Objectives

- Identify what an effective nurse staffing committee is supposed to accomplish
- Identify who is on a nurse staffing committee and characteristics of effective staff nurse members
- Identify major elements of the nurse staffing law
- Understand how to better utilize the ONA Professional Nursing Care Committee (PNCC)

Let's Start with the Nurse Staffing Committee

- Who is on the nurse staffing committee?
- What does the nurse staffing committee do?
The Law Requires a Hospital to Have a Nurse Staffing Committee

- Comprised of equal number of administration and direct care nurses from identified specialty areas.
- The staff nurses are to be picked by the bargaining unit. This is new!
- SB 469 adds non-RN to direct care votes
- No limit on how many can be on the committee, just that it must be equal representation among administration and staff nurses.

The Staff Nurses and Administration on the Nurse Staffing Committee Must:

1. Ensure the development of unit-level staffing plans, and
2. Approve the hospital-wide nurse staffing plan and policies to meet the law
3. Updated plans MUST be in place by Jan. 2017 but CAN be implemented anytime

Making the Nurse Staffing Committee Effective

Now that you can influence the selection of half the committee, what do we need to do to make sure the committee is effective?
Getting Good Staff Nurses on the Committee

- Its members should be active who are good at their jobs and respected by their peers for their work with patients or co-workers.
- They should have leadership skills.
- They speak up and can talk with colleagues about problems and attempt to get them resolved.

Getting Good Staff Nurses on the Committee

- They are elected - or at least not opposed.
- An election is a validating process and confirms leadership.

Helping the Staff Nurses to be Effective on the Committee

- The group meets regularly even when the committee is not meeting, away from administration.
- They check in, plan things, and follow up on plans or commitments.
- They have help, other nurses or ONA staff that help them accomplish their goals.
- They are visible. People know who they are and how to reach them.
- If they have knowledge deficiencies they get training or education.
Getting the Right Staff Nurses on the Committee

- Most of us have active committees already with staff nurses on them.
- Take stock in who these nurses are.
  - Are they ONA members?
  - Do they have leadership/respect of co-workers?
  - Do people know who they are?
  - What is their motivation? Do they want to improve staffing in the hospital?

Getting the Right Staff Nurses on the Committee

- Interview the current staff nurse members – are they there for the right reasons?
- Find out their terms of office on the committee.
- After you have made your assessments, make a plan to get your active leaders re-elected.

Making the Staff Nurses on the Committee Effective

- Assess their knowledge of the law and their role on the committee and help them come up to speed about what they are doing.
- Get them meeting away from the actual meeting so that planning and evaluation can happen prior to an actual staffing Committee Meeting.
Get the Staff Nurses Trained Up and Meeting (caucusing) Regularly

- Teach them to treat the staffing committee like bargaining where each chance to approve a staffing plan for a unit is like developing a bargaining proposal.
- If they are unsure about how to get items on a meeting agenda and make proposals and/or get a decision made/force a vote, teach them that too.

What is next?

- Now that you can influence the selection of half the committee and we have them trained up . . . let’s get them working on something!

Getting Started

- Draft, refine and adopt a charter
- The charter spells out what it is that you do, your structure, your function, duties and responsibilities
- How votes will be taken
- Set meeting dates (at least quarterly), location and goals for the year
- Identify a chair, co-chair, and minute taker/secretary
Finding Something to Do

• Don’t wait for something to come to you or just let hospital administration run the meeting with their ideas and agenda items alone.

• Go out and find issues to work on.

• If ideas don’t come to you from nurses on units with complaints or concerns then:
  – Go find them. Write up articles in newsletters, use surveys, or make rounds. (Divide up your committee based on their specialty and ask those members to go talk to nurses in those units.)

When a Staffing Issue Emerges, Have the Committee Members:

– Interview/talk with those most involved/affected

– Ask for data (if available) that illustrates the problem

– Determine how many staff nurses are affected by the problem

– Identify whether the problem exists on other units

– Identify WHO can fix the problem: charge, administration, chief nursing officer…

When a Staffing Issue Emerges, Have the Committee Members:

• Identify what the known causes of the problem are

• Ask the nurses on the unit to define the solution that addresses the problem

• Gather information from other practice settings of similar size and structure

• Talk with external agencies, e.g., Oregon State Board of Nursing, Oregon Health Authority, Oregon Hospital Association

• Determine whether unintended consequences of the solution might occur.
Write Out Your proposal and Create a Paper Trail

• Write out what you want to have happen.
  – Desired outcome first
  – Background of the staffing problems (include data if possible)
  – Cause of the problem(s)
  – Recommendation (keep it simple); it could be formatted in the current plan with cross outs and bold underline to signify changes.

Write out your proposal and create paper trail…

• Figure out who can help you and communicate with them.
• Figure out who can decide and communicate with them.
• This means emails and letters, phone calls and visits.
• If you are met with resistance, figure out how to change their minds.

If nothing HOT is going on at the moment . . .

• Devoting some time and energy to evaluating the staffing plan systematically for the hospital might not be a bad idea.
Staffing plan….what's that?

- Hint: It's not “the grid” or “the matrix”
- Although “the grid” or “the matrix” is a part of it.

The Law Requires a Hospital to Have a Staffing Plan

- Each hospital must be responsible for the implementation of a written hospital-wide staffing plan for nursing services.
- The nurse staffing plan must be developed, monitored, evaluated and modified by a staffing committee.
- The staffing plan must take into account the following:

A Staffing Plan is More Complex than just a grid. It’s...

- Based on the specialized qualifications and competencies of the nursing staff.
- Provides for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients.
More Complex Continued

• It's based on activity that quantifies admissions, discharges and transfers for each unit and the time required for a direct care nurse on the unit to complete admissions, DCs and transfers

• It's based on total diagnoses for each unit and the nursing staff required to manage that set of diagnoses

More Complex Continued

• Consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations

• Recognizes the differences in patient acuity

• Must consider tasks not related to providing direct care, including meal breaks and rest breaks

<table>
<thead>
<tr>
<th>Nurse Staffing</th>
<th>Cardiac &amp; Vascular Intermediate Care Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit specific Staffing Plan (revised)</td>
<td>April 2013</td>
</tr>
<tr>
<td>Approved by UBNPC 05/08/2013</td>
<td></td>
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</tbody>
</table>

OHSU's Nursing Care Delivery Model is centered around the key components of reflective practice, OHSU standards and Nursing Scope of Practice, and patterns of practice. The commitment to the Care Delivery model is reflected in our staffing plan. OHSU creates structures to ensure optimal patient care.

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Acuity</th>
<th>Levels</th>
<th>Intensity of Unit and Care</th>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive Care /Intermediate Care/Direct Telemetry Unit for Cardiology, Cardiac surgery, Thoracic surgery, and Vascular surgery.</td>
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- Patient population, on average, consists of approximately 45% Cardiology, 25% Cardiac surgery, 5% Thoracic surgery, 13% Vascular surgery, and 7% Direct Telemetry for other services, as well as EMU/Epilepsy Monitoring Unit for 10K (4 beds).

- Remote telemetry monitoring for adult and pediatric acute care units at KPV, South Hospital and Doernbecher Hospitals.

- Out of a total of 30 beds on our unit, our average daily census is 28.5 patients. Our ADT rate is 30%.

- We have a mix of post-surgical patients, cardiac and post-catheterization patients. Our patients spend several days to weeks. Being an Intermediate Care Unit, patient acuity exceeds 30 private patient rooms. 1 positive-pressure isolation room. All rooms accommodate 1 overnight guest. One RN station with decentralized work stations (pods) throughout unit. Family lounge available at end of the unit. Charting in or out

- Considerations:
  - 11K has a high ADT rate. There are many discharges (and admissions) during both shifts. High acuities and close working relationships with busy cardiac ICUs dictate frequent transfers. Being an Intermediate Care Unit for adults in the hospital, 11K is almost always full, caring for patients too ill for acute care, but stable enough to transfer out of the unit.

- Non-Clinical:
  - Incremental overtime
  - Staff turnover
  - Staff injury/sick time use

- Clinical:
  - Hematoma monitoring in arterial line sheath removal
  - Family visible on unit
  - Family involved in care
  - Family deferred until patient stable
  - Family presents on unit
  - Family involved in care
  - Family deferred until patient stable
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Developing or changing your staffing plan.

- Review the current plan or unit plans – whatever they are.
- Focus on improving the parts where there are problems.
- Focus on the parts that need help first.

Developing or changing your staffing plan continued.

How do you know where there have been problems?
- Look at staffing request and documentation forms (SRDF),
- Grievances
- Do rounds and find out if there are concerns
- Do a survey
- Anything you would do to prepare to bargain to update or change the contract

What makes for a good proposal

- Review the plan and know where the written document is deficient with regard to the law.
- Develop a written proposal for changes that clearly shows what needs to be added or changed just like you would do with the contract.
Perfect Your Arguments

- Are your changes based on national data or evidence or documented best practices?
- Do you have experience that you can use to underscore your approach?
- Circulate a letter and have every nurse on the unit sign on saying this is the staffing approach we need or take a vote on the unit to show support.

Perfect your Arguments

- Lobby the members of the committee.
- Set up meetings with the various members in advance of the committee meetings to explain the changes you want and why they are needed.
- Try to get management support for the change if you can.

Keep Track and Keep your Fellow Nurses Informed

- Write short articles or updates for the BU newsletter; or for the hospital’s newsletter
- Post minutes on the Intranet or hospital’s website or on a unit bulletin board
- Conduct meetings and do rounds
Keeping track and keeping your fellow nurses informed

- Develop a problem list and record it in the minutes. This gives your committee a “to do list”
- Ensure that your minutes are reviewed
- Keep updated any appropriate decision maker including your ONA leadership and labor relations representative
- Approach effected nurses and check to see if the problem is being solved/addressed – close the loop!

It might be good to get some help from your Professional Nursing Care Committee (PNCC) and/or Unit Based Practice Councils.

What is a Professional Nursing Care Committee (PNCC)?

- Usually a component of the bargaining unit (BU) a committee that deals with nursing practice and related issues
- It is a mechanism where staff nurses in a BU can seek review of nursing practice and patient care issues and formulate recommendations to address issues of patient safety, nurse safety and quality of care
- A direct line of communication to upper management, CNO, CEO.
What is a PNCC?

- Not directly involved in the collective bargaining process and not usually directly involved in the staffing committee or the issue on a unit
- Use this group as an objective review of issues to offer insights and suggestions to the staffing committee about what to change on a staffing plan or how to address a unit's concern.

What can a PNCC do?

- PNCC develops solution -- shares with unit, turns over to CNO/unit
- PNCC develops solution -- gives formal recommendation to CNO
- PNCC clarifies problem and cause -- hands off to nursing committee/ Nursing Practice Council within facility, or ONA leadership.
- PNCC backs up -- revisits problem to get better understanding, then moves ahead with solutions; (see above steps)

What happens when everyone doesn’t agree? i.e. – none of the nurse managers voted yes

- Impasse laws
- Pressure tactics
- Call us!
Impasse Laws
The new staffing law has given us more robust impasse laws that we can use when we can't reach an agreement on a staffing plan.
- Either co chair can alert Oregon Health Authority (OHA) to an impasse if an agreement cannot be reached within the staffing committee
- If after 30 days after declaring an impasse one still exists then OHA will step in with a mediator
- If the committee still cannot reach agreement in 90 days of mediation the hospital can be fined.

Pressure Tactics
This is where you figure out how to get either the management members of the committee or someone in hospital administration to direct the members of the staffing committee to give you the change you want.
- It can involve things like petitions, letters, giving speeches at community events about patient safety, and demonstrations.

Pressure Tactics
- Often we use these approaches in bargaining or for issue in the work place when the normal problem solving channels are not working.
- We might use these tactics (at least some of them) when we are trying to build support for a change or we find ourselves at impasse and going forward with the state process.
- A workshop being offered later today is going to go into these approaches in greater detail.
Okay Let's Review

Q1  Oregon Nurse Staffing
Law ensures that...

A. Nurse staffing stays within budget

B. Hospital staffing plan ensures safe patient care without exceeding the budget

C. Safe patient care occurs on all shifts/units regardless of budget

Q2  Who are the voting members of the HNSC? (yes/no)

- Chief nursing executive
- Chief financial officer
- Safety officer
- Staff nurses from general/specialty units
- Nurse managers or directors
- Certified nursing assistants
- Human resources director
Q3 The staffing committee finds that a national nursing specialty organization for a particular unit has a staffing plan that works for them. The house nurse staffing committee (HNSC) should:

• Reject it because it wasn’t developed in Oregon
• Accept it as it is evidence from a national specialty nursing organization
• Reject it because it might not work
• Accept it because it is similar to the unit who is requesting its use

Scenario 1: Selecting RN’s

The hospital has identified five specialty areas. The Chief Nurse Executive (CNE) has indicated that direct care RN’s should commence selection of their representatives on the HNSC for the five slots.

• What process should the direct care RNs use to select their representatives?

• Can CNAs be selected to serve?

• What if more than five slots are appropriate?

Scenario 2: A HNSC is going to review the staffing plan for all units/specialty areas

• Should the HNSC do this?

• What would the HNSC use as a way of evaluating all staffing plans across various specialty areas?

• What decisions might the HNSC make related to each unit/specialty level staffing plan?
Scenario 3: Unit Level Staffing Plan

- The unit level staffing plan on med surg is a matrix. 1 nurse-type cares for “x” number of patients, regardless of who the nurse is and regardless of the acuity or workload intensity of the patient.
- Nurses do not like it -- feel it is inadequate and unsafe.
- What recommendations should the HNSC make about this unit plan?
- How might the nursing staff on the unit begin to work on this?

Any Questions?