

Work Environment NEWS

GULF COAST HEALTH SERVICES STEERING COMMITTEE

WINTER/SPRING 2006

Go for the Gold 2006 Creating Change in Our Work Environments

The third learning exchange, *Go for the Gold, Improving the Work Environment in Gulf Coast Hospital*, will be held on Friday, April 28, 2006. This year the program is primarily sponsored by The WorkSource, The Greater Houston Partnership, and Rice University Executive Education. The project is also funded in part by a grant from the Health Resources Services Administration. The conference will be held at the Rice University Jesse H. Jones Graduate School of Management in Houston.

The overall theme of the 2006 conference, "creating change in our work environments" will be highlighted by a keynote presentation, presentation and discussion of fifteen innovative work environment initiatives, a workshop on change management, and informal, networking gatherings.

This learning exchange was created to make it easy to find out the whys, hows, and success stories that lead to improving the work environment. Contributions from peers (staff nurses to executives) are the unique and most meaningful aspect of the learning exchange. Participants will hear stories of real actions taken by top performers in area hospitals – actions that range from inexpensive "quickies" to major change efforts. All have been solicited by questions related to Ideal Work Environment practices on the Work Environment Survey and selected by committees of your peers to showcase a variety of the best practices being done locally today! In addition, all practices recommended as improving their work environments by area hospitals will be shared in a notebook given to all participants – many more practices than can be presented at the conference.

Key Note Address: Leading Organization Change

A noted scholar in the area of management and organization behavior, Dr. D. Brent Smith is providing the keynote presentation "Leading Organization Change" as well as a workshop, "Strategies for Change." Change agents are critical at all levels of an organization because change in all organizations has become a fact of life. In healthcare, the management of change demands a balance of cost effectiveness, access to treatment and quality care. In today's world, productive change provides substantial success in improving outcomes on measures such as employee satisfaction, patient satisfaction, patient treatment outcomes and financial performance.

Dr Smith is an Associate Professor of Management and Psychology at the Jesse H. Jones Graduate School of Management. Professor Smith was formerly a member of the faculty at Cornell University where he taught in the School of Industrial and Labor Relations and the Johnson Graduate School of Management. Professor Smith's teaching interests focus primarily on leadership and management development. Professor Smith is a

professor in the Certificate in Medical and Healthcare Management program at the Jones School as well as in the Executive Education and MBA programs. He received his Ph.D. in Psychology from the University of Maryland in 1999.

Professor Smith's research interests focus broadly on personality issues in work organizations including response dynamics in personality measurement; the personality correlates of effective work performance and the relationship between personality and organizational climate/culture. In addition, his current research focuses on individual differences in susceptibility to social influence, the personality correlates of justice perceptions, and integrating trait and social cognitive conceptions of personality.

Professor Smith was a recipient of the 1998 Scholarly Achievement Award from the

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Academy of Management's Human Resources Division. His research has been published in the Journal of Applied Psychology, Personnel Psychology, Human Performance, and Leadership Quarterly. Professor Smith is a co-editor of the book Personality and Organizations.

In addition to his academic work, Professor Smith is a partner in the management consultancy, the Phi Group, LLC, where he specializes in executive selection, coaching, and development.



COME AND
GO FOR
THE GOLD
WITH US!

Program Highlights:

- Keynote Speaker, D. Brent Smith, Ph.D., will present "Leading Organizational Change." In the afternoon, he will present the workshop "Strategies for Change."
- Program Overview and highlights of the 2005-6 Work Environment Surveys.
- Small group, interactive sessions will be offered on five key dimensions of an Ideal Work Environment: Professionalism, Teamwork and Interpersonal Communication, Staff Training and Development, Environmental Factors and Economic Considerations – each session highlighting how-to's for 3 best practices. You can attend all five if you wish!
- Opportunities to exchange information with hospital staff who share your same work environment challenges or who have implemented practices that achieved improved work environment outcomes
- Learning in a fast-paced, uplifting atmosphere

Registration for Go for the Gold

This year, all hospitals in the Houston-Galveston area are invited to participate. Previously, hospitals had to participate in the Work Environment Surveys in order to be eligible. This change was made so that all hospitals could benefit from the knowledge of recommended practices and to encourage all hospitals to participate by contributing practices and data to the surveys in future years. Registration is now open. To register,

visit our on-line registration website: <http://www.gchssc.com/register.asp>. Registrations will be processed in a first come, first served basis.

Who Should Attend

This conference is intended for hospital staff responsible for initiating and implementing initiatives to improve the work environment in their hospitals, such as: Chief Nursing Officers, Nurse Managers, and staff nurses; Chief Human Resources Officers and human resources professionals; Quality Assurance Officers and professionals; hospital administrators; and physician leaders.

We encourage Chief Executive Officers, Chief Nursing Officers, and Chief Human Resources Officers to share information about this program with staff whom they feel will bring back ideas that benefit their hospitals.

6.3 CNE Contact Hours available to RNs

Texas Children's Hospital is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This activity meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nurse Examiners for the State of Texas.

No Fee for Attendance

The Learning Exchange is offered at no charge. The cost of the program is graciously underwritten by our sponsors and HRSA. Parking is available in the parking garage under the Jones Graduate School of Management for \$9, payable with a credit card.



Nurse Staffing in Hospitals: Is There a Business Case for Quality?

by Jack Needleman, Peter I. Buerhaus, Maureen Stewart, Katya Zelevinsky and Soeren Mattke

The following article is abstracted from an article in the January/February 2006 edition of *Health Affairs*.

Although patient safety and quality improvement efforts have grown in the past few years, there are still questions about the value of improving quality. The growing body of evidence linking hospital workforces to patient outcomes suggests that one way to improve quality is to increase nurse staffing. Because nurses are a large proportion of hospital costs, the cost of increasing staffing are significant. However, those costs should be offset to some extent by the monetary and non-monetary benefits of reducing adverse outcomes.

In this article, the authors provide data to help hospitals and policymakers consider both the business and social cases for investing in nurse staffing by estimating the costs of increasing staffing and cost savings resulting from avoided deaths, reduced lengths-of-stay, and decreased adverse patient outcomes associated with higher nurse staffing levels.

Based on an earlier study of 799 nonfederal acute care hospitals which found an association of nurse staffing with 1) length-of-stay, urinary tract infections, upper gastrointestinal bleeding, hospital-acquired pneumonia, shock, or cardiac arrest, and 2) "failure to rescue," defined as the death of a patient with one of five life-threatening complications, the authors simulated the effect of three options to increase nurse staffing. The first was to raise the proportion of hours provided by registered nurses (RNs) to the seventy-fifth percentile for hospitals below this level; the second, to raise the number of licensed (RN and LPN) nursing hours per day to the seventy-fifth percentile; and the third, to raise staffing to each of these levels in hospitals where each is below the seventy-fifth percentile. The seventy-fifth level was chosen because the authors believe that this level of

staffing is feasible for most hospitals. The authors constructed national estimates of the cost of increasing hospital nurse staffing and associated reductions in days, deaths, and adverse outcomes.

All results were examined in aggregate across all hospitals. The results show that raising the proportion of RNs to the 75th percentile without changing the number of licensed hours was the least costly option and

would achieve a net reduction in short-term costs.

The authors note that some hospitals might not realize the expected savings, such as locations where RN's wages were relatively high compared with LPN's wages. However, the patients treated in those hospitals would likely benefit from reduced lengths-of-stay and fewer adverse outcomes. For the second option, to raise the number of licensed nursing hours per day, the costs of the approach were not offset by the cost savings associated with the reduction in adverse outcomes and the increase in avoided hospital days. Changing nurse staffing by increasing the proportion of RN hours and licensed hours per day resulted in an increase in RN employment and a decrease in LPNs; this third option achieved the greatest reduction in adverse outcomes and hospital days, but staffing costs

would be highest and not totally offset by estimated savings.

The authors conclude that a greater use of RNs in preference to LPNs appears to pay for itself. Improved patient outcomes and reduced days associated with more hours of nurse staffing would only partially offset the costs to achieve them, and depending on the reimbursement systems in use, cost savings could be shared with payers instead of accruing solely to the hospital. This creates a strong disincentive to increase nurse staffing. From a patient's perspective, using standard measures of value, the additional costs to increase nurse staffing appear justified. Policymakers and public and private payers should focus on finding ways to reconcile patient and hospital perspectives.

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Work Environment Survey

UPDATE

As of January 17, 2006, 43 hospitals are participating in the 2005 survey, down 12% from the 49 hospitals that participated in the 2004 survey. Last fall, 56 hospitals had agreed to participate, but changes due to the hurricanes last season caused many to drop out of the survey.

The project will undergo a performance audit by HRSA this spring, in which auditors examine how well the project has met its original performance goals. Most of those goals have been met or surpassed for the past three years.

The Work Environment Workgroup decided to open Go for the Gold 2006 to all 111 hospitals in the area, rather than limiting participation

to hospitals that completed the Work Environment Surveys in fall 2005 and winter 2006. This change was made so that all hospitals could benefit from the knowledge of recommended practices and to encourage all hospitals to participate by contributing practices and data to the surveys in future years.

If you have any questions regarding the surveys, please contact the Project Coordinator, Donde Batten at dbatten1@houston.rr.com.

Thank you for participating in this project!



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