Nurse Staffing Effectiveness – Outcomes-Based Measurement and Analysis within a Direct-Care Nurse Staffing Council Model

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Abstract

Texas' new Safe Nurse Staffing Law required the organization to change the way it evaluates nurse staffing. Our goal was to design methods that would meet the new regulatory requir providing meaningful data that could be used for effective decision-making related to nurse staffing Historically, no meaningful relationships have been found using The Joint Commission's staffing effectiveness standards. By expanding the scope of analysis and involving direct care nurses in the evaluation process, this program has gained strength in the organization's decision-making structures. The new law requires that at least 60% of the staffing council membership be held by direct care nurses. The CNO must also be a member, and serves as the liaison to the governing board. All 68 of our nursing departments are represented in the process of evaluating nurse staffing. Each department selects a nurse-sensitive patient outcome indicator of significance for their patient population, which is compared to the staffing indicator. Actual staffing is also compared to the staffing plan. Quarterly data analysis is performed at the unit level, as well as aggregated by indicator and service line, and includes correlation calculations where appropriate. The Staffing Council reviews data at all levels quarterly. Recommendations for further analysis and/or action plan steps are also prepared by the Council. Examples of data collection methods, data reporting tools, statistical methods utilized, and results experienced will be shared within this presentation. With 18 months of data, meaningful relationship have been identified between several patient outcome measures and nurse staffing, particularly at the unit level. These new analysis processes allow each department to determine the impact staffing levels have on patient outcomes specific to their area. By sharing lessons learned, other nursing organizations can replicate our work of structural empowerment at the bedside.

Background and Purpose

> Texas' Safe Nurse Staffing Law and The Joint Commission[®] shape the framework for evaluating nurse staffing

Safe Nurse Staffing Law

- ✓ Staffing Council made up of at least 60% direct care nurses
- ✓ CNO member of Staffing Council
- ✓ Staffing Council develops and reviews nurse staffing plans
- ✓Nurse staffing effectiveness is evaluated in all areas that provide nursing care, utilizing nurse sensitive indicators that measure staffing and patient outcomes ✓ Staffing Council must provide a mechanism for reporting staffing issues or concerns

Staffing Council

≻Reporting \checkmark Part of our shared governance structur ✓Reports to the Quality Subcommittee of the governing Board of Directors Structure and Role

✓38 members currently representing 7 patient care areas ✓Members must attend at least 80% of

monthly meetings ✓ Develop and review annual staffing

✓Evaluate nurse-sensitive data to

measure the effectiveness of nurse staffing

✓Evaluate staffing related concerns submitted

✓ Facilitate necessary actions



Nurse Staffing

Daily staffing calculation tools are completed each shift by Charge Nurses

Daily staffing calculation tools serve as a communication tool

nursing staff

Staffing plans are developed cooperatively between Council member representatives, unit leadership team, and unit

75 9 1 75 6 1	9	Communication tools, such as the daily staffing calculation tool, can be
75 5 1	5	
75 4 1	4	



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>Nursing hours per patient day (NHPPD) is an effective measure to compare with patient outcome data to determine if relationships exist

Each patient care department should have a targeted NHPPD based on normal patient acuity and volume patterns

HPUOS

Data Analysis: Box Plot

Groups

✓ Off Plan Low

✓ Off Plan High

 $\checkmark On Plan$ (within +/- 5% of plan)

be an effective method to increase direct care nurse understanding of staffing decisions



Implications for Clinical Practice

