Nurse Staffing Committees: Legislative Trends & Best Practices

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Plan For Our Time Together

1. Context & History of Nurse Staffing Laws
2. Legal trends related to staffing and staffing committees
3. Requirements of law vs. intent of law
4. What has been learned from other states?
5. What are best practices related to staffing committees?
6. Why are successful staffing committees important to us?
History & Context

- Long standing concerns, across the nation, about nurse staffing
- Union Tensions
  - State nursing associations
  - Creation of NNU – National Nurses United
  - SEIU
- Staffing as a primary issue for unions and why
Setting the Context: Our Labor Climate

- Mergers and Affiliations are not just for hospitals
  - NNU – National Nurses United
  - SEIU
  - AFL-CIO – Includes the AFT which includes 5 state nursing associations
History and Context

- Emergence of legislative proposals related to nurse staffing
- Nursing ratios enacted in California
- Development of the NDNQI and CALNOC
  - National Database for Nurse Quality Indicators
  - Collaborative Alliance for Nursing Outcomes
The Data

Two NSQI data bases exist:
- **NDNQI** (Nursing Database for Nursing Quality Indicators)
- **CALNOC** (Collaborative Alliance for Nursing Outcomes)

Nursing Sensitive Quality Indicators: History & Definitions
What Is the History of Nurse Sensitive Quality Indicators?

- In **1994**, The American Nurses Association (ANA) started a long-term commitment to establish that patient care (quality and safety) was linked to nursing care.
- The purpose of this work was to educate nurses, consumers, and policy makers about nursing’s contribution to inpatient hospital care.
The first 15 Nursing Sensitive Measures undergo extensive review, evaluation, and consensus approval through the National Quality Forum.
What Does “Nurse Sensitive” Mean?

Nurse sensitive quality outcomes are those patient outcomes that have been specifically and reliably linked, though research, to the presence or absence of the volume (“dose”) and quality of nursing care.
What are the Nurse Sensitive Quality Indicators?

- **Outcome Indicators:**
  - Hospital acquired pressure ulcers (HAPU)
  - Patient fall
  - Patient fall with injury
  - Urinary catheter associated UTI (CAUTI)
  - Central line catheter associated blood stream infection (CLABSI)
  - Ventilator associated pneumonia or event (VAP/VAE)
  - Failure to Rescue
  - Pediatric IV infiltration
  - Surgical wound infection
  - Psychiatric physical/sexual assault
  - Restraint prevalence

- **Process Indicators:**
  - Nursing Satisfaction
  - Total hours of nursing care per patient, per day
  - Staff skill mix
  - Voluntary nurse turnover
  - Nursing vacancy rate
  - Patient satisfaction with pain management
  - Patient satisfaction with nursing care
  - Patient satisfaction with medical information provided
  - Overall patient satisfaction
CMS declares there should not be payment for “never events”, those adverse events that should “never” occur. Examples include: surgery on the wrong body part, mismatched blood transfusions, falls, or hospital acquired pressure ulcers...

Almost all CMS never events are nurse sensitive!
So What Does This Mean to Us?

- There is a direct correlation, based on research, between appropriate staffing and patient outcomes. If staffing is inadequate this should be seen by a corresponding drop in patient quality outcomes.

- Because CMS will not pay for “never events”, most all of which are NSQI – there is a financial cost to poor staffing for the hospital.
Emergence of significant research on Nurse Staffing
- Linda Aiken
- Jack Needleman
- Woman who does financial research
- Peter Buerhaus
Peter Buerhaus, PhD, RN, FAAN

“There is no scientific evidence supporting a magic number for nurse staffing.”

The idea of applying ratios is absurd, counter-productive, & backward thinking... Ratios are a bankrupt idea, and their widespread implementation could slowly bankrupt the profession. I would not want to be associated with a profession that allowed itself to be dummied down to the point where it self-inflicted onto the profession the very notion that it abhors: a nurse is a nurse is a nurse.”
Hey... What's Wrong With a Little Legislation??

- You can’t legislate judgment
- Law and ethics are different
- By its nature, laws are linear and reductionist... they seem to simplify complex issues
- Do you like “big” or “small” government?
- A law creates a platform that can be built on
- The process of creating law can bring people together, or divide them
The First Staffing Committee Law
Oregon

HB 2800 on Nurse Staffing

- Equal numbers of nurse managers & direct care nurses on the committee
- Committee is to develop nurse staffing plans based on:
  - Accurate description of individual & aggregate patient needs
  - Requirements for nursing care
  - Specialized qualifications & competencies of nursing staff
- Establish minimum numbers of nursing staff including LPNs and CNAs required on specified shifts
HB 2800 on Nurse Staffing

- Include a formal process for evaluating and initiating limitations on admission or diversion of patients
- Staffing plans are developed, monitored, evaluated, and modified by the staffing committee
- Staffing plans are to be consistent with nationally recognized evidence based standards and guidelines
- Any nurse on the staffing committee may request that the Oregon Department of Human Services assist in resolving any staffing impasse
Oregon Specific History

- 2011 the ONA and OAHHS collaborated on a project to study the effectiveness of the state staffing committees.
  - Hospital to hospital experience was widely variable.
  - Influence of the CNE is highly correlated with a high functioning staffing committee.
  - A true participative management culture is required for full success.
  - “You can’t legislate judgment”
2014 Review of the Status of Compliance with Staffing Committee Laws in the NW

Why do a review?

- By 2014 we had over a decade of experience with our nurse staffing committees. Are we maintaining compliance? Are we improving our processes?
- We had frequently heard from our union colleagues that the committees are not working as they should.
- Nurse leaders hoped to gain knowledge about the status of our committees, but also hoped to learn what “best practices” in staffing committee work were, and where we might be able to offer assistance to help committees improve their processes.
- Where process was “broken” -- why… & what does “best practice look like?
What Did We Do on Our Site Visits?

At each hospital we:

- Silent observers were allowed into the hospital based staffing committee
- After observing a staffing committee the reviewers:
  - Held a 90min focus group with the staff nurse members of the committee only
  - Held a 90min focus group with the leadership members of the committee only
  - Each focus group was asked the same 45 questions
  - Used the focus groups for not just data collection but for teaching/learning dialogues as well
  - Met with hospital leaders as requested for verbal report outs
On Site Visits, Compliance with the Requirements of the Law and the Intent of the Law Were Reviewed

Compliance With The Law
- Do you have a staffing committee?
- Right membership composition?
- Does the committee meet at least Q6mos?
- Create a Staffing Plan?
- Get CEO review of the plan?
- Review the plan at least Q6mos?
- Post the Plan

Compliance with the Intent of the Law
- To create a participative & collaborative approach to nurse staffing between front line care providers & management
- Assure that nurse staffing is driven by the needs of patients, while considering the budget – instead of just being driven by budget
- To use evidence, research, and data to support staffing decisions – rather than emotion
- To create a fluid and continuous process for the re-evaluation of staffing, patient outcomes, & patient utilization trends
- To support transparency in hospital nurse staffing
So What Did We Find Relative to Compliance With Nurse Staffing Laws?

- Most hospitals had established a nurse staffing committee with the right composition, who met with regularity.
- Some simple questions turned out not to be so simple -- Have you created a staffing plan?
- CEOs were compliant with staffing plan reviews when these plans were forwarded.
- Nurse Staffing plans were posted, but there were some consistent misunderstandings about the posting requirements.
- Most committees tended to review aspects of the staffing plan with some regularity, but did not do a formal, specific mid-year review.
- Many committees had “flipped” the process for creating a staffing plan.
What does “Flipping the Process” Mean??

- The laws required that staffing plans were to be created by the staffing committee & that the CEO would respond to that staffing plan.
- Instead many staffing committees were given financially based staffing metrics (which were assumed to be non-negotiable) which in fact indirectly defined the staffing levels for each unit.
- A staffing committee then became the “responder” to these financially driven staffing metrics rather than the creator of a staffing plan.
So How Do You “Unflip” the Process?

- The staffing committee process demands that there be understood and equal respect for both the quality of the care provided to patients and for the financial and business health of the organization.

- Without “health” and strength in both the quality and business arenas, no hospital will be a strong or sustainable organization.
How Do You Manage & Balance the Tension Between These Two Demands?

- Clinical Care Needs and Quality
- Financial Success and Business Imperatives
Setting Your Committee Up For Success

- Begin with the most basic requirement of the law... you are to create a staffing plan

- The law says the plan is to be based on data – the examples of data provided in the law include but are not limited to:
  - Census data
  - Patient intensity
  - Staff experience
    - (Including Specialty Certification & Training)
  - The design & geography of the unit(s)
  - National Staffing guidelines

- Push the data to your committee, don’t make them beg for it!
What Other Data Does the Committee Need?

- Quality Data – Nurse Sensitive Quality Indicators
- Patient Utilization Trend Data
- Staffing Data - Including experience levels of the staff, float nurse and agency use
- Satisfaction Data – staff and patient satisfaction

What Members of the Staffing Committee Might Want to Consider:

- Who are our patients and what are their needs?
- How can we use our data to ask additional questions, or to drill down to develop more in-depth understanding of how nurse staffing, processes of care, and patient outcomes may be linked in our setting?
In God We Trust,
From Everyone Else We Require Data.....
The Data – Patient Utilization Data

What Does This Data Include?
Patient Utilization Data

- Diagnostic Groups – types of patients
- Workload based on patient type
- Patient workload intensity
- Daily Census (midnight?)
- LOS – Length of Stay
- Code team activations – volume
- ED volumes
- % of ED patients who are admitted

- Volumes by time of day, day of week, month of year – totals and by specialty
- ADT – Admissions, Discharges, Transfers – total average/day and volume by time of day – also referred to as “churn”
- Readmission rates
Historical Use and Volume Patterns

Seasonality and Trend Analysis
Historical Use and A/D Workload Patterns

Inpatient Discharges by Time of Day
January, 2005
The Data – Nurse Staffing Data

What Does This Data Include?
Nurse Staffing Data

- Total Nursing Hours Per Patient Day
- Skill Mix
- Percent of Agency Use
- Voluntary Turnover Rate
- Nurse Vacancy Rate
- Nursing Satisfaction
- Missed breaks
- Overtime utilization
- On-call utilization
- Staffing complaints

Nurse Characteristics
- Years of experience
- Education
- Certification
- Years in the specialty practice
Problems exist in the measurement and benchmarking of nursing hours per patient day (HPPD) due to inconsistency in definition of terms, and inconsistency in “who” is included in the measurement of hours – including:

- Fixed vs. Variable FTE
- Direct vs. Indirect Nursing Hours
- Productive vs. Non-productive Hours
How Staffing Committees Can Use Data
What Does All This Data Tell You?

- Ask, does the data make sense to you? Do you think the staffing numbers reflect what you expected?
- What does the patient utilization data tell you about how you should staff?
- How many falls have you had over the last few months? Pressure ulcers? Untoward patient events?
- Are you assessing the potential staffing impact on any patient “events”? 
Using Data to Inform Staffing and Quality Decisions
Prioritization of the Information

Narrow the focus of your data analysis to information that is specific and significant to your organization.

- Your priorities should come from the information about your care units that you discover when you ask the key questions: who do we care for, and what do we do for them?
- Acuity vs. Workload
- Common vs. Uncommon Patients
- Predictable vs. Unpredictable Patients
Setting Your Staffing Committee Up For Success

Educate your Committee related to Staffing Scheduling and Budgeting

Some examples…
All Sources of Operating Cost to Hospitals:

- Salaries: 46%
- Fringe Benefits: 16%
- Supplies: 12%
- Bad Debt: 16%
- Depreciation: 4%
- Prof. Liability Insurance: 6%
Your staff are complaining that they are overworked. They tell you they don’t get breaks, can’t accomplish their tasks and need more staff. What you see on your daily rounds validates this… in fact you are worried that the staffing may be unsafe. As you fill out your requisition to post for a new position you notice that your Budgeted HRS/UOS are 25.24 and yet the actual HRS/UOS are 27.2. When you turn in your requisition for additional staff this request is rejected by your manager and you are told you cannot have more staff as you are already over budget. What’s wrong??
## Case Study Score Care

**Determining the Distribution of Hours & FTE Within a Budget**

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<th>Budgeted HRS/UOS –</th>
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## Case Study

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<td>Budgeted 3.7</td>
<td>Actual 5.5</td>
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Another Issue of Concern...

- The use of on-call and total hours worked
- Fatigue
Moving from Compliance With the Law to Staffing Committee “Best Practices”

- Formal education/orientation process for new staffing committee members
- Orientation to the staffing committee law as part of new employee onboarding
- In large organizations, having service line or specialty committees that “feed-up” to the central staffing committee giving more voice and involvement of staff from all levels of the organization
- Committees that meet at least quarterly and preferably, monthly
- Committees with an open door policy where employees from other areas are invited to participate in staffing discussions where their help is desired
  - Ancillary staff
  - Housekeeping
  - Finance staff
  - Facilities management staff
  - Transporters
  - Physicians, etc.
- Administrators assure that their staffing committees are included in decision making that has a significant impact on staffing.
Moving From Compliance With the Law to Staffing Committee “Best Practices”

- The staffing committee is formally linked to other organizational committees.
- The hospital is enrolled in a nurse sensitive outcome indicator database (either NDNQI or CALNOC).
- Nurse sensitive outcomes are used as a strong indicator of staffing effectiveness.
- The committee uses national level professional, specialty guidelines as a benchmark for appropriate staffing in specialty areas.
- The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing which could include:
  - Patient census and census variance trends
  - Patient LOS
  - Nurse sensitive outcome data
  - Quality metrics and adverse event data where staffing may have been a factor
  - Patient satisfaction data
  - Staff satisfaction data
  - Nursing overtime, on-call utilization, and agency utilization
  - “assignment by objection” or other staffing complaint/concern data
  - Patient utilization trends in those areas where on-call is used
Moving From Compliance With the Law to Staffing Committee “Best Practices”

- The staffing committee has formal defined methods to communicate their work to the full nursing department, which may include:
  - Nursing Department newsletter
  - Nursing Department Annual Report
  - A specific nurse staffing committee website that can house:
    - Staffing committee membership and meeting times/places
    - Unit based staffing plans
    - Hospital level best practices
    - The current staffing committee law
    - Reports that correlate nurse staffing to patient and staff satisfaction and to NWQI
    - An email process where staff can communicate staffing concerns in real time.

- Beyond the creation and evaluation of an annual staffing plan the nurse staffing committee may engage in other activities such as:
  - Reviewing staffing complaints/concerns
  - Review of data on breaks missed and the use of overtime
  - Review of the literature on issues pertinent to staffing such as fatigue, shift options, models of care delivery, staffing process improvement mechanisms
  - Analysis of variance from planned and actual staffing, planned and actual patient volumes

- The committee conducts routine surveys to assess staff satisfaction

- The organization provides education to nurses on staffing, scheduling, and budgeting so that they may be both educated and informed
Things We Should Pay Attention To

- The presence of the CNE/CNO is significantly linked to staffing committee success.
- Tension between financial goals and clinical goals is healthy in our organizations – conflict avoidance is not.
- Engagement from the C-Suite is critical to staffing committee success.
- Nursing and Medical Hospitalists / Intensivists are the only clinical disciplines that routinely care for complex patients simultaneously, rather than sequentially.
So How Can You Be a “Best Practice” Staffing Committee? Setting Your Staffing Committee Up For Success

- Attitude
- Orientation
- Expectations – Creating a Charter
  - Membership
  - Overall Purpose / Strategic Objective
  - Timeline for outcome completion
- Managing Your Meetings
  - Respectful Shared Leadership Between Co-Chairs
  - Planned and Scheduled Meetings
  - Clearly Defined Roles and Accountabilities
  - Attendance requirements
  - Expectations for participation
  - Decision making processes
  - Understanding of Decisional Authority
What Can be Done to Help Your Staffing Committee be Successful….

- Provide a simple check list of the “gotta-dos” to guide compliance with the law
- Create & review a “best practices” document that outlines steps you can take to move your committee from good enough to great… to move beyond the requirements of the law
- Develop a nurse staffing committee orientation plan and notebook
- Seek out fresh eyes to observe, and consult with your team to provide new perspective when you get stuck
- Provide education for your committee members and nurse leaders
- Provide routine staffing updates to all the staff at your hospital
- Integrate the staffing committee’s work into the organization’s quality committee
So What Do You Think?

- Do you currently have participative management culture & processes in place that would support a staffing committee?
- Do your staff have an understanding of staffing, scheduling, and budgeting that sets a foundation for building a staffing plan?
- Are your staff interested in being involved in building their unit based staffing plans?
- Do you have the indirect time budgeted to allow staff involvement?
- Do your staff nurses have access to the data they would need to build a unit based staffing plan and to evaluate the effectiveness of your current staffing plan?
Next Steps – A Pilot Project?

- Select a unit or division to be an exemplar/model for creating a local staffing plan
- Assure that this unit/division has all the data, as defined, to build a local staffing plan that is evidence based
- Educate the leadership and assigned staff on how to use data/evidence to build their staffing plan
- Have this unit/division present their work, process and outcomes to all staff at a Shared Governance or all staff meeting
- Have the committee respond to concerns or process improvement needed
- Repeat the process on a next unit... and a next
- Create a central staffing committee and feed the unit based data up so that the committee can begin to build an organizational staffing plan
- Have unit based staff and leaders present current data on staffing including an evaluation of variance from the plan – at future staffing committee meetings
Questions?
Comments?
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Thank you