

Nursing 2015 Initiative  
 Team Name: **Blue Team**  
 Meeting Date: November 29, 2007

**Strategic Direction:** Practice culture, conditions, and benefits provide a win-win for nurses, consumers, and the organizations

**Meeting facilitator(s):** Grace Wakulchik, Renae Phillips, Jean Scholz & Jan Lanier

**Secretary:** Pam Baker and Jan Lanier

**Team Leaders:** Grace Wakulchik & Michele Valentino

Agenda Item	Discussion	Decisions Made & Follow-Up Needed
<p>Introductions</p> <p>Literature Review of topics for evidence-based practice recommendations related to elements of Work Environment:</p>	<p>Grace Wakulchik MSN, MBA, RN, Akron Children’s Hospital welcomed members of the team and introductions of all present were completed. Grace then led the group in a review of the Race to the Future Vision Statement and the standards to use in the development of the best nursing environment in 2015 from the:</p> <ul style="list-style-type: none"> <li>• Practice Environment Components of the Nurse Work Index</li> <li>• AACN Healthy Work Environment</li> <li>• Magnet Nurse Work Environment</li> </ul> <p>Grace also summarized the work of the previous meetings of the Blue team and reviewed the agenda of the day.</p> <p><b>Beth Foster</b> reported on home health care needs for the ideal environment including best practices of use of case management, involvement of management in providing direct patient care, and engaging staff at all levels in the care-giving process by maintaining open lines of communication. Barriers to these practices include payment/reimbursement issues, safety of staff in certain home environments, and safety of staff in certain high crime areas of cities/counties.</p> <p><b>Adele Ducharme</b> reported on effective decision making review of literature. Points reviewed were how to develop and use leaders in nursing, use of evidence based practice/standards including how to find it, sort through it, time/education needed for review and implementation, and tools for implementing recommendations. Also use of support services for evidence based practice such as IRB, librarians, and other disciplines for support.</p> <p>Lois Garner reported on nursing management and leadership summary of literature review including discussion of payment for continuing</p>	<p>Reference list from literature reviews and handouts presented attached for participants.</p>

education and if that should be on an individual or on employers; orientation and training, or lack of, for managers; examples set by current nursing leaders with work-life balance and enjoyment/fulfillment with role.

**Phyllis Mathews and Bonnie Gardner** discussed the reasons for the nurse shortage and inadequate staffing and recommendations for change.

**Darcy Hymore** reported on the various models of care and that many exist, but there is not one that has been demonstrated to be the “best” for nursing in all situations, as the environment of nursing develops, the future nursing needs will develop the model of care of the future; accountability, professionalism, communication skills and safety will play a role in this development.

**Cathy Gill** reviewed delegation and the use of unlicensed staff. She reviewed that nursing needs to use other disciplines and unlicensed staff better to meet the needs of the patient based on the various disciplines skill, talent, and knowledge. Education and collaboration between disciplines needs to occur to determine what needs of the patient can be met by which discipline.

After lunch, Grace and Jan Lanier reviewed that the next steps were to develop an action plan related to the Blue Team’s identified objectives. It was also discussed that this action plan will be done through recommendations to professional organizations, nursing schools, and other means besides the Blue Team members. The Blue Team is to come up with the ideas to work on through the action plan. The two objectives were reviewed and common themes from the literature review were placed into the objectives:

1. Common frame of reference for adequate staffing: will include adequate staffing levels, elements included are skill mix, staffing levels, scheduling, physical layout of the work area, acuity of the patients, reimbursement, data management, and flexibility in staffing/scheduling including floating from one area to another.

2. Elements of highly attractive environment will include effective nursing and LIP/team relations, staff participation in clinical decisions (shared decision making), communication, support for nursing model of care, compensation, benefits, and recognition for staff; systems collaboration; generational differences and technological support.

This was followed by a brain storming session for 6 domains identified (staffing, meaningful recognition, model of care, collaboration, staff participation, and technology) was then completed with ideas for an ideal

Development of Action plan to meet strategic direction

See attached for all ideas suggested through brain storming session. Members are to send any additional ideas forward for the next meeting.

work environment.

Three components of the ideal workplace were placed to the side for collaboration with the other 2015 teams

1. Leadership: make sure leadership impact on environment is reflected in the work done by Green Team
2. Education: may need to think about working in collaboration with Yellow Team to meet needs for competence, education, etc for clinical skills and knowledge of the work force
3. Lay out of the unit: review the work the Red Team is doing in ergonomics and work flow.

Collaboration as needed at meeting in March 6, 2008 with all teams.

Plans for next meeting

Next meeting scheduled for Friday, February 8 2008 from 1000-1400 at ONA.

Attachment:

2015 Blue Team meeting on November 29, 2007:

Components of practice culture conditions and benefits provide a win-win for nurses, consumers, and the organizations: ideas that would make Ohio's Nursing environment the ideal from Blue Team Brain-storming session

**1. Staffing**

a. Education Sessions:

- i. "Educate the state: all hospitals, all staff"
- ii. "Nurse to Nurse: What's up with staffing?"
- iii. "Train the Trainer program to blanket the state by district with sessions"
- iv. "Develop an educational program on delegation that assists the front line nurse in changing the model of care based on census, acuity, skill mix"

b. Development of Tool Kit

- i. "Toolkit for implementing *House Bill 346* on staffing"
- ii. "Develop CD 'presentation for staffing' for schools of nursing"
- iii. "Tool kit of Professional evidence based staff standards"
- iv. Develop Staffing tool kit with references for staffing and scheduling, examples of creative scheduling, acuity systems, skill mix, flexibility in scheduling (shift, day, season)"

c. Finance

- i. "Work with OHA-CFO group to formulate definitions"
- ii. "Develop programs on Hospital finance 101 for staff nurses"
- iii. "How to get what we need with data"

d. Definitions and Outcome measures

- i. "Specific objective measurement tools to evaluate staffing"

- ii. “Develop definitions of staffing terms that are accepted by all for common benchmarking (HPPD, HPPV, Direct caregivers and indirect caregivers)”
- iii. “Develop data management systems for meaningful comparisons and benchmarking”
- iv. “Develop common data sets for direct patient care; HPPD”
- v. “Development of outcome measures for staffing levels that evidence based”
- vi. “Disseminate data; pull data from our research tying nursing hours to patient outcomes. Use this data to assist legislature (state and fed) in changing reimbursement”
- e. Technical Support and Staffing Templates
  - i. “Create a ‘connect the dots’ for linking staffing and resource utilization”
  - ii. “Develop template for clinical job description: basic nursing functions that allow staff to work at some level across departments”
  - iii. “Technical support for staffing/scheduling: bed control and throughput, census and staffing updates throughout the day; get rid of midnight census to base staffing numbers.”
  - iv. “Staffing best practices are competitive as hospitals work to secure staff and patients”
  - v. “Pay for performance: hospitals paid for outcomes so staff should be; best outcomes”
- f. Staffing and Flexibility
  - i. “Staffing plans/schedule to allow for snow birds/moms/generational issues/travel”
  - ii. “Staffing
    - 1. Acuity systems
    - 2. Negotiate benchmarks with finance
    - 3. Teach getting away from ‘one more patient and I’m short’.”
  - iii. “Staff: able to choose shifts, multiple shifts available, job share”
  - iv. “Staffing: each nursing department needs masters prepared nurses at bedside”
  - v. “Set competencies for designated float pool”

## 2. **Meaningful Recognition**

- a. “Staffing: retain seasoned nurses by retirement program that includes insurance access. Teachers get this why not nurses?”
- b. “Tie performance evaluation to support educational opportunities
  - i. Advanced degree, continuing education
  - ii. Membership in professional organizations
  - iii. Flexible shifts to support education
  - iv. Recognition for completion of specialty certifications (i.e. CCRN, CEN)”
- c. “Expand Cameo of Caring and Daisy program to state wide”
- d. “Conduct an Ohio Nurse campaign”
- e. “Monday through Friday Nurses are easy to hire for 7am-3pm; increase benefits markedly for 3pm to 7am, weekends, holidays”
- f. “Recognition of staff for meeting objectives with innovative compensation plans”
- g. “Pay for performance based on nurse sensitive patient outcomes”
- h. “Create survey (or aggregate) data about what meaningful recognition is and share outcomes”
- i. “Individual nurse websites”
- j. “Adopt a ‘treasure chest’ of ideas for recognition”

- k. “Certification for clinical leadership: path to first line manager”
- l. “Clinical ladders that embrace education, certification, experience and involvement in nursing groups for all levels in nursing”
- m. “Develop alternative salary plans - (staff that are part time); change salary structure to annual not hourly”
- n. “Maintain salary though low census; work extra through high census”

### 3. **Model of Care**

- a. “ Model reference tool kit”
- b. “Ability to move from one model to another with unexpected surprises; team nursing can work in times of crisis very easily”
- c. “Change Nurse manager jobs to 2 types of focus: Business Manager (could be a non-RN) and Clinical Nurse Leaders (educators)”
- d. “Certificate for Preceptorship”
- e. “Develop ‘certifications’ for house floats then compensate accordingly”
- f. “Develop evidence based standards of care by professional organizations (make or buy)”
- g. “Evidence Based practice resource data base”

### 4. **Collaboration**

- a. “Physician buddy that rounds with him/her and coordinates his/her efforts, etc”
- b. “Crucial conversations for all physicians”
- c. “Inter-disciplinary education; foundational and integrated”
- d. “Evidence based care team build best practice care plans”
- e. “Incorporate proven communication skills into all levels of nursing education”
- f. “Crucial conversations/confrontational team steps build into mandated nursing education”
- g. “Change orientation from policy/procedure review to
  - i. How to talk/report information to physician
  - ii. Delegation and follow-up
  - iii. Care negotiation with other non-nursing departments”
- h. “Certification for Nursing leadership: team leader, charge nurse, preceptors”
- i. “Comprehensive in depth mentoring preceptorships for new employees”
- j. “Solicit from vendors- review the practices and select ‘how to do it right’ in team communication and RN-MD collaboration”
- k. “Inter-disciplinary team to include all ancillary services (material management, radiology, CPS, housekeeping, nursing, etc) to discuss any issues affecting patient care and how each area affects the outcomes.”
- l. “Board of hospital or executive level group of multi-disciplinary team to have input into hospital function”
- m. “Walk a mile in my shoes opportunities: Children’s Hospital model where families put together a presentation on their kids. Use the same approach for various disciplines that can be shared at orientation”

### 5. **Staff Participation**

- a. Performance Improvement: “Lean Process in place”
- b. “Help make front line managers secure, educated, supported and happy. This will improve staff participation and active involvement in changing processes and involvement in shared governance”
- c. “Establish an institute/‘think tank’ for nursing in Ohio
- d. “Keep concept of 2015 going: require rotating membership to formalize process; diversity of folks to assure broad constituencies”
- e. “Tools for reporting off shift or change in caregivers: nurse to nurse, nurse to LIP; Nurse to other disciplines. Nurses welcome to team rounds and welcome other’s opinions/insights.”

- f. “Curriculum change to include interdisciplinary team and safety and quality”
- g. “Tool kit for shared governance”
- h. “Staff input on all decisions affecting patient care”
- i. “When staff has complaint- advise research and show evidence of need to change”
- j. “Create environment that staff feels comfortable to express their ideas and opinions”
- k. “Don’t stop at unit councils- nurses need to participate on hospital wide nursing and non-nursing groups”
- l. “Ability of staff to determine manner of feedback/evaluation.”

**6. Technology**

- a. “Develop ‘historical reference’ for technology”
- b. Opportunity/reimbursement for completion of computer skills class
- c. “Certified clinical nurse IT for bedside/unit”
- d. “Educator/technological support person for each specialty department/unit”
- e. “Unit expert on all shifts”
- f. “Nurse in IS to teach tech staff meaning of changes and implementation for nursing”
- g. “Handheld *device* for charting, bar coding, locator, phone, web”
- h. “Technological devices to support care (bar coding, documentation, etc) that portable, secure, easy to use”
- i. Budget for growth to replace and keep up with changes in technology”
- j. “Supplies at point of service: par levels to match census fluctuations (not based on midnight census)”
- k. “References/support at point of service: drug references, disease, procedure”
- l. “ ‘Angie’s list’ approach to identify best practices”
- m. “Evidence based care plans that dynamic to meet all care environments”
- n. “Solicit white paper: competition among vendors to publish best practices for technology use and then share among Ohio”

**Parking Lot:** These components of the ideal workplace were placed to the side for collaboration with the other 2015 teams

- 4. Leadership: make sure leadership impact on environment is OK by Green Team
- 5. Education: may need to think about competence, education, etc for clinical skills and knowledge; work with Yellow Team
- 6. Lay out of the unit: work with Red Team