like precepting).
* Other elements are important but, unless you can put a person in two places at once, the number does matter. The evidence is clear around ratios. Number is associated with both patient and nurse outcomes. Efforts related to the work environment are also dependent on staffing. One does not replace the other – they are complimentary and work in both directions.

**V. Introduce revised Outcomes -** Sherry Perkins, Co-Chair

A revised draft of the proposed Task Force outcomes and deliverables was provided for discussion:

1. *Process outcome:* Create a shared definition and vision of safe and appropriate staffing
2. *Deliverable:* Identify principles to guide development of safe and appropriate staffing models
3. *Process outcome:* Develop and implement an assessment of the state of acute care safe nurse staffing and the impact on nurses and patient outcomes (if carried forward, can leverage existing work and survey items will be future focused)
4. *Deliverable:* Develop draft recommendations for appropriate staffing to achieve sustainable workforce solutions
5. *Deliverable:* Initiate a national safe staffing advocacy and education campaign

**VI. Practical consensus and the activity ahead -** Katie Boston-Leary, Core Team

* Want to make sure we have a process and agreement as we move forward. Especially when it gets to challenging topics.
* Review of overarching objective
* Practical Consensus – “Can I live with this?” The ideal situation would be to achieve full endorsement and agreement on the final product/deliverable – every participant on every topic, every strategy or tactic, every measure. How can we set this up to move decisions forward?
* Characteristics of Experts – we want to hear from everyone between now and the end of our time together in nine months.
* Explanation of group activity

**VII. Small group work:** Discussion done in five separate groups in Zoom rooms

* Group 1: Assessment & Understanding the Gap
* Group 2: Shared Definition of Staffing
* Group 3: Workforce Recommendations
* Group 4: Principles for staffing models
* Group 5: Campaign

**VIII. Post-breakout room discussion:** - Brian Sims, Co-Chair

Participants used Share Screen to show the work and Chat for details as needed

*Group 1*

* Needs more data and maybe survey, about nurses in acute care environments, variation of nurse environment, generational differences
* How do we close gaps and keep nurses at bedside?
* How to address nurses’ work life balance?
* Travel nurses
* Can’t use COVID-19 as plan for future
* Need more time to finalize revised outcome

*Group 2*

* Needs to define specifically who the outcome is addressing (e.g., nurses, patients, other staff?)
* Should “appropriate” and “safe” staffing be broken out?
* Balance nurse safety and patient safety
* This issue is broader than staffing
* Revised outcome: Create a share definition and vision of appropriate staffing for a safe environment of care for staff and patients.

*Group 3*

* Focused on the workforce recommendations to develop draft recommendations for appropriate staffing
* Agreed to flip and put sustainable workforce solutions first
* Need to put some guard rails around what we mean by sustainable workforce solutions
* Look at perspective from both supply and organizational operational approach
* These will have to be managed as we look at the draft recommendations

*Group 4*

* Looked at philosophy around how care should be delivered
* Idea inherent to care delivery is the need to address caregiver wellbeing – mental and physical safety
* There were different approaches to what staffing means and how broad that is. Clarity is needed.
* Discussion on ratios needs to happen now and candidly. Different groups have their positions on ratios but there hasn’t been a lot of room for dialogue.
* Fine with outcome as it was revised.

*Group 5*

* Approach needs to be tiered and targeted
* Edited the current draft outcome during discussion
* Will work with the group offline confirm agreement revised version

**IX. Key take-home points and next meeting** - Brian Sims, Co-Chair

* The group was invited to share feelings and comments in the chat
* Each group should send their edited outcome to the Core Team and part of the next meeting will be dedicated to finalizing those outcomes.

**X. Meeting adjourned at 4:55 p.m. PST**