Nursing Services Update

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Chief Nursing Officer

May 28, 2021
Within CCH Department of Nursing, our guiding principles reflect our foundational & essential values as professional RNs & nursing support staff. The principles establish a framework for our behavior & decision-making. They incorporate & embrace the vision, mission, & core values of the organization & the Nursing department, as well as the integral & irreplaceable value of each member of the Department of Nursing within Cook County Health system.
Department of Nursing Guiding Principles

- Patient Centered Care
- Shared governance structure to promote the professional practice of nursing
- A culture of clinical excellence
- Culture of accountability
- Just culture
- Teamwork
- Collaboration with our Healthcare partners
- Improve efficiency
- Evidence based best practice
- Commitment to life-long learning
Nursing Priorities

1. Provide High Quality & Safe Patient Care/Zero Harm Initiatives
2. Efficient and Effective Nursing Care Delivery Model
3. Workforce Planning and Development
4. Improve Patient Experience
5. Improve Staff Engagement
Nursing Focus Areas for FY19- FY 23

**Provide high quality & safe patient care /Zero Harm Initiatives**
- Reduce the incidence of:
  - Falls with injury
  - HAPIs, CLABSIs, and CAUTIs
- Decrease ER left without seen
- OR, Ambulatory, Correctional Health, Public Health Metrics

**Efficient and Effective Nursing Care Delivery Model**
- Reduce overtime and agency usage
- Expand Provident Hospital’s capabilities
- Establish Nursing staffing and productivity Model with benchmarks
- Decrease Nursing labor cost per discharge

**Workforce Planning and Development**
- Decrease nursing vacancies by expediting the RN hiring process
- Implement a Nurse Residency Program
- Establish partnerships with Nursing educational institutions
- Implement a Shared Practice Governance Structure
- Initiate Magnet Recognition program

**Improve Patient Experience**
- Improve patient experience in the areas of nurse communication, discharge, medication communication, and responsiveness of staff

**Improve Staff Engagement**
- Implement an action plan at the unit level based on employee engagement survey results
- Implement unit quality committees
- Implement staff recognition programs
# FY 21 Staffing and Vacancy update

## Nursing Budgets: RN & Other

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<tr>
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<th>As of</th>
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<th>Filled</th>
<th>Vacant</th>
<th>Vacancy Rate</th>
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<tr>
<td>RN</td>
<td>Feb’21</td>
<td>1201.1</td>
<td>934.4</td>
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<td><strong>FY 21 Feb’21</strong></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td>Feb’21</td>
<td>731.0</td>
<td>436.0</td>
<td>295.0</td>
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### RN Titles: Include
- CNO
- ANE
- Nursing Director
- Nurse Manager
- House Administrator
- Clinical Nurse
- Public Health Nurse
- Registered Nurse
- Electrophysiology Nurse
- Nursing Educator
- Nurse Clinician
- Others

### Other Titles: Include
- Licensed Practical Nurse
- Emergency Room Tech
- Telemetry Monitor Tech
- Operating Room Tech
- Sterile Processing Tech
- Endoscopy Tech
- Dialysis Tech
- Inventory Control Tech
- Correctional Med Tech
- Emergency Response Tech
- Health Advocate
- Patient Care Attendant
- Medical Assistant
- Clerk
- Administrative Support
- Others

Source: Nursing Manual Tracking
Workforce Data

CCH RN Year over Year Turnover

• According to the U.S. Bureau of Statistics, the average turnover rate in the U.S. is about 12% to 15% annually.
Workforce data

Age and Tenure

Period Ending 2/28/2021

Retirement Age
- Age 60 with 10 or more years of service.
  - 169 RNs that are ages 60-74, with 11-45 years of service.
    - Average Age - 63
    - Average Years of Service - 22
- Minimum age 50 with 30 years or more of service.
  - 23 RNs that are ages 51-71, with 30 – 45 years of service.
    - Average Age – 61
    - Average Years of Service -33

CCH Nursing Employee Age Distribution and Average Tenure

Overall Nursing Population Average Age is 49
Workforce Data
CCH Nurse Separations

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<th>Year</th>
<th>Total</th>
<th>Deceased</th>
<th>Discharged</th>
<th>Resignation</th>
<th>Retirement</th>
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<td>1</td>
<td>6</td>
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<tr>
<td>2018</td>
<td>79</td>
<td>4</td>
<td>2</td>
<td>16</td>
<td>47</td>
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<tr>
<td>2019</td>
<td>86</td>
<td>1</td>
<td>11</td>
<td>30</td>
<td>43</td>
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<td>2020</td>
<td>98</td>
<td>2</td>
<td>5</td>
<td>44</td>
<td>47</td>
<td>1</td>
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<tr>
<td>2021</td>
<td>37</td>
<td>1</td>
<td>1</td>
<td>16</td>
<td>20</td>
<td>0</td>
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Ethnicity data on our staff is self-reported, and voluntary collected.
Nurse Communication (HCAHPS)

Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: All Press Ganey Hospitals
Monthly values, by Received Date
Nursing at CCH
Leading Change, Advancing Health

• Nurses are leading quality, compliance & clinical excellence at CCH!

• 94% reduction in HAPI since 2019 Nurses week

• 71 % reduction is falls since may 2019
Accomplishments

Workforce Planning and Development

- Initiated the Nursing Workforce Optimization Committee (NWOC)
- Streamlined Nurse Hiring Process
- Received a $2.1M grant for Nurse Practitioner Workforce Development
- Received a $1M Sexual Assault Nurse Examiner (SANE) grant for the ED
- Established ongoing meetings with NNOC Union and Staff to improve working relationships and address the issues
  - Assignment-despite-objection (ADO) automation
- Built Nursing Leadership Team Structure
- Just Culture pilot
- Process improvement (PDSA) Nursing leadership training
STAFFING

Factors that affect staffing

- Volume exceeds budgeted
- High patient acuity

- No staff available for last minute needs
- Throughput issues
- Non-Value added time
- Staff call ins and FMLA

Turnover (retirement)

Unpredictable sitter needs

Unit Schedule to Core Coverage
**Workforce**

- **Staff Manager**
  Provides a single staffing viewpoint in real-time, offers anytime, anywhere access for self-scheduling, time off requests, trades, and picking up extra shifts.

- **Shift Alert**
  Leverages text messaging, automated phone calls, or email so staff can respond to critical, time-sensitive staffing needs remotely without having to log into an internet-enabled device.

**Workload**

- **Demand Manager**
  Compares the available staff (Supply) to the inpatient care workload (Demand) derived from clinical condition, volume, patient movement, budgeted HPPD and projected length of stay.

- **Outcomes Driven Acuity**
  For inpatient units, uses nurse charting to measure a patient’s clinical condition, leveraging your existing nursing practice and documentation to focus on each patient’s achievement of desired clinical outcomes.

- **Patient Progress Manager**
  Assists in managing length of stay and patient throughput by monitoring a patient’s progress against established benchmarks to determine how well patients are tracking to discharge.

**Assignment Manager**

Ensures the right caregiver is assigned to the right patient for the right care and assists with a more balanced workload for staff, sends assignment data to a variety of other Cerner solutions including CareCompass.
Flexible Staffing Pool for CCH

- FY’21 Flexible Staffing Pool
  - Total Full-Time RN FTEs Budgeted = 29
  - Total In-house Registry RN Positions = 7
  - Support Strategic initiatives - Workforce Development
IMPLEMENT NURSE RESIDENCY PROGRAMS

• Build new graduate competencies
• Promote professional involvement and Evidenced Based Practice
• Create an emotional support network
• Broaden the understanding of healthcare
• Decrease turnover rate
• Increase staff satisfaction
Our Journey To Magnet

The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and exemplary professional nursing practices. The Magnet Recognition Program® provides a roadmap to advance nursing excellence with frontline nurses at its core.

- Addresses issues in Nursing practice and healthcare
- Focuses on Structural empowerment, transformational leadership, Exemplary professional practice and generation of new knowledge, innovations and improvement
- Results in empirical outcomes relative to Nursing practice, interdisciplinary collaboration, patient care and clinical outcomes
### Magnet Designation Benefits

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<tr>
<th>System/Staff</th>
<th>Patients</th>
<th>Quality Outcome</th>
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| • Lower nurse dissatisfaction and nurse burnout  
  • Higher nurse job satisfaction  
  • Lower registered nurse (RN) turnover  
  • Business Growth and financial success | • Higher adoption of NDNQI safe practices  
  • Lower overall missed nursing care  
  • Higher nurse-perceived quality of care  
  • Higher patient ratings of their hospital experience | • Lower mortality rates  
  • Lower patient fall rates  
  • Lower nosocomial infections  
  • Lower hospital-acquired pressure ulcer rates  
  • Lower central line-associated bloodstream infection rates |
## Magnet Model Components

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Forces of Magnetism</th>
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</table>
| Transformational leadership              | - Quality of Nursing Leadership  
                                          | - Management Style (Use of Emotional Intelligence)                                  |
| Structural Empowerment                   | - Organizational Structure  
                                          | - Image of Nursing  
                                          | - Professional Development  
                                          | - Community and Organizational involvement |
| Exemplary Professional Practice          | - Professional model of Care  
                                          | - Interdisciplinary collaboration  
                                          | - Autonomy  
                                          | - Consultation and resources  
                                          | - Nurse as teacher |
| New Knowledge, Innovation and Improvements| - Quality Improvement |
| Empirical Quality Results                | - Quality of care |
High Level: The Journey to Magnet Designation

- **Conduct a Gap Analysis**
  - Compare our organization's performance with the elements of each source of evidence.
  - Develop action plans to meet or exceed performance expectations.
  - Implement action plans.

- **Begin the Cultural Transformation**
  - Gain top leadership support and involvement.
  - Shared Governance practice model
  - Create infrastructure to support programs such as shared governance, evidence based practice, and nursing research
  - Educate staff about the Magnet Model and the evidence needed to show how they are embraced by our organization.
  - Engage Nurses to use infrastructure to advance the professional practice of nursing practice.
  - Acknowledge achievements and continually evaluate and improve.
Next Steps

1. Obtain Board Support for the initiation of this transition
2. Share the vision with all Stakeholders
3. This is not a “Nursing endeavor” it is a system-wide change. Discuss and set expectations in system-wide forums
4. Funding to support an organizational move to shared governance
5. System-wide support to challenge the “status quo” and “the way things have always been” in favor of a “new norm”.
6. Develop health system values (we have a mission and vision but no established values)
7. Develop a Nursing professional practice model for CCH
8. Develop the structure/model of shared governance for CCH
9. Magnet readiness assessment, action plan, and timeline
Timeline

2021
- Structure- staffing and efficiency
- Data and KPI
- Education and training
- Teambuilding
- Shared leadership structure
- Frontline staff engagement
- Leadership Development

2022
- Decrease the vacancy
- Hardwire excellence
- Optimize cost of care and quality outcome
- Change culture
- Top of the license Practice
- Inter-professional Practice Model

2023 & 2024
- Continue Magnet efforts
- Achieve excellence in quality of care frontline staff engagement
- Nursing Research Center
- Magnet Application Process
A Pathway to Nursing Excellence

Staff Engagement
Interprofessional Collaboration
Individualized Culturally Competent care
Thank You!
As members of the Department of Nursing @ CCH, we individually & collectively affirm & uphold the following principles:

- We understand & embrace that our patients & families, as well as their perceptions, are at the center of the patient experience.
- We commit to providing culturally competent care to every patient in an environment that is respectful & committed to zero harm.
- We hold in the highest regard a culture of clinical excellence, quality, safety, & compliance & will leverage our shared governance structure to empower staff nurses to play an integral role in quality improvement efforts.
- With the utmost respect & collegiality, we hold ourselves & our colleagues accountable for the mission, vision, & values of the organization, optimal patient care, compliance & quality, & an environment of care & safety.
- We support shared governance to promote the professional practice of nursing & patient care, collegial decision making, & accountability.
- We embrace a just culture & teamwork, understand our interrelatedness & work together to create consistency based on the framework of population health & levels-of-care.
- We utilize evidence to implement best practice changes & we develop & lead research efforts to create new evidence within the professional practice of nursing & patient care.
- We collaborate with our Healthcare partners using a systems approach to achieve desired outcomes based on strategic initiatives.
- We commit to life-long learning, mentorship of colleagues, old & new, while continually assessing & improving our processes & performance.
- On an ongoing basis, we decrease waste & improve efficiency.