

Suggested Talking Points on Nurse Staffing

[Areas in italics should be customized to reflect your hospital's unique circumstances and activities concerning nurse staffing]

General Points

- Hospitals across Illinois are engaged in a variety of efforts to create an excellent workplace environment and provide rewarding career opportunities for nurses. As part of that commitment to nurses, the Illinois Hospital Association and the hospital community – including our hospital - have worked with the General Assembly and the Illinois Nurses Association and other advocacy groups to support the enactment of several landmark pieces of legislation designed to enhance nurses' work environment, increase the nurse supply, and promote patient safety:
 - Hospital Report Card Act
 - Prohibition on Use of Mandated Overtime
 - Adverse Health Care Event Reporting
 - Illinois Center for Nursing
 - Nurse Staffing by Patient Acuity
 - Safe Patient Handling Act
- The first law of its kind in the country, the **Hospital Report Card Act** (HRCA) (PA93-0563) is intended to provide Illinois consumers a picture of each hospital's nurse staffing process and effectiveness as it relates to a critical public interest – patient outcomes. The HRCA provides consumers access to useful information about nursing coverage and patient outcomes. The HRCA requires Illinois hospitals to share their current unit schedules, nurse-patient assignment rosters, and the methodologies to determine and adjust staffing levels with the public upon request. In addition, hospitals are required to report extensive nurse staffing information and infection measures to the Illinois Department of Public Health (IDPH) for public disclosure.

Staffing and Transparency:

- Our hospital's staffing plan promotes quality patient care consistent with professional nursing standards supported by evidence-based studies.
- *Outline your hospital's strategies and mechanisms to ensure adequate staffing for individual patient needs (see Acuity and Workforce Development below).*
- Discussing reportable information – and “nursing hours per patient day:”
 - One of the most recent data points added to transparency reporting activity increasing the public's awareness about how hospitals' care for their patients;
 - Measures the supply of nursing relative to patient workload (as recognized by the National Quality Forum (NQF));

- An aggregate number that accounts for a range of variables considered by our hospital to provide nursing care, e.g. patient acuity, staff skills mix, availability of technology, patient volume;
- Originally used as a budget forecasting tool to project staffing need and only recently recognized by National Database of Nurse Quality Indicators (NDNQI) and NQF as a nurse-sensitive performance measure. **However, risk-adjustment methodology to assure comparative value has not yet been developed;**
- Represents nurses' time for patient-centered activities including medication administration, nursing treatment, nursing rounds, patient teaching, patient communication on admission, transfer and discharge activity, coordination of patient care, documentation time, and treatment planning;
- While important, nurse hours per patient day, is only ONE of many numerical indicators that is used as a guide by hospitals to routinely assess whether their staffing strategies are helping to achieve best patient outcomes;
- Contributes meaningful information when considered in conjunction with patient outcome measures, e.g. central-line bloodstream infections, surgical site infections, adverse events.

Nurse Staffing by Patient Acuity

- Allows Illinois' 200+ hospitals and their nurses to specifically tailor their staffing plans to meet the unique needs of patients in each hospital.
- Assures that direct care nurses have a significant voice in the hospital's staffing plan and process.
 - Mandates that at least 50% of nurse committee addressing hospital's staffing plan and process are direct care staff
- Allows each hospital and their nurses to plan staffing and then adjust that plan as patient needs change to account for a wide range of considerations, including:
 - The number of patients
 - The severity of their illnesses and their nursing needs
 - The available staff skills mix
- Assures that direct care nurses have a significant voice in the hospital's staffing plan and process.
 - Mandates that at least 50% of nurse committee addressing hospital's staffing plan and process are direct care staff
- Aligns staffing considerations based on patient needs and nursing resources.
- Describe hospital's Acuity Committee:
 - How committee established;
 - Outline process for member selection and direct care staff input;

- Provide meeting particulars – how often meet, issues discussed, recommendations and implementation efforts;
- Discuss how direct care staff who are not serving directly on the committee are encouraged to provide input to the committee and how the committee’s efforts are disseminated and shared with direct care staff and across the organization, e.g., minutes on hospital’s intranet, newsletter, staff meetings, etc.;
- Discuss major recommendations from direct care staff that have been taken into consideration in your hospital – and how they’ve improved the delivery of care for both your nurses and patients.
 - Provide specific highlights, e.g. Rapid Response Teams for failure to rescue/new grad support; wound care nurse because higher trend in pressure ulcer incidence; “hourly rounding” because of fall prevention program, admissions/discharge nurse position because of increased flux of work at peak times, etc.
- Assures that direct care nurses have a significant voice in the hospital’s staffing plan and process.
 - Mandates that at least 50% of nurse committee addressing hospital’s staffing plan and process are direct care staff

Workforce Development

- *Provide a snapshot of your hospital’s nursing demographics and patient population, e.g., personalize to organization’s unique situation, such as rural, suburban, academic, DSH.*
- *Share your organization’s current infrastructure and commitment to direct care staff.*
- *Provide examples of your hospital’s work environment and enhancements to support direct care staff in their delivery of patient care services. Share their involvement and participation in:*
 - *Staffing councils and professional development*
 - *Quality improvement*
 - *Patient Safety*
 - *Patient/family care rounds*
- *Discuss shortage and supply issue, specifically to highlight your hospital’s current commitment and efforts related to workforce development, including:*
 - *Career awareness*
 - *Partnering to expand educational capacity, e.g. adjunct faculty, faculty supplement, clinical sites, mentoring support, ICNR, ICN, BON*
 - *Programming and tuition support for incumbent employees*