NWONL | Northwest Organization of Nurse Leaders

01/18/2022 NWONL CNO & Dean Rounding

Nurse Leaders share their experience with setting up Complex Discharge Units and Transitional Care Units. These innovative care units have been critical to maximize the ability to care for the sickest patients in the hospital and minimize the drain on other resources in the communities. This invites rich discussion and opportunities from the NWONL community of nurse leaders.

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Chief Nursing Officer & Chair Leadership Commission
St. Charles Medical Center & NWONL

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Director Patient Care Services
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Assistant Nurse Manager, Surgical Specialties
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Here is what we learned:

Katie and Carol:

- Shared best practices for their facility setting up Transitional Care Units
    - Utilizing LPN's to staff a team based care approach
    - Partnered with OSBN to get education and clarification on LPN roles

James Reeday:
See powerpoint.
Outlines Complex Care Units and how they set up ratios of 1:8 with RN teams and challenges that they addressed.

Discussion Points:

- How do we guide and support a highly adaptable workforce of nurses?
- How well are they prepared to work in complex environments and what needs to be done to support them?
- Is this an opportunity to reinstate a LPN workforce and what needs to be done to support this? (Academic programs have decreased significantly over the years, is it time to get them running again?)
- How do we optimize and empower the intellectual capital of our nurses?
- Broaden the scope of work?

- Decrease the documentation burden?
- Current practices in nursing (during the pandemic) are not sustainable, how do we reclaim and reimagine nursing moving forward?
- Surge Planning - what is the best space for this? What have others done?
- What can be done right now to help support student nurses before they enter the workforce?

What can we do stronger TOGETHER to create synergy

Participant Discussion

- With Magnet focus on moving towards a goal of 80% BSN nurses, hospitals have steered away from hiring ADN nurses. This has created some barriers to hiring or retaining highly skilled and experienced nurses.
    - Magnet requires "ADN-BSN Progression" and it is not a hard-stop requirement to not hire and utilize ADN nurses
    - For example Portland Providence allows hiring of ADN nurses with the goal of helping them get to a BSN within 3 years.
    - Discussion ensued about how these guidelines are interpreted and carried out
- Pam Pfiefer & Lauren Cline
    - How do we continue to provide a pipeline of nurses when we can not get them clinical placements for required training and licensing?
    - This continues to be a significant challenge
    - What can we do to recreate / build new clinical placement models?
        - Ie. hire nurses who just do precepting
            - Some schools are seeing all of their students placed with traveler nurses
            - Very little support from overburdened staff
            - relying on travelers is not sustainable
    - Is there an opportunity for the board of nursing (from both states) to revisit some of the requirements for faculty and clinical teaching?
        - ie. requiring a MSN vs. BSN prepared nurse to teach in Med/Surg because they have heavy OB background. If this was clinical faculty had the same experience but already had a MSN, there would be no question about allowing them to teach.
        - This is creating quite a bit of difficulty in placing clinical faculty with students due to the degree requirement.
- James R.
    - The stress burden for students is noticeably high
        - Is there an opportunity to work with staffing agencies to create a "teaching / clinical placement" role so that organizations can hire staff JUST for filling this need?
- All
    - In looking at DEU models, can more of these be created? Legacy Salmon Creek and Portland University has created a solid model allowing for more students to be placed and there were dedicated RN's available for teaching and support.