**Nurse Staffing Task Force**

**Meeting Four Executive Summary**

**June 27, 2022**

**Task Force Members Present**: Chelsea Backler, Denise Bayer, Katrina Bickerstaff, Michelle Buck, Curtis DeVos, Zina Gontscharow, Vicki Good, Nicole Gruebling, Melinda Hancock, David Keepnews, Katheren Koehn, Rick Miller, Ryan Miller, Kelly Nedrow, Deborah Ryan, Kelley Saindon, Judy Schmidt, Mary Slusser, Gina Symczak, Crystal Tully, Sarah Wells, John Welton, Joyce Wilson, David Wyatt

**Absent Task Force Members**: Carol Bradley, Natalia Cineas, Amber Clayton, Joanne Disch, April Hansen, Holli Martinez, Cheryl Roth, Amy Rushton, Monica van der Zee

**Meeting Objective:** Approve revised outcomes, presentation of draft definition on safe staffing, begin work on establishing our philosophy.

**I. Identify Meeting Roles** – Sarah Delgado, Core Team

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. Statement of Meeting Objective** – Sherry Perkins, Co-Chair

*Objective:* Reach practical consensus on a shared definition (Outcome 2), create bullets points for the 5 principles that comprise our philosophy (Outcome 3)

**III. Present Definition, revised based on Survey (Outcome 2) –** Lesly Kelly, Scholar in Residence

* 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.

**IV. Introduce small group work to establish our philosophy (Outcome 3)-** Katie Boston-Leary, Core Team

**Philosophy Statement**: A philosophy statement describes what guides your actions and how those actions affect your life, job, and others around you. All people have philosophy statements, even if they have not put them to paper yet. A well-written philosophy statement summarizes your guiding principles in a one-page document.

* These five words will help build on the philosophy statement (principles).

Collaborative – 24 votes

Equitable – 24 votes

Safe – 23 votes

Accountable/nurse-driven – 19 votes

Transformative – 19 votes

**Meeting Introduction**

Staffing Testimonial - Kiersten Henry, Acute Care Nurse Practitioner, Nurse Advisor

* Critically ill patient admitted to the ED who needed to come to an ICU level of care. ICU was understaffed and ED/Med Surg had borders due to not having enough staff at midnight.
* Nurse Driven- What are the things that give those the teeth that our frontline nurses and frontline off-shift nursing leaders need – what do they need to truly be empowered to drive staffing and change?

**V. Presentation of slide deck –** Katie Leary-Boston, Core Team

* Establishing a firm foundation for the work we’re going to do.
* Rocks in this work are the definition – also elements added obtained from the task force survey.
* Sand – foundation elevation (elements) – why are we here? How are we adding value?
* Rocks – establishing the foundational approach – what is the current feel and what other work will stand on this foundation?
* Cement – take action and gain consensus on what we’re developing here.

**Presentation of Definition Revision based on** **Survey** – Lesly Kelly, Scholar in Residence

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.

* The foundation system we chose will support the foundation for many years to come.
* 39 responses from the survey. Can you live with the definition: 90% yes/10% no.
* Qualifier – Appropriate – 43% safe, 35% Optimum 22%

**VI. Small Group Work –** Brain Sims, Co-Chair

30 Minute Small Group report out on proposed versions for revisions/amend/validation for the philosophy.

* TRANSFORMATION: Nurses can drive transformation in staffing through innovative thinking to improve the provider and patient experience.
* ACCOUNTABILITY: Accountability/Nurse-driven (consider agile too). Accountability for staffing is shared among organizational leaders, unit managers and direct care nurses. Leaders are accountable for identifying and correcting resource gaps that lead to inappropriate staffing. Nurses are accountable for allocating staff resources to match patient needs and reallocating as those needs change and evolve.
* COLLABORATION: Exhibiting behaviors of collaboration that are defined by common goals, shared authority, power, and decision making based on knowledge and experience. It leads to improved efficiency, more holistic and user-centered care. Interprofessional collaboration within healthcare results in people working together in providing services for the benefit of the user.
* EQUITABLE: Equitable means that the distribution of the workload among staff and the distribution of care of patients is a just and unbiased process.
* SAFE: Availability of appropriate staff for the accountable, collective, and uncompromising focus on effectiveness, quality, and optimal care delivery in every setting.

**Small Group Report Out –** Brian Sims, Co-Chair

* **Transformative** – being transformative means that we have to begin where we are. It needs to be driven by nurses, but it can’t be solved by nurses alone. Some discussion on changing the verbiage regarding that. There was also a minor discussion about how innovative it needed to be. Group working now and those coming up are hungry for something new – there’s always going to be a new group coming up.

**Small Group Revision:**

*Transformative change driven by nurses occurs through innovative thinking and collaborative action.*

* **Accountability** – key topics they looked at was the need to share definition across executive leadership/frontline leadership and frontline nurses to ensure everyone understands the language each other is speaking – a key component to assure safe staffing. Nurses are accountable for nurse staffing and resources – they should be collaborative with other stakeholders.

**Small Group Revision:**

*Accountability for staffing is shared among organizational leaders, unit managers, and direct care nurses, with an aligned understanding across roles of determinants of staffing and appropriate staffing. Leaders are accountable for identifying and correcting resource gaps that lead to inappropriate staffing. Nurses are empowered and accountable for collaborating with the interdisciplinary team allocating staff and patient care resources to match patient needs and reallocating as those needs change and evolve*.

* **Collaborative** - Discussions were based around authority – then switched with voice. There was a fair bit of the word “user” – eliminated because it felt too cold. Really wanted it to be something that resonated with the staff. Liked the equal voice – wanted to make sure that the words collaboration and collaborative resonated similar to shared governance – a core concept in nursing. One member referenced confusion with collaborative arrangements with advanced practice nurses. Wanted to emphasize that shared coals and common goals were a part of the definition.

**Small Group Revision:**

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

* **Equitable** – a great conversation – first part focused on the nurse versus the teams’ competency to support and meet the needs of the patients they’re delivering care to. Also talked about the location within the healthcare setting versus geography. Make sure healthcare is equitable across all different areas.

**Small Group Revision:**

*Equitable staffing means that 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. Equitable staffing allows for flexibility and adaptability to meet the unique needs of patients we are serving, with consideration of the team members available.*

* **Safe** - discussion about the fundamental definition – safe is free from harm – what does that look like. Who needs to be free from harm? Patient and the workforce. Went more simplistic on the definition.

**Small Group Revision:**

*Reliable presence of sufficient and appropriately skilled and supported staff for an uncompromising focus on effectiveness, 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.*

**Next Steps:** the core group will take this back and continue to rework it to make it more concise. Updated versions of these definitions will be sent out to the task force members for revision and approval in order to be finalized prior to next meeting.

**Staffing Definition –** Brian Sims, Co-Chair

*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 with a healthy work environment.*

* The word “quality” – is this being used as an adjective (meaning to describe) or as a noun (the focus)?
* Quality grew from safe patient outcomes – we just don’t want to be safe; we want to have more than just safe patient care.
* Safety is a dimension of quality.
* Suggestions that “safe” is a powerful word.
* Thinking of 5 STEEP Principles which include timely and equitable.
* How does the patient perceive care?
* We all want it to be quality and safe care, but each institution on this call probably has a different definition based on the resources in their institution.
* Safety is not necessarily under the umbrella, but a VEN-diagram where quality and safety intertwine each other on the patient experience.

**VII. 30-Second Takeaways** – Sherry Perkins**,** Co-Chair

* What of this work resonate with you most?
* What could be meaningful and what end product do you think will be the most meaningful in terms of your participation?
* Move this work forward and bring these agenda items – do the meat of the work.
* Providing a cohesive usable document that can be leveraged to advance their priorities organizationally.
* We have to come to a consensus so the documents resonate with every nurse but not be so perspective that it limits our innovation.
* Nurses have to be supportive of innovative models going forward.
* How to create a framework that evolves with our health systems and brings everyone along?
* We need clinical and non-clinical to understand the premise of this framework, to support work and help it evolve as we evolve.
* The vision is to begin to close the gap between leadership and staff nurses on what is safe staffing.
* Vital to help with the sustainability of our healthcare systems to make nurses at every level feel motivated, feel supported, and know that change is coming.

**Final Thoughts-** Sherry Perkins & Brian Sims, Co-Chairs

* Make sure through all these processes that we’re hearing from everyone in the room.
* Inspirational book – “*What Got You Here, Won’t Get You There”.*
* “The Rabbit Effect” – the study of profound impact that love, connection, and kindness have on our health.
* You can’t be patient and family centered if you’re not provider centered.
* Moving forward to create an environment and trust in our healthcare system.

**VIII. Next Steps**

* Meeting 5: July 18th, 6-8 p.m. ET, 3-5 p.m. PT
* Change in schedule -video presentation at next meeting

**IX. Meeting Adjourned at 8:52 p.m. ET, 4:52 p.m. PT**