

Session 2:

TRANSFORMING COST INTO VALUE: RECOGNIZING NURSES' UNIQUE CONTRIBUTION

PRESENTED BY:

- **Dr. Lesly Kelly, PhD, RN, FAAN**
- **Dr. Vicki S. Good, DNP, RN, CENP, CPPS**



**NURSE STAFFING
TASK FORCE**



FROM
DATA
TO **ACTION**

We have the data.
We want change.
It's time for action.

Series Host

Nicole Anselme

**MBA, MSN, RN, CCRN, SCRN,
GERO-BC**

**Senior Policy Advisor
Nursing Programs
American Nurses Association**



About the Series

- **Five interactive 90-minute sessions featuring content developed and presented to you by members of the Nurse Staffing Task Force**
- **Our goal is to engage nurses in discussions around actionable steps to tackle the nurse staffing crisis.**

Two Parts of Each Session:



- **Imperative** is introduced; information and context are provided
- A **Q&A** will follow the presentation
- Presentation will be recorded and available on [Nursingworld.org](https://www.nursingworld.org)



- Discussions will be focused on **action**
- Please do not share patient information
- We encourage participation; speak **freely** and **openly**

Overview



Partners for Nurse Staffing Think Tank, April 2022

Nurse Staffing Task Force, May 2023



S. Delgado, 2023



Series Overview



Speaker Introductions

Vicki S. Good
DNP, RN, CENP, CPPS

Member of the Partners for Nurse Staffing Think Tank & Nurse Staffing Task Force

Dr. Vicki Good is a nurse leader responsible for the alignment of nursing strategy for university partnerships, student pipeline, government relations, boards of nursing, and professional organizations across a large hospital system. She is also the past president of the AACN Board of Directors.

Dr. Good advocates locally and nationally to ensure implementation of current and future standards of practice & care.

Dr. Good served as a member of the Nurse Staffing Task Force and Think Tank to design strategies to address the staffing complexities we face as nurses today.



Speaker Introductions

Lesly Kelly
PhD, RN, FAAN
Scholar-in-Residence,
Nurse Staffing Task Force

Dr. Lesly Kelly is a health services researcher with a background in acute patient care, academia, and healthcare system administration.

Her research focus includes staffing, the health of the work environment, and improving nurse and patient outcomes, particularly those associated with clinician wellbeing.

She serves as the Scholar in Residence for the Nurse Staffing Task Force.



Value the Unique Contribution of Nurses

SESSION OBJECTIVES:

- Identify different ways nurses can **define and measure** the value of nursing care
- Describe the unique nurse identifier and the potential role it has in **quantifying** the value of nursing care
- Learn what roles nurses can take to **advocate for compensation** that **aligns** with nurses' **unique value**

Value of Nursing

RECOMMENDATION:
Advocate for the development and utilization of approaches that quantify the impact of nursing on organizational performance and outcomes.



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What is Value?

Definition

- A relative worth, utility, or importance (Merriam-Webster)
- Something intrinsically valuable or desirable (Merriam-Webster)

Value of Nursing:

- Benefit provided by the nurse
- Direct costs avoided by nurse
- Cost-savings generated by nurse

Pay for Performance

- **Value-Based Purchasing (VBP)**

Incentive program to improve outcomes, safety, patient satisfaction, and efficiency

- **Hospital Readmission Reduction Program**

Penalty program for hospitals with greater than expected 30-day readmission rate

- **Hospital Acquired Conditions (HAC) Program**

Penalty program to encourage patient safety improvement and hospital-acquired condition reduction

Nursing Impact on Outcomes

■ Value-Based Purchasing:

- **Hospital Acquired Infections:** CLABSI, CAUTI, MRSA, C. Diff
- **Mortality:** AMI, HF, PN, COPD, CABG
- Person and Community Engagement
- **Efficiency:** Spending per hospital pt with Medicare

■ APIC HAI Cost Calculator

■ Hospital Acquired Conditions:

- Post-op Sepsis
- Peri-op PE/DVT
- Pressure Ulcer
- Post-op Resp Failure
- Post-op kidney injury requiring dialysis
- Peri-op hemorrhage or hematoma
- In-hospital fall with hip fracture
- Post-op wound dehiscence

Nurses Unique Contribution to Value

- **AACN Clinical Scene Investigator**
 - Provides **knowledge**, **skills**, and **tools** to lead innovation
 - AACN CSI Academy aims to provide nurses with the knowledge, skills and support to lead their peers in **creating unit-based change** that is **easily scaled for maximum impact and return on investment**
 - [AACN Clinical Scene Investigator \(CSI\) Academy](#)
- **J&J NurseHack4Health:**
 - Brings nurses together to **reimagine a healthcare environment** where nurses and their patients can **thrive**
 - [NurseHack4Health Nurse Innovation Hackathons](#)

Unique Nurse Identifier

RECOMMENDATION:

Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value



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Unique Nurse Identifier (UNI)

■ Problem:

- **Value-based care** – a health care delivery model that rewards/pays hospitals and providers based on **outcomes** and **quality of care** – will place emphasis on the **contribution of nurses**
- Current forms of documentation (EHR, IT systems, billing systems) **do not easily allow for measuring** the contribution of nurses
- Lack of data = **invisibility**
- Existing UNIs are used in nursing; **not widespread** or **required**

■ Task Force Recommendation:

- Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that **capture data to quantify** nursing value

UNI Definition

- Distinct **numeric code** used to classify and represent an individual nurse
- May used to **track and classify** nursing services for billing, staffing and resource planning purposes
- Goal is to **connect across systems** to provide evidence of nursing's value to patient care delivery
- May be used to **standardize tracking** nurses throughout their career
 - Across employers, states

UNI Uses

Measurement Potential

- Allows for **aggregation** and **use of data** to improve nursing practice
- Mine for **nursing specific data**
 - Assessment, interventions, outcomes
- Evaluate **relationships** in data
- Calculate direct **nursing care time** and **costs per patient**

Usability

- Understand **supply and demand** of overall workforce
- Link to other data sources

UNI Types

National Council of State Boards of Nursing

- Automatically generated for each registered nurse and LPN/LVN at the time of the NCLEX Examination
- Available through third party Nursys® database and updated when licensure board/information is updated
- Nursys® is **available to researchers**
- Currently, **all RNs, APRNs, LVNs, and LPNs with U.S. license have a NCSBN ID**

National Provider Identifier (NPI)

- A 10-digit number **available for free** for RNs, APRNs, physicians, dentists, chiropractors, and psychologists, and others
- Enrollment conducted through the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES)
- Required for all clinicians who conduct electronic transmissions and transmit health information; also used for direct billing

UNI Challenges

- The majority of nurses are **not reimbursed for care**
- Health systems would be required to create trusted universal framework
- Potential for **unintended consequences**
 - e.g., penalizing nurses and hospitals for poor outcomes
- Standardization to one unique nurse identifier/national system
(There are currently 2)

Total Compensation

THINK TANK RECOMMENDATION:
Develop a formalized and customizable organization-wide total compensation program for nurses that based on market intelligence and generational need, as well as an innovative and transparent pay philosophy that includes benefits such as paid time off for self-care and wellness and wealth planning for all generations.



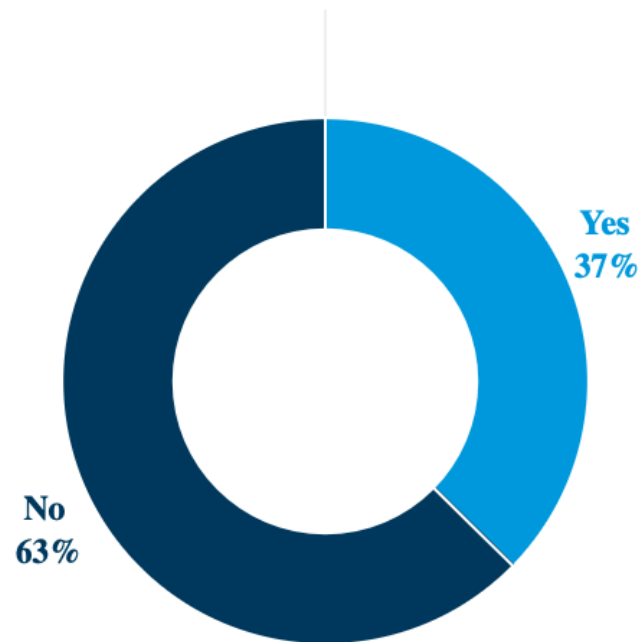
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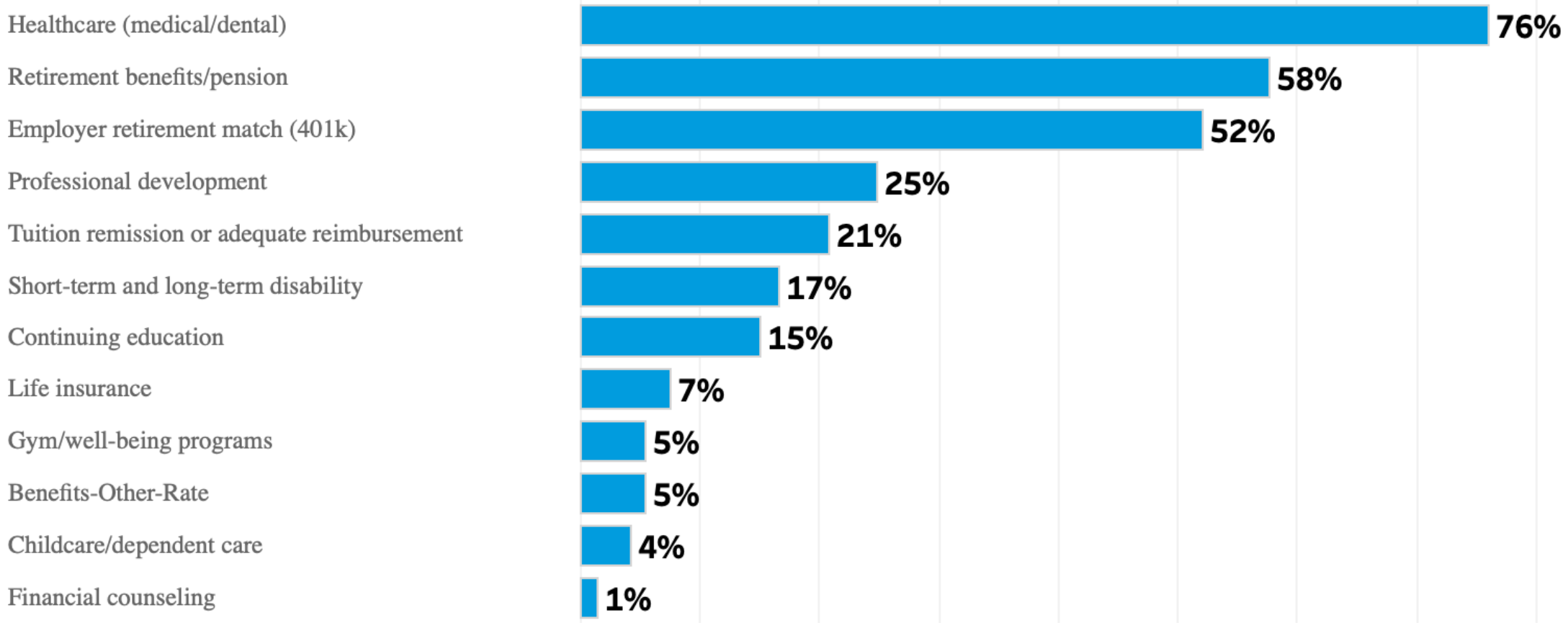
Operational Definition

- All forms of **payment** received by an employee from an employer in the form of **salary, wages and benefits**.

Are you satisfied with your compensation for the services you provide for your organization?



Which of the following benefits are most important to you? *Select top three.*

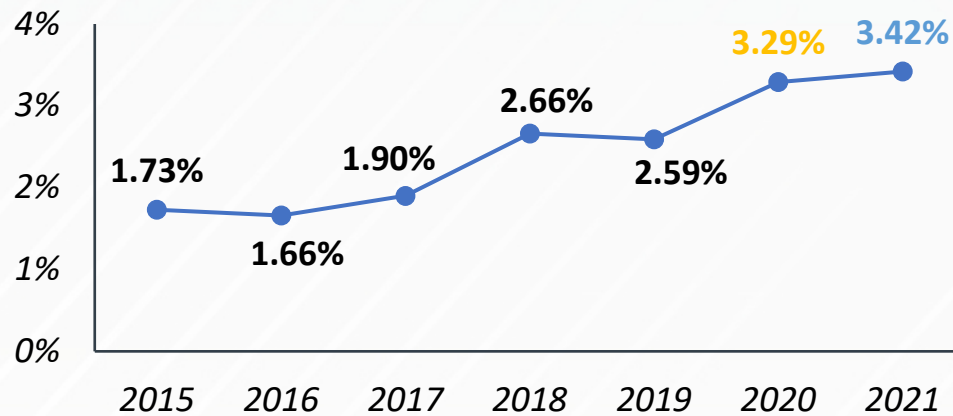


RN wages are increasing, but growth varies across settings

\$82,750

Mean annual RN salary, 2021

Average RN annual wage growth



RN hourly wage growth by setting, 2020 to 2021

Setting	% wage growth
Outpatient care centers	4.22%
General medical and surgical hospitals	4.1%
Office of physicians	3.08%
Home health care services	3.04%
SNFs	0.23%

Source: Michas F, "Average annual salary of registered nurses in the United States from 2011 to 2020," Statista, August 2021; Occupational Employment and Wages, 29-1141 Registered Nurses, Bureau of Labor Statistics, May 2021; "Registered Nurse Salary 2022: How much does an RN make?," NursingProcess, 2022.

Total Compensation Actions

- Conduct **routine market analysis** to inform compensation.
 - Include inflation, external agency, compensation and market changes
- Prevent salary compression issues (i.e., low merit increases not keeping up with new hire salaries) with **regular reviews** and **actions**
- Implement **creative compensation** for hard to fill shifts and days (holidays)

Flexibility for Multiple Workforce Layers



- Flexibility staffing options were designed for every workforce layer:
 - Core Facility Based FT/PT and PRN unit-based clinicians were given:
 - Flexible shifts options because staffing/scheduling was conducted by the hours. Example: 8 hours shift offered from 10-7.
 - Flexible regional and local float pool were –
 - Offered incentive shifts like core workers and could choose location to work.
 - Had regional base rate with incentive offers allowing workforce to move to places based on desire
 - Gig workforce is a **completely new** workforce layer and program
- Found this has decreased reliance on any one workforce layer and created flexibility to improve shift fill rate, alleviating burden on bedside managers

Total Compensation Actions

- Identify and disseminate **evidence of nursing as revenue-supporting** (not only as an expense/cost) such as proper coding, value-based payment and quality measures
- Conduct **compensation surveys** with nurses on a recurring basis and share results
- **Revisit** and **revise metrics** that are used primarily or solely for:
 - Expense allocation
 - Recording and reduction to allow for understanding of revenue production,
 - Staff safety and satisfaction
 - such as productivity, nursing hours per patient day, midnight census, and skill mix

Breakout Discussions



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Discussion Questions

1. How do you see the UNI being used in your organization, in research, or in practice?
2. What types of compensation models/innovations are you seeing in practice?
3. List actionable steps nurse leaders and hospital executives can take to advance and implement these recommendations forward at the:
 - Individual level
 - Institutional level – Unit level
 - Policy level – Federal, state

FROM
DATA
TO  **ACTION**

The Nurse Staffing Task Force
Project ECHO®

Tackling the Nurse Staffing Crisis

**Thank you for
joining us!**



Think Tank

Recommendations



Task Force

Recommendations



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