

FROM
DATA
TO **ACTION**

The Nurse Staffing Task Force
Project ECHO®

Tackling the Nurse Staffing Crisis



NURSE STAFFING
TASK FORCE



FROM
DATA
TO **ACTION**

**We have the data.
We want change.
It's time for action.**

Series Host

Nicole Anselme

**MBA, MSN, RN, CCRN, SCRN,
GERO-BC**

**Senior Policy Advisor
Nursing Programs
American Nurses Association**



Session 1:

CREATING A HEALTHY & SUPPORTIVE NURSE WORK ENVIRONMENT

PRESENTED BY:

- Linda Cassidy, PhD, APRN, CCNS, CCRN-K
- Sarah Delgado, DNP, RN, ACNP



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About the Series

- **Five interactive sessions featuring content developed and presented to you by members of the Nurse Staffing Task Force**
- **Our goal is to engage nurses in discussions around actionable steps to tackle the nurse staffing crisis**

Two Parts of Each Session:



- **Imperative** is introduced
- **Context** is provided
- Will be recorded and available on [Nursingworld.org](https://www.nursingworld.org)



- Discussions focused on **action**
- Please do not share patient information
- Participate in discussions; speak **freely** and **openly**

Series Overview



- 1. Reform the Work Environment**
- 2. Value the Unique Contributions of Nurse**
- 3. Innovate the Models for Care Delivery**
- 4. Improve Regulatory Efficiency**
- 5. Establish Staffing Standards that
Ensure Quality Care**



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Reform the Work Environment

GOAL: Identify actions that nurses can take to support a healthy work environment through **organizational change**

- Highlight the **relationship** between the unit level **work environment and staffing**
- Focus on the imperative need to reform the work environment to **support nurse wellbeing**
- Understand the role **nurse managers** have in creating and sustaining healthy work environments
- Feature recommendations and actions from the **Nurse Staffing Think Tank and Task Force**

ACKNOWLEDGEMENTS



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The Nurse Staffing Task Force

- Nicole Anselme, MBA, MSN, RN, CCRN, SCRNP, GERO-BC
- Chelsea Backler, MSN, APRN, AGCNS-BC, AOCNS, VA-BC
- Denise Bayer, MSN, RN, FAEN
- Connie Barden, MSN, RN, CCRN-K, FAAN
- Katrina Bickerstaff, BSN, RN, CPAN, CAPA
- Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC
- Michelle Buck, MS, APRN, CNS
- Linda Cassidy, PhD, APRN, CCNS, CCRN-K
- Amber Clayton, SHRM-SCP
- Wendy Cross, BA
- Sarah Delgado, MSN, RN, ACNP
- Curtis DeVos, RN, BSN, CNRN
- Joanne Disch, PhD, RN, FAAN
- Vicki Good, DNP, RN, CENP, CPPS
- Zina Gontscharow, MPP
- Nicole Gruebling, DNP, RN, NEA-BC
- April Hansen, MSN, RN
- Kiersten Henry, DNP, ACNP-BC, CCNS, CCRN-CMC (Nurse Advisor)
- Lesly A. Kelly, PhD, RN, FAAN (Scholar-in-Residence)
- David Keepnews, PhD, JD, RN, FAAN
- Katheren Koehn, MA, RN, FAAN
- Patricia McGaffigan, MS, RN, CPPS
- Matthew D. McHugh, PhD, JD, MPH, RN, FAAN (Research Advisor)
- Ryan Miller, MSN, RN, CCRN
- Andrew Benedict Nelson, MA (Strategic Consultant)
- Sherry Perkins, PhD, RN, FAAN (Co-Chair)
- Cheryl Peterson, MSN, RN
- Cheryl Roth, PhD, WHNP-BC, RNC-OB, RNFA
- Amy Rushton, DNP, APRN-BC
- Deborah Ryan, MS, RN
- Judith Schmidt, DHA, MSN, RN
- Brian Sims, MBA (Co-Chair)
- Mary Slusser, DNP, RN
- Britney Starr, BSN, RN, OCN
- Gina Symczak (Patient Advocate)
- Crystal Tully (Patient Advocate)
- Monica van der Zee, BSN, RN, CMSRN
- Michelle Webb, RN, DNP, CHPCA
- Sarah K. Wells, MSN, RN, CEN, CNL
- John Welton, PhD, RN
- David Wyatt, PhD, RN, NEA-BC, CNOR

Speaker Introductions

Linda Cassidy
PhD, APRN, CCNS, CCRN-K
Strategic Advocacy Manager
American Association of Critical-Care Nurses



- Dr. Linda Cassidy is an advanced practice registered nurse who serves as the Strategic Advocacy Manager with the American Association of Critical-Care Nurses. She coordinates the development, review, and validation of advocacy, policy, and liaison activities that impact acute and critical care nurses, patients, and families.
- Dr. Cassidy is a nurse researcher whose doctoral research focused on studying the relationship between healthy work environments, patient outcomes, and nurse caring behaviors. She passionately supports healthy work environments as a paramount in fostering high quality outcomes for patients and nurses.

Speaker Introductions



Sarah Delgado
DNP, RN, ACNP

Clinical Practice Specialist, Strategic Advocacy
American Association of Critical-Care Nurses

- Dr. Sarah Delgado is a Clinical Practice Specialist with the American Association of Critical Care nurses and works under the Strategic Advocacy division. In addition to that, Dr. Delgado is a co-facilitator of the Nurse Staffing Task Force. Her clinical experience includes work in chronic disease management and palliative care. She previously taught acute care nursing at the University of Virginia and has co-edited books on acute and critical care.

Nurse Staffing Think Tank & Nurse Staffing Task Force

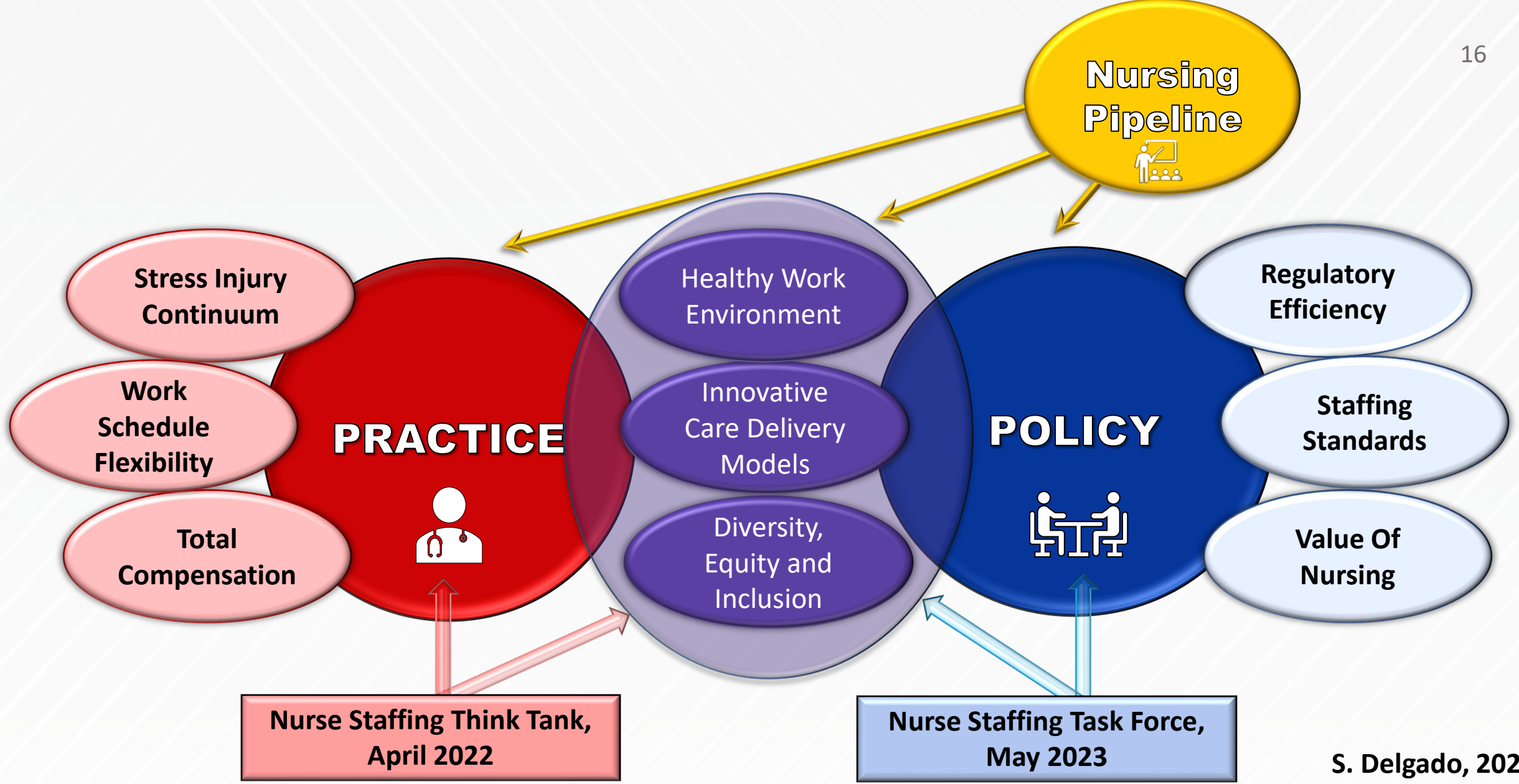
Comparing the Two Bodies of Work



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Nurse Staffing Think Tank	Nurse Staffing Task Force
Implementable in 12-18 months Asked: What can we do right now?	Long term, sustainable solutions Asked: How to address ongoing challenges?
Process included voting and affirming Practical consensus <i>“move forward on all”</i>	Iterative process with discussions and surveys Inclusive of diverse expertise <i>“yes, and”</i>
Every 2 weeks for 3 months, 26-page document	Every 3 weeks for 9 months, 19-page document
Some policy implications, mostly focuses on organizational changes	Some organizational change, a greater focus on policy, regulation and payment structures
Identifies accountable entities and action steps to implement each recommendation	Identifies partners and options for actions; need to consider context and select among actions
<ul style="list-style-type: none"> ▪ Link to Think Tank Implementation Tool <div style="text-align: center;">  <p>Think Tank Recommendations</p> </div>	<ul style="list-style-type: none"> ▪ Link to ANA Task Force Webpage ▪ Link to AACN Staffing Resources <div style="text-align: center;">  <p>Task Force Recommendations</p> </div>

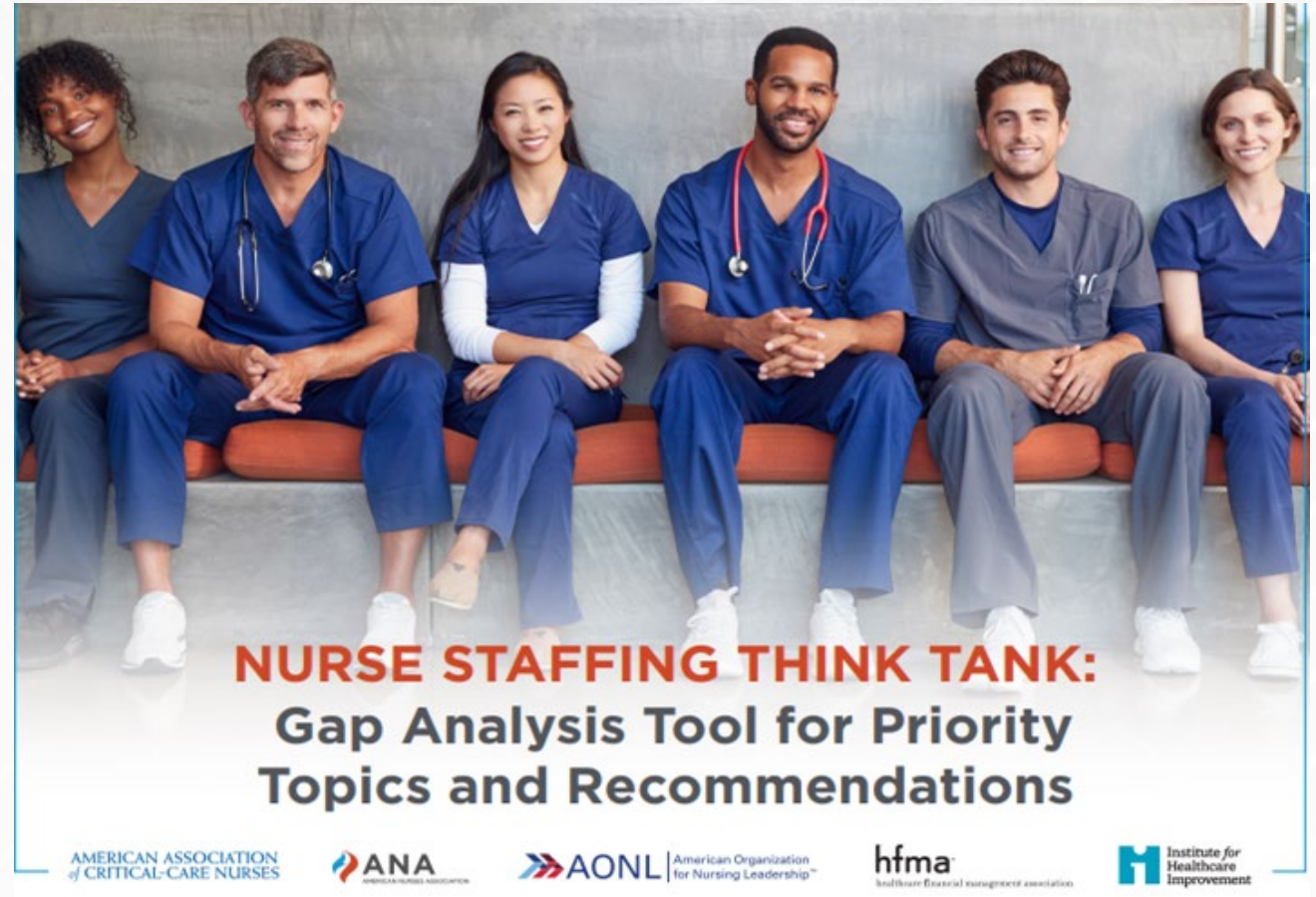


S. Delgado, 2023

Nurse Staffing Think Tank Worksheet

Six Priorities:

1. Healthy work environment
2. Diversity, equity & inclusion
3. Work schedule flexibility
4. Stress injury continuum
5. Innovative care delivery models
6. Total compensation



Nurse Staffing Task Force Summary Table

Imperative	Recommendations
Reform the work environment	<ul style="list-style-type: none">• Establish empowered professional governance committees that include direct-care nurses and have authority to create and sustain flexible staffing approaches• Implement safety management systems and programs that create a healthy work environment and support the physical and psychological safety and well-being of core and contingent staff• Support the role of nurse leaders in creating and sustaining a healthy work environment
Innovate the models for care delivery	<ul style="list-style-type: none">• Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced• Establish innovation in care delivery models as a strategic priority within organizations• Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high burden/low value nursing tasks
Establish staffing standards that ensure quality care	<ul style="list-style-type: none">• Support implementation of the Think Tank Recommendation for specialty nurse organizations to develop staffing standards for populations they serve• Advocate for state and/or federal regulation and legislation that advances meeting minimum staffing standards• Propose that the Centers for Medicare & Medicaid Services (CMS) establish enforceable policies that support minimum staffing standards• Propose that The Joint Commission (TJC) enhance standards to support appropriate staffing
Improve regulatory efficiency	<ul style="list-style-type: none">• Improve efficiency of licensure processes and accessibility for entry into practice for registered nurses (RNs), licensed practical nurses (LPNs), and advanced practice registered nurses (APRNs)• Remove barriers to full scope of practice for RNs, LPNs, and APRNs• Increase availability and accessibility of nursing workforce data to state boards of nursing, policymakers, regulators, and other influencers
Value the unique contribution of nurses	<ul style="list-style-type: none">• Advocate for the development and utilization of approaches that quantify the impact of nursing on organizational performance and outcomes• Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value• Collaborate with payers to explore health system payment models that reflect the value of nursing

Healthy Work Environments

- **Definitions**
- **Recommendations**
- **Key Points**



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Operational Definitions

Nurse Staffing Think Tank

- **A healthy work environment** is safe, healing, humane, and respectful of the rights, responsibilities, needs and contributions of all people including patients, their families, nurses and other health care professionals. In these environments, nurses and other team members can provide their optimal contribution and derive fulfillment from their work and patients can achieve the best possible outcomes.

Nurse Staffing Task Force

- 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**.

Recommendations for Healthy Work Environments

Nurse Staffing Think Tank

- Elevate clinician psychological and physical safety to **equal importance with patient safety** through federal regulation. **(Work Environment)**
 - **ACTION:** Require routine assessment of the health of the work environment
- Implement **Inclusive Excellence**
 - A change-focused iterative planning process whereby there is deliberate integration of DEI ideals into leadership practices, daily operations, strategic planning, decision-making, resource allocation and priorities. **(Diversity, equity, inclusion)**

Nurse Staffing Task Force

- Establish **empowered professional governance committees** that include direct-care nurses and have authority to create and sustain flexible staffing approaches
- **Implement safety management systems and programs** that create a healthy work environment and support the physical and psychological safety and well-being of core and contingent staff
- **Support the role of nurse leaders** in creating and sustaining a healthy work environment

Key Points

- 1.** Appropriate staffing is **inextricably linked** to the health of the work environment
- 2.** Creating and sustaining a healthy work environment (HWE) requires **deliberate effort**
- 3.** Leaders must seek to **build and sustain** healthy work environments and must have support in doing so

Key Point 1: The Link

Appropriate staffing is inextricably linked to the health of the work environment.



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The Link: Nurse Retention and the Work Environment

Intent to Leave Job:

Fewer nurses in units with HWE standards say they intend to leave.

26%

52%

Standards Implemented

Not Implemented

<https://www.aacn.org/nursing-excellence/healthy-work-environments>

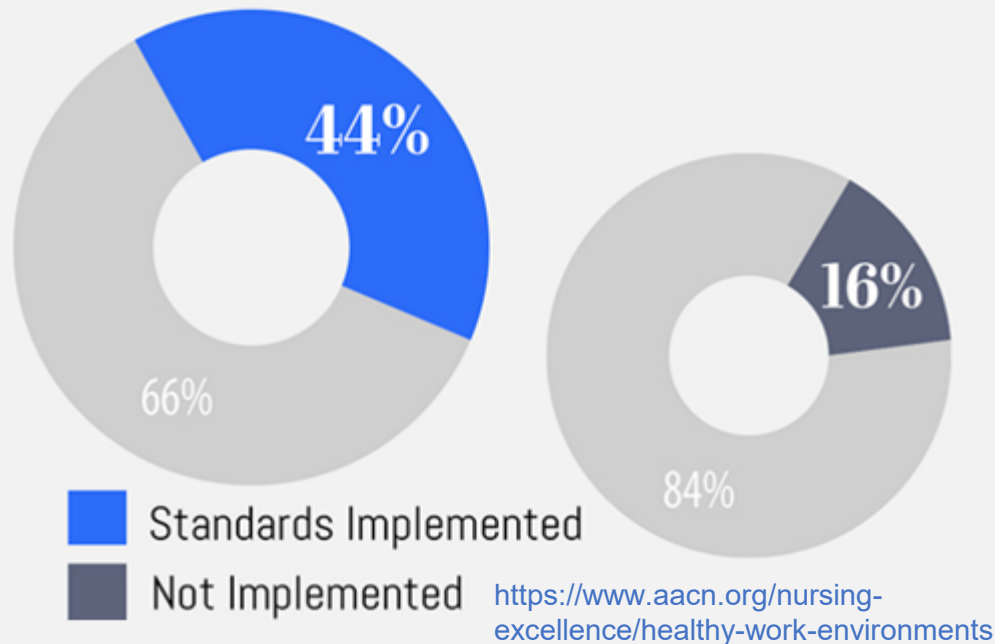
- Connection between work environment and **“intent to leave”**
 - Pulse on the Nation’s Nurses by ANF
 - AACN work environment survey
- Meta-analysis
Consistent **correlation between staffing and nurse outcomes** (satisfaction, burnout) (Lake et al, 2019)
- Anecdotally
People **stay** when they feel **safe, heard, and appreciated**

Lake, Eileen T et al. “A Meta-Analysis of the Associations Between the Nurse Work Environment in Hospitals and 4 Sets of Outcomes.” *Medical care* vol. 57,5 (2019): 353-361. doi:10.1097/MLR.0000000000001109

The Link: Staffing Perception and the Work Environment

Appropriately Staffed:

Nurses in units with HWE standards report better staffing.



- **Health of work environment** correlated to nurses' rating of their unit's staffing
- Increasing staffing without addressing the **work environment** is ineffective (Halm, 2019)
- It's not just the number of people but **the context** in which care is delivered

Margo Halm; The Influence of Appropriate Staffing and Healthy Work Environments on Patient and Nurse Outcomes. *Am J Crit Care* 1 March 2019; 28 (2): 152–156. doi: <https://doi.org/10.4037/ajcc2019938>

Key Point 2: The Journey

Creating and sustaining an
HWE requires **deliberate effort**



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HWE & Other Outcomes

HWEs & Patients

- Less mortality
- Less failure to rescue
- Better survival from in-hospital cardiac arrest
- Fewer hospital acquired conditions/ adverse events
- Better prepared for discharge
- Fewer readmissions
- Better quality of care

HWEs & Hospitals

- Better quality outcomes – more reimbursement
- Better patient satisfaction – more business
- Better RN & other staff retention – less turnover, less cost

So... How Do We Make HWEs Happen?



- Understand the “**Why**”
 - Creating and sustaining HWEs **is evidence-based practice**
- Assess, digest, and discuss
- HWEs don't just happen
 - takes deliberate commitment and action
 - **Create a plan**
- Provide **sufficient resources** to execute the plan
- **Reassess** periodically
- Celebrate successes along the way
 - Remember – **creating and sustaining** HWE work environment is a **journey**, there is no finish line!

AACN Resources

- AACN Standards for Establishing and Sustaining Healthy Work Environments
 - Framework for ongoing, **deliberate action**
- Blogs, videos, infographics and more
- Includes a **FREE** Assessment Tool and other resources
- Learn more online:



ANA Resources

- National Commission to Address Racism in Nursing
- Healthy Nurse Healthy Nation
- Incivility, Bullying, and Workplace Violence
- Principles for Nurse Staffing
- And more...



National Commission to Address
Racism in Nursing

Key Point 3: Leader Role

Leaders must seek to build and sustain healthy work environments and must have support in doing so



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Supporting Leaders

Think Tank

Recommendation:

- Regulatory support to help leaders justify the time and effort required to assess and reform work environments

- **Leaders need support – unit leaders are the essential component of healthy work environments**

Task Force

Recommendation:

- Provides a wide variety of actions to consider in supporting leaders

Unit Managers and Healthy Work Environments

- Examples of **support**
 - Education, coaching, mentoring
 - HWEs don't just happen – **leaders must drive**
 - **Enforceable guidelines** for appropriate managers span of control
 - **Respite** from the job – find a process for true time off
 - **Eliminate tasks** that someone other than the manager could do
 - Build in ample time to allow for **strategizing with staff**

Questions & Answers



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Breakout Discussions



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Breakout Discussions



- Breakout rooms with a Discussion Facilitator
- Each group will share one key takeaway



Breakout Discussions



- Focus on action and next steps
- 45 mins for open discussion
- Please be respectful towards your peers and differing points of view



Discussion Questions

- How do healthcare team members **contribute** to a healthy work environment? Share a **specific action** you have taken or observed from a co-worker.
- Think about the **nurse manager role** – what **actions** must they take to **create and sustain** HWE?
- Which **actionable steps** can nurse **leaders** and hospital **executives** take to **advance and implement** these **recommendations forward**?
 - Individual level, Institutional level, and Policy level
- **What have we missed?**

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**Thank you for
joining us!**



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