Panel Presentation

May 17, 2019
Sharing Implementation Strategies

- HNSC member engagement & retention
- OT documentation
- POC-lessons learned
- Themes in competency management
- Creating NSPs: determining what units are in or out
Today’s speakers

**Legacy Emanuel Hospital and Health Center:**
- Paula Plocharsky and Laurel DeVito

**St Charles Medical Center-Bend:**
- Julie Ostrom and Tammy Jo Virgil

**Asante Ashland Community Hospital:**
- Jerrye Wright and Kendall Wilson
HNSC MEMBER
ENGAGEMENT & RETENTION
Legacy: Member Engagement and Retention

- Agenda that is staff driven and solution focused….What is important to staff?
- Meeting enhancements – breaks, food, meeting dates & times, ground rules
- Scheduling
  - No Mondays/Fridays/or holidays
  - Dates & times identified one year in advance
- Clearly defined representative roles and responsibilities in charter for co-chairs, staff elect, and leadership
SCHS Bend Nurse Staffing Committee

- Departments grouped together to keep committee size “manageable”
- Great participation
- 2017 focus was re-writing charter and developing Department staffing plan templates
- 2018 focused on each Department working through first pass and report out of plans
Ashland: NSC member engagement and retention

- Monthly meetings have built relationships
- Working through the past 17 months post survey has brought us together
- Messaging the “why” is compelling
- “Your voice matters” takes on new meaning
OT DOCUMENTATION
Legacy: Overtime Documentation

- Employee attestation using the time and attendance system (MyTime)
  - OTV
  - OTM

- Done for each shift that accrues overtime:
  - End-of-shift
  - Additional shifts-extra
  - Missed meal period that result in OT
  - Meetings/education that result in OT
Previous approach was documentation by exception
• Policy & procedure expected reporting and documentation of mandated OT
• It was difficult to identify “misses” retrospectively

Solution: Partnered with Time and Attendance vendor to develop caregiver attestation
• System asks questions based on worked minutes accumulated
• Allows for documentation/attestation for OT as voluntary or mandatory as well as waiver and request of 10 hour rest periods
Ashland: Is it mandatory or voluntary?

- The conversation after the training module
- Timely and accurate reports following each pay period
- Accountability to fill out a form and have a discussion when OT is mandatory
POC-LESSONS LEARNED
Legacy: Plan of Correction-Lessons Learned

- Clear and concise charter
- Standardization in content provided in Nurse Staffing Plans
- Do not reference policies in Nurse Staffing Plans
- Meetings - detailed record of:
  - Attendance – maintain balance of staff and leadership with every vote
  - Every vote, by whom, and who abstained
  - Minutes - be specific, include all details
Main lesson: the strategies used to respond to deficiencies for other types of regulatory surveys DON’T WORK!!!

• Level of detail and documentation

• One of the most challenging areas was Overtime documentation
  • Caused re-evaluation of overall approach and policies related to OT
  • Highlights lack of clarity in interpreting/ applying OARs to real scenarios
Ashland: When and how to monitor—
that is the question!

- Develop checklists for Nurse Managers and Cochairs
- We have been through 2 Qs of monitoring and we are catching competencies needed, new patient populations, NSP changes needed
- Quarterly monitoring works!
THEMES IN COMPETENCY MANAGEMENT
Legacy: Themes in Competency Management

- Must have documentation that each employees competencies are up-to-date and completed on time
- Long term employees – competency expectations and tracking changes over time – how do we validate competency?
- Utilize annual Professional Development Plans for each department/unit
SCHS: Themes in Competency Management

• Competency management has been challenging
  • We are actively working to develop a process that is sustainable for our organization
    • Systemization challenges
    • Temporary fix for POC vs. sustainable long term process
Ashland: Document competencies—we thought we did 😊

- Manage all competencies electronically
- Develop electronic sign offs for orientations
- When you see new patient populations—assess staffing needs, develop competencies and update staffing plans
CREATING NSPS: DETERMINING WHAT UNITS ARE IN OR OUT
Legacy: Creating Nurse Staffing Plans
Determining what units are in or out

- Include physical units that provide direct patient care
- Exclude units that are support units and deployed to other areas to provide patient care. Examples include:
  - Resource Team
  - Vascular Access Team
  - Pediatric Answer Line
  - Pediatric Sedation Team
  - Lactation Department
  - Wound Ostomy Team
SCHS Bend Nurse Staffing Committee

Determining which Departments need staffing plans/representation on the committee

• Considerations include
  • Outpatient areas that are “under the hospital’s license”
  • Do the RNs working in this Department assume primary responsibility for patients?

• Examples:
  • IV Therapy
  • Outpatient Wound Care Clinic
Ashland: Nursing staffing plans
In or Out

- Wound clinic scenario
- Ask questions, stick to the basics
- Is the majority of the nurses' time spent doing direct patient care activities?
- Yes- include them in NSC and write a staffing plan
Legacy Health

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