

# Fostering a Safe and Healthy Work Environment through Competency-Informed Staffing

[VIDEO TRANSCRIPT – November 15, 2022]

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Hi, everyone. My name's Anne Dabrow Woods, and I'm going to talk to you today about fostering a safe and healthy work environment through competency informed staffing. I'm the Chief Nurse of Wolters Kluwer Health Learning, Research and Practice. But more importantly to you, I'm a practicing clinician. I'm a critical care Nurse practitioner for Penn Medicine Chester County Hospital, and I also teach as adjunct faculty at Drexel University and Neumann University in their graduate nursing programs.

So let's jump right in and talk about the importance today of how we're staffing, nurse competency and patient acuity and how we can use these three things to really improve our practice and optimize patient outcomes. Well, you know, prior to the pandemic, we did have more time to spend with our patients. But since the pandemic, things have changed and many of us are exhausted, we're tired, and frankly, we just don't have enough people working beside us at the bedside. We all know the nursing shortage has been there for years and it has gotten worse since the pandemic. We know that the average age of the nurse is 52 years and we know that about a fifth of our workforce, who's over the age of 52, are planning to retire in the next five years. So bottom line, we're going to need about 1.1 million nurses by 2030.

What's really interesting is that the largest group of nurses that are now leaving their positions are in the age group of 25 to 35 years of age. And what we are foreseeing is that in the future, as in as of 2025, they're estimating our shortage is going to be anywhere between 200,000 and 450,000 nurses. Well, you know, we know that there we've been talking about this nursing shortage for the last couple of years.

And we do know that since the pandemic, you know, it's really come to the forefront. And this is not the background nursing shortage that we're all used to, such as, you know, when you're working on a unit and everybody in the unit gets pregnant at the same time and has to go out on maternity leave, that's not what we're talking about.

We're talking about a true national nursing shortage, where we're going to have a deficit of anywhere between 50 and 150,000 unfilled positions. And, you know, we haven't seen this since about 2000, and that was back when we had a huge nursing shortage. And a lot of things were done from the federal government level to help bring more people into our profession.

But one of the biggest advocates for us was Johnson & Johnson through their Campaign for Nursing's Future and that they really helped us solve the nursing shortage. When we at Wolters Kluwer asked

people, health care leaders across the United States, are you having a shortage? And overwhelmingly everybody had a shortage, regardless of the setting of acute care, post-acute or in ambulatory care.

And we did ask, and where do you see the shortage going over the next 18 months? And universally, everybody saw that it was going to get worse. And that's starting to be what we're seeing now. So in my role as chief nurse, I get to talk to a lot of nurses. And when you ask them what makes a health care work environment feel safe?

And universally it's really about having enough competent nurses working beside you day in and day out to manage the patient load and to really feel like they have your back. And that's what we've all heard over and over again. But also it's about making sure that health care institutions give the nurses what they need so they feel that they can help practice safely.

So the bottom line is we know staffing matters. So let's take a look at some of the current staffing models. So today, how we staff is based on three different things. First of all, the ratio model and I know you've all heard about this is the nurse to patient ratios. We also have the volume based model which looks at minimum staffing based on the history of the patient census on a specific unit.

And a lot of times we refer to this as nursing hours per patient day. And then we certainly have situational staffing models and we certainly saw that in the past pandemic that we've just been through. But the key thing about all these models is that sometimes they don't pay attention to some really, really important variables. And that's why I want to cover right now. We have workforce variables such as what is the mix of the staff on the unit?

Is it all RNs? Is it RNs and unlicensed assisted personnel? Are there LPNs on the unit or is the hospital using a primary nurse model or is it a team nurse model? What's the education level of the clinicians taking care of the patients? Research has been pretty clear about this that nurses who have a BSN or higher tend to provide better care and have better patient outcomes than those who have, you know, on a unit that has more associate degree nurses.

Also competency plays a really, really important role here. Are you working on a unit where you have a lot of new nurses or do you have nurses that have been there for a while and are truly intermediate level competency or experience? And what are their experiences? Does the health care institution provide lifelong learning through continuing professional development? And what are the shift hours in the length of shifts?

Are we just fully functioning on a 12 hour shift model, or do we have more flexibility, such as 8 hours, 10 hours, even 6 hours? We also need to take a look at our patient variables. What is the volume of patients and what's their acuity? We all know that patients differ greatly based on their severity of illness, and we need to take that into account.

We also need to look at the family situation because let's face it, when we're taking care of a patient, we're just not taking care of a patient. We're taking care of their family as well. And what's the overall situation? All these things need to be taken into account. So what are some of the issues with our current staffing model?

Well, right now we're seeing a lot of system based issues where we have a lot of novice nurses and a much fewer expert nurses so our ratio is very much off. And this becomes a real issue because you don't have the number of expert nurses on a unit that you need to really mentor and to help new nurses make some of the key decisions that they need to make.

What is the orientation program? You know, the whole goal is to get nurses up and functional once they graduate, right? Getting through that whole transition of practice. But we can't think that a six weeks or a 12 week orientation program is going to be sufficient for a new nurse graduate. What we know is about up to 33% of new nurse graduates leave their place of employment within the first two years because they don't feel supported.

But what's really interesting is if they are part of a nurse residency program, that attrition rate drops from about 33% down to 5 to 10%. So a nurse residency program, which takes about six months to a year and really works to grow that new nurse and help facilitate learning and really help to improve their competency really does make a difference.

Also, the traffic in and out of a unit makes a huge difference about the care that we can deliver on that specific unit. Think about that. You get a lot of admissions, you get a lot of transfers, you have a lot of discharge as it really does make an impact. And let's face it, a lot of us are still very feeling very burnt out.

We're tired and recruitment and retention has been a real issue for a lot of our health care organizations. Also, where we started to see a lot of flexibility during COVID related to staffing and scheduling, today, we see a lot of organizations that are starting to go back to the way they used to staff prior to the pandemic. And nurses are saying, Hey, I'm not ready for that shift back to that type of staffing and scheduling. I want more flexibility in what I do. And really today, nurse competency isn't as involved in our staffing decisions as it should be. So prior to the pandemic, we were really looking at care variability and how to fix care variability. And since the pandemic, that's really come to the forefront again.

And we look at things like operational variability or systems issue knowledge variability. Do all the people taking care of the patient have the information they need? That knowledge? And remember, education does not equate with true knowledge and understanding. So we're working on care variability right now and to try to get our into our indicators that we look at on a monthly and yearly basis back to the benchmark, because we all saw that from the pandemic, we saw those numbers start to decline.

So today we know that reducing care variability really does make a difference. It helps to promote a safe work environment. It helps promote patient safety, and it helps to actually improve patient outcomes. And that's what everybody wants. Now, prior to the pandemic, we recognized from the Affordable Care Act that health care dollars spend needed to start to shift, where prior to the pandemic, we felt most of our spend is in the acute care arena.

But we started looking at other countries where they put more of their spend in primary care or keeping people out of the hospital, really investing in disease prevention and screening. And you know what? They actually have better outcomes a lot of time. So now what we're seeing is we're going back and

taking a look at that to see where should we really invest our dollars to help us improve the overall health of the people that live here in this country.

So all of this comes down to this whole idea about competency informed staffing. So what is it? Well, competency informed staffing takes a look at those numbers that I just talked about. But adding to that, two different things. And those two things are, number one, patient acuity or that severity of illness, as well as nurse competency. And looking at your skill mix and we know that putting these three things together can really work to optimize patient outcomes.

Now we here at Wolters Kluwer did a survey about a year ago and we asked health care leaders across the US, is competency important to you and do you want it to inform your staffing? And we heard loud and clear from people that yes, they wanted competency of the nurses to be able to inform how they staff and schedule, not only on a monthly basis, but on a shift to shift basis.

So what does this mean when we talk about implementing competency informed staffing? Well, first of all, it means we need to have an understanding of different competency levels. And competency levels are going to differ based on the individual nurse and their skill set, the unit that we're talking about, as well as the adjacent specialty level. So for instance, when we're looking at competency, we want to do is if we're looking to staff on a critical care unit, but we have less severely ill patients on that unit.

Could we potentially cross-train nurses on the progressive care unit to come in and take care of those patients in the critical care unit? So knowing what your adjacent specialties are and how they can help serve you both by moving people up and moving people to that other level of care can make a big difference. We know that competency data needs to be freely available for when you are actually making your scheduling decisions as well as your staffing decisions.

And we need to look at our census and keep those things in mind and really look at our patient acuity and our future state is that are scheduling systems and are competency systems are actually going to be interoperable. And that means they're going to talk to each other. So let's face it, we know that competency matters and we know that you can't expect a beginner nurse to have the same competency level as someone who's been there for five, ten years.

So we need to make sure that we're looking at competency. We've got competency levels for the new graduate nurse, the beginner nurse, the intermediate nurse, as well as the expert nurse. And on each shift, we should have a mix of these different competency levels. So there's support for everyone and that is going to be a key thing going forward as we staff in the upcoming years is that we have to really look at that skill mix as well as the competency mix to get our staffing correct.

We also know that shift switches between workforce needs to be between the people at the same level. So that means if you have an expert nurse who wants to have a day off, they need to switch with another expert nurse so we don't lose that knowledge and that experience. We can't have an expert nurse switching with a beginner nurse. We also know that things change on units very, very quickly and patients who were not really, really sick can become sick within just a few hours.

So we need to make sure that changes in patient acuity, interventions, severity of illness, have to be communicated quickly to those who are making the staffing decisions. We also know that our float pools

need to be composed of expert level nurses so those nurses can go to their specialty and work and really to be able to practice at the highest level.

So our float pools are not a place for beginner nurses. So it's really time to improve safety in the work environment. And to do that, we need to address our challenges and our challenges are we definitely have a staffing shortage, so we need to address that. We need to really look at staff wellness, address low morale and burnout, make sure that our staff are getting what they need to stay where they work.

So we really need to address not only retention, bringing them in the door. And I know a lot of you are offering bonuses, but really that's a Band-Aid. What we need to do is address the salaries of the people who are currently working within our institutions so they stay. So we need to address recruitment as well as retention, and we need to recognize people for doing a great job.

Just a simple act of gratitude, such as saying thank you. You know, when a person has had a really difficult shift saying thank you to them, thanks for everything you did this shift, thanks for having my back. So it really all starts with sharing data. So we need to share our competency assessment system data with our learning management system.

And then that learning management system data needs to inform our scheduling and staffing system. And let's face it, it's time to define the value of nurses and recognize we are not a commodity, we are an asset, and we need to make sure we're able to move nursing from the cost side of the ledger over to the revenue side of the ledger.

In order to do this, we're going to have to really define what is the value of nurses to quality patient care. And to do this, we need to learn to speak the language of finance. Because remember, finance is how we fund everything. So we're going to learn to speak the language of finance, and we're going to have to learn to develop our value proposition and be able to articulate that when we are asked.

We need to change policy at all levels and that means nurses are going to have to get involved not only within their own institutions by getting on different program committees, but it means also nurses need to be active at the local, the state and the national level. We need to make bedside nursing more desirable.

When we look at the number of nurses that are leaving the bedside to go either to work in other units or they're going to work, say, in outpatient settings, we need to make the bedside nurse more attractive, more desirable. We need to really work on ending workforce violence. And as we can see from the latest information we've seen across the news, this is really, really important.

When nurses go to work, they need to be able to feel that they are safe and that they're going to be protected where they actually practice. In closing, we need to recognize in a health care system, our most valuable asset is the workforce who cares for patients and outcomes are going to be optimized if the workforce feels valued, have adequate resources, they're properly trained, they have enough competent nurses working beside them.

They feel confident and they feel safe in their work environment. So I want to thank you for considering the importance of competency in keeping our workforce safe and to creating a safe working environment. And thanks so much for supporting the front line of care.

