

# Future Directions for Wisconsin

Sean Clarke, RN, PhD, CRNP, FAAN  
Associate Director, Center for Health Outcomes and Policy Research  
Class of 1965 25th Reunion Term Associate Professor of Nursing  
University of Pennsylvania  
Philadelphia, PA



# Outline

- Local level
- Promoting the development of coherent state-level policy

**Local Level**

# Benchmarking Background

- Research shows consistent associations between staffing and outcomes
  - Beyond those expected by chance alone
  - Beyond controls for important facility characteristics
  - Beyond controls for important patient characteristics
- Strong suggestions that practice environment factors directly and indirectly influence process of care and outcomes
- Literature and theory suggest a need for leaders to know the positioning of their organizations on staffing and outcomes related to staffing

# Benchmarking

- Comparing staffing, practice environment, process of care, outcomes of care measures against:
  - Regional, state, national distribution
    - May set the bar too low
  - “Best in class” facilities
    - May put the bar in the wrong place—“best in class” for one standard may not be best for others
  - The unit/facility itself over time

# The Original Joint Commission Staffing Effectiveness Standard

A minimum of four screening indicators, 2 clinical/service and 2 human resource are selected. The focus is on the relationship between human resource and clinical/service screening indicators, with the clear understanding that no one indicator, in and of itself, can directly correlate with staffing effectiveness.

Purpose: Getting healthcare organizations to begin thinking about how staffing fits in with larger organizational goals; using the staffing-outcomes literature

# Joint Commission Indicators (at least one must be selected from each group)

## Group 1 (Staffing Indicators)

- Overtime (HR)
- Staff Vacancy Rate
- Staff Satisfaction
- Staff Turnover Rate
- Understaffing as compared to organization's staffing plan
- Nursing Care Hours Per Patient Day
- Staff Injuries On The Job (HR)
- On-Call or Per Diem Use
- Sick Time

## Group 2 (Outcomes Indicators)

- Family Complaints (C/S)
- Patient Complaints
- Patient Falls
- Adverse Drug Event
- Injuries To Patients
- Skin Breakdown
- Pneumonia
- Post Operative Infections
- Urinary Tract Infection (C/S)
- Upper GI Bleed
- Shock / Cardiac Arrest
- Length of Stay

# Later updated by the Joint Commission

In 2005 updated and focused on nursing—2  
units within institutions

Staff input required ...

# Structuring Care Environments to Optimize Outcomes

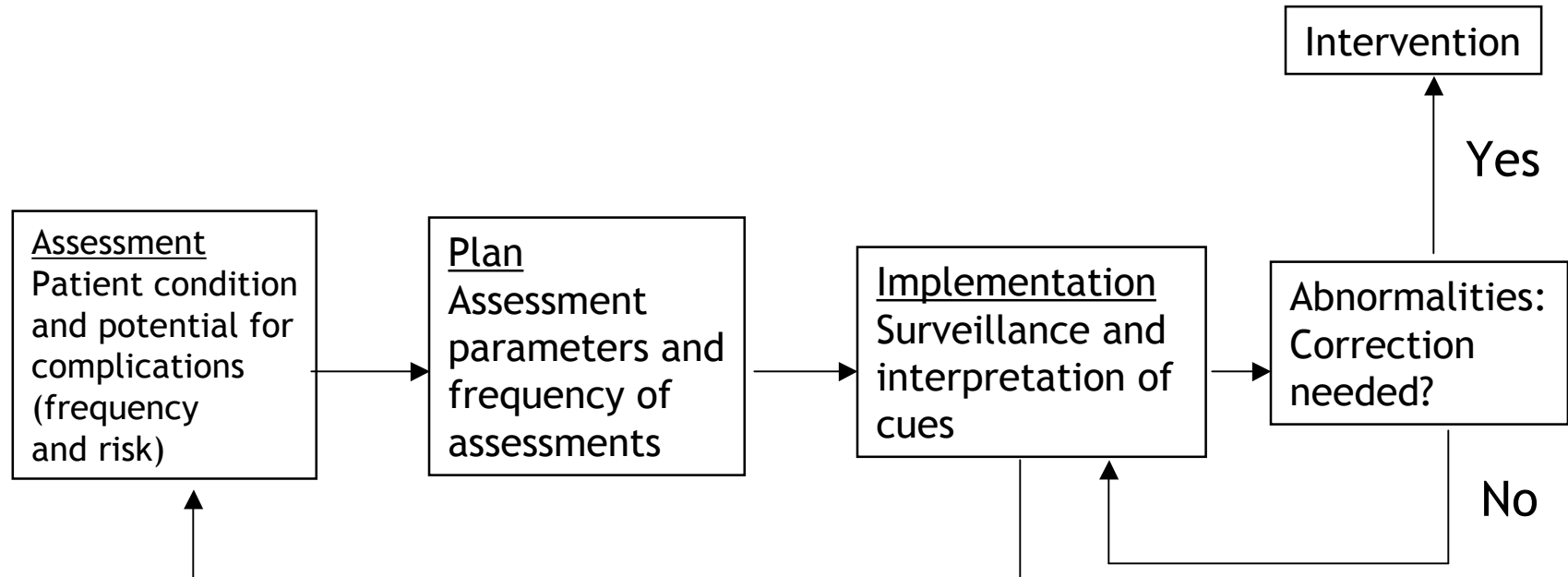
# Practice Environments/ Care Environments

- A constellation of factors providing further organizational context for the delivery of nursing care beyond staffing levels, including
  - Decision-making autonomy
  - Support for professional practice from nursing leadership and others in management and at executive level
  - Resources for care beyond staffing (human and material)
  - Supports for professional practice (CNS's and clinical experts, staff development, QI, etc.)
  - Relations between and among nurses, their managers and other health disciplines

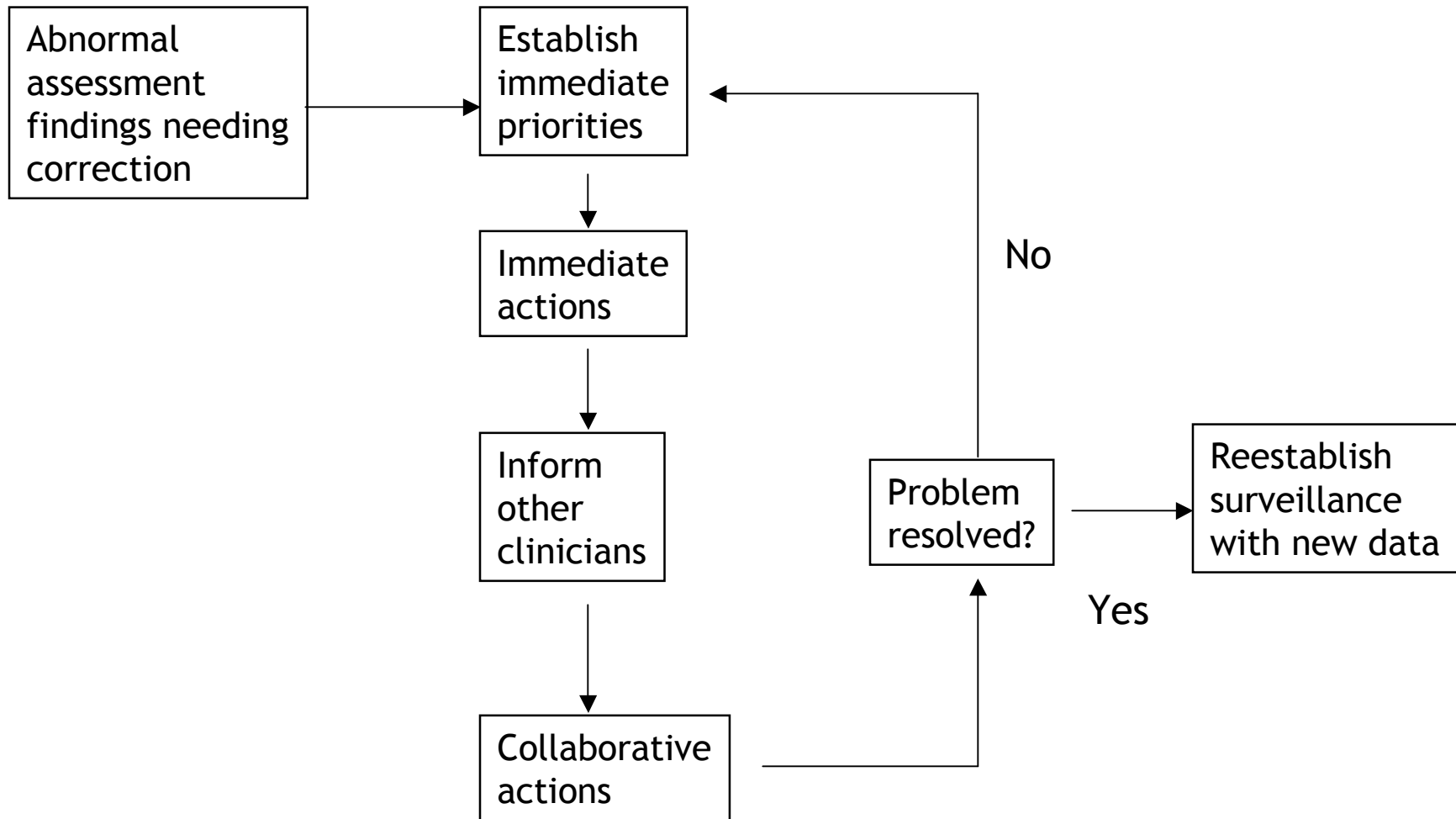
# A Key Central Element of Generating and Protecting Work Environments

- Selection, development and support of front-line nurse managers

# Surveillance in Practice



Regular review  
With passage of time  
Change of settings  
Handover, etc.



## Intervention Phase

# Questions to Consider: Organization of Care Factors that Facilitate Rescue

- Basic staff competencies (surveillance, management of emergencies)
- Staffing levels (capacity to titrate surveillance up)
- Experience
- Communication issues
- Physical layout
- “Off-service” patients [off the beaten path for a particular unit or facility]
- Culture of practice
- Policies and procedures providing guidance for monitoring, especially for new staff/uncommon clinical problems
- Resources for rescue

# Constructing Business Cases for Investments in Nursing

# Examples of Potential Investments in Nursing Services at the Local Level

- More staff
- Enriching skill mix
- Revising compensation and benefit packages
- Maintaining/increasing CNS coverage
- Supporting prelicensure programs/students
- Resources to benchmark and improve practice environments
- New graduate/new employee orientation
- Continuing/in-service education
- Investments in analyses of care processes and systems and systems change
- Handling shortfalls of staff—the mix of internal floated nurses versus supplemental agency staff

# Making the Business Case

- Clarifying what investments should be made
- Benchmarking the country/region/facility on an important structure, process or outcomes parameter
- Understanding stakeholders' perspectives (what's of primary concern to them)
- Defining the benefits from investments (using research or other types of data)
- Framing the data and making the case for stakeholders

# Factors to be Considered

- Investments
  - Personnel budgets
  - Recruitment
  - Retention
  - Leadership
  - Staff development
- Consequences
  - Turnover and staffing cost overruns
  - Reputation
    - Tangible and intangible markers of care quality
  - Costs of care relative to revenues
  - Reimbursements (especially under P4P)

# Local long-range workforce planning

# Synergy with Partners

- Collaboration on pipeline strategies
  - Nursing school capacity
    - Faculty
      - Secondments
      - Salary top-offs
      - Support of graduate education
    - Clinical placements
  - Scholarships and loan-forgiveness

# Synergies with community, state, national partners

- Collaboration to support movement of students from prenursing through graduation
- Cooperation and sharing of best practices across a region or state

# Developing Coherent State-Level Policy

# National and State-Specific Contexts

- Close study of unfolding picture at local and national levels
  - Continued federal budgeting of HRSA research efforts
  - State Health Workforce research centers

# Exchange of Information About Strategies

- Sharing of local and state-level strategies for maintaining and protecting workforce supply
- Sharing of best practices in handling staffing shortfalls

# Business Cases and Political Action at the State Level

- Health care lobby
- Education lobby
- Public concerns
- A complex policy climate in health care regarding finance, quality, safety is almost certain

# Political Action

- Analysis of problems
- Outlining and analyzing proposed solutions
  - Costs, effectiveness, durability
- Understanding background, history, previous attempts to solve problem
- Understanding the larger political landscape
- Evaluating stakeholders' positions
- Conducting values assessments
- Ascertain financial and personnel costs
- Analyze power bases available

# Political Strategies

- Persistence
- Big picture
- Adequate framing of the problem and potential solutions
- Developing and using networks
- Assessing timing
- Collaborating
- Risk-taking
- Understanding opposition

# Policy Approaches

- Carrots (incentives to move in certain directions)
- Sticks (disincentives to move in others)
- Sermons (information to concerned parties to shape behavior)

# Policy Process or Cycle

- Situation needs or dissatisfaction
- Identification of context (social, economic, legal, ethical), political stakeholders
- Identify options, goals, objectives—policy formulation
- Implement program or policy
- Evaluate program efficacy and unintended consequences
- Should program or policy continue in whole or in part?  
Does it need to be revised?
- Continued evaluation of impacts—if impacts are really off target return to policy formulation process