Nurse Staffing Task Force Imperatives, Recommendations, and Actions

PREFACE

Leaders across health care systems in the United States are struggling to ensure an adequate and professionally educated nursing workforce is available to provide quality patient care. Yet, nurses are leaving frontline direct-care roles at healthcare institutions and data show that nurses' satisfaction with their profession is declining.

Appropriate nurse staffing is crucial for optimal patient outcomes in all health care settings, and the focus of this work was acute and critical care. Chronic inappropriate staffing has significant and deleterious effects on care delivery, patient safety, caregiver well-being, and organizational viability. Addressing the nurse staffing crisis requires various stakeholder groups to collaboratively identify and implement immediate actions and long-term solutions.

This document represents the work of the Nurse Staffing Task Force. The Partners for Nurse Staffing envisioned the combined work of the Nurse Staffing Think Tank and Task Force to generate progress towards a sustainable nursing workforce. Supporting the health of our nursing workforce requires recognizing their unique contributions to ensure quality care to the communities they serve.

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NURSE STAFFING TASK FORCE: EXECUTIVE SUMMARY TABLE	
Imperatives	**Recommendations**
Reform the work environment	● Establish empowered professional governance committees that include direct-care nurses and have authority to create and sustain flexible staffing approaches ● Implement safety management systems and programs that create a healthy work environment and support the physical and psychological safety and well-being of core and contingent staff ● Support the role of nurse leaders in creating and sustaining a healthy work environment
Innovate the models for care delivery	● Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced ● Establish innovation in care delivery models as a strategic priority within organizations ● Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high burden/low value nursing tasks
Establish staffing standards that ensure quality care	● Support implementation of the Think Tank Recommendation for specialty nurse organizations to develop staffing standards for populations they serve ● Advocate for state and/or federal regulation and legislation that advances meeting minimum staffing standards ● Propose that the Centers for Medicare & Medicaid Services (CMS) establish enforceable policies that support minimum staffing standards ● Propose that The Joint Commission (TJC) enhance standards to support appropriate staffing
Improve regulatory efficiency	● Improve efficiency of licensure processes and accessibility for entry into practice for registered nurses (RNs), licensed practical nurses (LPNs), and advanced practice registered nurses (APRNs) ● Remove barriers to full scope of practice for RNs, LPNs, and APRNs ● Increase availability and accessibility of nursing workforce data to state boards of nursing, policymakers, regulators, and other influencers
Value the unique contribution of nurses	● Advocate for the development and utilization of approaches that quantify the impact of nursing on organizational performance and outcomes ● Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value ● Collaborate with payers to explore health system payment models that reflect the value of nursing

BACKGROUND

In 2022, two groups—the Partners for Nursing Staffing Think Tank and the Nurse Staffing Task Force—were formed to bring together direct-care frontline nurses, healthcare executives, nurse leaders, nurse scientists, quality and safety experts, patient and family advocates, and other subject matter experts to address the nurse staffing crisis.

PARTNERS FOR NURSE STAFFING THINK TANK

From January to March 2022, the Partners for Nurse Staffing Think Tank (Think Tank) convened regularly to develop recommendations for solutions suitable for implementation within 12-18 months. The recommendations include strategies to address:

- Healthy work environments
- Diversity, equity, and inclusion
- Work schedule flexibility
- Stress injury continuum
- Innovative care delivery models
- Total compensation

NURSE STAFFING TASK FORCE

In April 2022, following the release of the Think Tank recommendations, the Partners for Nurse Staffing convened a diverse team of invited participants to seek bold and innovative strategies to address the nurse staffing crisis. The Nurse Staffing Task Force (Task Force) participants met virtually from April 2022 through February 2023. Meetings included presentations, discussions, and small group breakout sessions. Between meetings, participants contributed via surveys and reviews of working drafts. To support the development of recommendations, the Task Force established a *definition of appropriate staffing*, and *a philosophy statement and five guiding principles* listed below. These served as a foundation to the identification of imperatives, and the creation of recommendations and actions.

DEFINITION OF APPROPRIATE STAFFING

Appropriate staffing is a dynamic process that aligns the number of nurses, their workload, expertise, and resources with patient needs in order to achieve quality patient outcomes within a healthy work environment.

PHILOSOPHY STATEMENT

Five Guiding Principles - Nurses, nurse leaders, hospital executives, and other key stakeholders should make meaningful efforts to build sustainable nurse staffing structures and models that are safe, accountable, transformative, equitable, and collaborative. Strategies to address the nurse staffing crisis will be nurse-driven with continuous measurement for success, using an agile approach to innovation and change to accomplish intended results and outcomes. These five tenets serve as guideposts to develop contemporary and progressive pathways toward a new and positive future for our nursing workforce:

1. **Safe:** There should be an uncompromising focus on ensuring the reliable presence of sufficient and appropriately skilled and supported staff to achieve effective, quality, safe, and optimal care delivery. Staffing is appropriate to ensure optimal person-centered outcomes and freedom from harm for patients, families, and the workforce.

2. **Accountable***:* Organizational leaders, unit managers, and direct-care nurses have an aligned understanding of the determinants of staffing and appropriate staffing. Leaders are responsible for identifying and correcting resource gaps that lead to inappropriate staffing. Nurses are responsible and empowered to collaborate with the interdisciplinary team to allocate staff and patient care resources to match patient needs and to reallocate resources as those needs change.
3. **Transformative**: Positive change is driven by nurses through innovative thinking.
4. **Equitable**: The quality of care does not vary based on patient characteristics, geography, timing, or other factors. The distribution of the workload among staff and the distribution of care to patients is a just and unbiased process. There is flexibility and adaptability to meet the unique needs of each patient.
5. **Collaborative:** Behaviors are defined by common goals, equal voice and power, and shared decision-making based on knowledge and experience. This leads to improved efficiency and more holistic care that results in people working together to provide more beneficial services.

DEVELOPMENT OF TASK FORCE IMPERATIVES, RECOMMENDATIONS, ACTIONS

Building upon the short-term recommendations put forth by the Think Tank, the Task Force developed long-term, actionable solutions to support appropriate staffing. In early meetings, group discussions and surveys were used to collect participant perspectives and resulted in the following themes:

- Regulation and policy
- Care delivery processes and models for nursing practice
- Financial structures and payment models
- Staffing standards
- Work environment, recruitment, and retention
- Nursing pipeline and paths to prepare future nurses

NURSING PIPELINE

The expertise of the group did not adequately include the range of experts in nursing education. Therefore, although *the nursing pipeline is a high priority,* a decision was made to defer to other stakeholders and subject matter experts who are engaged in addressing that challenge.

FIVE IMPERATIVES

The remaining themes informed the development of topic areas for small group discussions. This work culminated in the identification of five imperatives with specific recommendations and actions to address the nurse staffing crisis. While small groups focused on specific themes, discussions with the full Task Force and an affinity exercise provided opportunities for members to review the work of other groups. The Task Force's work is presented in the table that follows. The order in which the five imperatives are listed does not suggest a particular priority. Instead, the imperatives should be viewed in totality with all components equally important to the achievement of the overall initiative.

Not surprisingly, given the complex nature of this issue, members of the Task Force did not reach consensus for every recommendation. However, recommendations and actions that resulted in conflicting opinions were intentionally included to represent the full scope of the Task Force's work and to highlight the diversity of perspectives within the group.

Each imperative with associated recommendations and actions addresses the need for individual, organizational, legislative, or regulatory action. The imperatives provide a framework that frontline nurses, nurse leaders, healthcare executives, quality and safety experts, and other stakeholders can customize according to their current challenges and available resources. The actions associated with the recommendations are labeled as *Actions to Consider*, allowing readers to identify strategies most applicable to their unique role and environment. The column *Key Partners* lists stakeholders who will also collaborate with nurses on effective and meaningful execution. Nurses are essential to successful implementation of all elements of the document, and the onus lies with health care leaders and executives to create an environment in which positive change can take place.

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TASK FORCE IMPERATIVES, RECOMMENDATIONS, AND ACTIONS

IMPERATIVE: REFORM THE WORK ENVIRONMENT		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
1. Establish empowered professional governance committees that include direct-care nurses and have authority to create and sustain flexible staffing approaches	1. Ensure committees are composed of 50% or more direct-care staff and provide appropriate coverage for staff to attend committee meetings 2. Include in committee roles and responsibilities: • Create and test processes that set minimum staffing standards based on assessment of patient needs and nurse workload • Develop a system of measuring and reporting staffing levels, such as a color-coding system that highlights variations in levels, to identify and raise awareness of inequities and disparities • Identify barriers to appropriate staffing and strategies to mitigate them 3. Identify high-value care that should be prioritized during times when staffing standards are *NOT* met	• Hospital and health system executives • Frontline managers
2. Implement safety management systems and programs that create healthy work environments and support the physical and psychological safety and well-being of core and contingent staff	1. Adopt zero tolerance policies and processes to address bullying, verbal abuse and physical violence, and ensure they are equitable, enforced, and routinely evaluated. Streamline processes for reporting incidents of violence, bullying, and verbal abuse that include follow-up actions and outcomes based on individualized assessment of each incidence • Track, report, and respond to adverse events in which harm results from inequities, biases, and hierarchies • Craft interventions that mitigate the recurrence of violence, bullying, verbal abuse • Support healthcare team members who face verbal and emotional abuse from patients or colleagues • Develop a code of conduct for patients and families that is clearly displayed and consistently and equitably enforced 2. Evaluate and implement systems that ensure the well-being of caregivers • Provide mental health support that is easily accessible to all staff • Apply evidence-based interventions that improve well-being through peer support • Leverage existing resources (i.e., chaplains, ethicists, social workers) in the development of interventions • Ensure both core and contingent staff are aware of well-being resources • Incorporate well-being into routine assessment of staff 3. Support nurse engagement in professional development activities that are meaningful and relevant to their role	• Human resources • Hospital and health system executives • Nurse managers/ directors • Collective bargaining organizations

	4. Avoid the term "non-productive time" for high-value activities that do not include direct caregiving 5. Embed processes that promote collaboration between core and contingent staff, such as scheduling, conversations about compensation practices, huddles and staff meetings etc. 6. Review and update orientation and onboarding processes and mentorship programs for core and contingent staff that are new to a specific work environment • Streamline human resources processes to reduce the duration of onboarding for experienced nurses and contingent staff seeking permanent roles • Provide mentorship and resources to core and contingent staff • Seek input from core and contingent staff on strategies to improve onboarding and the work environment • Monitor the ratio of contingent to core staff in each unit	
3. Support the role of nurse leaders in creating and sustaining a healthy work environment	1. Prioritize the nurse manager's role in interacting with staff, patients, and families • Establish enforceable guidelines for appropriate nurse leader span of control (i.e., number of people or processes for which an individual is responsible) • Develop nurse manager support roles, such as assistant manager positions, that blend administrative and direct care responsibilities • Provide ongoing support and education to nurse leaders about technology resources and delegation strategies to increase efficiency and reduce their workload (e.g., relief from 24/7 on call, doing payroll, taking staff assignments) • Support nurse leaders' professional development in order to enhance nurse retention • Include content on recognizing and addressing moral injury, compassion fatigue, and burnout 2. Standardize onboarding processes for nurse leaders, and provide ongoing support and mentorship 3. Provide education focused on fostering and sustaining a healthy work environment 4. Provide additional compensation or paid time off for nurse leaders who have on-call responsibilities 5. Explore leadership float pools or temporary support from staff to address gaps and allow managers adequate time off 6. Offer flexible work schedules for nurse leaders at all levels 7. Support role parity for nurse executives 8. Ensure that nurse executives have input in senior leadership decisions with guidance from shared governance structures	• Nurse managers • Nurse executives • Human resources • Professional organizations • Hospital and health system executives

IMPERATIVE: INNOVATE THE MODELS FOR CARE DELIVERY		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
1. Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced	1. Build innovative models leveraging new and appropriate resources to reduce nurses' workload and cognitive burden. Critical elements to include in care delivery design are: • Patient needs and care complexity • Tools for measuring patient acuity, nurse workload, and patient outcomes • Patient and family participation • Nurse well-being • Appropriate use of technology developed through nurse partnerships with biotech companies 2. Research, pilot test, and measure the effectiveness of new models, addressing scalability and the impact on nurse and patient outcomes 3. Address the understaffing of ancillary and supportive disciplines that results in increased workloads for others 4. Measure the impact of innovative care delivery models by establishing key performance indicators that reflect the return on investment and outcomes for patients and the workforce	• Hospital and health system executives • Managers/people leaders of ancillary departments • Unit-based nursing leaders • Finance leaders
2. Establish innovation in care delivery models as a strategic priority within organizations	1. Leverage new and existing partnerships that support care delivery innovation 2. Evaluate the feasibility and applicability of innovative care delivery models on patient and workforce safety and quality data 3. Advance research on innovation in nursing care delivery through grants and other sources 4. Support student learning objectives while meeting patient care requirements through academic, clinical, and patient partnerships 5. Create care delivery models that align with principles of person-centered care 6. Engage patients and families in the delivery of care according to their ability and desire to participate 7. Include patient and family representatives alongside the care delivery team in designing innovative care models	• Hospital and health system executives • Academic nursing leaders • Hospital boards
3. Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high-burden/low-value nursing tasks	1. Establish processes for comparing existing practices with current guidelines and removing tasks that do not align with evidence or with patient and team goals • Appoint an interprofessional team that includes patient and family advocates to routinely assess for inefficiencies in care delivery • Enlist support from providers to reduce unit level workload by refining and streamlining existing order sets • Utilize process maps to identify and remove inefficiencies and non-value-added work	• Unit-based leaders • Ancillary staff and nursing support staff • Service line leaders • Clinical and nurse informaticists

IMPERATIVE: INNOVATE THE MODELS FOR CARE DELIVERY		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
	• Establish workflows that consider human factors, reduce the use of workarounds, and minimize cognitive overload • Apply evidence-based process improvement strategies to support de-implementation of high burden, low-value nursing tasks • Evaluate opportunities for de-implementation at regular intervals and in all improvement cycles 2. Evaluate processes to improve efficiency and effectiveness of documentation • Implement electronic health record (EHR) efficiencies, such as “single sign-on” and voice recognition • Evaluate and assess the impact of new and existing EHR elements • Engage direct-care nurses in identifying inefficient EHR documentation requirements • Promote collaboration between direct-care nurses and IT support to optimize existing technology	• EHR vendors and those who make documentation decisions in the facility • Regulatory bodies • Payers including CMS, and private insurers

IMPERATIVE: ESTABLISH STAFFING STANDARDS THAT ENSURE QUALITY CARE		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
1. Support implementation of the Think Tank Recommendation for specialty nurse organizations to develop staffing standards for populations they serve	1. Collaborate with specialty organizations to implement Think Tank recommendation on developing minimum staffing standards for specific populations 2. Create templates for process maps and project timelines to support organizations in developing staffing standards and include routine updating of standards as care delivery evolves 3. Disseminate standards developed by professional organizations as a resource to support staffing decisions in acute care settings	• Professional organizations • Specialty nursing organizations
2. Advocate for state and/or federal regulation and legislation that advances meeting minimum staffing standards	1. Regulation and legislation to support minimum staffing standards could include the following: • Set minimum nurse-to-patient ratios, unit-based ratios, or minimum nursing hours per patient day based on the clinical setting • In legislation that requires staffing committees, include enforceable standards related to the impact of the committee on staffing decisions • Provide parameters related to staffing skill mix, based on evidence that the percentage of hours of care by registered nurses impacts patient outcome • Require organizations to quantify and report unit-level staffing resources and make this information accessible to regulators, consumers, and payers • Assess staffing in root cause analysis of events and address in response plans. Prohibit mandatory overtime and provide guidelines for appropriate coverage for breaks and work hours outside of direct care • Promote the organization's measurement of nurse sensitive outcomes, leveraging the electronic health record for "real time" performance metrics • Implement whistleblower and safe harbor protections for nurses who report their concerns when staffing standards are not met • Require or incentivize the use of setting-specific acuity-based staffing tools to inform staffing decisions 2. Create and support legislative and advocacy briefs for minimum staffing standards 3. Fund, promote, and disseminate research on the impact of regulation and legislation on staffing levels, patient outcomes, and the well-being of the healthcare team	• Professional organizations • Policymakers/legislators

IMPERATIVE: ESTABLISH STAFFING STANDARDS THAT ENSURE QUALITY CARE		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
3. Propose that CMS establish enforceable policies that support minimum staffing standards	1. Include representation from nursing in the process of developing CMS policies 2. Advocate for congressional action requiring the Medicare Payment Advisory Commission (MedPAC) to appoint an expert panel that includes nurse representatives to study nurse staffing processes and evaluate their efficacy 3. Identify enforcement strategies (e.g., payment incentives or penalties and requirements for corrective action plan) 4. Advocate for the evaluation of and potential removal of low value or burdensome CoPs and regulations, including requirements waived during the COVID-19 pandemic 5. Require a process for periodic evaluation and adjustment of minimum staffing standards to address changes in patient acuity and support the implementation of evidence-based innovation	● Professional organizations ● CMS ● MedPAC ● Policymakers/legislators ● Collective bargaining organizations
4. Propose that The Joint Commission enhance standards to support appropriate staffing	1. Recommend The Joint Commission develop a comprehensive and coordinated set of standards and/or National Patient Safety Goal 2. Organizations designate leaders who will implement processes and policies that provide for appropriate staffing with established outcomes/ goals as determined by the organization 3. Organizations will be required to monitor that their plans and resources are updated as needed to maintain compliance	● The Joint Commission ● Professional organizations

IMPERATIVE: IMPROVE REGULATORY EFFICIENCY		
RECOMMENDATION	**ACTIONS TO CONSIDER**	**KEY PARTNERS**
1. Improve efficiency of licensure processes and accessibility for entry into practice for registered nurses (RNs), licensed practical nurses (LPNs), and advanced practice registered nurses (APRNs)	1. Support legislative actions that provide state boards of nursing with resources to enhance their use of technology to maximize efficiency 2. Explore the expansion of the Nurse Licensure Compact to additional states/territories as a mechanism for reducing regulatory burden 3. Promote increased autonomy for boards of nursing to study and evaluate licensure activities and reduce administrative burden	● National Council of State Boards of Nursing (NCSBN) ● State boards of nursing ● State and federal legislators ● Employers of nurses
2. Remove barriers to full scope of practice for RNs, LPNs and APRNs	1. Educate the healthcare community on state-specific RN and LPN scopes of practice 2. Align hospital policies and procedures for LPN, RN, and APRN practice with the nurse practice acts of that state 3. Advocate for organizations to credential APRNs to ensure full scope of practice according to state board of nursing regulations 4. Partner with national stakeholders in advocating for full APRN practice authority in every state	● Professional organizations ● Patient advocacy groups ● Collective bargaining organizations ● Employers of nurses ● NCSBN ● State boards of nursing ● State and federal legislators
3. Increase availability and accessibility of nursing workforce data to state boards of nursing, policymakers, regulators, and other influencers	1. Advocate for legislation and regulation to support workforce data collection including the leveraging of technology and collaboration with state-based workforce centers 2. Utilize nurse licensure data to assess the impact of compact licensure on individual states 3. Utilize workforce data to assess the accessibility and availability of nurses and inform care delivery	● State legislators ● State regulatory agencies ● NCSBN ● State boards of nursing ● Employers of nurses ● Collective bargaining organizations

IMPERATIVE: VALUE THE UNIQUE CONTRIBUTION OF NURSES		
Recommendation	**ACTIONS TO CONSIDER**	**Key Partners**
1. Advocate for the development and utilization of approaches that quantify nursing impact on organizational performance and outcomes	1. Identify valid and reliable quantitative and qualitative measurements of nursing value. Include nurses' impact on: • Cost avoidance, such as preventing errors and near misses, reducing missed care and improving hospital performance in domains that are part of hospital value-based payment systems • Revenue generation, such as improved patient satisfaction, and reducing length of stay which increases revenue by increasing bed availability 2. Adopt dashboards that display the value of nursing in clinical settings 3. Integrate dashboards into decision-making processes for executives, finance departments, and the board of directors 4. Include direct-care nurses in defining and measuring the value of nursing care	• Hospital and health system executives • Research funders (such as NINR, NAM, NQF, AHRQ) • Payers including CMS, and private insurers • Hospital boards • Nurse scientists
2. Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value	1. Promote the use of a national standardized unique nurse identifier 2. Establish and disseminate resources for a shared understanding of the role of a unique nurse identifier in measuring the value of nursing services and the impact on patient and organizational outcomes 3. Support ongoing education about the role of unique nurse identifiers in calculating the value of nursing services 4. Explore efficient systems for establishing a link between a unique nurse identifier and hospital reimbursement to reflect the contribution of nurses	• Information technology/ – nursing informatics • Nurse scientists • Finance leaders • Professional organizations
3. Collaborate with payers to explore health system payment models that reflect the value of nursing	1. Advocate for research funding that identifies, supports, and demonstrates valid and reliable methods for measuring nursing care delivery and its value 2. Track and report data on the correlation between staffing, patient outcomes, and cost 3. Collaborate with MedPAC, payers, and others to develop processes for the implementation of payment incentives based on publicly reported staffing levels	• Payers including CMS, and private insurers • Research funders • MedPAC

ACRONYMS

AACN - American Association of Critical-Care Nurses
AHRQ - Agency for Healthcare Research and Quality
ANA - American Nurses Association
APRN - advanced practice registered nurse
AONL - American Organization for Nursing Leadership
CEO - chief executive officer
CFO - chief financial officer
CMO - chief medical officer
CMS - Centers for Medicare & Medicaid Services
CNO - chief nursing officer
CoPs - conditions of participation
EHR - electronic health record
eNLC - enhanced Nurse Licensure Compact
LPN - licensed practical nurse
IT - information technology
MedPAC - Medicare Payment Advisory Commission
NAM - National Academy of Medicine
NCSBN - National Council of State Boards of Nursing
NDNQI - National Database of Nursing Quality Indicators
NINR - National Institute of Nursing Research
NPSG - National Patient Safety Goals
NQF - National Quality Forum
RN - registered nurse
TJC - The Joint Commission

GLOSSARY OF TERMS

- **Conditions of Participation (COPs):**
  Conditions organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs.
- **Contingent staff**:
  Staff temporarily deployed to work in a specific setting. This deployment may be through an external or internal travel nurse agency, or other contracting arrangement.
- **MedPAC:**
  The non-partisan congressional agency that advises Congress on Medicare spending related issues, including quality and access of care.
- **National Patient Safety Goals**:
  Goals set forth each year associated with emerging patient safety issues. These are set by The Joint Commission, an accrediting body for quality and safety for healthcare organizations.
- **Nurse Licensure Compact**:
  A process that allows nurses to have one multistate license with the ability to practice in the home state and other compact states.
- **Person and family-centered care:**
  An approach to planning, delivery, and evaluating health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.
- **Span of control**:
  The number of direct reports or activities for which a manager or director is responsible.
- **Unique Nurse Identifier**:
  A series of numbers or characters that represents an individual nurse.
- **"Zero Tolerance"**:
  Policies that impose enforceable consistent standards to address bullying, incivility, and abuse (verbal, emotional, and physical).

SUGGESTED EVIDENCE

Imperative: Reform the Work Environment

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