



LABOR MANAGEMENT PROJECT

An employer and 1199SEIU partnership

MISSION POSSIBLE: ***MAKING SENSE OF YOUR SECTION F DATA***



SECTION F RETREAT
OCTOBER 2013
LMP RESEARCH TEAM



I ♥
Data



SESSION PURPOSE

To develop an understanding and appreciation of the role of data collection and analysis in Section F work

WHY?

To shift the way we've traditionally addressed staffing problems

AT THE END OF THIS SESSION YOU

WILL:

- ✓ Understand the importance of data for addressing staffing issues
- ✓ Understand the distinction between data, information, and knowledge
- ✓ Understand the PDSA Cycle and how to create an action plan

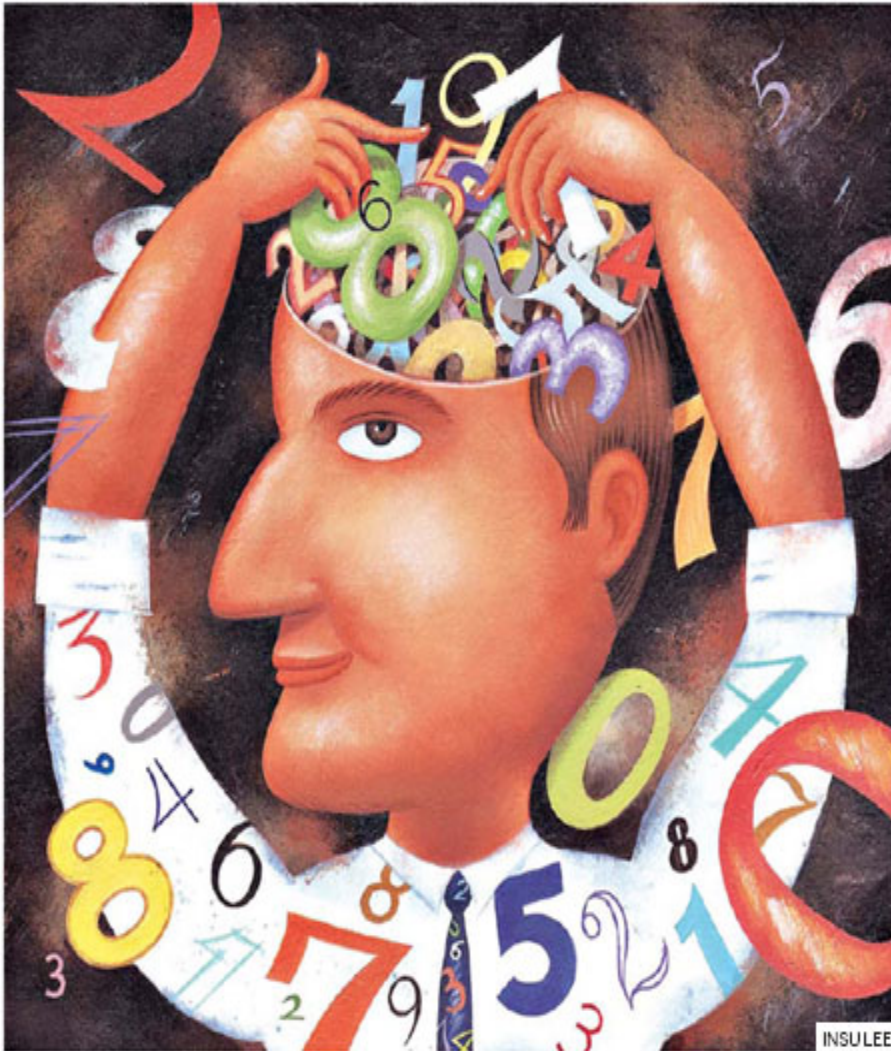


SESSION OVERVIEW

1. Your Mission
2. What is Data?
3. Is Section F Data Scary?
4. Using Data to Understand Staffing Issues
5. A Practice Mission
6. Using PDSA to Make Your Data Actionable
7. Questions



DATA, DATA, EVERYWHERE!



1 = NEVER

2 = SOMETIMES

3 = USUALLY

4 = ALWAYS

LET'S DO DATA

? How often do you dance when you are at a party with great music?



? How often do you forget where you put your keys?



? How often do you sing in the shower?



? How often do track your personal expenses?



WHAT'S STRANGE ABOUT THIS PICTURE?



FLORENCE NIGHTINGALE – NURSE STATISTICIAN!



- ❑ Collected data on mortality rates of British soldiers in military hospitals
- ❑ In February 1855, the mortality rate was 42.7%!
- ❑ Her impeccable notes, records, and analysis showed that the principal reason was unsanitary conditions
- ❑ After improving hygiene and sanitation among the soldiers, the mortality rate significantly dropped
- ❑ Developed techniques to present data to make a strong argument for reform

YOUR MISSION IS POSSIBLE!!

- **Your Mission:** Joint problem solve to make your Section F data **ACTIONABLE!**
- **Why:** To improve staffing issues
- **Where:** Your hospital
- **Benefits:**
 - *More satisfied patients*
 - *Better clinical & financial outcomes*
 - *Less stressed, happier RNs*
- **When:** Starting **NOW!**





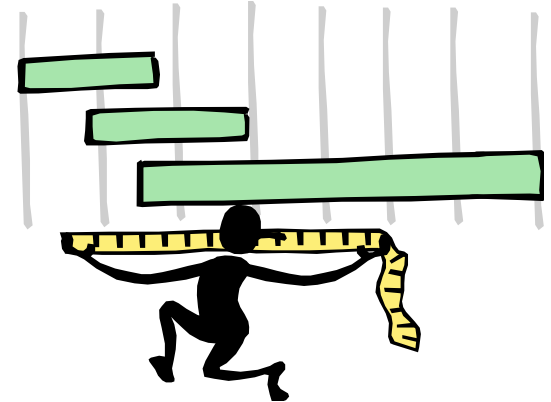
DATA OVERVIEW

WHAT IS DATA?

WHAT IS DATA?

- **A collection of facts that can be used for information, analysis, and improvement**

- Numbers
- Words
- Measurements
- Observations
- Photos and videos
- Simple descriptions of things



TWO TYPES OF DATA

1. Quantitative Data:

Can be counted or compared on a scale

- Demographic data (age, sex, country of birth, etc.)
- Answers to closed-ended surveys
- Attendance data
- Scores on standardized instruments

2. Qualitative Data:

Can be observed, but not measured

- Descriptive words
- Detailed images

TWO TYPES OF DATA

- **Qualitative:**
 - She is brown and black
 - She has short hair
 - She is wearing a red collar
 - She has lots of energy
- **Quantitative:**
 - She has 4 legs
 - She has 2 ears
 - She weighs 25 lbs
 - She is 3 feet tall



WHICH IS QUALITATIVE?



- A.** These hospital employees are wearing scrubs and lab coats
- B.** These are four of the hospital's 450 employees



IS SECTION F DATA
SCARY?



THE CHARTER

- **Section F Charter calls for monthly review of the following staffing data:**
 - Incidents of voluntary OT
 - Unsafe staffing reports
 - Sick leave utilization
 - Leaves of absences
 - Vacancies
 - Use of per-diem, agency, and travel nurses



SMALL GROUP BRAINSTORM

- 1. Are we collecting and using our Section F data as we should? Why or why not?**
- 2. Why is it important to collect and use our Section F data?**



**Are we collecting
and using our
Section F data as
we should?
Why or why not?**



WHY WE **DON'T** COLLECT & USE DATA

- Not enough time
- Systems inadequate for problem analysis
- Discomfort with data
- Fear what we'll find
- Support for problem-solving



**Why is it
important to
collect and use
our Section F
data?**



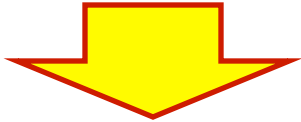
WHY WE **SHOULD** COLLECT & USE DATA

- Identifying problems
- Considering solutions
- Implementing improvement initiatives
- Evaluating effectiveness of improvement initiatives
- Satisfying reporting requirements
- Organizational learning

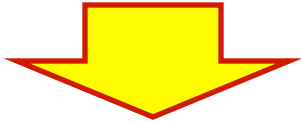


SECTION F DATA ≠ KNOWLEDGE

- **DATA**: Facts, figures, symbols, signals



- **INFORMATION**: Data that is summarized or presented in a useful, meaningful way




- **KNOWLEDGE**: Interpretation by combining information, experience, and insight



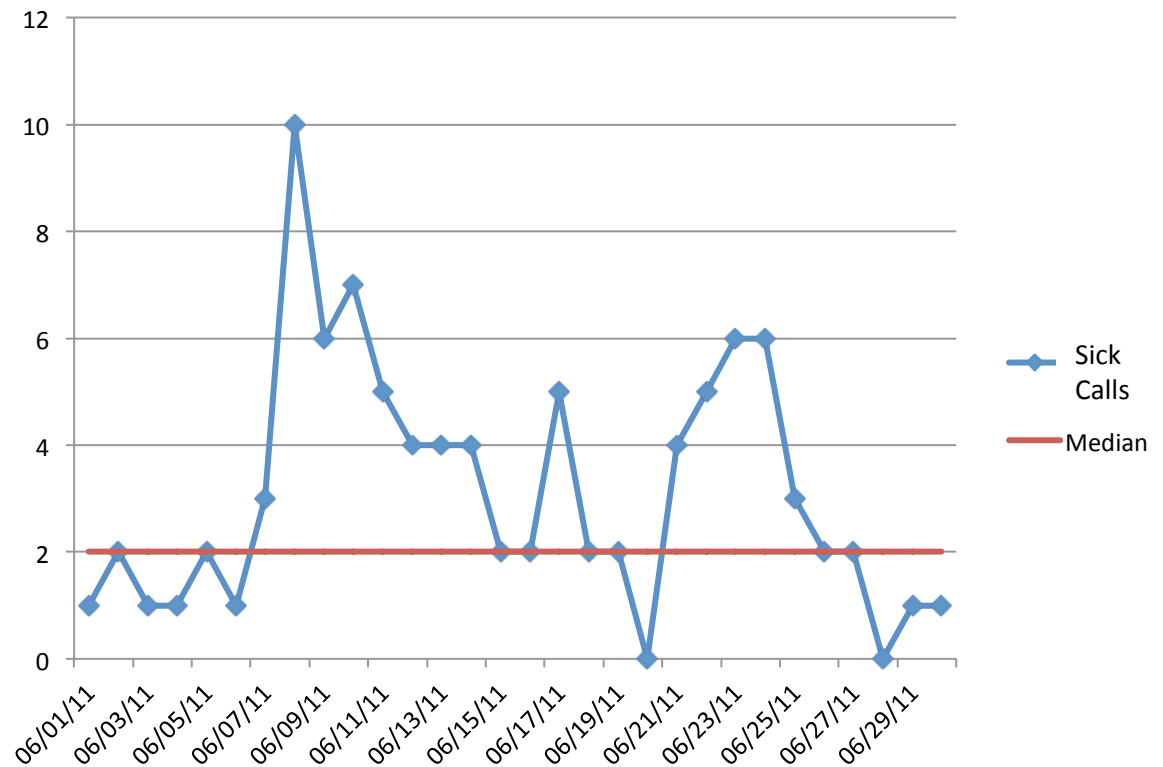
- **ACTION**: Using your knowledge to make strategic improvements

MOVING FROM DATA TO INFORMATION

DATA  **INFORMATION**

1 2 1 1 2 1 3 10
6 7 5 4 4 4 2 2
5 2 2 0 4 5 6 6
3 2 2 0 1 1

Sick Calls in June, Nursing Department



USING INFORMATION TO CREATE KNOWLEDGE

EXAMINE YOUR INFORMATION

- Are there any patterns in the information?
- What does the information tell you about the problem you are aiming to address?
- Does the information confirm or counter your ideas / hypotheses?
- How can you use the information to develop strategic action? What can you do to improve outcomes?

= KNOWLEDGE

★ **ACTION** ★

**Plan for and Carry Out
Small Tests of Change**

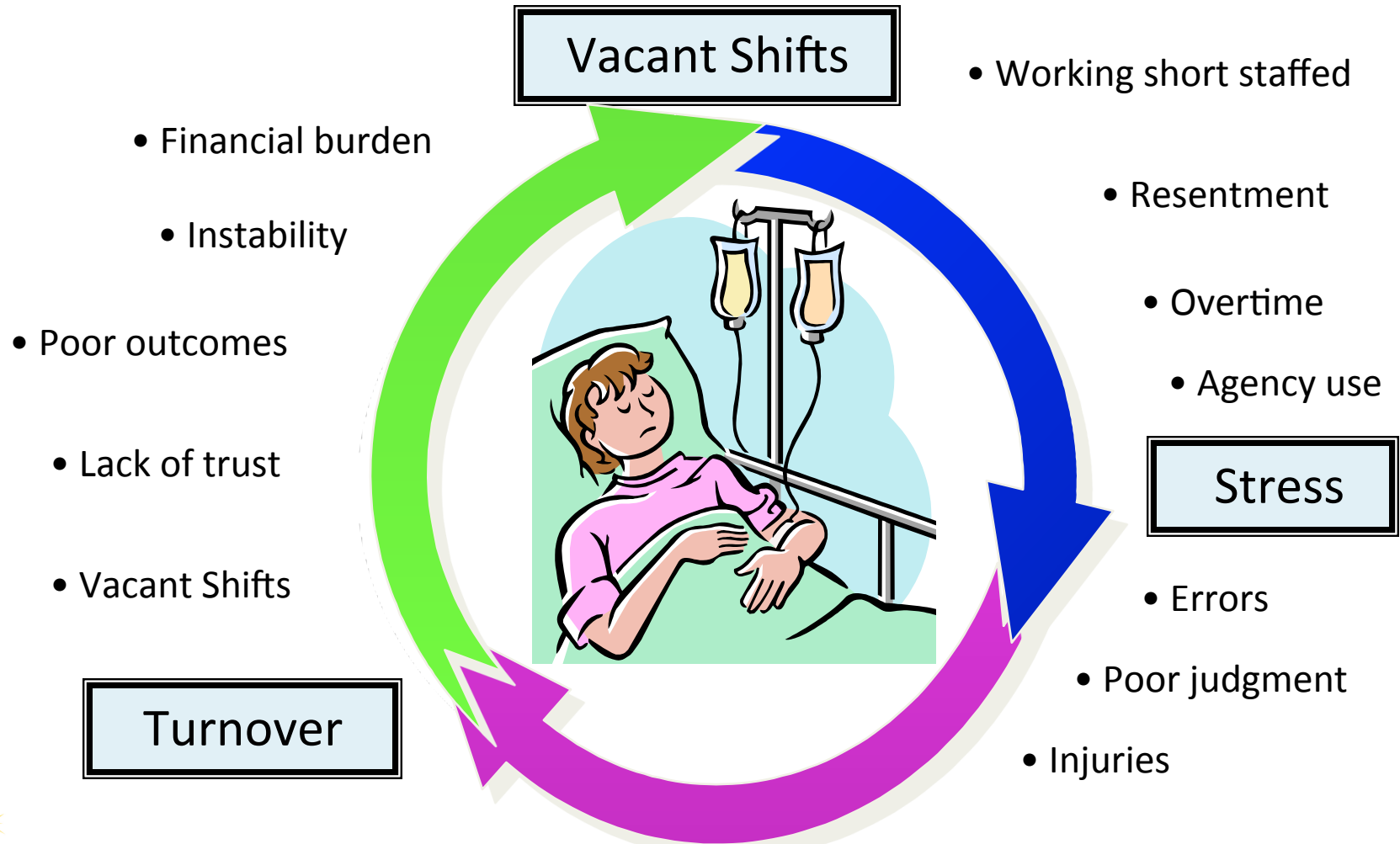




USING SECTION F DATA TO UNDERSTAND STAFFING PROBLEMS

WHY IS ATTENTION TO STAFFING IMPORTANT?

TO COUNTERACT A CYCLE OF TURNOVER, VACANT SHIFTS, AND STRESS THAT AFFECT PATIENT CARE



NURSES IN U.S. REPORT ON STAFFING *

- Respondents found current **staffing levels inadequate (39%)** or **unsatisfactory (38%)**
- **54 %** reported an **excessive workload**
- **63 %** said **vacancies** affected scheduling and overtime staffing *"more often than anticipated"*
- **96 %** reported feeling **tired** at the beginning of their shift
- Nearly **65%** reported they almost made an error **due to fatigue**; **27%** did make an error



* HealthLeaders Media, Kronos Inc.
"Nurse Staffing Strategy," 2013

WHY ARE WE ADDRESSING STAFFING?

- **Staffing issues are critical to:**
 - Nurse satisfaction
 - Nurse stress and burnout
 - Positive patient outcomes
 - Patient satisfaction
 - Operational costs



WHERE DO YOU STAND ?

1 = Not at all; 2 = Sometimes; 3 = Often

- Section F data are used at my hospital to address staffing problems
- I am comfortable with my level of knowledge about Section F data and its use
- We have time at work to examine Section F data and its meaning
- I am involved in the examination of Section F data
- I am willing to participate in examining Section F data

WHY SECTION F?

- Section F Committees were established to do ***joint problem-solving***
- Joint problem-solving requires ***information and knowledge***
- **The Bottom Line**: Data is only useful if it helps you ***examine, investigate, and address*** issues related to staffing



JOINT PROBLEM SOLVING THROUGH LABOR/MANAGEMENT PARTNERSHIP

1. Commitment to Partnership

Strong leadership from both labor and management

2. Transparency of Information

Ensure that both parties have equal access to important information

3. Effective Communication

Share honest opinions, take each other's input seriously, and don't blame

4. Joint Accountability

Hold each other accountable





LET'S BE DETECTIVES!

Can You Accomplish This Mission???



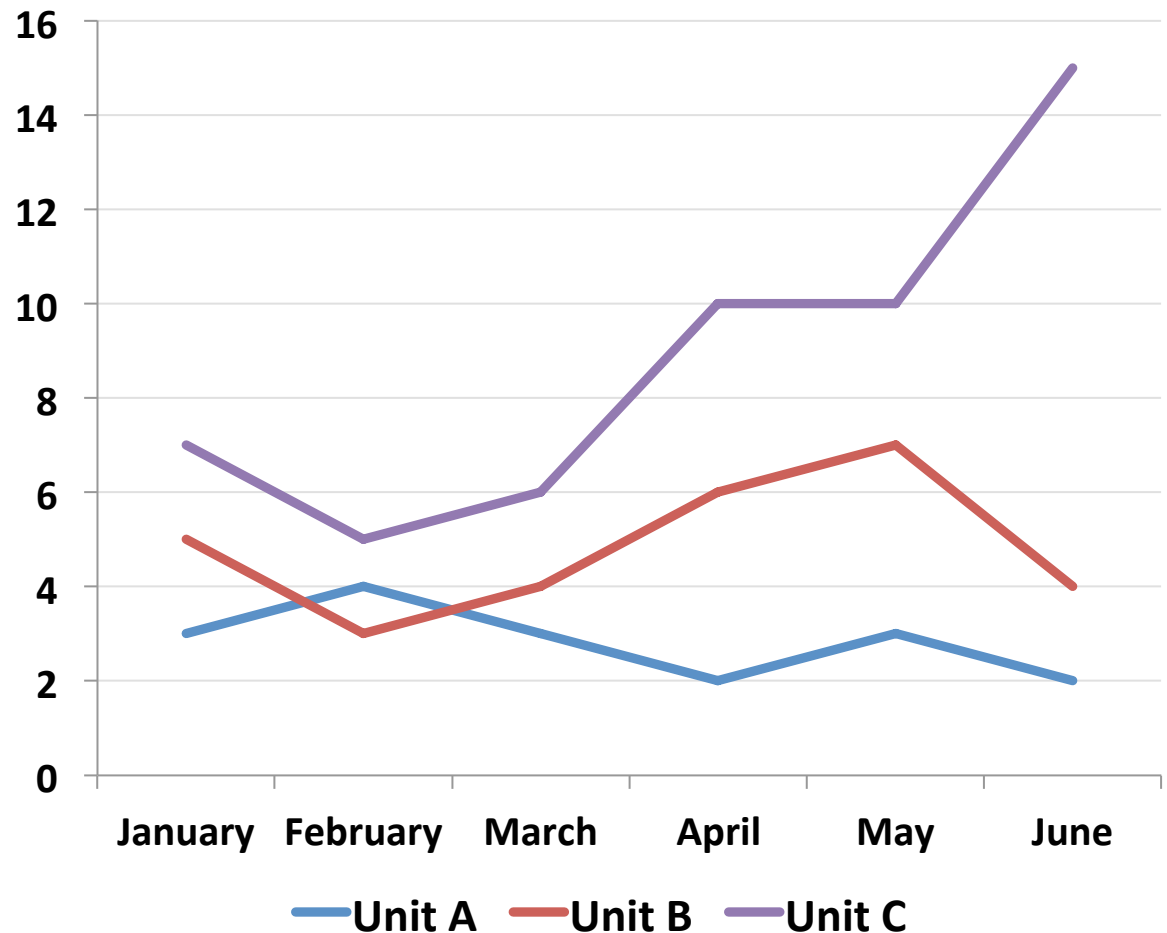
WHAT DOES THIS DATA TELL YOU?

RN Sick Days, Jan-June Hospital X	
January	7
February	11
March	13
April	18
May	22
June	28
<i>6 month Total</i>	<i>99</i>
Average # of Sick Days/Month	$99/6 = 16.5$

WHAT MIGHT THIS MEAN?

	Unit A	Unit B	Unit C
Jan	3	5	7
Feb	4	3	5
March	3	4	6
April	2	6	10
May	3	7	10
June	2	4	15
TOTAL	17	29	53

RN Sick Days: Jan-June, By Unit

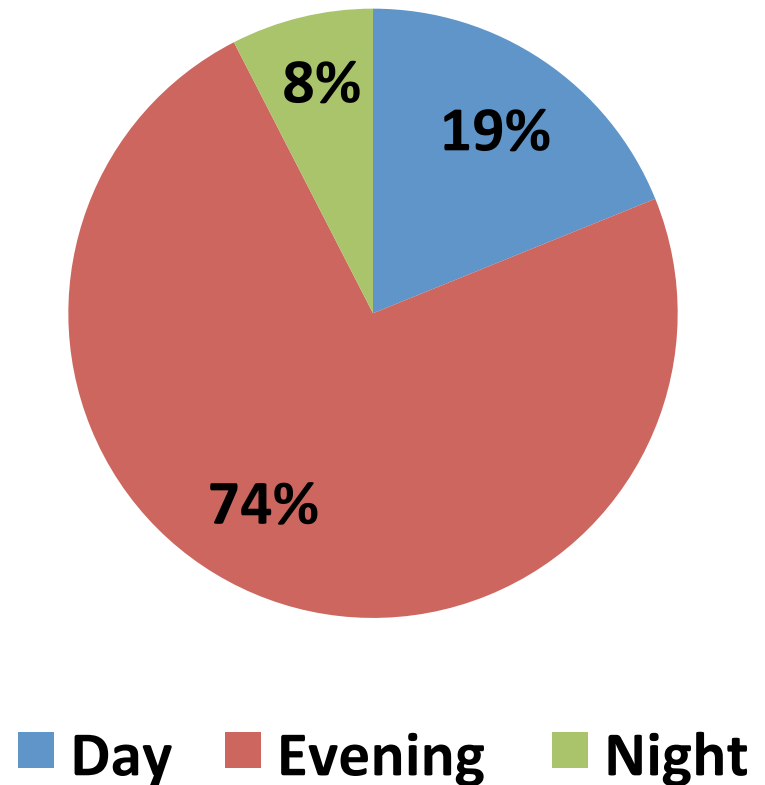


Do You NOTICE ANY TRENDS NOW?

RN Sick Days, Jan-June, Unit C

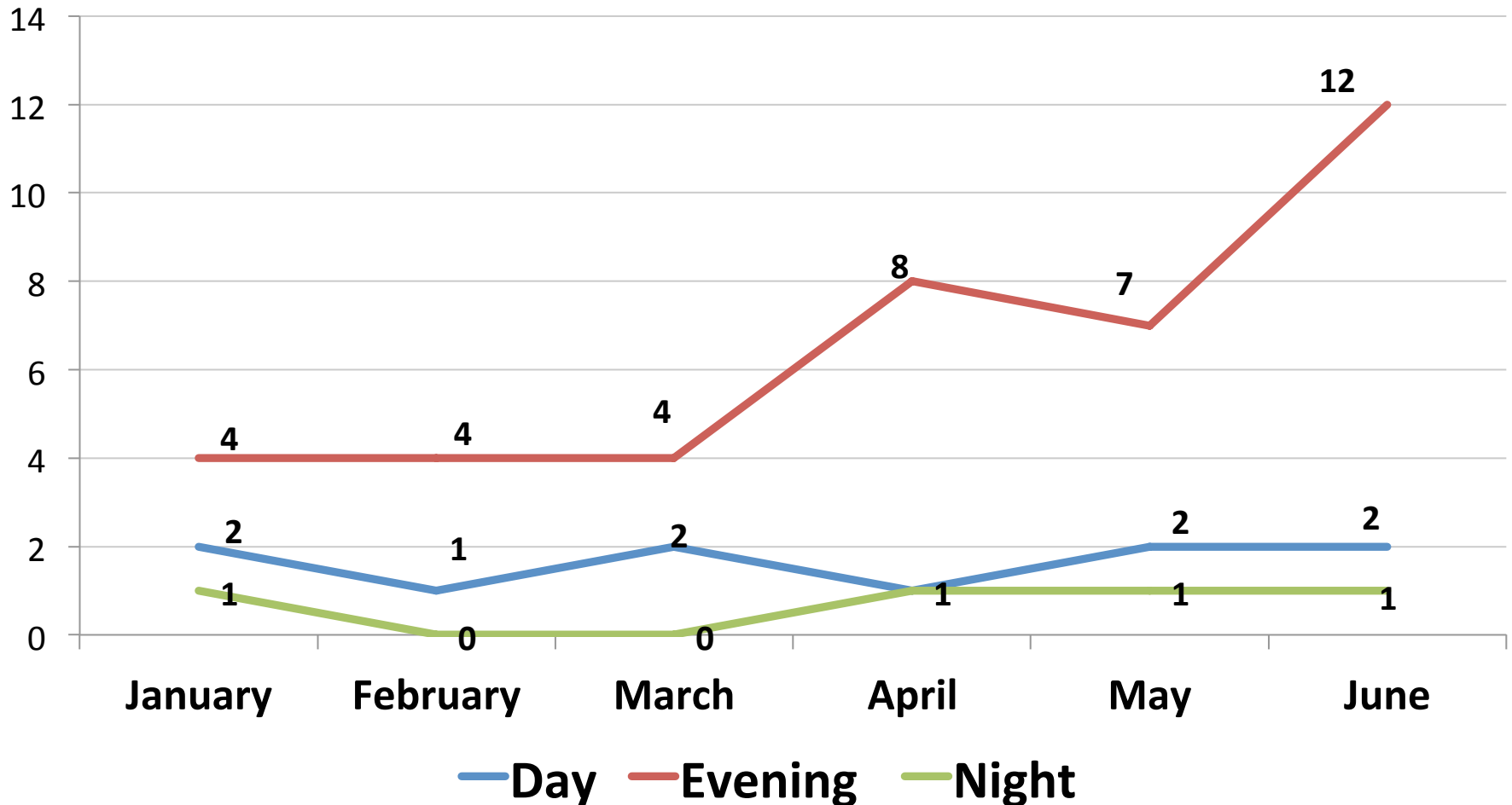
	Day	Evening	Night
Jan	2	4	1
Feb	1	4	0
March	2	4	0
April	1	8	1
May	2	7	1
June	2	12	1
Total	10	39	4
Total %	19%	74%	8%

RN Sick Days: Jan-June, Unit C, by Shift



MISSION ACCOMPLISHED! OR IS IT?...

RN Sick Days: Jan-June, Unit C, by Shift



BREAK

JOINT PROBLEM SOLVING THROUGH PDSA

1. PLAN

- *Collect & Analyze* your baseline data
- *Determine the issue* you need to solve/understand
- Conduct a *Root Cause Analysis* (5 Why's)
- Establish a *SMART Goal*
- Design your *Test of Change*
- Plan how you will *Collect & Analyze* future data

2. DO

- *Carry out your plan/test of change*

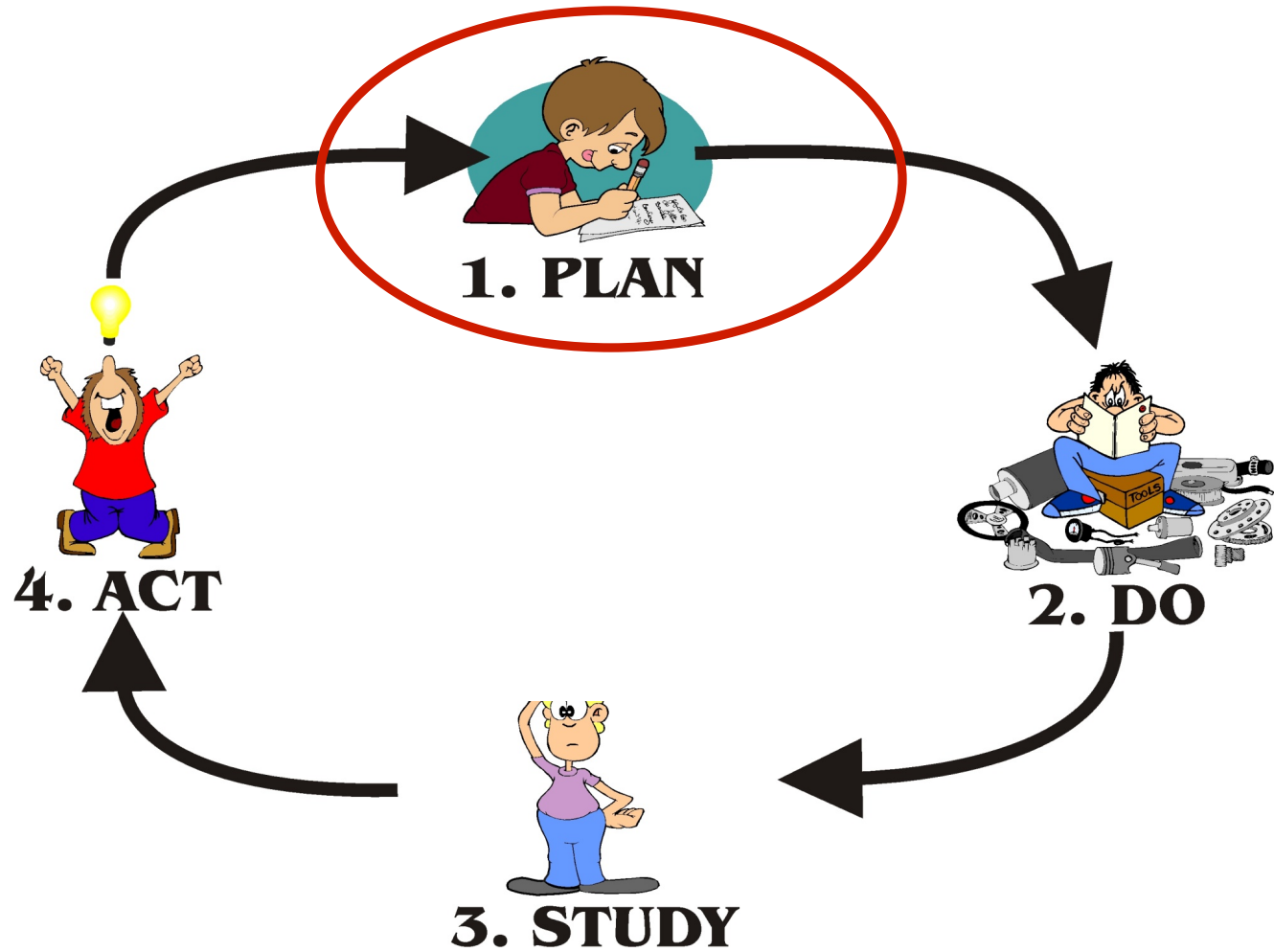
3. STUDY

- *Examine your results*

4. ACT

- *Adopt, Expand, Adapt, or Abandon*





PDOSA STEP #1:

PLAN

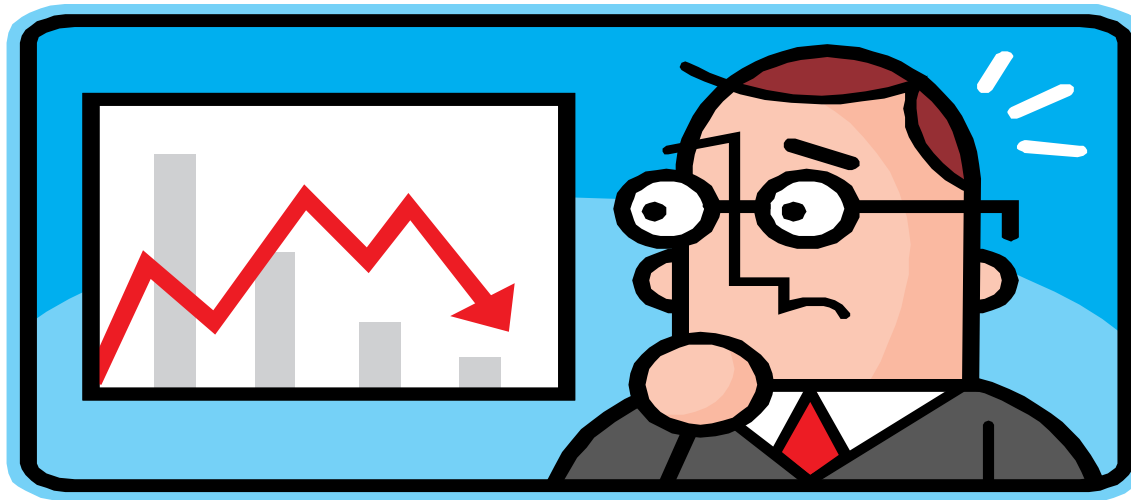
PLAN: IDENTIFY PROBLEMS

1. What do we think the problem is?
2. Why do we think it is a problem?
3. What additional information do we need to assess the problem?



PLAN: EXAMINE YOUR BASELINE DATA

- Baseline simply means **starting point** (*i.e., How are we doing now?*)
- Either use **existing data** or schedule a **baseline period**
- Identify **patterns over time**



AGAIN, WHAT DATA ARE WE COLLECTING?

- **Section F Charter calls for monthly review of the following staffing data:**
 1. Incidents of voluntary OT
 2. Unsafe staffing condition reports
 3. Sick leave utilization
 4. Leaves of absences
 5. Vacancies
 6. Use of per-diem, agency, and travel nurses



IDENTIFY SOURCES OF SECTION F DATA

- **Reports:** May already be generated by your hospital
- **Logs & Databases:** If there's no existing report on your metric(s) of interest
- **Self-Collected:** Collect the data yourself



ANOTHER DATA SOURCE: NDNQI

- The **National Database of Nursing Quality Indicators (NDNQI®)** is a repository for nursing-sensitive indicators
 - **Quarterly** data on nurse staffing & patient outcomes (e.g., staff skill mix, hrs per patient day, fall rates)
 - **Annual** RN survey data on job satisfaction & nursing work environment
- NDNQI® is the only database containing data collected at the **unit** level
- Important for achieving **magnet status**

OTHER SOURCES: QUALITATIVE METHODS

Data sources include:

- Focus groups
- Interviews
- Open-ended surveys
- Diaries and journals
- Case/Clinical notes

Analysis involves:

- Uncovering themes in the data
- Interpreting how those themes can inform performance improvement



PLAN: WHAT ARE THE DATA SOURCES?

DATA	SOURCES (Dept/Person)
1. Incidents of OT	
2. Unsafe staffing condition reports	
3. Sick leave utilization	
4. Leaves of absences	
5. Vacancies	
6. Use of per-diem, agency, and travel nurses	
7. Staff satisfaction	



PLAN: MAKE YOUR DATA ACTIONABLE!!!

PLAN: ROOT CAUSE ANALYSIS



PLAN: FIVE WHYS EXAMPLE

PROBLEM: WE HAVE NOT BEEN COLLECTING AND USING OUR SECTION F DATA SINCE THE RETREAT

- **Why?:** No one took *responsibility* after the retreat.
- **Why?:** We never *established* an action plan to keep us on track/accountable.
- **Why?:** We never *discussed* an action plan in our committee meetings.
- **Why?:** We never included action plan development as an *agenda item* for our committee meetings.
- **Why?:** We have *not been establishing or using agendas* to guide our committee meetings.



Specific

S



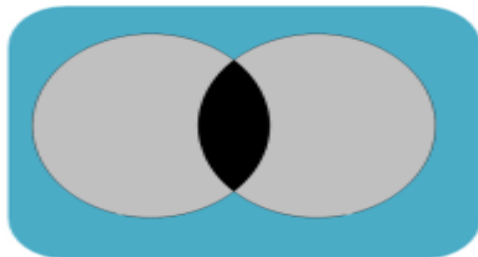
Measurable

M



Achievable

A



Realistic

R



Time Bound

T

Creating Smart Goals

Step 1

First comes the idea that you'd like to change something

I'd really like to look better.

Step 2

Get specific

I want to lose weight.

Step 3

Make your goal Measurable

I want to lose 10 Kg

Step 4

Make your goal Achievable.

Setting small steps is the key

Make your goal Realistic

Step 5

Consider your time, resources, family and finances.

Set a start and finish date.

Step 6

Give yourself a Time-frame.

DEVELOPING A TEST OF CHANGE

- ✓ Keep the intervention simple
 - *Simplicity helps ensure success*
- ✓ Make sure all staff are aware of the intervention
 - *Do staff know the why, where, when, and how?*
- ✓ Cultivate buy-in
 - *Seeking input will help prevent sabotage*



WHY TEST ON A **SMALL** SCALE?

1. To find out what works and, equally important, ***what doesn't work*** in your system
2. To increase the belief that ***improvement is possible***
3. To consider how to ***adapt the intervention*** to other conditions when expanding

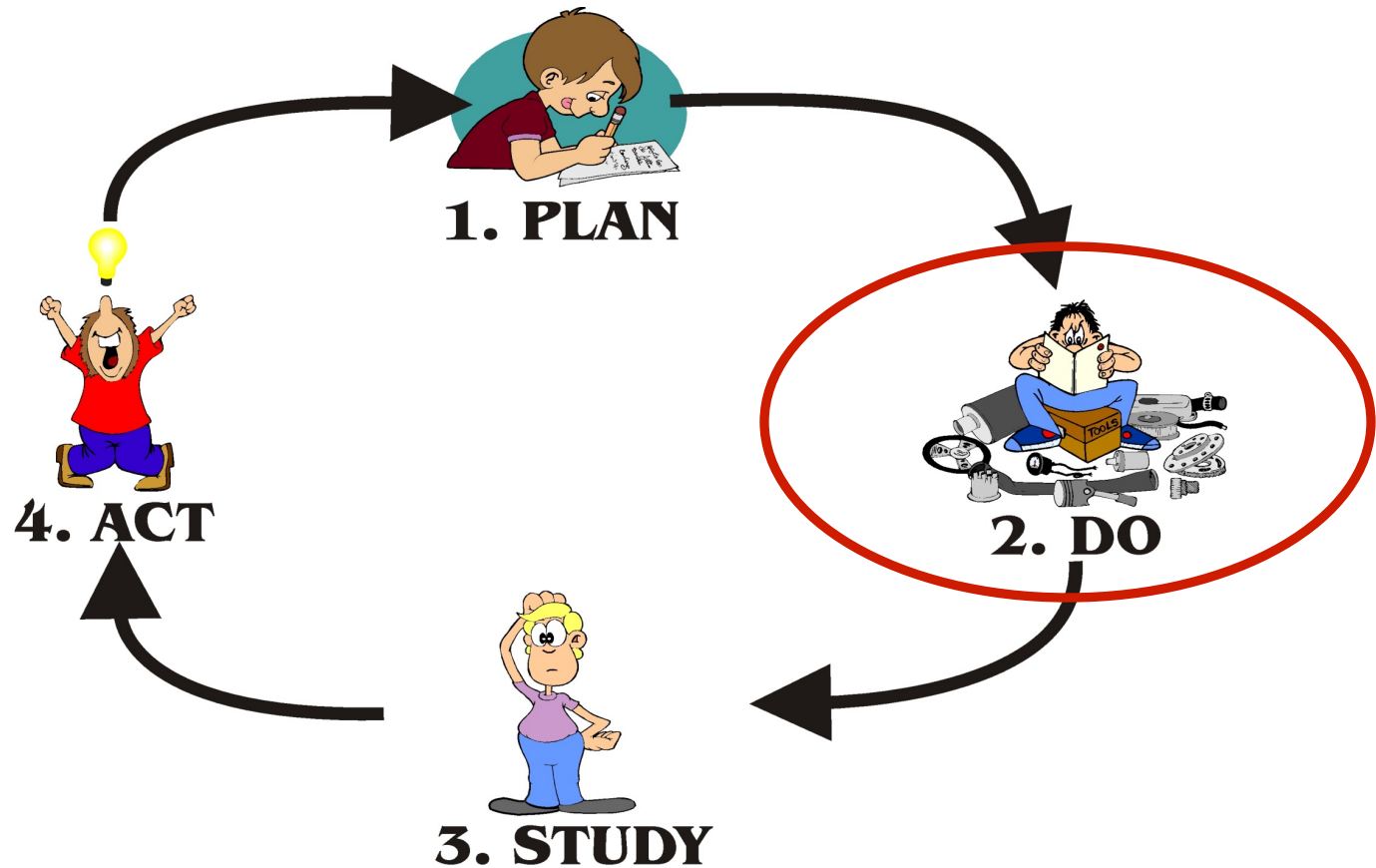


YOUR PLAN

What is your S.M.A.R.T. Goal ?

Describe your Test of Change

List the TASKS	Person(s) responsible	When to be done	Where to be done

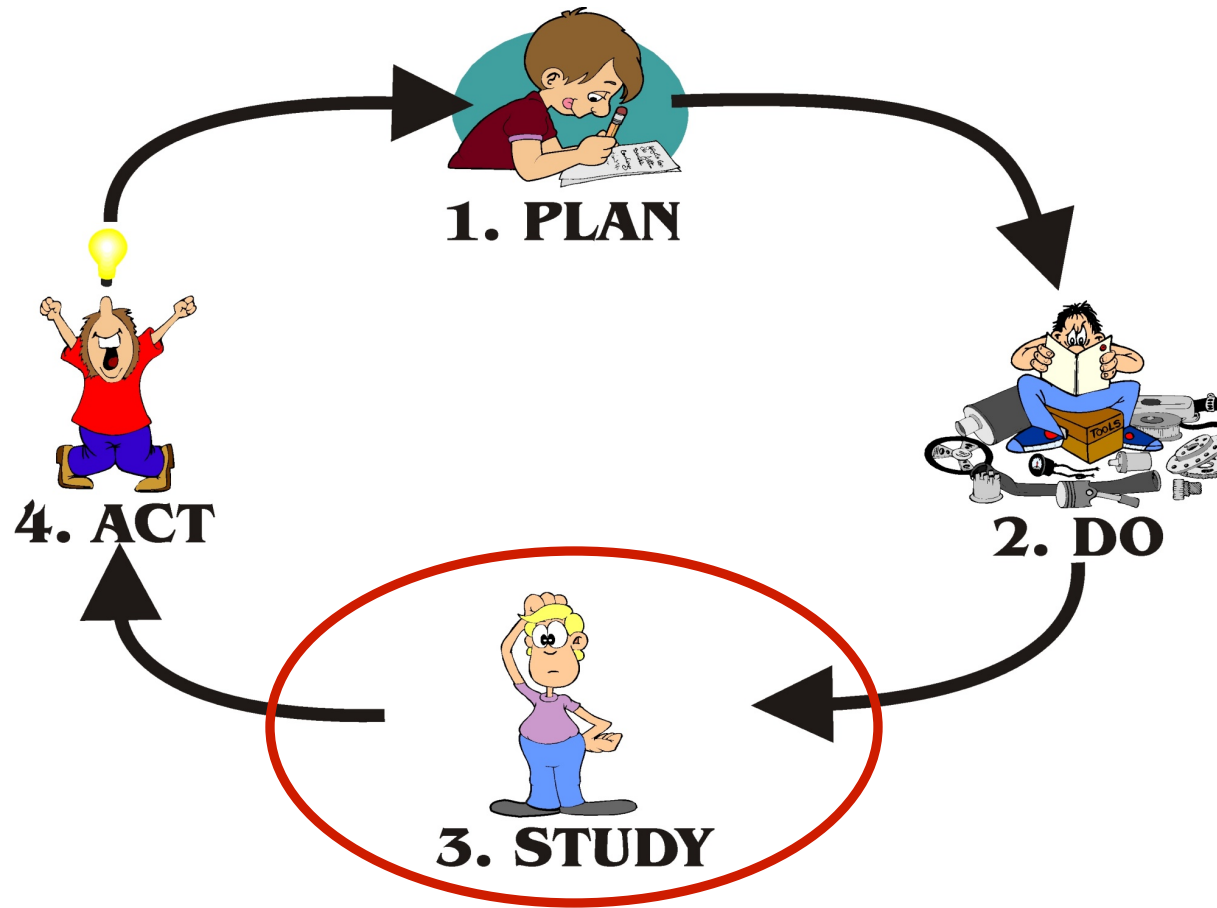


PDCA STEP #2:
CARRY OUT YOUR PLAN

DO: IMPLEMENT CHANGE

- ✓ Carry Out a Test (Small test of change)
- ✓ Guided by Labor/Management Team
- ✓ Pilot Test on One Unit
- ✓ Short Period of Time
- ✓ Communicate, Educate, and Inform All Staff about the Plan
- ✓ Document observations
- ✓ Continue to collect data to capture trends

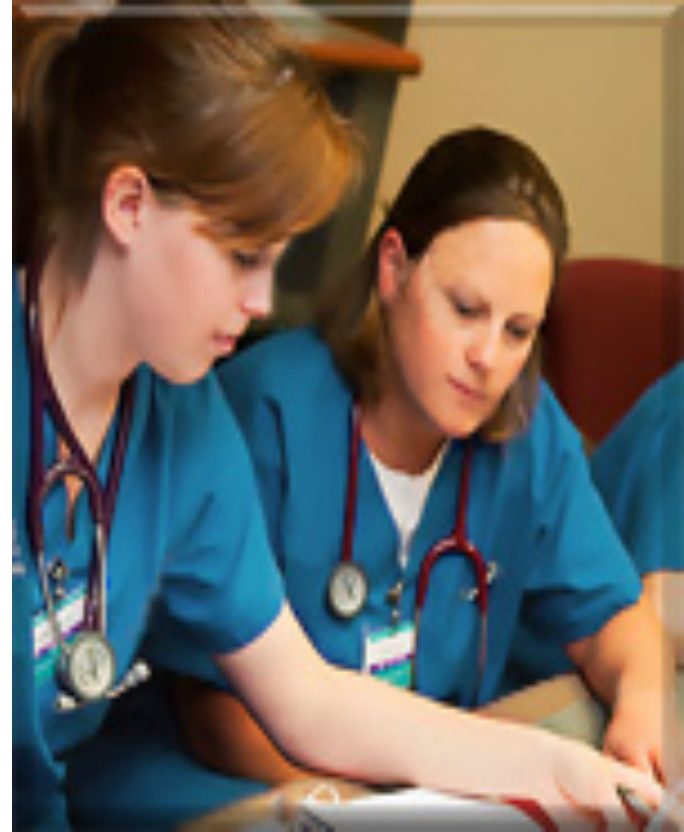


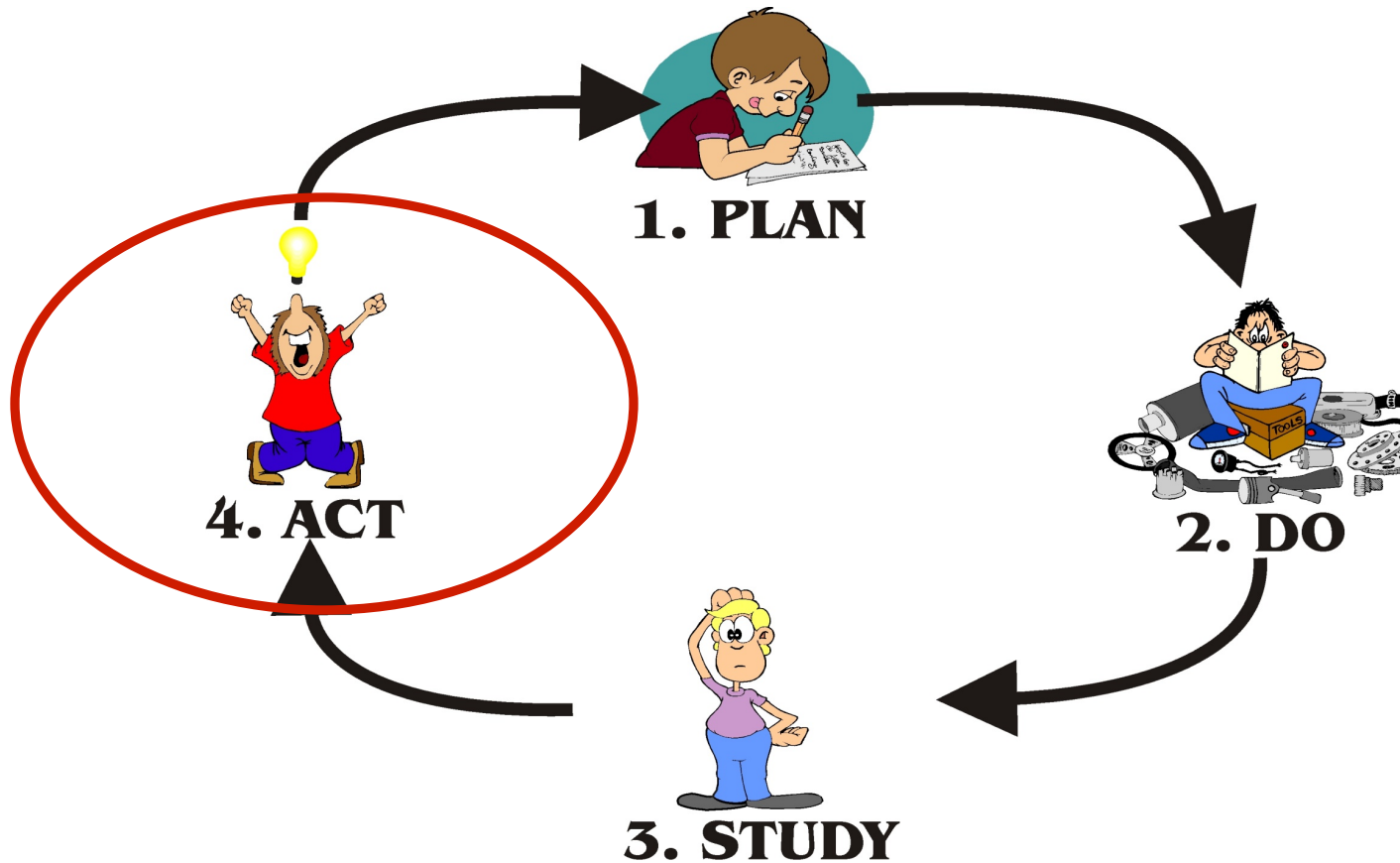


PDCA STEP #3:
STUDY YOUR RESULTS

STUDY: WHAT HAPPENED?

- ✓ Compare baseline data (before the test of change) to data after the test of change
- ✓ Evaluate if there was improvement
- ✓ Summarize lessons and barriers



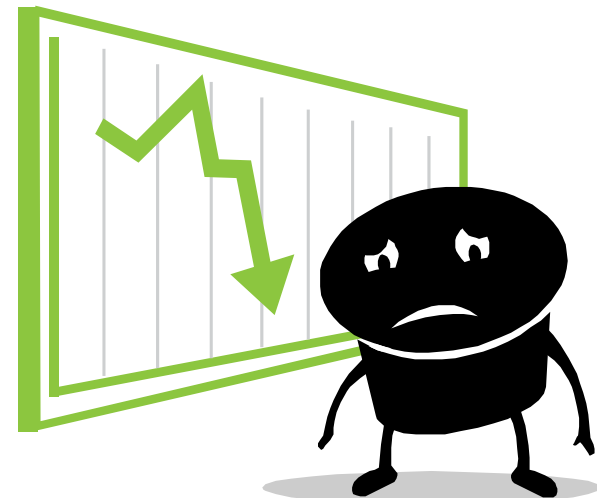


PDCA STEP #4:

ACT ON YOUR FINDINGS...

ACT: ADOPT, EXPAND, ADAPT, OR ABANDON

- If your results are **POSITIVE:**
 - **ADOPT** the change permanently
 - **EXPAND** the change to a broader scale
- If your results are **NEGATIVE:**
 - **ADAPT** the change
 - **ABANDON** the change and move on to a different solution



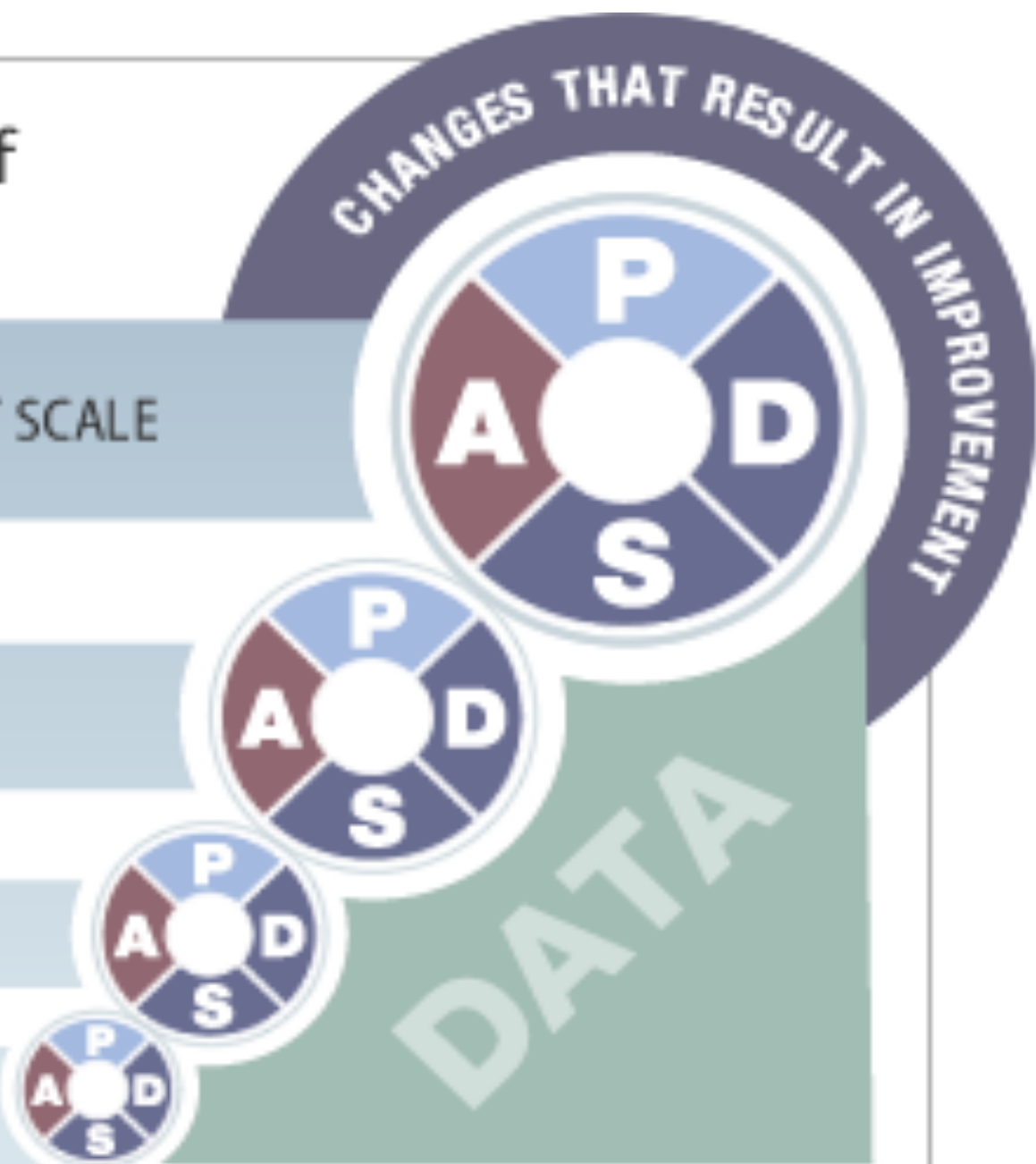
Repeated Use of PDSA Cycle

IMPLEMENTATION AT SCALE

WIDER SCALE TESTS
OF CHANGE

FINE TUNING TESTS

SMALL-SCALE TESTS



COMMUNICATE YOUR FINDINGS

Information that is not effectively **SHARED** with others will not be effectively **USED**.

Share both what **Worked** and what **Did Not** Work



YOUR MISSION IS POSSIBLE!



Be A Modern Florence Nightingale!

QUESTIONS?

