

William D. Ruckelshaus Center Nurse Staffing Steering Committee



Northwest Organization
of Nurse Executives/Nurse Leaders



February 17, 2009

Governor Gregoire and Members of the Washington State Legislature:

Enclosed for your review is a copy of a report titled, "Interim Progress Report of the Ruckelshaus Nurse Staffing Steering Committee to Governor Christine Gregoire and the Washington State Legislature."

On February 4, 2008, after contentious legislative struggles, the five organizations listed below entered into a Memorandum of Agreement to address issues related to nurse staffing. The collaborative agreement between representatives of labor and management requires the Ruckelshaus Center to issue a report summarizing the parties' discussions and any agreed legislative recommendations or voluntary programs and approaches.

The five participating organizations are pleased to endorse the enclosed William D. Ruckelshaus Center report reflecting our progress to date on nurse staffing. With your support, the organizations plan to continue their collaborative efforts during 2009.

The Steering Committee members want to thank Governor Gregoire and the state legislature for their strong support of the committee's efforts and innovative approach to bringing the five organizations together to solve differences constructively.

If you have any questions or comments, please contact Jon Brock, Associate Director of the William D. Ruckelshaus Center, at (206) 616-5817 or jbrock@u.washington.edu.

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Interim Progress Report to Governor Gregoire and the Washington State Legislature



Ruckelshaus Nurse Staffing Steering Committee



February 2009



EXECUTIVE SUMMARY

On February 4, 2008, the Northwest Organization of Nurse Executives; SEIU Healthcare, 1199 NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association (WSHA); and the Washington State Nurses Association entered into a unique Memorandum of Agreement to address nurse staffing concerns, an approach untried in any other state in the nation. The five organizations (the “Steering Committee”) were convened by the William D. Ruckelshaus Center to address serious challenges related to nurse staffing. Many of the committee’s projects have been successful, but much remains to be done.

During 2008, the Steering Committee accomplished the following:

- Negotiated and supported the enactment of nurse staffing legislation (House Bill 3123) requiring every hospital in the state to form a nurse staffing committee comprised of at least one half staff nurses and up to one half management representatives; post nurse staffing plans; and make staffing information available to the public.
- Organized and hosted educational sessions for more than 600 staffing committee representatives on the nurse staffing legislation and provided information and tools required for establishing and working on staffing committees.
- Ensured nurse staffing information, including the number of nurses on duty at the time of an adverse event, is included on the form used to submit root cause analysis information to the Washington State Department of Health after an adverse event.
- Established a pilot project to design, develop, and oversee an “immediate staffing alert” process for hospitals and nursing staff to address real time staffing concerns.
- Launched the nurse sensitive quality indicator data collection project. We expect about 90 hospitals in Washington State will collect data on patient falls, falls with injury, pressure ulcers, nursing hours per patient day, and skill mix. It is strongly recommended this data be shared with the Steering Committee and with hospital staffing committees to better inform their work and decisions.
- Guided the drafting of a research paper on nurse staffing written by Dr. Pamela Mitchell, Associate Dean of the University of Washington School of Nursing. The paper will serve as a summary of the literature and expertise relating to nurse staffing.

Further detail on each of these accomplishments and on the work anticipated in the future is contained in the following report.

INTRODUCTION

The February 4, 2008 Memorandum of Agreement (the “Agreement”) included direction to the Ruckelshaus Center to issue a report by November 1, 2008, summarizing the Steering Committee discussions and any agreed legislative recommendations or voluntary programs and approaches. This is that report.

The report is divided into topic areas addressed in the Agreement. In each section, the Agreement is quoted exactly in plain text and a status report on each specific item is provided in *bold italics*.

The “parties” are the five signatories to the Agreement: the Northwest Organization of Nurse Executives; SEIU Healthcare, 1199 NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association; and the Washington State Nurses Association.

PROGRESS REPORT

2008 Legislative Session. According to the Memorandum of Agreement, “The Parties agree that during the 2008 legislative session, the bill the Parties have jointly drafted and mutually agreed upon will be the only bill that includes any elements of House Bill 1809 the Parties will support. None of the Parties will pursue House Bill 1809 or any other legislation that includes elements of House Bill 1809.”

Progress: The parties supported the enactment of nurse staffing legislation (House Bill 3123) requiring every hospital in the state to form a staffing committee comprised of at least one-half staff nurses and up to one-half management representatives by September 1, 2008. Hospitals must develop unit and shift based staffing plans based on patient care needs that are the primary component of the staffing budget. Hospitals must post nurse staffing plans and make staffing information available to the public. Review and assessment of the staffing plans is the responsibility of the committee, as well as responding to staffing concerns. If the staffing plan produced by the committee is not adopted by the hospital, the hospital chief executive officer must provide a written explanation to the committee as to the reason why.

Work Program. By March 1, 2008, the Steering Committee will develop a work program that will include meeting at least monthly until November 1, 2008.

Progress: The parties have met monthly as a statewide Steering Committee and have developed an extensive work program with many successes and a strong program for future work. Each of the parties provided excellent representation of their respective hospitals, staff nurses, and nurse managers.

Staffing Standards. The Steering Committee will use the Ruckelshaus Center process to determine whether or not the parties can agree regarding the need for determining and using minimum nurse staffing standards.

Progress: *The Steering Committee oversaw the drafting of a research paper on nurse staffing authored by Dr. Pamela Mitchell, Associate Dean of the University of Washington School of Nursing. Dr. Mitchell coordinated Steering Committee consultation with national experts in the field, which has been very helpful to the committee's discussions. The paper is almost completed. It provides a common base of knowledge about what is known – and not known – about nurse staffing and impacts on patient outcomes. The paper will serve as an authority on the literature relating to nurse staffing.*

As of the writing of this report, no agreement has been reached among the parties regarding the need for determining and using minimum nurse staffing standards. With the completion of the paper and other nurse staffing information provided through the Ruckelshaus process, the parties will be better prepared to address this issue during 2009.

Collaborative Action. Based on these discussions, specific policy, program, or legislative changes may be jointly recommended for action in 2009. The goal is not only to produce agreed upon legislative proposals, but to encourage voluntary and collaborative programs and approaches to the maximum extent practicable.

Progress: *The Steering Committee has completed solid collaborative work, as outlined in the projects described below. The committee plans to continue its work, primarily focused on the implementation and success of the nurse staffing committees and the nurse sensitive quality indicators project.*

Adverse Events Report Form. The parties will jointly request the Washington State Department of Health include on the form medical facilities use to report adverse events a section or data field for nurse staffing information to include the following information:

- The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse event occurred.
- The number of nursing personnel present at the time of the adverse event who have been supplied by temporary staffing agencies, including traveling nurses.
- The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of hours or shifts at the time of the event and the number of consecutive hours worked by each such nursing personnel at the time of the adverse event.

Progress: *The parties jointly made this request to the state Department of Health. The request has been incorporated into the draft hospital licensing rules by the department. The final rules were scheduled for publication in December 2008. The department is expected to publish them very soon. The parties anticipate receiving valuable information through this process to improve patient safety throughout Washington hospitals. The impact of this action, however, may be in jeopardy as a result of the state's financial crisis. The department has discontinued its search for an outside entity to analyze adverse events reports and make recommendations for improving patient care.*

Data Collection and Analysis. The Steering Committee recognizes the importance of collecting a uniform set of nurse sensitive quality indicators as one of the mechanisms to measure the effectiveness of nurse staffing. The parties are also directed to determine whether there is agreement to report the indicators publicly. The Steering Committee shall develop and oversee a project to:

- (a) By May 2008, conduct a survey on what nurse sensitive quality indicators Washington hospitals are currently collecting. The Steering Committee will encourage the participation of all hospitals in this project.

Progress: *The Washington State Hospital Association completed the survey and presented it to the Steering Committee on May 15, 2008; 94 of 97 Washington hospitals participated.*

- (b) Based on the survey, identify by July 2008 five of the nurse sensitive quality indicators Washington hospitals are currently collecting that would be useful to the Steering Committee and to nurse staffing committees.

Progress: *The Steering Committee chose five indicators recognized by the National Quality Forum: falls, falls with injury, pressure ulcer prevalence, nursing care hours per patient day, and skill mix. Subsequently, the pressure ulcer indicator was modified.*

- (c) Make best efforts to ensure that every Washington hospital that is collecting any such indicators share those indicators, including both hospital and unit-specific data, with both its nurse staffing committee and the Steering Committee.

Progress: *The desirability and benefit of data sharing was included in the information used to enroll hospitals in the project. How the data is used and shared will be reviewed as the project progresses. During 2009, the parties will consider whether and how the data should be made publicly available.*

- (d) By September 2008, develop a process to identify, standardize, and collect at least five nurse sensitive quality indicators to be collected by Washington hospitals.

Progress: *By September 2008, the Steering Committee chose to use the hospital association's Quality Benchmarking System as its preferred method of data collection and reporting. Systems were developed and a pilot test began in September 2008.*

- (e) Incorporate into its data-related actions and processes due consideration for the need to not create unreasonable data-collection burdens on any hospital, and especially on critical access hospitals under 42 U.S.C. 1395i-4, and the need to permit critical access hospitals in particular to develop flexible approaches to data-collection requirements.

Progress: *These criteria have been taken into consideration as the project has progressed. The Steering Committee has made some adjustments to the indicators to take into account hospital concerns. The committee is working with Critical Access Hospitals to determine how to best meet their needs.*

- (f) Develop a process to ensure that any work related to this project maintains data integrity and confidentiality.

Progress: *The Quality Benchmarking System is a password protected collection system. Data use will be carefully managed to ensure its confidentiality and that all parties are aware of distribution plans. Data integrity will be monitored as collection continues.*

- (g) Determine whether the parties agree the nurse sensitive quality indicators should be publicly reported.

Progress: *The parties have not reached agreement on whether the indicator data should be made publicly available. Every effort will be made to share the information with the Steering Committee and the nurse staffing committees.*

National Database. The Steering Committee supports the pilot project on the use of the CALNOC database initiated by the Northwest Organization of Nurse Executives and will support requests for funds to develop this pilot project with the understanding that findings from the project will be shared with the Steering Committee to inform future recommendations.

Progress: *Funding for a pilot project on the use of CALNOC was not secured. The Northwest Organization of Nurse Executives developed a collaborative agreement to begin the project across the state, and the project was launched in October 2008. Two CALNOC orientations were held and ten hospitals are currently in the process of enrolling. Findings from the project will be shared as permission from participating hospitals is granted. The list of participating hospitals has been shared with Steering Committee members.*

Nurse Staffing Committee Information. The Steering Committee will use its best efforts to ensure that hospital chief executive officers and nurse staffing committees submit to the Steering Committee the explanation provided by the chief executive officer when an annual nurse staffing plan adopted by the hospital is not the same as the annual nurse staffing plan recommended by the nurse staffing committee. The Steering Committee will also use its best efforts to obtain a copy of the rejected nurse staffing plan recommended by the nurse staffing committee.

Progress: *The legislation requires nurse staffing committees to be established by September 1, 2008. The committees have begun meeting and working on their staffing plans. In 2009, hospitals will be surveyed to identify whether each has established a staffing committee. As more staffing plans are created, the Steering Committee will work to identify what is working, what needs attention, and how the parties can assist their members in achieving effective results. Further educational sessions will be planned to disseminate information to staffing committees across the state.*

Advisory Committees. The Steering Committee will establish and oversee one or more advisory committees to assist nurse staffing committees and perform other functions described in this Agreement.

Progress: *The Steering Committee established two advisory committees in 2008: the Education Advisory Committee and the Immediate Staffing Alert Advisory Committee. Both committees provide strong examples of the parties working well together with excellent results.*

The Education Advisory Committee provided training in Seattle and Spokane in August 2008 to more than 600 staff nurses, chief nurses, union leaders, and hospital management. Training topics included: an overview of the legislation and the Agreement, staff scheduling and budgeting, and communication skills on conflict management and problem resolution. During the course of the trainings, participants identified future educational needs.

The work of the Immediate Staffing Alert Advisory Committee is described below.

Immediate Staffing Alert. Design, develop, and oversee an “immediate staffing alert” process to begin in 2008 by hospitals and nursing staff to address real time staffing concerns. This process will establish a mechanism for a management response when a nurse or unit believes more staff are needed to provide safe care to patients. The advisory committee will recruit one to three hospitals to participate in designing and implementing the process in a pilot program.

Progress: *Four hospitals have begun the immediate staffing alert pilot in 2009. The project provides a mechanism that facilitates the communication of an individual nurse’s work load as well as that of the unit. The Immediate Staffing Alert Advisory Committee will look for trends in the project to make recommendations for practices or programs that could enhance nurses’ effectiveness and increase patient safety. The four hospitals involved in the pilot were chosen to represent hospitals of different sizes, patient populations, and geographical locations. The hospitals are: Central Washington Hospital in Wenatchee, Harrison Memorial Hospital in Bremerton, Providence Everett Medical Center, and Skagit Valley Hospital in Mount Vernon.*

The Focus for 2009. Based on the success of discussions through November 1, 2008, the Steering Committee will continue through November 1, 2009 to discuss through the Ruckelshaus Center process issues affecting staffing, patient care and safety that focus on long term systemic reform, environment of care, nursing retention, and the nursing shortage, as well as issues emerging from the implementation of nurse staffing committees. If the Steering Committee continues the Ruckelshaus Center process after November 1, 2008, the parties agree to have the Ruckelshaus Center issue a second report by November 1, 2009, summarizing the parties’ discussions and any agreed legislative recommendations or voluntary programs and approaches.

Progress: *The parties plan to continue their efforts through the Steering Committee and work to ensure results in hospitals for patients and nurses. Their efforts will continue to foster respectful dialogue and problem solving among staff nurses, hospital administrators, nurse managers, and others. Specifically, the parties will work together as follows:*

- *The Steering Committee will begin its examination of other long-term systemic problems, including environment of care, nurse retention, and nurse shortages.*
- *The parties will continue their strong focus on ensuring the effectiveness of nurse staffing committees and nurse staffing in hospitals. The parties expect to survey progress, establish indicators of success, provide needed assistance, share lessons learned, and otherwise ensure these committees have real, beneficial effects.*
- *The Steering Committee will continue the dialogue regarding the need for determining and using minimum nurse staffing standards.*

- *The Steering Committee will continue the dialogue on whether the nurse sensitive quality indicators should be publicly reported and possibly expand beyond the five indicators currently being collected.*
- *The Education Advisory Committee will continue to provide valuable assistance to the nurse staffing committees, focusing on addressing the education needs identified by the training participants.*
- *The Steering Committee will begin the process of evaluating the impacts of staffing plans and the analysis of rejected plans.*
- *The Steering Committee will work to ensure useful data are collected at the state and hospital level and disseminated appropriately. Hospital-level data may be used to develop and refine staffing plans. State-level data may be used to determine which practices are most effective.*
- *The Immediate Staffing Alert Advisory Committee will oversee the pilot project and ensure its effectiveness. The committee will also evaluate results and make recommendations for practices or programs that could improve nurse staffing practices, enhance nurses' effectiveness, and increase patient safety.*
- *The Steering Committee will work with Dr. Pamela Mitchell to complete the research paper on nurse staffing.*
- *The Steering Committee will continue its commitment to a candid and results-oriented dialogue focused on improving the nurse staffing, the work environment and the quality of hospital care in Washington State.*

The Steering Committee will review its results in November 2009 and make recommendations about moving forward.

Again, the Northwest Organization of Nurse Executives; SEIU Healthcare, 1199 NW; United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association and the Washington State Nurses Association would like to thank Governor Christine Gregoire and the Washington State Legislature for their strong support of the Ruckelshaus process and an innovative approach to bringing the parties together to solve differences constructively.