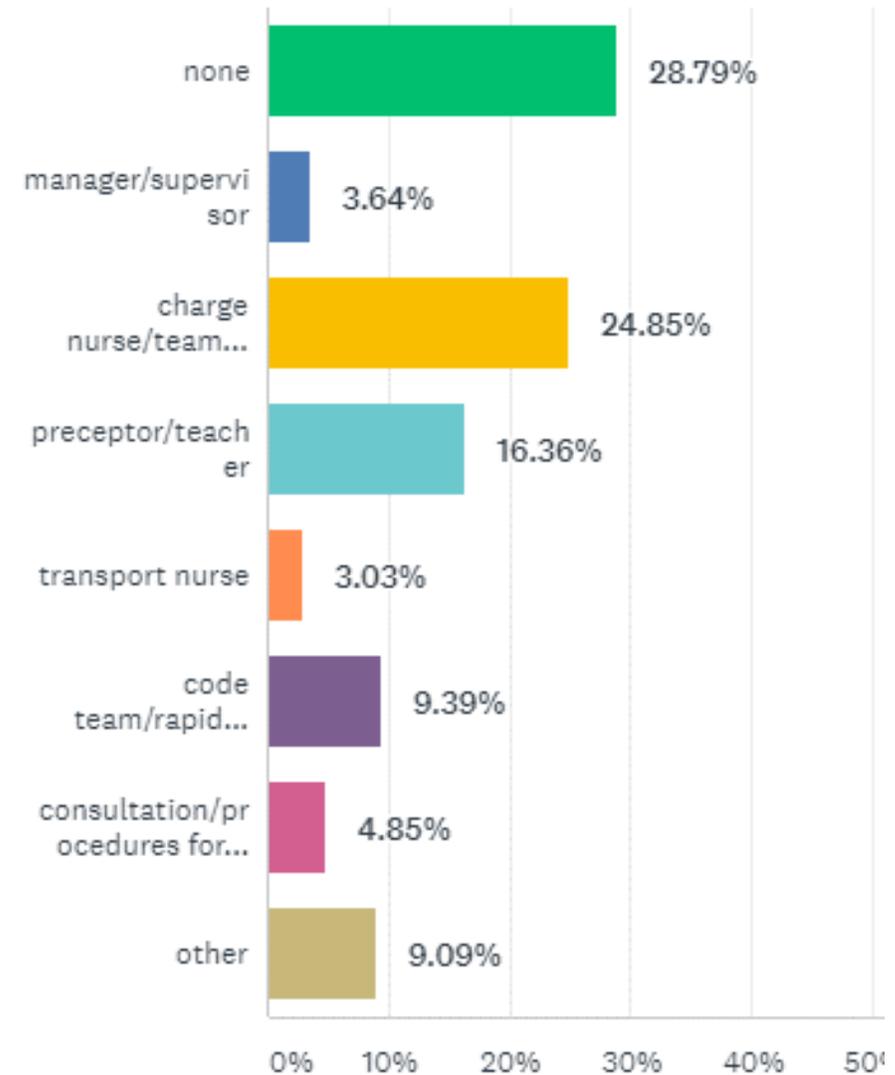




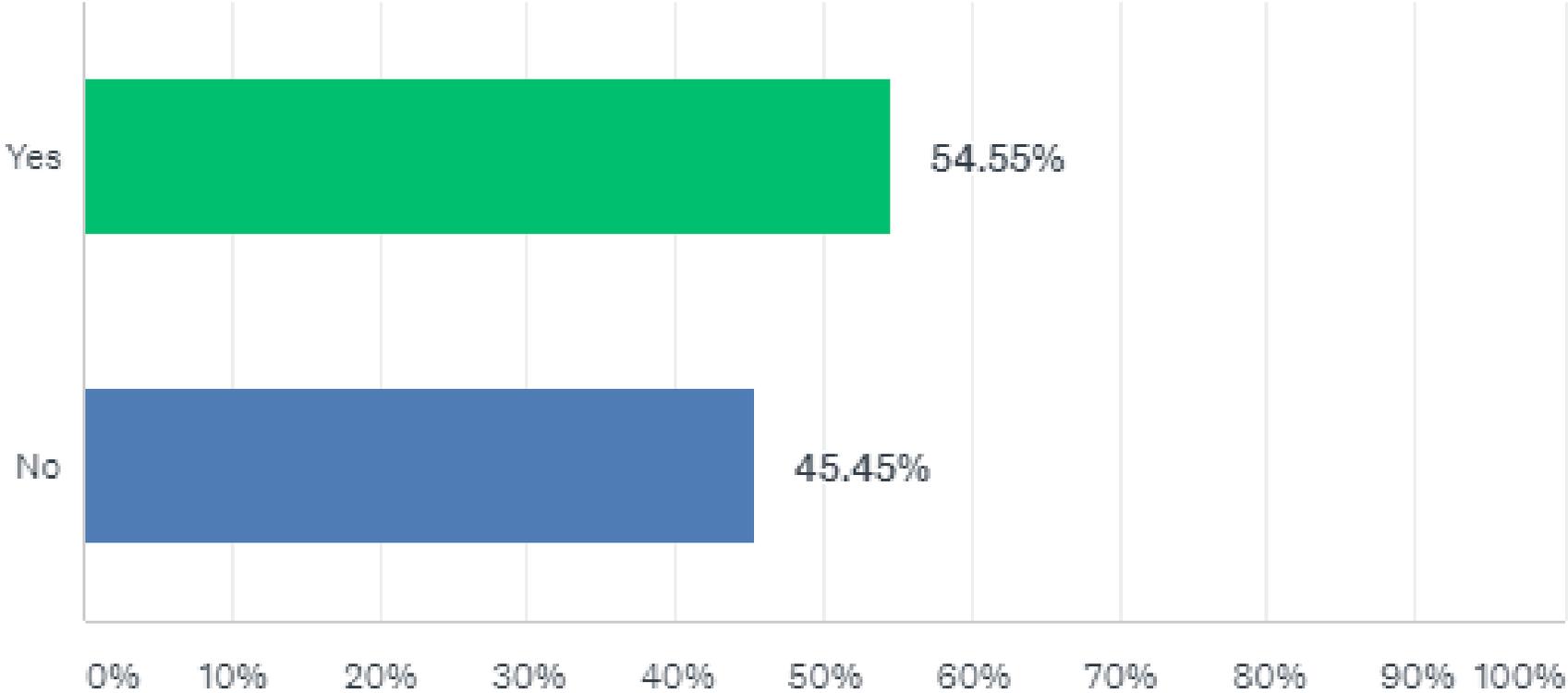
Staffing

Empowering Nurses to Drive Change

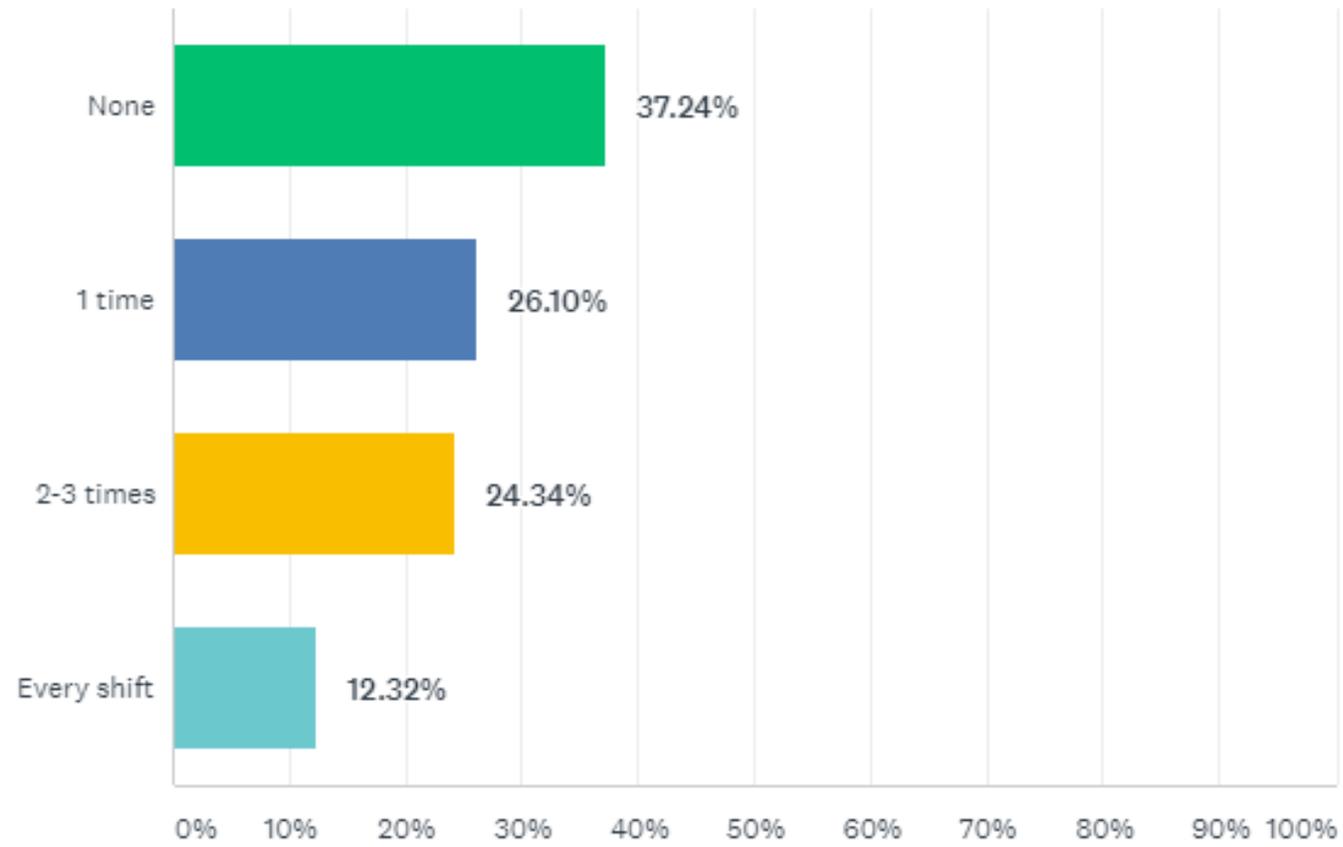
Other than admissions & discharges, did you have any additional responsibilities during your shift?



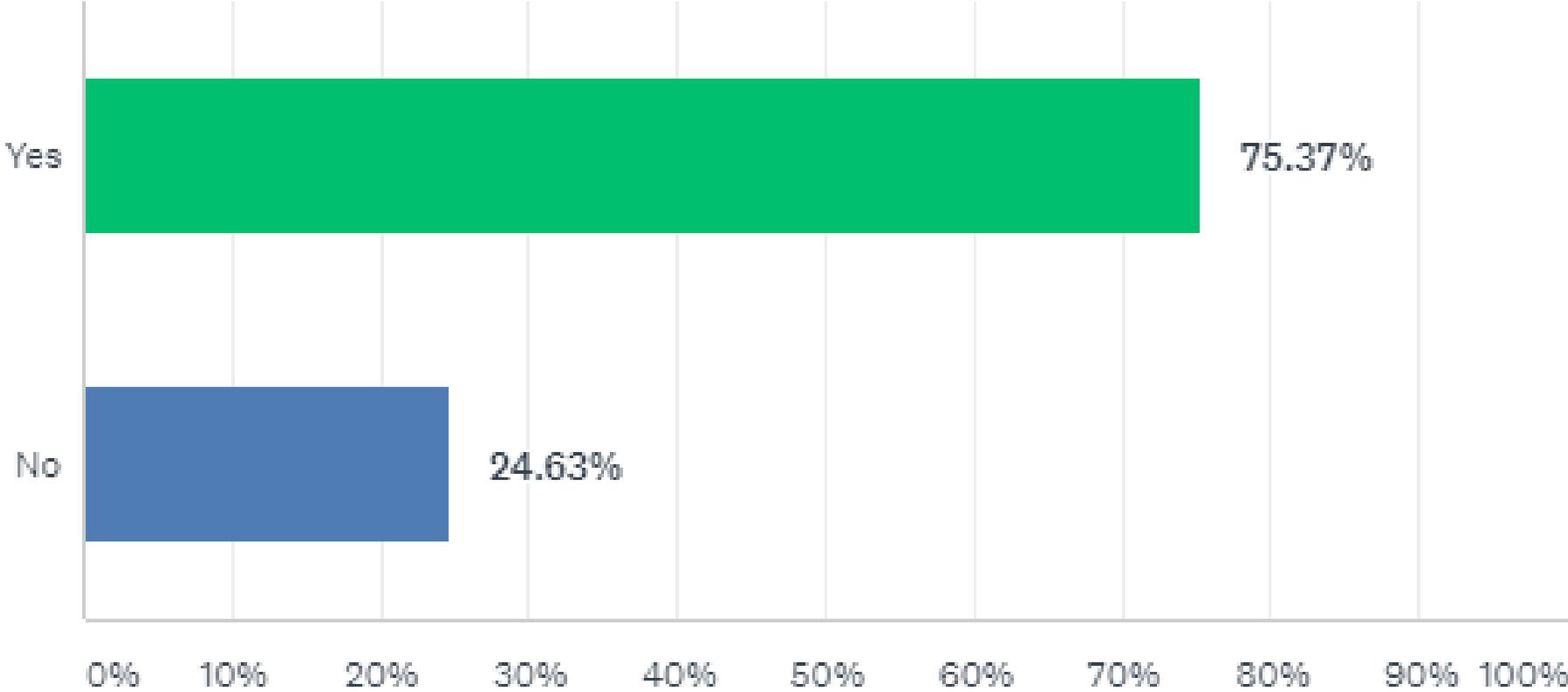
I am often assigned a higher workload than I am comfortable with



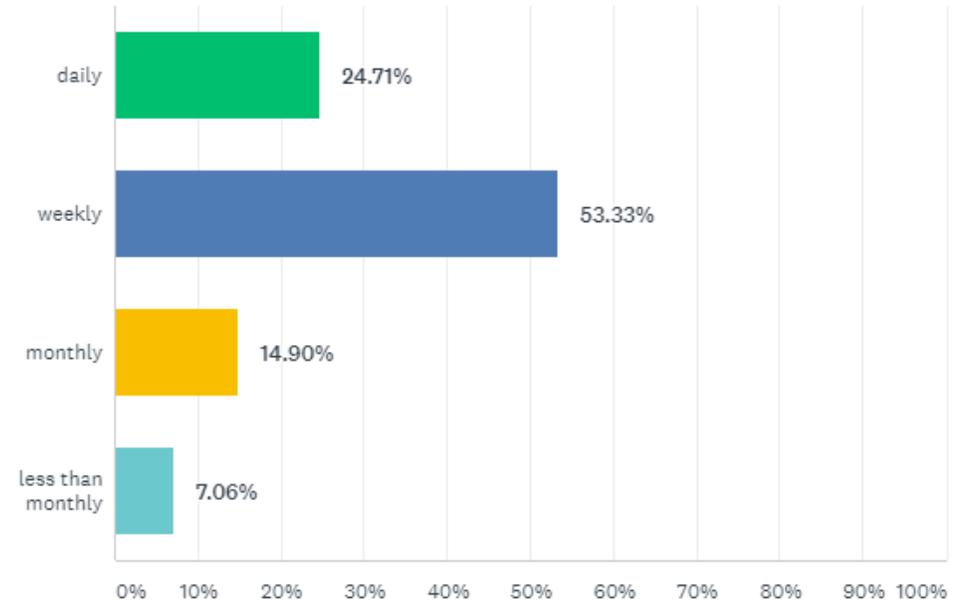
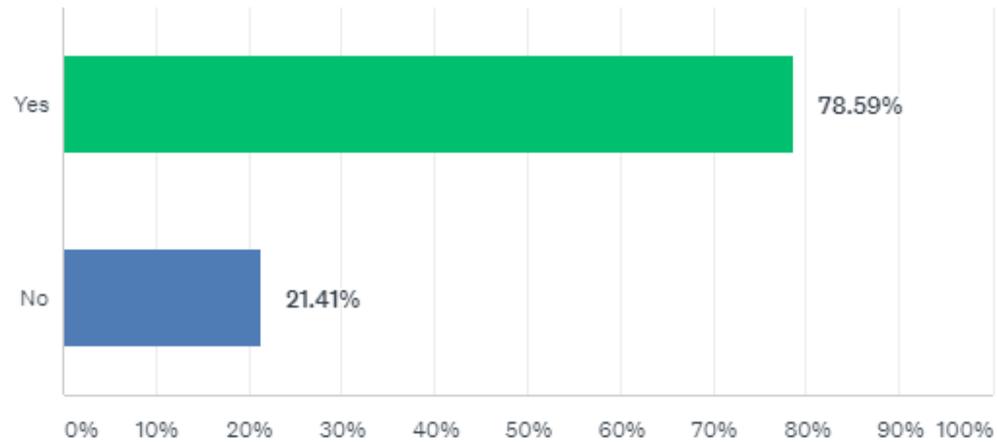
In the past 7 days, how many times have you left work on time?



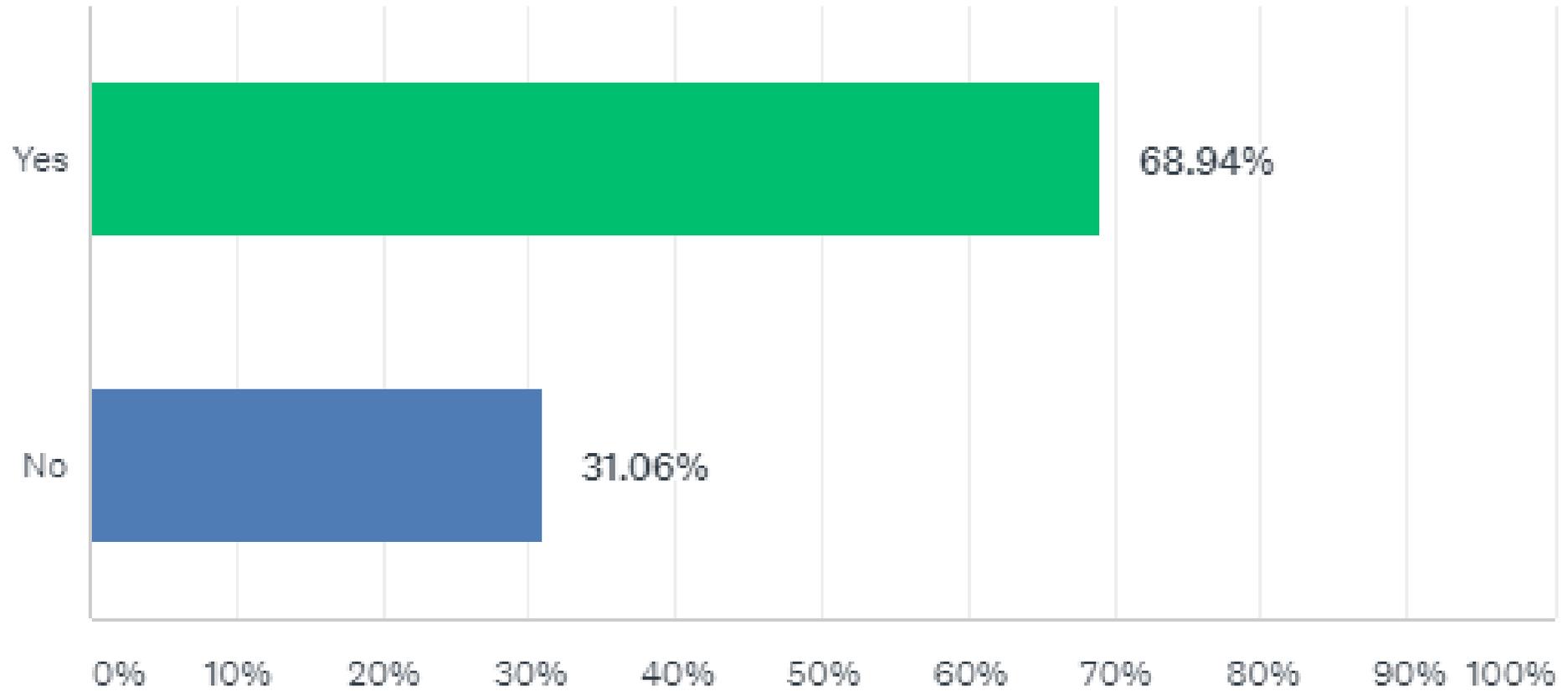
I often have to work through my breaks to complete my assigned workload



In the past 6 months, have you had occasions where you felt the staffing was unsafe



Do you/your peers feel safe to report unsafe staffing levels to leaders?



What typically happens when your unit is short-staffed?

▼ Nurses on duty must take a heavier load	84.47%
▼ Nurses work voluntary overtime	50.93%
▼ Nurses work mandatory overtime	11.80%
▼ The unit's PRN/part-time nurses are called in	23.29%
▼ Nurses are "floated" in from other departments or from a float pool	54.66%
▼ Agency nurses are called in	19.88%
▼ Managers, supervisors, or others who don't usually do patient care step in to help	24.84%
▼ Additional nursing assistants are assigned to the unit	9.32%
▼ Patients are discharged/transferred	7.14%
▼ The unit is closed to admissions	6.83%
▼ Procedures are postponed	3.73%
▼ Routines are altered to reduce the workload (eg, patient baths are postponed)	19.25%

Unanswered questions from 2019...

- Regional Nurse Shortages
 - How many additional nurses do we need?
 - Current educational system capacity
 - Faculty shortages
 - Clinic site limitations
 - Limitations on use of simulation
- Effective Date?
- Consequences for Safety Net and Critical Access Hospitals
- Robbing Peter to pay Paul –
 - Will this cause a shifting of nurses away from community settings, where we already have difficulty recruiting nurses because of pay disparities?
 - How will this impact LTC's ability to recruit RNs?
 - Will this increase our faculty shortages – as faculty retire will we be able to replace them?

Lessons learned ...

- Focus on Acuity model
- Committee not utilized appropriately
- Committee recommendations are advisory only
- Plans were often treated as a one and done situation
- No feedback mechanism
- Twelve years had passed since implementation – nurses did not know if their hospital had a committee or not.

Next Steps for ANA-Illinois

- Build a coalition of stakeholders interested in improving staffing

THE NURSE STAFFING IMPROVEMENT ACT OF 2020

A 21st-century solution for nurse staffing that recognizes the individual contribution and added value of each nurse as a provider of care.

- Strengthen the voice of the direct-care registered nurse
- Strengthen the role of the nursing care committee
- Hold hospitals accountable



Principles for Nurse Staffing

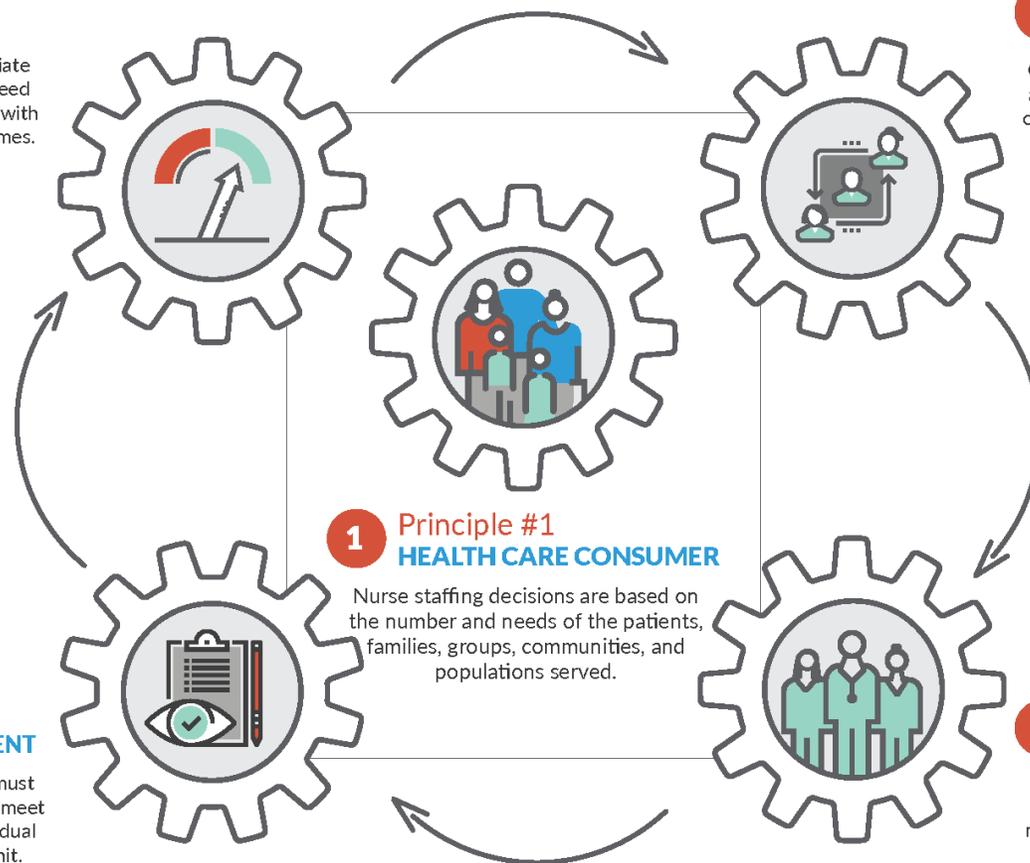
Nurse staffing is an asset to ever-evolving health care systems. Appropriate nurse staffing, with sufficient numbers of nurses, improves the health of the populations. Nurses at all levels within a health care system must have a substantive and active role in staffing decisions.

5 Principle #5 EVALUATION

Organizations must have appropriate nurse staffing plans. All settings need well-developed staffing guidelines with measurable nurse-sensitive outcomes.

2 Principle #2 INTERPROFESSIONAL TEAMS

Optimal care is achieved through individual actions and collaboration with other health care team members. Nurses are full partners in the delivery of safe, quality health care.



1 Principle #1 HEALTH CARE CONSUMER

Nurse staffing decisions are based on the number and needs of the patients, families, groups, communities, and populations served.

4 Principle #4 PRACTICE ENVIRONMENT

All nursing care delivery systems must provide the necessary resources to meet each health care consumer's individual needs and the demands of the unit.

3 Principle #3 WORKPLACE CULTURE

Organizational leaders must create a workplace environment that values nurses as critical members of the health care team.

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STRENGTHEN THE VOICE OF THE REGISTERED NURSE

- Nursing Care Committee – 55% direct inpatient care nurses
- A direct inpatient care nurse shall be selected annually by the direct inpatient care nurses to serve as co-chair of the committee.
- Mechanism for nurses to report variations from the staffing plan without retaliation.

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STRENGTHEN THE ROLE OF THE NURSING CARE COMMITTEE

- Develop the staffing plan
- If plan is altered, then the CNO must provide a written explanation of the reasons why and explanation of the changes
- Meet at least twice a year with a report to all nurses
- Staffing plan review -
 - Patient outcomes
 - Complaints regarding staffing
 - Number of nursing hours provided compared to number of patients on the unit
 - Aggregate overtime nursing hours
 - Actual nurse staffing in each unit versus staffing plan
- Issue an annual report to the Hospital's governing board
- Develop a process to address variation reports

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HOLD HOSPITALS ACCOUNTABLE

ENFORCEMENT

- Fines* for failing to adopt the plan
- 60 days to provide a plan of correction
- Fines for a pattern or practice of not complying with the plan of correction
- IDPH publicly disclose violations

* Money from fines to be deposited in the Nursing Education Scholarship Fund

Addressing Illinois' Nurse Shortage Crisis

- Hospitals will provide \$2 million during state fiscal years 2020-2023 – through the Hospital Licensure Fund – for nurse scholarships to increase the number of new graduate nurses entering the profession.
- Establish an income tax credit for nurse educators to recognize, reward and retain registered nurses with graduate degrees in nursing employed by academic institutions who educate nursing students at all levels of higher education.

SUMMARY



Staffing is an issue we
cannot ignore



Must address
outcomes with any
piece of legislation



Must enforce
adherence to staffing
laws

ANY
QUESTIONS

