

William D. Ruckelshaus Center Nurse Staffing Steering Committee



Northwest Organization
of Nurse Executives/Nurse Leaders



February 19, 2010

Governor Gregoire and Members of the Washington State Legislature:

Enclosed for your review is a copy of our report titled, "Second Progress Report of the Ruckelshaus Nurse Staffing Steering Committee 2009."

On February 4, 2008, after contentious legislative struggles, the five organizations listed below entered into a Memorandum of Agreement to address issues related to nurse staffing. The collaborative agreement between representatives of labor and management requires the Ruckelshaus Center to issue an annual report summarizing the parties' discussions and any agreed legislative recommendations or voluntary programs and approaches.

The five participating organizations are pleased to endorse the enclosed report reflecting our progress during 2009 on nurse staffing. With your support, the organizations plan to continue their collaborative efforts during 2010 and the first half of 2011.

The Steering Committee members want to again thank Governor Gregoire and the State Legislature for your strong support of the committee's efforts and innovative approach to bringing the five organizations together to solve differences constructively.

If you have any questions or comments, please contact Aaron Katz, Nurse Staffing Steering Committee Facilitator, at (509) 335-2937 or ruckelshauscenter@wsu.edu.

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Second Progress Report

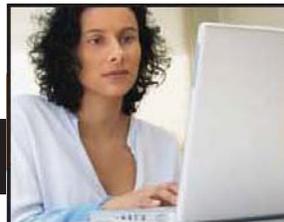
of the Ruckelshaus

Nurse Staffing Steering Committee

2009

Submitted: February 2010

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EXECUTIVE SUMMARY

On February 4, 2008, the Northwest Organization of Nurse Executives; SEIU Healthcare 1199NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association; and the Washington State Nurses Association entered into a unique Memorandum of Agreement to address nurse staffing concerns, an approach untried in any other state in the nation. Representatives of the five organizations (the “Steering Committee”) were convened by the William D. Ruckelshaus Center to address serious challenges related to nurse staffing. Many of the committee’s projects have been successful, but much remains to be done.

During 2009, the Steering Committee accomplished the following:

- The committee collected data and began an evaluation of hospital nurse staffing committees and their effectiveness in improving nurse staffing and quality of care in hospitals.
- The Education Advisory Committee conducted two statewide training sessions to help nurse staffing committees understand and use the Nurse Sensitive Quality Indicators.
- In response to a request by Steering Committee members, the Washington State Department of Health adopted hospital licensing rules to include on the form medical facilities use to report adverse events a section or data field for nurse staffing information.
- The Immediate Staffing Alert Advisory Committee developed and implemented a pilot program in four hospitals in January 2009. The goal is to provide staff nurses with a mechanism for seeking a management response when a nurse or nursing unit believes more staff are needed to provide safe care to patients.
- The Steering Committee oversaw the completion of a research paper on nurse staffing authored by Dr. Pamela Mitchell, Associate Dean of the University of Washington School of Nursing. The paper is available on the Ruckelshaus Center website, and its executive summary was published October 15, 2009, by the *Online Journal of Issues in Nursing*. In addition, the Steering Committee approved a brief Statement of Findings from the research paper that represents the committee’s consensus about the paper’s most important findings (attached and posted on the Ruckelshaus Center’s website).

Further detail on each of these accomplishments and on the Steering Committee work anticipated in the future is contained in the following report.

INTRODUCTION

The February 4, 2008, Memorandum of Agreement (the “Agreement”) included direction to the Ruckelshaus Center to issue a second report by November 1, 2009 if the committee continued the Ruckelshaus process after November 1, 2008. The report would summarize the Steering Committee discussions and any agreed upon legislative recommendations or voluntary programs and approaches. This is that report.

According to the Agreement, the Nurse Staffing Steering Committee was formed to facilitate the implementation of Revised Code of Washington (RCW) 70.41.420 and to carry out activities to support hospitals and staff nurses in achieving results consistent with the law, including:

- Every hospital in the state must form a staffing committee comprised of at least one-half staff nurses and up to one-half management representatives.
- Hospitals must develop unit and shift based staffing plans based on patient care needs that are the primary component of the staffing budget.
- Hospitals must post nurse staffing plans and make staffing information available to the public.
- Review and assessment of the staffing plans is the responsibility of the nurse staffing committees, as well as responding to staffing concerns.
- If the staffing plan produced by the committee is not adopted by the hospital, the hospital chief executive officer must provide a written explanation to the committee as to the reasons why.

The work of the Steering Committee did not end there. The committee has also committed to an ambitious agenda based on the Agreement. The committee will address various aspects of nurse staffing, the nursing shortage, and the nurse work environment.

The report reflecting the work of the committee is divided into topic areas addressed in the Agreement. In each section, the Agreement is quoted exactly in plain text and a status report on each specific item is provided in ***bold italics***.

The “parties” described in the report are the five signatories to the Agreement: the Northwest Organization of Nurse Executives; SEIU Healthcare 1199NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association; and the Washington State Nurses Association.

PROGRESS REPORT

Work Program. By March 1, 2008, the Steering Committee will develop a work program that will include meeting at least monthly until November 1, 2008.

Progress: *The parties have met monthly as a Steering Committee continuously through December 2009. The committee has adopted an ambitious work program through June 2010.*

Staffing Standards. The Steering Committee will use the Ruckelshaus Center process to determine whether or not the parties can agree regarding the need for determining and using minimum nurse staffing standards.

Progress: *The Steering Committee oversaw the completion of a research paper on nurse staffing authored by Dr. Pamela Mitchell, Associate Dean of the University of Washington School of Nursing. Dr. Mitchell coordinated Steering Committee consultation with national experts in the field. The paper was completed in Fall 2009 and is available on the Ruckelshaus Center website. An executive summary of the paper was published October 15, 2009, by the Online Journal of Issues in Nursing. The paper provides a common base of knowledge about what is known – and not known – about nurse staffing and its effects on patient outcomes and serves as an authority on the literature relating to nurse staffing.*

In addition, the Steering Committee developed and approved a brief statement entitled “Summary of Findings and Conclusions from the Nurse Staffing Research Paper” that represents the committee’s consensus about the most significant findings and conclusions concerning the importance of nurse staffing to patient care and outcomes. This statement is attached as an addendum and is posted on the Ruckelshaus Center’s website.

The Steering Committee began to analyze the progress of hospital nurse staffing committees. The Steering Committee has not begun discussions regarding the need for determining and using minimum nurse staffing standards.

Collaborative Action. Based on these discussions, specific policy, program, or legislative changes may be jointly recommended for action in 2009. The goal is not only to produce agreed upon legislative proposals, but to encourage voluntary and collaborative programs and approaches to the maximum extent practicable.

Progress: *The Steering Committee did not propose joint legislative proposals during 2009.*

Adverse Events Report Form. The parties will jointly request the Washington State Department of Health include on the form medical facilities use to report adverse events a section or data field for nurse staffing information to include the following information:

- The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse event occurred.
- The number of nursing personnel present at the time of the adverse event who have been supplied by temporary staffing agencies, including traveling nurses.
- The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of hours or shifts at the time of the event and the number of consecutive hours worked by each such nursing personnel at the time of the adverse event.

Progress: *The parties jointly made this request to the state Department of Health, and it was incorporated into final hospital licensing rules that went into effect on March 11, 2009. The parties anticipate receiving information through this process that may improve patient safety in Washington hospitals. The department is applying for federal funding from the American Recovery and Reinvestment Act to hire an outside entity to analyze adverse events reports and make recommendations for improving patient care.*

Data Collection and Analysis. The Steering Committee recognizes the importance of collecting a uniform set of nurse sensitive quality indicators as one of the mechanisms to measure the effectiveness of nurse staffing. The parties are also directed to determine whether there is agreement to report the indicators publicly. The Steering Committee shall develop and oversee a project to:

(c) Make best efforts to ensure that every Washington Hospital that is collecting any such indicators share those indicators, including both hospital and unit-specific data, with both its nurse staffing committee and the Steering Committee.

Progress: *The Steering Committee continues to receive data collected by the Washington State Hospital Association and the Collaborative Alliance for Nursing Outcomes (CALNOC) on five nurse sensitive quality indicators: falls, falls with injury, pressure ulcer prevalence, nursing care hours per patient day, and skill mix. The Steering Committee has decided not to collect data from Critical Access Hospitals, which could face undue burdens to collect and report these data. The Northwest Organization of Nurse Executives, which has a formal contractual relationship with CALNOC, brokered an agreement with CALNOC to allow data sharing between consenting Washington hospitals and the Washington State Hospital Association that would diminish the need for duplicative reporting.*

(e) Incorporate into its data-related actions and processes due consideration for the need to not create unreasonable data-collection burdens on any hospital, and especially on critical access hospitals under 42 U.S.C. 1395i-4, and the need to permit critical access hospitals in particular to develop flexible approaches to data-collection requirements.

Progress: *The Steering Committee has decided not to collect data from Critical Access Hospitals, which could face undue burdens to collect and report these data. The exception of the Critical Access Hospitals is unlikely to impact the data collection as the majority of hospitals and hospital beds in Washington State will still be included*

(f) Develop a process to ensure that any work related to this project maintains data integrity and confidentiality.

Progress: *The Quality Benchmarking System is a password protected collection system. Data use will be carefully managed to ensure its confidentiality and that all parties are aware of distribution plans. Data integrity will be monitored as collection continues.*

(g) Determine whether the parties agree the nurse sensitive quality indicators should be publicly reported.

Progress: *The parties have not yet begun discussions on whether the indicator data should be made publicly available. Every effort will be made to share the information with the Steering Committee and the nurse staffing committees.*

National Database. The Steering Committee supports the pilot project on the use of the CALNOC database initiated by the Northwest Organization of Nurse Executives and will support requests for funds to develop this pilot project with the understanding that findings from the project will be shared with the Steering Committee to inform future recommendations.

Progress: *Funding for a pilot project on the use of CALNOC was not secured. The Northwest Organization of Nurse Executives financed and developed a collaborative agreement to begin the project across the state, and the project was launched in October 2008. To date, 26 hospitals in Washington State are CALNOC enrollees. CALNOC orientations are now being held twice yearly for newly enrolled hospitals or for new employees to enrolled organizations. Hospital-specific data can be made available to hospital staffing committees and to individual members of a hospital's staffing committee. Data sharing beyond the hospital level requires the formal consent of enrolled hospitals. Participating hospitals have been asked formally to allow CALNOC data to be shared with the Washington State Hospital Association's data repository to verify the collection of nurse sensitive quality data.*

Nurse Staffing Committee Information. The Steering Committee will use its best efforts to ensure that hospital chief executive officers and nurse staffing committees submit to the Steering Committee the explanation provided by the chief executive officer when an annual nurse staffing plan adopted by the hospital is not the same as the annual nurse staffing plan recommended by the nurse staffing committee. The Steering Committee will also use its best efforts to obtain a copy of the rejected nurse staffing plan recommended by the nurse staffing committee.

Progress: *In 2009, the Steering Committee surveyed the hospital nurse staffing committees on their implementation of the law, including the establishment, composition, and operation of nurse staffing committees and the development, adoption, implementation, and revision of nurse staffing plans. Since the information collected was incomplete, the Steering Committee will develop and implement an approach to fill in the gaps. The committee did receive two letters from hospital chief executive officers indicating they made adjustments to submitted nurse staffing plans.*

Advisory Committees. The Steering Committee will establish and oversee one or more advisory committees to assist nurse staffing committees and perform other functions described in this Agreement.

Progress: *The Steering Committee established a new advisory committee in 2009 to collect data on the compliance and success of the staffing committees, in addition to the two already established in 2008 - the Education Advisory Committee and the Immediate Staffing Alert Advisory Committee. The committee initiated a review of the survey data already collected, identified gaps in the data, and began to plan an approach to fill those gaps.*

The Education Advisory Committee provided two online webcast trainings in May 2009 and in June 2009 focused on Nurse Sensitive Quality Indicators. Each webcast had 60 to 70 lines open with at least one participant. Participants included staff nurses, chief nurses, union leaders, and hospital managers. Training topics included definitions of Nurse Sensitive Quality Indicators, how they are measured and benchmarked, and how staffing committees can use the indicators to measure staffing effectiveness.

The work of the Immediate Staffing Alert Advisory Committee is described below.

Immediate Staffing Alert. Design, develop, and oversee an “immediate staffing alert” process to begin in 2008 by hospitals and nursing staff to address real time staffing concerns. This process will establish a mechanism for a management response when a nurse or unit believes more staff are needed to provide safe care to patients. The advisory committee will recruit one to three hospitals to participate in designing and implementing the process in a pilot program.

Progress: *The pilot program was implemented in four hospitals (Central Washington Hospital in Wenatchee, Harrison Memorial Hospital in Bremerton, Providence Everett Medical Center, and Skagit Valley Hospital in Mount Vernon) in January 2009 and has met with mixed success. A survey was conducted in June and July 2009 with nurses at the four pilot hospitals. The results were mixed: some nurses felt this is already being done in normal day-to-day problem-solving or the process did not work well on their unit, while others felt strongly that it did have value. In August 2009, the Immediate Staffing Alert Advisory Committee asked to extend the pilot an additional six months to determine if this strategy could be furthered in existing sites. During this time, the pilot hospitals have revisited this topic with nursing staff and have increased education and communication about the process.*

GOALS FOR 2010

Based on discussions and progress to date, the Steering Committee proposes to continue its work through the Ruckelshaus Center process to address issues affecting nurse staffing, patient care, and safety. The parties agree to have the Ruckelshaus Center issue an annual report for 2010 summarizing the parties' discussions and any agreed upon legislative recommendations or voluntary programs and approaches.

In 2010, the parties have agreed to continue their efforts through the Steering Committee to strengthen the work of the nurse staffing committees and improve hospital nurse staffing and quality. The parties will continue to foster respectful dialogue and problem-solving among staff nurses, hospital administrators, nurse managers, and others. Specifically, the parties will work together toward the following goals:

- Each Washington hospital establishes and implements its nurse staffing committee with the required composition.
- Each staffing committee produces an annual staffing plan and is able to address local staffing concerns as they are brought to the committee.
- All Washington hospitals have posted in a public place budgeted staffing plans and actual staffing levels for each unit and shift.
- “Best practice” nurse staffing committees are identified, and the criteria that determined why they are “best” are defined. Such models are used to guide, advise, and improve other staffing committees.
- Discuss the need for determining and using minimum nurse staffing standards.

- A legally protected “safe table” format is created and used to allow nurse staffing committees to share best practices, concerns, and challenges and to learn and grow from collaboration with each other.
- The immediate staffing alert pilot program is completed with an analysis of outcomes, and they are shared in a collaborative learning process. Consideration is given to whether the pilot program should be expanded to all Washington hospitals.
- For hospitals enrolled in CALNOC, their access to the CALNOC website allows them to determine if a correlation exists between nurse staffing levels and patient focused outcomes for their hospitals. These data can be accessed by members of their staffing committees.
- The number of Nurse Sensitive Quality Indicators collected by non-CALNOC hospitals is evaluated, and the Steering Committee determines whether to collect additional indicators and whether to report the indicators publicly.
- A proposal is completed and implemented to enhance data collection methods to better assess the effectiveness of nurse staffing committees.
- The Steering Committee develops a work program to address issues affecting patient care and safety that focus on long term systemic reform, environment of care, nursing retention, and the nursing shortage as identified in the Memorandum of Agreement. Among the projects considered for this work program are potential links to the Transforming Inpatient Care and Culture Project led by the Northwest Organization of Nurse Executives.
- Develop a process to ensure any work related to this project maintains data integrity and confidentiality.

The Steering Committee will review its progress in November 2010 and make recommendations about next steps.

The Northwest Organization of Nurse Executives; SEIU Healthcare 1199NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association; and the Washington State Nurses Association would like to thank Governor Christine Gregoire and the Washington State Legislature for their strong support of the Ruckelshaus process as an innovative approach to bringing the parties together to solve differences constructively.

SUMMARY OF FINDINGS AND CONCLUSIONS
from the
NURSE STAFFING RESEARCH PAPER*

Findings from the Research Paper**

- The research is clear that having fewer patients per nurse or more nursing care hours per patient day is associated with fewer adverse outcomes. Having fewer patients per nurse is associated with lower rates of mortality, failure to rescue, and some specific adverse events, especially among surgical patients. This association is no longer in dispute.
- In addition to the number of patients per nurse, multiple factors impact staffing effectiveness, including:
 - patient workload and severity of illness,
 - skill level and experience of individual nurses,
 - availability of support staff, and
 - availability of needed equipment and supplies.
- Having fewer patients per nurse can lead to shorter hospital stays and fewer complications. Current models of reimbursing hospitals for nursing care do not take into account variability in care intensity and skill mix.
- The nurse staffing shortage has led to a demand for nursing care that exceeds supply. Inadequate nurse staffing is a contributing factor to the nursing shortage and nurse turnover, an expense to hospitals.
- Health care facilities should conduct systematic and regular evaluations of the impact of staffing plans and models of care on nurse outcomes, such as satisfaction and turnover.
- While more research is recommended, this does not mean hospitals and nurses should not work together to continue improving the impact of staffing plans and policies on nurses and patients.

Conclusions Based on This Research**

- Washington State's collaborative project between health care management and nursing unions presents a unique opportunity to evaluate the effects of innovative approaches to improving nurse staffing based on the scientific evidence. This work can contribute to the expanding body of research on the relationship between nurse staffing and patient outcomes.
- Nurse Sensitive Quality Indicators can be used as a best practice data source to evaluate staffing effectiveness.

* Pamela Mitchell, *Nurse Staffing: A Summary of Current Research, Opinion and Policy*, August 2009.

** These findings and conclusions are shared by the five organizations on the Ruckelshaus Nurse Staffing Steering Committee: Northwest Organization of Nurse Executives; SEIU Healthcare 1199NW; United Staff Nurses Union, 141 UFCW; Washington State Hospital Association; and Washington State Nurses Association.