

Nurse Staffing Coalition: Staffing Committee Best Practices

December 12, 2018

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Presenters



WSHA



Samaritan Healthcare



Alison



Suzanna



Melanie



Dana

Virginia Mason Medical Center

Harborview Medical Center

Objectives



- Review existing law and update

<http://www.wsha.org/our-members/resources-for-hospitals/2017-nurse-staffing-law-resources-and-tools/>

- Discuss best practices at Samaritan Healthcare, Harborview Medical Center, and Virginia Mason Medical Center
- Questions and answers with presenters

Harborview Medical Center

Dana Kyles, RN, MS

Associate Chief Nursing Officer

Melanie Arciaga, RN, BSN, RN2, Co-chair,
Nurse Staffing Committee



Nurse Staffing Committee

- > Monthly 4 hour meetings – 16 members
- > Members must attend at least 80% of meetings each year
- > Charter – *used as a template for tools used to support new law*
- > Staff members are released to attend
 - All staff welcome
 - Non-voting contributors (i.e., Census and Staffing manager)
- > Co-chair from staff and management
 - Meet monthly to plan agenda
- > Formal committee education and orientation to new members
- > New staff orientation materials upon hire
- > Annual visit from Executive Director to address staffing plan

Nurse Staffing Committee - Subcommittees

- > Annual all-day meeting
- > Safety/quality (data accuracy)
 - Create and finalize a standardized dashboard for the nurse manager annual report out
- > Communication/website
 - Nursing newsletters
 - Matrices
 - Minutes
 - Resources
- > Staffing law (acuity, break nurse, short staffing form)

Staffing Complaints

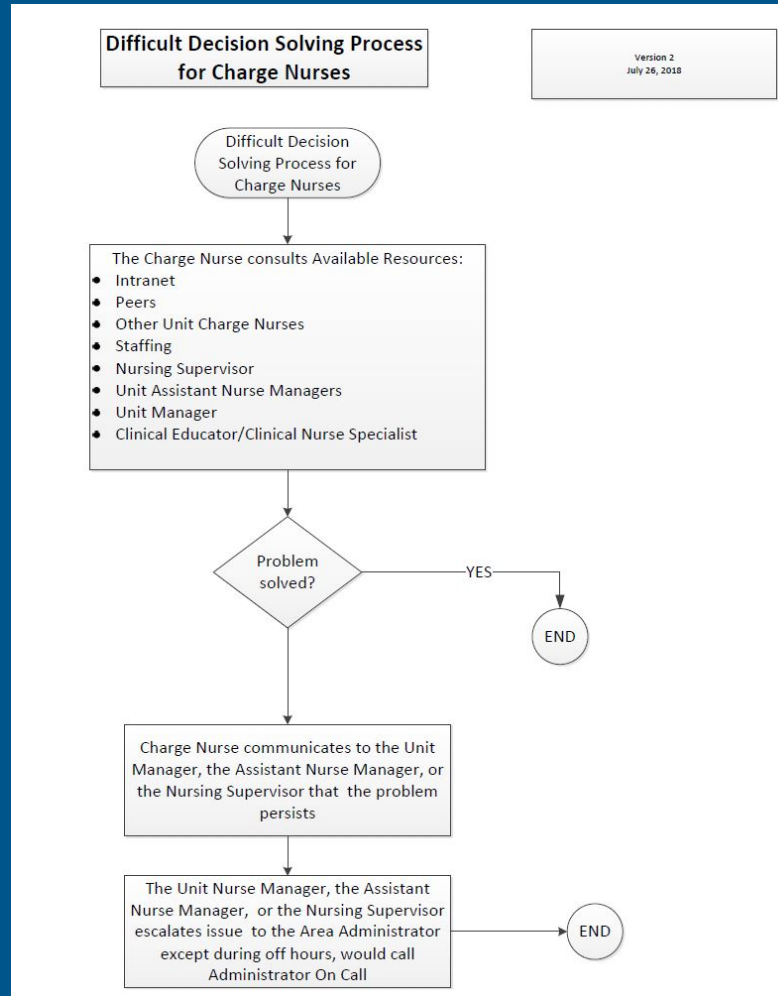
- > Escalation pathway for staff and charge nurses for real time staffing concerns
- > Executive safety rounds
- > Short staffing form completed by staff person
- > Completed form provided to union and manager
- > Unresolved issues or themes reviewed/assessed at staffing committee

Components of Staffing Plan

- > NDNQI survey
- > Culture of safety survey
- > Employee engagement survey
- > Annual manager report
- > Organizational and unit data including census, LOS, quality metrics, patient and staff satisfaction, etc.

	A	B	C	D
	Data/Indicator		Information Location	Comments
1	Provide Unit Summary--# Beds, Types Patients, particular devices, procedures, construction projects, etc.			
2	Bring current Staffing plans		N drive: For Managers Only/Staffing Plans	
3				
4	ODB Benchmarks		ADET	
5	Pillar--Focus on Serving the Patient and Family			
6	Patient Satisfaction Scores		NDNQI	
7	Pain Responsiveness		NDNQI	
8	Nurse Communication		NDNQI	
9	Missed Care		NDNQI	
10	Responsiveness		NDNQI	
11	Matrix			
12	Pillar--Provide the Highest Quality Care			
13	Med errors with harm		Harm Report/HBI/PSN	
14	Falls with harm		A to E (last 3 months)	
15	Pressure Ulcer Injury		A to E (last 3 months)	
16	Clabsi		A to E (last 3 months)	
17	C-Diff Infections		A to E (last 3 months)	
18	MRSA		A to E (last 3 months)	
19	HAPI		A to E (last 3 months)	
20	CAUTI		A to E (last 3 months)	
21	PIV Infections		A to E (last 3 months)	
22	Readmission Rates		A to E (last 3 months)	
23	Pain Management (Not expected to be 0/10 pain scale but manageable)		A to E (last 3 months)	
24	Pillar--Become the Employer of Choice			
25	Turnover (rolling)Provide comment if over 10%		LEM	
26	Employee Engagement Results		Employee Engagement	
27	Vacancy rate and Plan to resolve vacancy		Position Control	
28	RN			
29	FTE			
30	Per Diem			
31	Travelers			
32	BREAK RN			
33	HA			
34	NT			
35	Missed break data		Kronos	
36	% of nurses on unit less than 1 yr		Position Control Report	
37	Pillar--Practice Fiscal Responsibility			
38	Census compared to budget in %		HBI	
39	Volume adjusted FTE		HBI	
40	ADT (number of ins and outs/mn census)		ODB	
41	Peak Times of Discharges			
42	Trends in Unit Acuity/LOS			
43	Leaves of Absence		HR Leave of Absence report	
44	Traveler/agency FTE		Position control	
45	Sick time percentage of total FTE		Labor distribution detail	
46	OT % (Provide comment if over 5%)		Labor distribution detail	
47	Strengths/Weaknesses of the Unit			
48	Any Projects the Unit is Currently Working On			
49	Deadline for Each Project			
50	Current State of the Unit			
51	HMC Nurse Staffing Committee			
52	Questions/Concerns			
53	Approve/Disapprove of Staffing Plan			
54	Follow Up Date (as needed)			

Escalation Pathway



2019-2020 Staffing Plan NSC Planning Calendar

Important Dates for Hospitals	January 1, 2019	February 4, 2019	Semi-annual review of staffing plan by NSC must be completed no later than March 4, 2019	March 31, 2019	June 30, 2019	September 2, 2019	Semi-annual review of staffing plan by NSC must be completed no later than October 1, 2019	January 1 2020
Nurse Staffing Committee Fiscal year calendar		Submit annual staffing plan to CEO for budget finalization			Semiannual review of staffing plan completed.	Semiannual review of staffing plan for January 1, 2020		
CEO/ Executive Director Fiscal year calendar	Staffing plan approved and submitted to DOH			Review and approve annual staffing plan prior to FY budget finalization				Staffing plan approved and received by DOH (DOH wants by November 30)
Department of Health Calendar year		Staffing plan due		If staffing plan changed, submit updates to DOH		Staffing plan due		

Samaritan Healthcare

Becky DeMers, RN, MSN, MBA,
CNO

Engagement and Preparation

- > Co-Chair Nurse Staffing Committee by staff and management
- > 50% staff at each meeting
- > Department Director will cover staff ad hoc
- > Departments create staffing plan
 - Subcommittee begins meeting in February
 - Use template and benchmarks (LMI)
 - Dry run in July
 - Present to CEO in August

SBAR Template

- > Situation = Current Staffing
- > Background = Patient type and standards
 - Benchmarks, references i.e. ENA or AORN standards
- > Assessment = Rationale for future staffing
 - Subcommittee plan for staffing
- > Recommend = Future staffing incl. HPPD/HPPV and Ratios

Current Staffing (2018)

- > Average Daily Census – 16.9 pts (11.6 w/e)
- > HPPD (hours per patient day) – 10.18
- > RN to Patient Assignment Adjustments

Department Information

> Patient Types

- Medical/Surgical, SSU patients, Behavioral Health, Social admits, Hospice/Respite, Comfort Care
- 3 day-old neonates through geriatric

> Professional References

- Association Medical Surgical Nurses (AMSN)
- National Database Nursing Quality Indicators (NDNQI)
- Washington State Nurses Association (WSNA)

> Benchmarks

- HPPD: 9.36 (Labor Management Institute)

M/S Subcommittee Plan

Rationale

- Improved Patient Flow
- Embracing Stewardship
- Teamwork for an exceptional workplace
- Improved patient experience

Key Factors

- CNA patient assignment adjusted
- CN adjusted to meet patient/acuity

Patient Flow

- Improved process for admits and discharges
- Improved process for surgical admits

Conditional Statement: We can meet this if we...

- Make changes listed under key factors
- Redefine and structure the role of the CNA
- Improve Teamwork

Future Plan

- > Future Target- 9.36 HPPD (direct care)
- > RN: Patient Assignments
- > CNA: Patient Assignments
 - ❖ CNA role clarity- Education CNAs scope of practice, ordering, charges, discharge/admits, and HUC duties

Virginia Mason Medical Center

Alison Bradywood, MN, MPH,
RN, Administrative Director,
Clinical Quality

Suzanna Avery, RN, BSN

Staffing Committee Reboot

- > Dry, not action-oriented
- > Administrative function (compliance but no interest)



- > Refocused on staff needs/interests
- > Call for action items, approval
- > Develop processes independent of leadership changes to maintain consistency in function and engagement.


Culture of Safety

- Non-punitive reporting of patient and staff safety issues
- Review of harm and near-miss events
 - On the Job Injuries: assault, needlesticks, lifting
 - Nursing Sensitive Indicators (falls, HAPI, HAI, med safety)
 - Standing agenda item to review safety concerns
- Increased RN education on how to report staffing concerns
- Increasing engagement among staff committee members

Increasing Staff Engagement

- Quality and safety as foundational
- Staff driven agenda
- Elicit staff safety issues/concerns
- Evaluate effectiveness of committee
 - Opportunities for feedback, critique

Annual Work Plan



RN STAFFING COMMITTEE
ANNUAL WORK PLAN – 2018

STANDING ITEMS

- Update on recent hospital staffing and census
- Kaizen/Improvement work affecting hospital nursing areas

Financials: Budgeted FTE, NHPPD, supplies/meds, cost of care

January 8, 2018

- ✓ Public display of current staffing
- ✓ IV therapy/WOCN review of staffing challenges
- ✓ Hospital, ED, PACU dashboard (LOS, admit/discharge by unit) - quarterly
- ✓ Missed breaks

February 12, 2018

- ✓ PSA review and staffing concern process
- ✓ Nursing Resources dashboard for unmet staffing needs
- ✓ Certification and education levels by unit

March 12, 2018

- ✓ Quarterly CALNOC Nursing Quality Outcomes review/Medication Observations
- ✓ Employee Health Worker Injury review
- ✓ Review staffing plan for 2018
- ✓ VM expansion/marketing plan
- ✓ PSA trends
- ✓ Review staffing plan for 2018

April 10, 2018

- ✓ PSA review and staffing concern process
- ✓ Missed breaks
- ✓ Nursing Resources dashboard for unmet staffing needs
- ✓ Finalize questions for staffing plan

May 8, 2018

- ✓ Review staffing grids for 2018



CEO Staffing Memo Submission

- Committee development of memo
 - Prioritization of areas by patient safety risk over volume
 - Clear association of patient safety with volumes in areas in need of increase to NHPPD
- Involvement of nursing executive team early and frequently in process regarding proposed changes

Discussion

What has been the experience with your staffing committee?

THANK YOU!

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