

Implementing Nurse Staffing Committees And Virginia's Hospitals

One of the most significant challenges facing our healthcare systems is the nursing workforce shortage. Reduced academic enrollment openings, a lack of clinical training and placement opportunities, and an aging workforce are, among other contributing factors, leading to shortages of nurses, behavioral workers, and other health care professionals. The added demands of the pandemic led nurses and health care professionals to leave the workforce. Given that it takes years to develop licensed and certified health care workers, hospitals and health systems face near and long-term challenges in staffing their facilities that serve their patients and communities.

There are multiple ways hospitals and health systems can enhance transparency as it pertains to workforce solutions. One model is through the development of Nurse Staffing Committees. These committees incorporate the recommendations of this framework but structured to reflect the size, services, complexity, and workforce of the hospital and health system.

Such committees foster greater collaboration between hospital leadership and frontline nurses regarding the unique needs of their facility. This can empower leadership and bedside nurses to create innovative solutions to improve quality and safety in care delivery and develop new models of care. These collaborative efforts aim to create a more fulfilling environment in a resource constrained workplace. Consistent with the Robert Wood Johnson Foundation Future of Nursing Report recommendations, nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare in the United States.

The following framework and principles for implementing nurse staffing committees were a collaborative effort by representatives from VHHA and VNA. Although this framework may not be appropriate for smaller facilities such as Critical Access Hospitals. Virginia hospitals are encouraged to use this framework as they create local nurse staffing committees as well as develop staffing plans.

Hospital Nurse Staffing Committee Framework

1. Purpose

Nurse Staffing Committees are standing committees that review nurse staffing on a regular basis with a goal of working collaboratively on continuous improvement to ensure positive patient outcomes, to foster a healthy and safe work environment, and to nurture a culture of transparency in operations that promotes retention and recruitment of staff. The following list serves as suggested topics the committee might address:

- Collaborate with the talent acquisition team to improve pipeline development.
- Monitor and assess overtime reports and trends around meal break data and time and attendance reports that affect staffing.
- Develop, review, and evaluate departmental staffing plans.
- Research, consider, and design nurse residency programs and similar programs for ancillary staff for onboarding development.
- Evaluate just-in-time staffing models such as floating practices (e.g., frequency, location) among clinical areas.
- In collaboration with organizational staff development, review orientation processes and practices, preceptor recruitment, and professional development.
- Support for safe and healthy work environment.
- Identify and evaluate evidence-based innovations to meet nurse staffing needs as it pertains to patient care delivery such as remote patient monitoring, virtual nursing, and the use of artificial intelligence (AI) in the patient care setting.
- Review and inform departmental nurse staffing policies development consistent with evidenced based practice guidelines.
- Support advanced practice, registered and licensed nurses and all other clinicians practicing to the top scope of their licensure, certification, and education.
- Review of productivity and staffing data compared to applicable benchmarks and productivity measures.
- Review patterns or trends in turnover to identify opportunities for improvement.

All plans or policies developed must be based on evidence-based principles and reflect the needs of the organization based on size, volumes, complexity, human resources, staff competencies, patient acuity, available technologies, and availability of resources.

2. Membership

A Committee should consist of a balanced mix of front-line/non-management nurses who provide direct patient care as well as administrative nurse leaders who oversee patient care areas. The committee may be co-led by a non-management nurse along with management or, depending on the organizations shared decision-making structure, have a leader advisor, which could be the Chief Nursing Officer, Chief Nurse Executive, or an appropriate designee (e.g., Assistant Chief Nursing Officer). Ad hoc membership from the health care team (e.g., the CFO) to be determined as needed.

3. Structure

The Committee is multidisciplinary as deemed necessary for ideal work product and progress. Each hospital-based department where nurses deliver inpatient, emergency, and procedural patient care should be encouraged to have representation on the committee. Regular meetings should be held in-person or via videoconference depending on the preference amongst the committee members.

Committees are encouraged to set goals relevant to the unique needs of their organization's nurse staffing and report progress of their activities through the shared governance structure, if present, reporting to the Chief Nursing Officer and Chief Nurse Executive (as applicable).

For additional guidance, organizations may reference the American Nurses Association *Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes September 2015* Prepared for the American Nurses Association by Avalere Health LLC.

4. Planning

Committees should collaborate on developing nurse staffing plans for consideration by hospital leadership based on the needs of each patient care unit, consideration of shift, evidence relating to patient care, safety of the staff and patients, and support strategies for a healthy work environment. Plans should include methods for adjusting nurse staffing levels to meet patient care requirements and a contingency plan when patient care needs exceed staff resources.

Addendum

Principles for Developing Nurse Staffing Plans

The following principles should be considered in developing plans:

- The needs of individuals, including the specific needs of patients and competencies of nurses and other staff members.
- The needs of staff, including the need for professional development and time for personal and family commitments.
- The balance between the needs of patients and the needs of the staff; however, the safety of patients must always be paramount.
- The need to periodically conduct evaluations for effectiveness using comparable benchmarking data and patient outcomes.
- The volumes, needs, and acuities of the targeted patient population and staffing resources.
- Optimizing the productivity of staff.
- Ensuring that a core number of competent staff, with the specialization of skills required, are assigned to meet the needs of patients.
- The staffing plan should be developed in conjunction with bedside staff nurses and shared with all applicable nursing staff.
- Address the use of overtime and supplemental staff.
- The selection and implementation of technology (to include electronic medical records and medical equipment) should involve appropriate nurse stakeholder(s). Careful assessment of the impact on nursing time spent at the bedside with patients, nurse workflow and nurse staffing must be considered for any technology implementation.
- Be developed using an evidence-based method, and consider patient acuity, nurse competency and workload intensity.
- Flexibility for the creation and development of innovative models in care delivery across unique departments.
- The structural design should include accountability and transparency; and
- The staffing plan should acknowledge a hospital established crisis standards of care and plan in the case of a declared emergency. Sample language is below:

Emergency Preparedness: In the event of an unforeseeable circumstance where a health system's emergency operations plan is activated; or any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services, the hospital staffing plan will move to its established crisis standards of care until the declared emergency is no longer in affect and the hospital returns to normal health care operations.