The Case for Optimal Staffing:
A Call to Action

2015 ANCC National Magnet Conference®
October 7, 2015  2:30-3:30pm
Session C721

Mary Jo Assi, DNP, RN, NEA-BC, FNP-BC
Director of Nursing Practice and Work Environment
American Nurses Association, Silver Spring, MD

Pat Patton, MSN, RN, FCN
Vice President, Nursing Operations
Catholic Health Initiatives, Denver, CO

Objectives

- Identify challenges posed by the evolving role of nursing in the current healthcare landscape and strategies that can be used to meet these challenges

- Incorporate best practices to achieve positive patient outcomes by integrating science-based research

American Nurses Association

nursingworld.org
ANA Programmatic Work

- Publications: ANA Principles for Nurse Staffing
- Registered Nurse Safe Staffing Act
- Promotion of staffing quality measures
- Staffing focused environmental scan and analysis
- Creation and support of networking opportunities
- Focus on technology

Current State

- Site visits
  - shift in patient characteristics
  - shift in nurse characteristics
  - external and internal pressures related to regulatory, quality, and safety concerns

- Insight
  “If fear we are preparing new graduate nurses for a healthcare reality that no longer exists.”

Current State

- Staffing white paper: Key findings
  - research and evidence
  - recommendations
Making the Quality Connection

Areas of continued focus:

- Staffing impact on quality outcomes and cost
- Making the financial case
- Promoting transparency in reporting
- Providing tools to nurses in all areas of practice to support optimal staffing for safe patient care

ANA Programmatic Future Work

- The business case for staffing
- Decision-tree for automated staffing and workforce systems
- 2016 ANA conference

The Case for Optimal Staffing: A Call to Action

Pat Patton, MSN, RN
VISION & DESTINATION GOAL

To be known as a System with Exceptional, Best Value Care and Experience

- Increase quality while providing cost effective care
- Provide the right care at the right time and place
- Find the “sweet spot” for staffing
- Determine the best value equation for care
  - Standardized Staffing and Scheduling and Acuity Implementation
  - Nursing Services Dashboard
  - Nursing Research

VALUE – BASED RESOURCE MANAGEMENT

ENABLING CLINICAL & OPERATIONAL EXCELLENCE
ASSESS

Assess for what you need

- Gather your data
  - Know your resources
  - Application is appropriate

- Format presentation applicable to a CFO—'speak finance'
  - Spreadsheet
  - Draw trend lines
  - Use resources e.g. you tube, library etc.

BEHAVIORAL HEALTH UNIT IN A LARGE SYSTEM

- Gathered data over 6 months
- Had been trending lower and budgeted lower than previous year
- Found out there was an issue with screening
- Issue resolved and saw an influx of patients
- Average Daily Census (ADC) increased dramatically

- So now what do you do?

MAKING THE FINANCIAL CASE FOR STAFFING

Getting your act together-going in prepared

- Speak to the dyad (CNO and CFO)
- Utilizing the nursing process but speaking finance
- Evidence, evidence, evidence
<table>
<thead>
<tr>
<th></th>
<th>FY 12 Budget</th>
<th>FY 12 Actual</th>
<th>FY 13 Budget</th>
<th>FY 13 Actual</th>
<th>FY 13 YTD Budget</th>
<th>FY 13 YTD Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>20</td>
<td>20.0</td>
<td>20</td>
<td>22.5</td>
<td>22</td>
<td>20.8</td>
</tr>
<tr>
<td>PM</td>
<td>18</td>
<td>18.1</td>
<td>20</td>
<td>18.2</td>
<td>17</td>
<td>20.0</td>
</tr>
</tbody>
</table>

**PLAN**

- Coaching and practice—find a manager/leader/director with known experience who will critique you honestly
- Make sure CNO is aware of your plan and presentation prior to speaking with CFO (buy-in)
- Plan on incremental change (provide more than one scenario)

**CARDIAC SHORT STAY UNIT**

- Department was having issues with productivity
- Felt busy all week but productivity numbers at end of pay period and of month were not showing it
- Used data from Staffing and Scheduling System to pull productivity by hour of day
CARDIAC SHORT STAY UNIT

- After seeing productivity by hour of day they determined issue
- Busy middle of week middle of day as shared by the staff
- Emptied on weekends by 11 am
- Shifted staffing appropriately
- Productivity was normalized and staff happier
- Manager able to obtain staff for other units after showing CNO and CFO results

IMPROVED PRODUCTIVITY: STAFF UTILIZATION REPORTS

CENSUS BY DAY OF THE WEEK
IMPLEMENT

• Once approved, have your staffing plan ready so that you can speak to it clearly

• Communicate with your staff through shared governance—how to best use the resource(s) you have gained—staff should co-own this

ORTHO UNIT

• High turnover Tuesday through Thursday
• Slowed down Friday through Sunday
• Spoke with staff through shared governance re: staffing patterns
• Needed more help during the week and less during weekends
• Data confirmed this and staffing pattern changed

EVALUATE

• Measure, measure, measure
• Tie quality outcomes to cost savings
• Connect with the finance to partner to clearly communicate outcomes
• Share best practices and failures with real or potential stakeholders
ORTHO UNIT

- Manager measured census, OT, and staff satisfaction
- Staffing was adjusted without increasing FTE's
- Staff happier with more help during the week and working less weekends (every 3rd)
- Shared governance committee agreed that change was correct

ORTHO STAFFING EXAMPLE BEFORE AND AFTER

A Call to Action

- Build your tool box
- Gather the evidence
- Prepare, prepare, prepare
- Network with experienced colleagues and mentors. Attend annual conferences to keep up to date with latest evidence
- Practice, practice, practice
- Be a catalyst-educate hospital leadership and clinicians about the link between staffing and patient outcomes
- Utilize your resources
  - American Nurses Association
  - Healthcare Financial Management Association
  - American Organisation of Nurse Executives
  - Others