**Nurse Staffing Task Force**

**Meeting One Executive Summary**

**April 25, 2022**

**Task Force Members Present**: Chelsea Backler, Denise Bayer, Katrina Bickerstaff, Carol Bradley, Michelle Buck, Natalia Cineas, Amber Clayton, Curtis De Vos, Joanne Disch, Zina Gontscharow (represented by Brooke Trainum for one meting), Vicki Good, Nicole Gruebling, Melinda Hancock, Kiersten Henry, David Keepnews, Katheren Koehn, Holli Martinez, Rick Miller, Ryan Miller, Mark Pelletier, Cheryl Roth, Amy Rushton, Kelley Saindon, Judy Schmidt, Mary Slusser, Gina Symczak, Crystal Tully, Monica van der Zee, Sarah Wells, John Welton

**Absent Task Force Members**: April Hansen, Kelly Nedrow, Joyce Wilson, David Wyatt

**Student Guest:** Kristin Mosher

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

**Research Advisor:** Matthew McHugh

**Clinician Advisors**: Kiersten Henry, Richard Miller

**Scholar in Residence:** Lesly Kelly

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

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

**I. Welcome to the Task Force** - Connie Barden, AACN Executive Sponsor and Cheryl Peterson, ANA Executive Sponsor

* Executive sponsors, Partners for Nurse Staffing representatives, and the Core team were introduced.
* Nurse Staffing Partner Organizations:
	+ [**American Association of Critical-Care Nurses (AACN)**](https://www.aacn.org/)
	+ [**American Nurses Association (ANA)**](https://www.nursingworld.org/)
	+ **[American Organization for Nursing Leadership (AONL)](https://www.aonl.org/)**
	+ [**Healthcare Financial Management Association (HFMA)**](http://www.hfma.org)
	+ [**Institute for Healthcare Improvement (IHI)**](http://www.ihi.org/)
* Call to action: Be innovative, be creative, and be bold.

**II. Task Force Participant Introductions** - Sherry Perkins, Co-Chair

* Introduction of Scholar in Residence, who will support the work by providing evidence-based research
* Introduction of Task Force Nurse Advisor, Kiersten Henry
* Introduction of Sherry Perkins and Brian Simms, Task Force Co-Chairs
* Introduction of Rick Miller, Task Force Physician Advisor
* Brief self-introduction of each task force member

**III. Meeting Agreements and Communication**

* Set ground rules for meeting and engagement
* Review of Think Tank work and achievement
* Trust the process and communicate concerns and confusion to core team
* Because the task is so large, initial focus is on acute and critical care
* Be open to possibilities

**IV. Think Tank Crosswalk** -Kiersten Henry, Task Force Nurse Advisor (and former Think Tank member)

* Overview of the Think Tank work and actionable items
* Think Tank focus was to support the following goals:
	+ Better patient outcomes
	+ Better patient experience
	+ A thriving nurse workforce
	+ Optimizing the value of care
* This team identified six priority areas that need urgent action to address the staffing crisis:
	1. Healthy work environment
	2. Stress injury continuum
	3. Flexible work scheduling
	4. Diversity/equity/inclusion
	5. Innovative care delivery models
	6. Total compensation
* Full document with Think Tank Recommendations is available [online](https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf)

**V. Review/Discuss National Nurse Staffing Taskforce Charter** - Brian Sims, Co-Chair

* Review of charter to unearth concerns and find consensus
* Charter is informed by the work of the Nurse Staffing Think Tank
* Six identified outcomes proposed in Charter:
	1. Create a shared definition and vision of safe and appropriate staffing.
	2. Build upon the foundational work completed by the Nurse Staffing Think Tank.
	3. Develop and implement a national survey on the state of acute care safe nurse staffing and the impact on nurses and patient outcomes.
	4. Develop draft recommendations for appropriate staffing.
	5. Initiate a national safe staffing advocacy campaign.
	6. Develop safe and appropriate staffing models resources.
* Minutes will be summarized and a revised charter will be sent to group to approve with edits prior to the next Task Force meeting.

**Questions and Discussion**

* There is a large evidence-base on the relationship of staffing and nursing and patient outcomes. Perhaps some other points would be a better use of time, rather than studying it again. Perhaps consider surveying what practicing frontline nurses think will improve their work environment.
* Ask nurses what would help them.
* ANA is hoping to do a survey not just on staffing but on mental health as well, including information identified in the Think Tank work. Will fold this survey work into ANA survey work so it won’t be a heavy lift.
* It would be helpful to discuss who are the intended audiences (e.g., nursing leaders, health care industry leaders, regulatory and legislative bodies). Tactics will be different depending on who we’re targeting.
* You can’t talk about staffing without talking about the financial piece of this and we also need to look at it from a value aspect. What is the added value that each nurse brings to the bedside?
* There are aspects from the Think Tank that address some of the financial and value issues.
* Consider how workload is quantified and measured, as it is a critical lens by which staffing can be evaluated**.**
* Regarding the survey, it is important to distinguish the voices of frontline nurses and nurse leaders, this would help drill down on results. Also need to define what “safe” means to us.
* Do we need to separate “safe staffing” and “appropriate staffing?”
* Start with the evidence on safe staffing and don’t ask all the questions again. Refresh from that base and use the survey to enhance.
* Staffing impacts not only safety but also the experience of the healing process from the patient’s perspective. You can be safe but still have a bad outcome.
* “Safe” should be defined from the lens of the patient. We haven’t called out the staff physical safety in the outcomes.
* It might be helpful to think about the use of surveys throughout our task force work – may be relevant for some of the paths for care delivery and staffing models. This might capture some important baseline data related to the interventions and also inform our recommendations and actions.
* Correlate patient and staff safety. Staff should not be verbally or physically abused. She thinks about this when she hears the word “safe.”
* Assaults have increased during the pandemic. Talk about mental and physical safety as well. Staff will leave due to lack of mental health safety and lack of physical safety.
* Consider utilizing existing data sources – such as the Press-Ganey nursing excellence survey, which would identify high performers and low performers in the area of staffing as judged by staff.
* It sounds like financial questions brought up can be incorporated into the six outcomes already established.
* A change will be made in Outcome 1 to include a focus on staff safety as well. General consensus has been reached to help achieve the expected goals and outcomes. Ensure that we prioritize staff safety as well.
* It seems like the value component has not been really addressed.
* It may be that we haven’t called out “value” explicitly.
* There is more detail in the Think Tank recommendations document that deals with this discussion.

**VI. Next steps** - Sarah Delgado, Core Team Member

* MEETING 2: May 16th, 6-8 p.m. EST, 3-5 p.m. PST
* We will be sending research summary document so we can begin discussion on definition of safe and appropriate staffing, may include presentation or small groups

**VII. Key Take home points** - Brian Sims

* Collected via chat
* Core Team is available for further questions or feedback

**VIII. Meeting adjourned at 4:53 p.m. PST**