

Nursing Care Committee Semiannual Report

Carle BroMenn Medical Center | December 2024

The purpose of the Carle BroMenn Medical Center Nursing Care Committee is to provide acuity-based guidelines for nurse staffing levels for inpatient care units. The guidelines for inpatient staffing plans are outlined in the Illinois Hospital Licensing Act, Section 250.1130. The guidelines recognize evidence-based staffing and care standards established by professional nursing organizations, as well as measurable patient and staffing outcomes, along with nursing-sensitive indicators.

WHAT IS THE NURSING CARE COMMITTEE?

State legislation introduced bill, SB2153, the Nurse Staffing Improvement Act. This bill gives front-line nurses a stronger voice in the organizations where they work related to staffing. The Nurse Staffing Patient Acuity Act requires that Illinois hospitals have a hospital-wide Nursing Care Committee.

THE NURSING CARE COMMITTEE MUST:

- Be co-chaired by a direct care nurse with the CNO. The Co-Chair of the Committee is a direct care nurse selected by the nursing staff on the committee
- Produce a hospital-wide staffing plan, including inpatient emergency departments.
- Consider issues such as patient outcomes, complaints related to staffing, the number of nursing hours provided compared to the number of patients on the unit, aggregate overtime nursing hours worked, and the degree to which actual shifts worked varied from what is provided for in the staffing plan.
- Design a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and a process for such reports to be reviewed and addressed.
- Meet at least six times annually, with reports to be provided to direct care nurses two times per year.
- Issue an annual report to the Hospital's governing board, including recommendations for future changes to nurse staffing.

CURRENT CARLE BROMENN NURSING CARE COMMITTEE MEMBERS

Amanda Smith, Joni Hornbeck, Stacy Barclay, Shelly Yoder, Melissa Tull, Ashlee Carstens, Ashley Hankins Degroot, Candy Ashcraft, Emily Kilborn, Hannah Denault, Shea Boston, Holly Massey, Janelle Franklin, Hannah Depa, Laura Wheet, Joanna Nance, Jessica Brownfield, Mitchell Fields, Shilpa Satsangi, Nathan McLeese, Lindsey ZumMallen, Tracy Sondag, Tara Finck, Ashley Boone, Jessica Baker and Sarah Huber.

NATIONAL DATABASE FOR NURSING SENSITIVE INDICATORS (NDNQI)

Carle BroMenn participates in NDNQI patient quality and safety measures. NDNQI provides a national data repository through which hospitals can confidentially compare nursing sensitive indicators at the unit level to similar units in hospitals across the country. They are a measure of where your facility ranks within its peer group. Patient outcomes are collected through a combination of medical record review and administrative data, according to standard definitions. The American Nurses Association (ANA) established the NDNQI in 1998 to meet the need to evaluate nursing's impact on healthcare, along with what effect workload, workflow, and nurse-patient ratios have on patient outcomes. The ANA determined that data collection should be ongoing as part of the profession's responsibility to monitor itself and promote quality outcomes.

CARLE BROMENN STAFFING PLAN

Carle BroMenn Medical Center has put in place a written staffing plan that guides the organization and all units in determining the proper level of nurse staffing to ensure the highest quality of patient care and safety conformance within professional nursing standards. The plan follows evidence-based practice, which recommends that nurse staffing in an acute care hospital be determined by the complexity of patient care needs in alignment with available nursing skills.

THE NURSE STAFFING PLAN INVOLVES:

Consideration of the complexity of patient care to assist in making appropriate staffing and adjustment decisions. Each unit's staffing plan is based on patient volumes, patient diagnoses, the scope and level of care required, clinical competency of care providers, and the mix of providers by unit and national benchmarks.

PATIENT ACUITY SYSTEM FRAMEWORK:

Guides the organization in the following:

- Adjusting the volume of nursing staff in accordance with real-time patient acuity
- Making day-to-day shift assignment adjustments based on patient acuity to ensure each patient has the appropriate level of care
- Matching caregiver skill variables with the complexity and seriousness of patients' illnesses
- Consideration of various day-to-day variables based on the characteristics of each patient unit, the experience and skill set of nurses assigned to those units, availability of support services and opportunities for care coordination, discharge planning, and patient education.
- Assignment of decision-making authority to each unit charge nurse to respond to changes in workload due to patient census, department activity fluctuations, and acuity.
- The charge nurse identifies and implements a flexible staffing process to promote clinically appropriate staffing decisions on an ongoing basis.

SEMIANNUAL REVIEW OF THE NURSE STAFFING PLAN

The Nursing Care Committee (NCC) reviews the staffing care plan annually. Fifty-five percent or more of the NCC are nurses who work at the bedside providing patient care.

ACUITY PLUS INTEGRATION TO SUPPORT STAFFING DECISIONS

Acuity Plus is a workload measurement tool that assists charge nurses with staffing decisions. The methodology integrates nursing documentation to forecast staffing requirements while integrating with the time and attendance system. Staffing is adjusted as required to meet the patient's needs and is evaluated every 4 hours.

COMPLAINTS REGARDING STAFFING

Staff can enter a staffing or acuity concern using RL Datrix event reporting on the Carle Click intranet page. The CNO or designee sends the generated reports to the Nurse Staffing Committee for resolution.

The screenshot shows a web form titled "Treatment / Provision of Care" with the Carle logo at the top. The form includes several fields: "Event Date" with a date picker (mm-dd-yyyy), "Time (00:00)" with a time picker, "Specific Event Type" with a dropdown menu, "Actual or Near Miss", "Person Affected", and "Brief Factual Description". The dropdown menu for "Specific Event Type" is open, showing options: "Injury During Therapy", "No Treatment / Therapy Order", "Order - Incorrect", "Order / Prescription Altered", "Patient Care Staffing / Acuity Concern", "Pre-Authorization Issue", "Referral Issue", "Scheduling Issue", "Wrong Patient", "Wrong Treatment / Therapy", and "Other". The "Patient Care Staffing / Acuity Concern" option is highlighted in blue.

2024 STAFFING OR ACUITY CONCERNS AND RESOLUTIONS

RL events regarding staffing and acuity are discussed at every meeting with resolutions provided by front line staff. Through RL events reported it was determined by the NCC that cardiac patients can go to the Progressive Care Unit if the appropriate staff member is provided. A process was put into place for our smaller units who sometimes work with one nurse and one tech to escalate up the chain of

command if they have needs such as blood needing obtained for the unit, breaks etc. The NCC committee determined if a nurse or tech stays over shift for a minimum of four hours, this will count as a float date if they are floated off of their home unit. Carle BroMenn Medical Center implemented virtual sitters in January of 2024. It was determined by the NCC that a patient who is suicidal or a patient who is in restraints on bipap will not be utilizing virtual sitters but in person sitters instead.

OTHER STAFFING DECISIONS MADE IN 2024

- Clinical Resource Unit (CRU) will hire new graduate nurses into the pods.
- Increase agency on night shift, move nurses who have been waiting to go to day shift to days to increase retention.
- Drive staffing incentivized pay to night shift where there is the greatest vacancy.
- Continue to staff every third weekend and every other holiday.
- Reviewed and made changes to the Registry agreement.
- All NCC members will be trained to do AcuityPlus audits.
- Determined registry associates will be part of the holiday flex lottery but they will be prioritized after FTE staff.
- If a nurse picks up an extra shift in incentivized pay, they will float where the greater need is by acuity. If multiple units are short and all units are basically in same level of need, then the person picking up stays on home unit. If it is a safety situation on another unit, then the person picking up will float.
- Night shift associates are being moved to day shift around two at a time based on seniority.
- A new group of DEU (Dedicated Education Unit) students begins August 19.
- Work is underway with nursing school regarding recruitment.
- Exit interviews will be performed going forward to see what opportunities we have for retention.
- If a staff member calls in on a weekend, they must make up their shift on another weekend.
- A new senior tech position was created.
- All registry techs are able to work in four-hour shifts to meet their registry requirements.
- A team was formed to bring back the nurse internship program. The internship program will be May 19 – July 19, 2025.
- When precepting a new hire, preceptor will remain with the new hire. It is very important for new hires to get exceptional onboarding experience. A part of that experience is having a consistent preceptor as they grow and develop their skillset. This applies to nurses and techs who are precepting moving forward. Charge nurses will need to ensure that the orientee is left with the preceptor assigned to them. DEU students will float with their preceptor. Traditional students will stay on assigned units and their preceptor will float. The traditional student will be assigned to a new preceptor on that unit.
- The self-scheduling process will include picking your top four shifts. If one of your first three (3) shifts needs to be moved to balance the schedule the (4) fourth shift choice will try to be honored first. Stacy has partnered with Kronos IT vendor support to provide this function in Kronos. When self-scheduling for day shift, you will need to self-schedule for 3 Fridays and the night shift will need to self-schedule for three Sunday nights.

- If a nurse is scheduled to be in the UNL role, this UNL will not float by date, unless there is another UNL to place in that role. If a UNL picks up an extra shift, they will not replace the current UNL, or relief charge nurse already scheduled.
- If you are the Shared Governance chair or co-chair on your unit, the meeting times will not be part of the (6) six days off requests per schedule. Your manager will be sending the names and dates to the staffing coordinators to work on ensuring you are available as much as possible for Shared Governance meetings and activities.
- We will be piloting unit-based initial scheduling within CVCU and ICU starting on the February 2025 schedule. The initial schedule will be done within the departments and then balanced across the house for staffing needs.
- When staff are placed on standby, we will be calling in staff per skill mix not by date. If multiple team members have the same skill mix, we will use the last standby date to determine who is called in first. As with the current process incentive pay will be called in last.
- No flexing/standby within the first 90 days of hire. The charge nurse and manager of the unit will monitor the first 90 days. Staff within their first 90 days, however, can request flex.
- Work is underway on a coupon book based on years of seniority where the nurse or tech will get a free weekend, honoring of self-schedule, Atrium discount, or a minor holiday off based off of years of service.

CHANGES IN 2024 TO THE STAFFING PLAN BY NURSING CARE COMMITTEE MEMBERS

In 2024, the Nursing Care Committee adjusted the staffing plan. The scope of service for each inpatient nursing unit was reviewed, allowing committee members to point out areas that needed clarification or restructuring based on their current practice, including a description of nursing assessment frequency and patient age limits. The Scope of Service for each unit is attached to the BroMenn nurse staffing plan. The nursing care committee reviewed and approved the nurse staffing plan for BroMenn.

Updated Items for 2024 to the nurse staffing plan are as below:

The Acuity Plus program was adjusted to better delineate the use of acuity-based rather than ratio-based staffing. The committee members received updates on the training, implementation, and feedback on real-time usage of Acuity Plus at each meeting to ensure that the results aligned with the staffing plan's goals.

- Definitions on each plan have been updated.
- Changes were made with regard to AcuityPlus®.
- There were changes in ratios – maximum level within safety.

ED ACUITY STAFFING PLAN

Emergency Department (ED) leaders identified that because the ED Acuity Plus methodology is retrospective, not prospective and predictive as it is in the inpatient methodology, the data was duplicative and on its own, does not support the Illinois Hospital Licensing Act requirement to staff by

acuity. Leaders identified existing tools that are able to be replicated and used to demonstrate ED staffing by acuity. Tools to demonstrate staffing by acuity, providing real-time analytics for operational decisions:

–Emergency Severity Index (ESI®)

–National Emergency Department Overcrowding Scale (NEDOCS®)

The Emergency Severity Index (ESI®) is an ED triage algorithm sorting patients into five categories from most to least urgent (1-5) based on acuity and resources required. The National Emergency Department Overcrowding Scale (NEDOCS®) is a tool used to measure patient throughput and calculate levels of overcrowding.

1. ESI is utilized to evaluate patient acuity and staff assignments.
2. The triage nurse or primary nurse will assign an ESI score based on the validated algorithm, providing necessary acuity information.
3. The ED Charge Nurse is responsible for nurse assignment modifications related to changes in patient acuity.
4. ED Charge Nurse and management are responsible for evaluating the NEDOCS score and making staffing decisions to support nurse/unit workload.