

Nursing Care Committee Semiannual Report

Carle Eureka Hospital | December 2024

The purpose of the Carle Eureka Hospital 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 EUREKA NURSING CARE COMMITTEE MEMBERS

Amanda Smith, Joni Hornbeck, Stacy Barclay, Holly Ehrhardt, Jason Burnett, Scott Farquhar, Karen Vance, Jenny Hepner, Laura Wheet

NATIONAL DATABASE FOR NURSING SENSITIVE INDICATORS (NDNQI)

Carle Eureka 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 EUREKA STAFFING PLAN

Carle Eureka Hospital 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 four 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 the 'Carle' logo at the top left. Below it is a tab labeled 'Treatment / Provision of Care'. Under this tab, there is a section titled 'General information about the treatment / provision of care event'. The form includes several fields: 'Event Date' with a green asterisk and a date input field showing 'mm-dd-yyyy'; 'Time (00:00)' with a time input field showing ':--'; 'Specific Event Type' with a green asterisk and a dropdown menu; 'Actual or Near Miss'; 'Person Affected' with a green asterisk; and 'Brief Factual Description' with a green asterisk. The dropdown menu for 'Specific Event Type' is open, showing a list of options: 'Injury During Therapy', 'No Treatment / Therapy Order', 'Order - Incorrect', 'Order / Prescription Altered', 'Patient Care Staffing / Acuity Concern' (which is highlighted in blue), 'Pre-Authorization Issue', 'Referral Issue', 'Scheduling Issue', 'Wrong Patient', 'Wrong Treatment / Therapy', and 'Other'.

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 the inpatient unit at Carle Eureka will be staffed with two nurses on the weekends as their minimal staffing, due to limited resources on the weekends. A process was put into place for the Eureka Inpatient Unit, which sometimes works with one nurse and one tech, to escalate up the chain of command if they have needs such as blood needing to be obtained for the unit, breaks, etc. RL events identified three different shifts where Eureka associates felt they worked short a nurse or a tech. Eureka Inpatient Unit had three open positions at this time that were contributing to these RL events. The decision was made to hire three

agency nurses for Carle Eureka Inpatient Unit until those positions have been filled to help cover these vacancies.

OTHER STAFFING DECISIONS MADE IN 2024

- Clinical Resource Unit (CRU) will hire new graduate nurses into the pods. CRU staff from Carle BroMenn Medical Center will float to Carle Eureka Hospital to help with staffing.
- 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 vacancies are the greatest.
- 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.
- A new group of DEU (Dedicated Education Unit) students began August 19.
- Work is underway with nursing schools 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 Barclay 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 three Fridays and the night shift will need to self-schedule for three Sunday nights.
- 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.
- 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.

- Plans are underway for 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.
- There was a need identified for hiring a weekend night shift tech for the inpatient unit for safety reasons. This position has been filled.

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 the Eureka Inpatient 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 the Eureka nurse staffing plan. The nursing care committee also reviewed the nurse staffing plan for Eureka.

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.