Session 2:
TRANSFORMING COST INTO VALUE:
RECOGNIZING NURSES’ UNIQUE CONTRIBUTION

PRESENTED BY:
- Dr. Lesly Kelly, PhD, RN, FAAN
- Dr. Vicki S. Good, DNP, RN, CENP, CPPS
We have the data. We want change. It’s time for action.
Series Host

Nicole Anselme
MBA, MSN, RN, CCRN, SCRN, GERON-BC
Senior Policy Advisor
Nursing Programs
American Nurses Association
About the Series

- Five interactive 90-minute sessions featuring content developed and presented to you by members of the Nurse Staffing Task Force

- Our goal is to engage nurses in discussions around actionable steps to tackle the nurse staffing crisis.
Two Parts of Each Session:

- Imperative is introduced; information and context are provided
- A Q&A will follow the presentation
- Presentation will be recorded and available on Nursingworld.org

- Discussions will be focused on action
- Please do not share patient information
- We encourage participation; speak freely and openly
Overview

Nursing Pipeline

PRACTICE
- Stress Injury Continuum
- Work Schedule Flexibility
- Total Compensation

POLICY
- Healthy Work Environment
- Innovative Care Delivery Models
- Diversity, Equity and Inclusion

Total Compensation

Partners for Nurse Staffing Think Tank, April 2022

Nurse Staffing Task Force, May 2023

S. Delgado, 2023
Series Overview

1. Sept. 14, 2023
   Creating a Healthy & Supportive Nurse Work Environment: Key Steps

2. Sept. 21, 2023
   Transforming Cost into Value: Recognizing Nurses’ Unique Contribution

3. Sept. 28, 2023
   Innovative Care Delivery in Nursing: A Paradigm Shift in Healthcare

4. Oct. 05, 2023
   Maximizing Nursing Efficiency: The Future of Regulatory Innovation

5. Oct. 19, 2023
   Achieving Excellence in Healthcare: Nurse Staffing Standards
Speaker Introductions

Vicki S. Good
DNP, RN, CENP, CPPS
Member of the Partners for Nurse Staffing Think Tank & Nurse Staffing Task Force

Dr. Vicki Good is a nurse leader responsible for the alignment of nursing strategy for university partnerships, student pipeline, government relations, boards of nursing, and professional organizations across a large hospital system. She is also the past president of the AACN Board of Directors.

Dr. Good advocates locally and nationally to ensure implementation of current and future standards of practice & care.

Dr. Good served as a member of the Nurse Staffing Task Force and Think Tank to design strategies to address the staffing complexities we face as nurses today.
Lesly Kelly  
PhD, RN, FAAN  
Scholar-in-Residence,  
Nurse Staffing Task Force  

Dr. Lesly Kelly is a health services researcher with a background in acute patient care, academia, and healthcare system administration.

Her research focus includes staffing, the health of the work environment, and improving nurse and patient outcomes, particularly those associated with clinician wellbeing.

She serves as the Scholar in Residence for the Nurse Staffing Task Force.
Value the Unique Contribution of Nurses

SESSION OBJECTIVES:

- Identify different ways nurses can **define and measure** the value of nursing care
- Describe the unique nurse identifier and the potential role it has in **quantifying** the value of nursing care
- Learn what roles nurses can take to **advocate for compensation** that **aligns** with nurses' **unique value**
Value of Nursing

RECOMMENDATION:
Advocate for the development and utilization of approaches that quantify the impact of nursing on organizational performance and outcomes.
What is Value?

Definition

- A relative worth, utility, or importance (Merriam-Webster)
- Something intrinsically valuable or desirable (Merriam-Webster)

Value of Nursing:

- Benefit provided by the nurse
- Direct costs avoided by nurse
- Cost-savings generated by nurse
Pay for Performance

- **Value-Based Purchasing (VBP)**
  Incentive program to improve outcomes, safety, patient satisfaction, and efficiency

- **Hospital Readmission Reduction Program**
  Penalty program for hospitals with greater than expected 30-day readmission rate

- **Hospital Acquired Conditions (HAC) Program**
  Penalty program to encourage patient safety improvement and hospital-acquired condition reduction
Nursing Impact on Outcomes

- **Value-Based Purchasing:**
  - **Hospital Acquired Infections:** CLABSI, CAUTI, MRSA, C. Diff
  - **Mortality:** AMI, HF, PN, COPD, CABG
  - Person and Community Engagement
  - **Efficiency:** Spending per hospital pt with Medicare

- **Hospital Acquired Conditions:**
  - Post-op Sepsis
  - Peri-op PE/DVT
  - Pressure Ulcer
  - Post-op Resp Failure
  - Post-op kidney injury requiring dialysis
  - Peri-op hemorrhage or hematoma
  - In-hospital fall with hip fracture
  - Post-op wound dehiscence

**APIC HAI Cost Calculator**
Nurses Unique Contribution to Value

- **AACN Clinical Scene Investigator**
  - Provides **knowledge**, **skills**, and **tools** to lead innovation
  - AACN CSI Academy aims to provide nurses with the knowledge, skills and support to lead their peers in creating unit-based change that is easily scaled for maximum impact and return on investment
  - **AACN Clinical Scene Investigator (CSI) Academy**

- **J&J NurseHack4Health:**
  - Brings nurses together to **reimagine a healthcare environment** where nurses and their patients can **thrive**
  - **NurseHack4Health Nurse Innovation Hackathons**
Unique Nurse Identifier

RECOMMENDATION:
Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value.
Unique Nurse Identifier (UNI)

- **Problem:**
  - **Value-based care** – a health care delivery model that rewards/pays hospitals and providers based on outcomes and quality of care – will place emphasis on the contribution of nurses
  - Current forms of documentation (EHR, IT systems, billing systems) **do not easily allow for measuring** the contribution of nurses
  - Lack of data = **invisibility**
  - Existing UNIs are used in nursing; **not widespread or required**

- **Task Force Recommendation:**
  - Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that **capture data to quantify** nursing value
UNI Definition

- Distinct **numeric code** used to classify and represent an individual nurse
- May used to **track and classify** nursing services for billing, staffing and resource planning purposes
- Goal is to **connect across systems** to provide evidence of nursing's value to patient care delivery
- May be used to **standardize tracking** nurses throughout their career
  - Across employers, states
UNI Uses

Measurement Potential

- Allows for aggregation and use of data to improve nursing practice
- Mine for nursing specific data
  - Assessment, interventions, outcomes
- Evaluate relationships in data
- Calculate direct nursing care time and costs per patient

Usability

- Understand supply and demand of overall workforce
- Link to other data sources
UNI Types

National Council of State Boards of Nursing

- Automatically generated for each registered nurse and LPN/LVN at the time of the NCLEX Examination
- Available through third party Nursys® database and updated when licensure board/information is updated
- Nursys® is available to researchers
- Currently, all RNs, APRNs, LVNs, and LPNs with U.S. license have a NCSBN ID

National Provider Identifier (NPI)

- A 10-digit number available for free for RNs, APRNs, physicians, dentists, chiropractors, and psychologists, and others
- Enrollment conducted through the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES)
- Required for all clinicians who conduct electronic transmissions and transmit health information; also used for direct billing
UNI Challenges

- The majority of nurses are not reimbursed for care
- Health systems would be required to create trusted universal framework
- Potential for unintended consequences
  - e.g., penalizing nurses and hospitals for poor outcomes
- Standardization to one unique nurse identifier/national system (There are currently 2)
Total Compensation

THINK TANK RECOMMENDATION:
Develop a formalized and customizable organization-wide total compensation program for nurses that based on market intelligence and generational need, as well as an innovative and transparent pay philosophy that includes benefits such as paid time off for self-care and wellness and wealth planning for all generations.
Operational Definition

- All forms of **payment** received by an employee from an employer in the form of salary, wages and benefits.
Are you satisfied with your compensation for the services you provide for your organization?

- Yes: 37%
- No: 63%
Which of the following benefits are most important to you? *Select top three.*

- Healthcare (medical/dental) 76%
- Retirement benefits/pension 58%
- Employer retirement match (401k) 52%
- Professional development 25%
- Tuition remission or adequate reimbursement 21%
- Short-term and long-term disability 17%
- Continuing education 15%
- Life insurance 7%
- Gym/well-being programs 5%
- Benefits-Other-Rate 5%
- Childcare/dependent care 4%
- Financial counseling 1%
RN wages are increasing, but growth varies across settings

$82,750

Mean annual RN salary, 2021

Average RN annual wage growth

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<tbody>
<tr>
<td>Growth</td>
<td>1.73%</td>
<td>1.66%</td>
<td>1.90%</td>
<td>2.66%</td>
<td>2.59%</td>
<td>3.29%</td>
<td>3.42%</td>
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RN hourly wage growth by setting, 2020 to 2021

<table>
<thead>
<tr>
<th>Setting</th>
<th>% wage growth</th>
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<tbody>
<tr>
<td>Outpatient care centers</td>
<td>4.22%</td>
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<tr>
<td>General medical and surgical hospitals</td>
<td>4.1%</td>
</tr>
<tr>
<td>Office of physicians</td>
<td>3.08%</td>
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<tr>
<td>Home health care services</td>
<td>3.04%</td>
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<tr>
<td>SNFs</td>
<td>0.23%</td>
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Total Compensation Actions

- Conduct **routine market analysis** to inform compensation.
  - Include inflation, external agency, compensation and market changes

- Prevent salary compression issues (i.e., low merit increases not keeping up with new hire salaries) with **regular reviews and actions**

- Implement **creative compensation** for hard to fill shifts and days (holidays)
Flexibility staffing options were designed for every workforce layer:

1. Core Facility Based FT/PT and PRN unit-based clinicians were given:
   • Flexible shifts options because staffing/scheduling was conducted by the hours. Example: 8 hours shift offered from 10-7.

2. Flexible regional and local float pool were –
   • Offered incentive shifts like core workers and could choose location to work.
   • Had regional base rate with incentive offers allowing workforce to move to places based on desire

3. Gig workforce is a completely new workforce layer and program

- Found this has decreased reliance on any one workforce layer and created flexibility to improve shift fill rate, alleviating burden on bedside managers
Total Compensation Actions

- Identify and disseminate evidence of nursing as revenue-supporting (not only as an expense/cost) such as proper coding, value-based payment and quality measures
- Conduct compensation surveys with nurses on a recurring basis and share results
- Revisit and revise metrics that are used primarily or solely for:
  - Expense allocation
  - Recording and reduction to allow for understanding of revenue production,
  - Staff safety and satisfaction
    - such as productivity, nursing hours per patient day, midnight census, and skill mix
Breakout Discussions
Discussion Questions

1. How do you see the UNI being used in your organization, in research, or in practice?

2. What types of compensation models/innovations are you seeing in practice?

3. List actionable steps nurse leaders and hospital executives can take to advance and implement these recommendations forward at the:
   - Individual level
   - Institutional level – Unit level
   - Policy level – Federal, state
FROM DATA TO ACTION

The Nurse Staffing Task Force
Project ECHO®

Tackling the Nurse Staffing Crisis

Thank you for joining us!

Think Tank Recommendations

Task Force Recommendations