**Nurse Staffing Task Force**

**Meeting Three Executive Summary**

**June 06, 2022**

**Task Force Members Present**: Chelsea Backler, Denise Bayer, Katrina Bickerstaff, Carol Bradley, Michelle Buck, Natalia Cineas, Zina Gontscharow, Vicki Good, Nicole Gruebling, Melinda Hancock, April Hansen, Kiersten Henry, David Keepnews, Katheren Koehn, Holli Martinez, Kelly Nedrow, Cheryl Roth, Deborah Ryan, Judy Schmidt, Mary Slusser, Gina Symczak, Monica van der Zee, John Welton, David Wyatt

**Absent Task Force Members**: Amber Clayton, Curtis DeVos, Joanne Disch, Rick Miller, Ryan Miller, Amy Rushton, Kelley Saindon, Crystal Tully, Sarah Wells, Joyce Wilson

**Co-Chairs:** Sherry Perkins, Brian Sims

Nurse Advisor: Kiersten Henry

**Advisor:** Matthew McHugh

**Scholar in Residence:** Lesly Kelly

**Nurse Staffing Core Team**: Connie Barden, Katie Boston-Leary, Linda Cassidy, Wendy Cross, Sarah Delgado, Cheryl Peterson

**Project Manager:** Ashley Bazin

**Nurse Staffing Partners attending**: Robyn Begley, Patricia McGaffigan, Todd Nelson

**Meeting Objective:** Approve revised outcomes, presentation of draft definition on safe staffing, begin work on establishing our philosophy.

**I. Identify Meeting Roles** – Sarah Delgado, Core Team

This will be a standing agenda item, and the roles will rotate. Each meeting will need the following: meeting facilitator, timekeeper, minute taker, queue keeper, and chat monitor.

**II. Statement of Meeting Objective** – Brian Sims, Co-Chair

*Objective:* “Approved revised outcomes, presentation of draft definition on safe staffing, begin work on establishing our philosophy.” This includes the following:

* Approve the revised outcomes worked on at last meeting.
* Discuss what that safe staffing definition looks like.
* Establish philosophy of what it means when we hear “healthcare of the future.”

**III. Discussion on Revised Outcomes –** Katie Boston-Leary, Core Team and Sherry Perkins, Co-Chair

* **1 – ASSESS:** Examine current data and recent literature to assess the current state of acute care nurse staffing and identify the impact of staffing on nurse, patient and hospital outcomes.
* **2 – DEFINE**: Create a shared definition of appropriate staffing for a safe and healthy environment of care for staff and patients.
* **3 – ESTABLISH PHILOSOPHY:** Identification of principles to guide development of safe and appropriate staffing models.
* **4 – DEVELOP PROCESS:** Develop draft recommendations for sustainable workforce solutions to support appropriate staffing.
* **5 – MARKET/PROMOTE:** Develop and initiate a national targeted campaign aimed at driving nurse staffing and environment of care changes to improve the safety and well-being of the healthcare workforce, patients and their families.

**IV. Presentation-** Lesly Kelly, Scholar in Residence

* Defining safe staffing (outcome #2)
* Review draft definition

*Definitions from each nursing organization*

* Each nursing organization aligned in matching the nurse and their characteristics to the needs of the patient.
* Environment is not always accounted for. The thought moving forward is that healthy work environment is key.
* Discussion about the minimum bar versus what should be the standard.
* HFMA uses “evidence-based staffing” in their description.
* Referenced literature to look for from a 2008 work by RG Hughes *– Patient Safety and Quality: An Evidenced-Based Handbook for Nurses.*
* Core team definition of staffing – staffing is defined as aligning nurse expertise and competency with patient needs to achieve quality patient outcomes within a healthy work environment.
* Think Tank work: operational definition of a healthy work environment.

**V. Establishing our Philosophy –** Brain Sims, Co-Chair

What are the key concepts and elements to be considered for today’s staffing workforce?

**Discussion question:**  What words come to mind when we say philosophy when you think of healthcare for the future?

* Philosophy is defined as the “how.”
* Words that come to mind when you think philosophy of the healthcare of the future: safe, affordable, equitable, holistic, transformative, accessible, collaborative, innovative, and value.

**VI. Discussion on Revised Outcomes**

* Discussion on key objectives from the last meeting and clarification of expected outcomes.
* Structure the work (outcome #1) – nine months to achieve a meaningful outcome from this work; work that’s value added. Focus on acute care.
* Define (build floor-outcome #2) – created a shared decision of safe staffing for a healthy work environment of care for staff and patients.
* Frame the house (outcome #3) – identification of principles to guide development of safe staffing models. Set a philosophical statement around the definition.
* Develop Process/Plan (outcome #4) – Developing draft recommendations for sustainable workforce solutions to support safe staffing. Task force will build off of the think tank work.
* Marketing/promoting (outcome #5) – develop and initiate a national targeted campaign targeting nurses.
* Put together staffing plans- structured around observations, 1:1s, and infrastructure of hospitals and how that impacts staffing; parking lot this discussion for outcome #4.
* Ensuring safe staffing in rural/urban areas environments independent of the hospital infrastructure.
* Reviewing outcome #4 - “workforce solution” definition clarification – determine if the word “solutions” would be appropriate.
* Thinking of workforce as a global term pertaining to nursing.
* Focusing on aspects of workforce could leave out things like infrastructure.
* Decisions upon keeping “workforce” because of the need to narrow the focus. Not affecting the other solutions to affect safe staffing.
* Utilizing the work of the think tank as springboard.
* Focus on staffing in an acute care setting- direct care.
* Defining what nurse staffing means?

**VII. 30-Second Takeaways** – Sherry Perkins**,** Co-Chair

* Be bold and not be afraid to say what nurses need
* This work is about advocacy and is challenging
* “Transformative” and “innovative” were words that stood out during the discussions
* Diversity of thought, everyone feels very comfortable expressing their thoughts and feelings
* Three “C’ s”: Challenging, Collaborative, and Complexity
* Question to think about when putting out the definition: “Are nurses going to understand? Is this going to resonate with the nurses?
* Important to be an advocate and an activist in recognizing that safety is a real challenge
* Accountability of senior leadership – building bridges as a part of this work
* Idea that a transformative or innovative change doesn’t need to be complex
* Need for academia and practice to partner together to better ensure that the nurses who are graduating are prepared to come in the workforce
* Very important to have structure
* Being optimistic when faced with challenges

**VIII. Next Steps** – Sarah Delgado

* Meeting 4: June 27th, 6-8 p.m. ET, 3-5 p.m. PT
* Survey being sent out in June.

**IX. Meeting Adjourned at 8 p.m. ET**

