Putting the Pieces Together

Developing Thoughtful and Reflective Staffing Plans and Policies

Legacy Emanuel Medical Center

Presented by
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February 2, 2017

Oregon Association of Hospitals and Health Systems

ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904

About Legacy Emanuel Medical Center

- ACS Verified Level I Trauma Center
- ABA/ACS Verified Level I Burn Center
- 24 hr Emergency Care
- Life Flight Network, LLC
- Comprehensive Stroke Center
- Diagnostic and Interventional Cardiology
- Surgical Services
- Family Birth Center, High Risk Obstetrics
- Advanced Urology Center

Licensed for 554 Inpatient Beds
(combined EMC/RCH)

- Respiratory Failure/ECMO
- Cancer Care
- Randall Children's Hospital (RCH)
- Unity Center for Behavioral Health

LEGACY HEALTH   2

Staffing Plan and Policy Development

Meeting the letter and intent of the law

- Developed a staffing plan and policies to meet the legal requirements and intent of the law
- Created standard work to support consistency between departments and plans
- Engaged stakeholders through plan development, shared ownership, and transparency

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What's Working?

- High meeting engagement by both staff and leaders
- One all-day meeting to review all staffing plans
  - This helped to get into a groove about what to expect and allowed members to compare plans
  - Plans presented by unit staff and leaders
    - Allowed time for questions from HSC members
  - Multiple staff commented that the all-day meeting was very valuable
    - One tenured staff RN said to me after the meeting, "I learned more about the hospital and other areas in this one day than ten years of working here."
- Shared ownership, participation, and accountability of developing and establishing standard work
  - Staffing plans developed through shared governance with staff and leadership input
  - HSC created an environment of transparency and trust
  - HSC committed to having engaged participation, accountability for expectations and knowledge, and meaningful meetings

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Staff Staffing is More Than HPPD/Ratios/Budget

- The HSC reviewed literature on the impact of work environment for patient and staff outcomes
- Considered factors regarding work environment when assessing and voting on staffing plans
  - When the work environment is poor, staffing has a significant impact on patient outcomes (Press-Ganey, 2015).
  - When work environment is great, staffing becomes a neutral factor for patient outcomes (Press-Ganey, 2015).
- Factors impacting work environment
  - Percentage of BSN prepared RNs
  - Certification levels
  - High degree of shared governance
  - Staff engagement
  - Staff satisfaction

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Challenges and Solutions

Challenges	Solutions
• Tools to determine the following required metrics: hospital unit activity, acuity, total diagnoses and nursing staffing requirement • Matrix flexibility • Inconsistency among plans • Evaluation metrics different between plans/departments • Tools to evaluate non-budget/ratio related factors that influence safe staffing	• Found and shared evidence-based tools • Included staffing criteria and flexibility in the matrices for departments to make changes and allow for variability in acuity • Created standard work via a staffing plan template and staffing plan workshop • Established consistent evaluation metrics to be included in plans across like units • Found and agreed upon tools to evaluate ratio/budget influencing factors

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Tools to develop the staffing plan

- **Created a staffing plan template**
- **Hospital unit activity:** Utilized Advisory Board toolkit to calculate impact of admits, discharges, and transfers i.e. churn
- **Acuity:** Utilized Case Mix Index and specialty standards to review, assess, and establish acuity
- **Total diagnoses and nursing staffing requirement:** Utilized CALNOC/NWOne, specialty standards, and literature to establish total diagnosis and nursing staff requirements
- **Evaluation metrics:**
  - Work environment: Level of shared governance, BSN %, certification %, staff engagement percentile, missed lunch rate
  - Resource utilization: Resource Pool utilization, overtime percentage, gap to core staffing, and retention rate
  - Safe staffing reports: volume and trends
  - Nurse-sensitive patient outcomes such as CAUTI, CLABSI, HAPU, falls, etc.

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Advice for Others and Lessons Learned

- Make the meeting and plan development experience valuable and meaningful, not just an exercise
- Be transparent even when it's tough or there is conflict
  - People should feel safe to discuss concerns and ask questions
- Create standard work, i.e. staffing plan and policies
- Utilize evidence to look beyond HPPD to truly create a safe staffing plan for patients, staff, and the organization

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Sustaining Success

- Develop a staffing plan template
  - Ensures consistency among plans
  - Ensures the law and organizational policies are met
  - Includes similar metrics to allow for comparison
  - Includes factors beyond budget that impact outcomes:
    - Work environment factors
    - Resource utilization
    - Staffing reports numbers and trends
    - Nurse sensitive patient outcomes
- Hold staffing plan development workshop
  - 4 hour workshop with staff and leaders from all departments to bring data and develop plan
- Hold one all-day Hospital Staffing Committee meeting dedicated to reviewing and voting on all staffing plans

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Questions?

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References

- The Advisory Board. (2008). *The ADT efficiency toolkit: Benchmarking, analyzing, and managing admissions, discharges, and transfers.* Washington, D.C.: The Advisory Board Company.

- Press-Ganey. (2015). *The influence of nurse work environment on patient, payment and nurse outcomes in acute care settings.* South Bend, IN: Press-Ganey.

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