



Mission Health Nurses Idea Forum: Happier Nurses=Improved Patient Care

Prepared for: Dr. Ronald A. Paulus, CEO, Mission Health

Prepared by: Thought Leaders from the Mission Health Nurses Idea Forum

Delivered: April 24, 2015

Abstract & Summation: The frontline workers in patient care—the registered nurses who work throughout the Mission Health System—shared their ideas for improving patient care, retaining experienced nurses, and bringing joy back to their profession. The overall message: If you take better care of the nurses, they will be able to give better care to their patients. This report includes four overarching recommendations and 30 specific ideas, some big and some very small, for ways to support nurses that will translate into improved care for Mission Health patients.

Partner: Mission Health



Introduction



The **Mission Health Nurses Idea Forum** is a unique online conversation aimed at bringing joy back to the nurses who work at Mission.

We invited registered nurses who work at Mission Health's facilities to share their ideas for lowering stress levels, addressing the challenges of their work and improving the experience for Mission patients and their families.

This peer collaboration developed by Qpatient Insight used SocialSphere's Arena technology designed to amplify the voices of key stakeholders in critical policy matters. Facilitated by a professional moderator, the conversation is open to people who seek a safe, productive, and easily accessible avenue for solving problems and changing policies.

The Mission Health Nurses Idea Forum was conducted in three phases:

During Phase I, which occurred from February 2, 2015, to February 19, 2015, nurses who work anywhere in the Mission Health system were invited to join a conversation based on this prompt:

"What changes would you make to lessen your stress level, address the challenges of your work and improve the experience for patients and their families in our hospitals, emergency rooms and clinics? What idea do you have to bringing joy back to what you do?"

In response, 306 nurses joined the conversation, adding 83 ideas and 54 comments.

Phase II occurred on March 25, 2015, when seven of the participants from the initial online conversation were invited to meet with the moderator for an in-person discussion. These seven Mission nurses—**Melissa DeGaetano, Martha Depaola, Jennifer Ezechel, Kristen Harrell, Adam King, Holly Owen, and Denise Self**—were identified as Thought Leaders in the Forum. They spent two hours on March 25, 2015, working out solutions based on the submitted ideas. Two of them came in on their day off to attend the meeting.

The report, reflecting the nurses' ideas and the solutions generated during the in-person discussion, was written by the moderator, Cindy Richards, and approved by the Mission Nurses Idea Forum Thought Leaders. The group will meet again on April 24, 2015, during Phase III, when it will present their ideas to Mission Health CEO Ronald A. Paulus.

MISSION HEALTH NURSES IDEA FORUM



Overview

“Nurses are loyal.”

That simple truth explains so much about why nurses stay at Mission despite the stress of trying to serve their patients well in understaffed situations, doing paperwork when they could be doing patient care, or being asked to take a test when they want to change departments.

But they believe their jobs—and the patient experience at Mission’s hospitals, clinics, and emergency departments—could be improved. And they want their voices to be part of the process. That’s why they spent time online answering this question:

“What changes would you make to lessen your stress level, address the challenges of your work and improve the experience for patients and their families in our hospitals, emergency rooms and clinics? What idea do you have to bringing joy back to what you do?”

More than 300 nurses jumped into that online conversation. They came up with more than 80 ideas for improving patient care and bringing joy back to their profession. During that initial online forum, a few nurses stood out for their thought leadership, participation in the Forum and creative ideas for bringing joy back to their profession. Seven of these Mission nurses met to dive deeper into the question and come up specific, actionable recommendations.

The Mission Health Nurses Idea Forum Thought Leaders are:

Melissa DeGaetano is a nurse on Neurosciences. She felt compelled to represent nursing staff who often do not feel their voices are being heard during times of major change in healthcare.

Martha Depaola is a Nursing Unit supervisor on Renal Medicine. She feels fortunate to work with such a dedicated group of nurses and serve such a deserving patient population. She participated in the nursing forum because she feels strongly that in order to improve a situation, one must participate. She is hopeful some positive changes will come from this forum.

Jennifer Ezechel is the charge nurse in the Operating Room at Angel Medical Center. She has been an RN for more than 11 years, 10 of those in the operating room. She joined the Thought Leaders because she enjoys her career and would like to improve the satisfaction of the nurses in her area and the patients they serve.

Kristen Harrell is a Critical Care Staffing Pool nurse at Mission Hospital. She participated in the Thought Leaders because she believes it takes everyone big and small to make a hospital run. She hopes the report encourages retention and investment in the current staff at Mission.

Adam King is a Nursing Unit supervisor on 8 North on the St. Joseph campus, but he was previously a staff nurse in Coli ICU. He participated in the Thought Leader group because he thinks that the best way to effect change is by advocating for innovative processes, as well as providing sound suggestions to implement those ideas. He hopes to see the nurses at Mission Health feel more connected to one another and with administration as a result of this project.





Holly Owen is a charge nurse in the Emergency Department at Angel Medical Center. She is also a leader in The Emergency Management Committee and a SMAT II team member through MATRAC. Holly joined the Thought Leaders because she believes in creating one voice for change. As Frances Hesselbein stated in *The Key to Cultural Transformation, Leader to Leader*, “Culture does not change because we desire to change it. Culture changes when the organization is transformed; the culture reflects the realities of people working together every day.”

Denise Self is a charge nurse and the new Interim Nurse Manager for the OB/Outpatient/Observation area at Blue Ridge Regional Hospital in Spruce Pine. She came in on her day off to participate in the Thought Leaders Forum because she wants to be a voice for the nurses she works with and for her community. She hopes this forum will lead to improved communication between Mission Hospital and the smaller community hospital, as well as the hiring of a unit secretary for her unit.

This Idea Forum is the second conducted at Mission Health. The first was the Mission Health Patient and Family Forum, conducted in 2014. That forum generated 26 actionable ideas, 13 of which have already been implemented at Mission.

In this conversation with the nurses, it became clear that money matters. While they often came back to ideas about raising pay, resurrecting surge pay, and spending money to hire more nurses, more nurse assistants and more support staff, there also are plenty of ideas for easing stress, increasing joy, and improving patient care that cost little or maybe nothing at all.

Perhaps the most interesting idea never came up in the online conversation at all: Walk 12 hours in our shoes, the nurse Thought Leaders suggest. If Mission executives do that once or twice a year, the nurses believe, they will have a clearer understanding of the challenges nurses face every day.



From the online Forum

If you can do little things for the nurses to increase our joy, then that will spill over to our patients. – Jennifer E.



RECOMMENDATION 1

1

Improve Retention of Current Mission Nurses.

Statement of the Problem

It is difficult to find, attract, and then hire new nurses in the Asheville area. It can take months to find the right person, get that person through the process, then get him or her trained and able to take on more patient responsibility.

Yet once those new nurses start, the stress of working at Mission can mean they are required to shoulder more than they might be ready for without the mentoring and support they need. One nurse resigned after just nine months because he was asked to take charge and handle five patients. As a new nurse, he didn't feel safe. That nurse is going to work at a nearby hospital, which will benefit from the training and experience he received at Mission. That's a big hit. "We're not talking about extra staff. We want the staff they told us we need," said one Thought Leader.



From the online forum:

In order to lessen my stress level, my most important suggestion is adequate staffing. This applies not only to RN staffing, but CNA, pharmacy, housekeeping, etc. This directly affects patient and family satisfaction, and more importantly, patient safety.

The example that most readily comes to mind is a patient calling to use the bathroom. We all know that if you don't answer a call light within a reasonable amount of time, your patient will (if able to) get out of bed/chair and go by themselves (possibly dragging behind their chest tubes, IV's, a foley, etc.). Unfortunately, we can't be in more than one place at a time and it simply comes down to a sufficient number of people assigned to patients based on patient acuity. I've seen countless patients and family members upset with staff for not answering a call light in a reasonable amount of time. Apologies only go so far, and I think our patient satisfaction numbers are showing exactly how in need our staffing is. —Emily B.

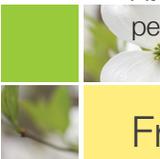
Proposed Solutions

1. Walk 12 Hours in a Nurse's Shoes.

Require top executives at Mission to spend a day shadowing a nurse. This will give the people who make the decisions that impact nurses' work a firsthand look at the impact of those decisions. This program used to operate in the organization. "Every nurse on that floor, as well as the executive, benefitted," says one Thought Leader.

2. Eliminate the Prophecy Exam for Existing Employees.

Nurses who are burned out in their current positions might thrive in a different department. If a nurse has proven to be a good employee in his or her current unit, that nurse should not have to go through the same process as new hires. Rather, applications for transfer should be considered based on performance as a Mission nurse; being asked to take the exam is demeaning. The same goes for current employees who want to move up to better jobs, such as CNAs who gain their nursing degree. Their applications for nursing positions should be based on their performance as CNAs at Mission, not the results of the Prophecy exam. At the very least, if these new nurses are required to take the Prophecy exam, their strong performance history should carry more weight than the results of the Prophecy exam.



From the online forum:

Study after study has shown that nurses who change practice setting every 5-7 years stay fresher and more engaged in their practice. Staff members within the system with a proven successful track record should not be made to take the prophecy test to prove themselves worthy of a transfer...ever...period. – Martha D.

3. Ensure Nurses and CNAs Can Work to the Full Extent of Their Expertise.

Nurses want to spend their time on patient care. But without adequate support staff, "we are the unit secretary, the nurse, the CNA, the housekeeper," says a Thought Leader. Without clerical support, nurses have to balance time at their patient's bedside with the need to answer phones, schedule appointments, and handle other administrative duties. Without adequate housekeeping staff, nurses might be changing beds while CNAs are stocking linens. Depending on the demands of each unit, full-time clerical support might not be needed; it might be possible to share an administrative support person with another department, or hire someone part-time to cover the busiest times of the day.



From the online forum:

I would like to see a clerical person hired in our unit to handle incoming phone calls, schedule appointments and answer door bells. As a nurse, much of my time is spent on the phone, not in my patients' rooms. The person would need to be trained in scheduling appointments, phone etiquette and computer skills. The person would report to the manager and or business office if that's who they were hired by. Patient satisfaction scores would rise if the nurse was permitted to do more bedside care and teaching. – Denise S.

Fewer interruptions would be a huge help. We have nights when there is no HUC and we are constantly interrupted by ringing phones, call bells, etc. At a time when we are completing new policy reading about avoiding interruptions during physician medication ordering and medication preparation, the need to tend to this work seems counterproductive. – CH

4. Hire More CNAs.

Having someone to change beds, wash instruments, turn total-care patients, and handle other duties would give nurses more time at their patients' bedside.



From the online forum:

A nurse can provide nursing care for 5-6 patients if there are enough nursing assistants to answer call bells, run to bed alarms, and handle the tasks that don't require a nursing license to accomplish. – Chuck T.

Ideally, our RNs would typically have no more than 4 patients each or those with true step-down patients would have just 3 patients. Ideally, we would have 3-4 CNAs for every shift. – Melissa D.

5. Offer New Nurses the Option To Work a Short Time in Each Unit.

Every unit has its own vibe. A new nurse who hires directly into a unit might find it's not the right place for him or her and leave Mission. Give new nurses an up-close look at each unit through a rotation process during their first year at Mission. That could help them find the unit where they would be happiest working. It also gives the nursing managers the chance for an up-close look at each new nurse to get a feel for which ones would fit the unit best.

6. Cross-Train Nurses.

This is particularly important at the smaller Mission facilities where, for example, a labor and delivery nurse with no background in psych might be asked to sit with a psych patient who comes into the Emergency Department. The specialty nurses might feel more comfortable if they had at least cursory training in how the other departments work.

7. Recruit and Train More Volunteers.

In the absence of volunteers to perform basic functions such as greeting visitors and sitting with patients, CNAs get pulled away to do that, leaving nurses with even less support. But training volunteers is key. They need to know when to call for help and be empowered to do that. While the high school students who come in for four hours after school are helpful, units need volunteers at the busier times during the day, as well.

8. Speed Up the Hiring Process.

A Thought Leader says:

“If someone is giving you a two-week notice and it takes three months to get someone in that position, you’re working short for at least two and half months. That makes other people quit. It becomes a very vicious cycle. You get short staffed. People get burned out. They leave. You can never catch up.

We need some sort of stopgap, like if you get someone in the ER who’s bleeding. You’re not going to wait until you get all of the supplies from the OR to fix that bleeding. You’ve got to stop it right away.

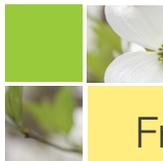
It’s the same with the staffing. You’ve got to fill that spot right away so you don’t lose those new grads you just spent a year training.”

9. Let Patient Needs Determine Staffing Needs.

Staffing rules that say such things as “eight surgeries require X number of nurses” fail to take into account the differences in care those patients need. If all eight are really involved surgeries, it requires more nurses.

10. Hold Patient Admissions During Certain Times of the Day or Assign a Dedicated Discharge/Admissions Nurse.

Whenever possible, hold admissions during shift changes and critical medication passing times. This will free nurses to concentration on the work at hand during these very busy times and reduce the likelihood of medication errors and other issues. If it’s not possible to hold admission, assign an additional nurse to handle discharges and admissions during these busy times of the day.



From the online forum:

I think there are other ways to make for “happy nurses” and increase retention. Eliminating the constant mandatory call, reducing nursing interruptions for non-patient care tasks, increasing tuition reimbursement caps, flexible scheduling, yearly bonus. It is much more cost effective to retain experienced nurses than to always be training new ones, plus the experience a seasoned nurse brings to the table is priceless.

– Olaf S.

Why We Believe This Will Work

Obviously, money is important. It's tough to find someone in any job who wouldn't want to make more money. But cash is not the only way to compensate someone. Reducing the stress levels for Mission nurses by providing the proper support staff—from CNAs to techs to housekeeping—so that nurses can do the job that were trained to do would go a long way toward helping nurses once again feel joy in their work.

Knowing that someone is paying attention and listening to their concerns, whether through such processes as this Forum or by managers' “shadowing” nurses during a 12-hour shift, would make a difference. So would changing procedures in ways that take some of the administrative burden off of nurses, particularly at the busiest times of the day.

Improve Communications Processes.

Statement of the Problem

Communication is always a challenge. Whether it's ensuring that all employees know what's going on in all parts of an organization as large as Mission Health—or nurses, doctors, and CNAs working together in one unit—the ability to communicate efficiently and effectively can make the difference.

In a system as large as Mission's, simply finding your way around the building can be a challenge. So it's no surprise that rumors can fly, misinformation abounds, and the need to make everyone feel connected and information is paramount. Couple that with the realities of a system in which some people work in remote locations at smaller facilities with unique needs and the challenge becomes even greater. Still, employees need to feel they know what's going, that their jobs are secure, and that they are respected.

Within units, nurses already are time-pressed and stressed by the demands of their jobs. Communications technology that makes it easier for them to get the information they need faster and more efficiently is critical.

Proposed Solutions

11. Ensure Nurses Hear the News from Mission First.

When the OB Department at Transylvania closed, nurses in the OB department at Blue Ridge Regional heard about it on the news. While nurses at the smaller regional hospitals feel they know what's going on in their own hospital, they don't always feel they know what's going at Mission Health overall. Even if the news doesn't seem to directly affect a facility, nurses want to hear it from Mission first. If the Transylvania OB Department is closing, what impact will that have on other OB Departments?

12. Send Weekly Emails.

In some facilities, the manager sends a weekly "Friday FYI" email to keep everyone in the loop. Similar regular missives from Mission would be helpful. They should include such news as updates on construction projects, company plans, and employee kudos. The emails should include any information specific to that locale. For example, if there is new construction, what does it mean for employees? Anything from "Will it be a hassle to park?" to "What departments will move into the new building?" is fair game.

13. Ask Nurses What They Need.

Before investing in new technology such as COWs (computers on wheels), ask nurses what they need to make their jobs easier. Nurses might have preferred to have a networked computer in each patient room and a hand-held scanner that would fit in a pocket.

14. Streamline the Documentation Process.

Reporting requirements and processes vary across departments. A standard procedure with one form would make it easier for everyone.

From the online forum:

*When we give report to the next shift, first, we spend a lot of time filling out those paper forms. This takes us away from the bedside. We then give verbal report when the next shift arrives. The first part takes 30-60 minutes from what I have observed and done myself. Then, the verbal report can take 30-45 minutes. So, many of us give two reports and spend about 45-75 minutes doing it every shift. Why give report twice? On some units, we have to give report three times. The third time is a detailed one to the Charge Nurse. – **Olaf S.***

From the online forum:

*A huge stressor for me is feeling that I don't have enough time in the workday to care for and connect with my patients. One suggestion is to look at our body of documentation pieces that seems to be ever expanding to see if there is a way to make it more streamlined and efficient for the nurse while still getting the appropriate documentation into the EMR (Admission/medication history, assessment, safety, ADLs, tubes/wounds, updating of the Care Summary, education, iPOCs, medication administration, special education topics such as Coumadin/Heart Path/SSI, DEPART, admission/transfer/discharge notifications and checklists, and probably many more that I have not included). There is so much to remember to do and document, and while this is very important, it really does take away from patient care time. Can we think outside the box and find a way to satisfy our regulatory requirements with a more efficient process? – **Robyn W.***

15. Give Nurses Smartphones.

It is incredibly frustrating to page a doctor, only to have the doctor call back just as the nurse heads off to tend to a patient's needs. It would be much more efficient for nurses and doctors—and more helpful to patients—if the staff could communicate by phone or text via smartphones right from a patient's bedside to check medication orders, find out test results, and receive instructions. Even the cordless phones available in some units would help, as long as there is one phone for every nurse. It would save time and frustration for nurses and free up others who now have to be go-betweens, paging doctors and finding nurses when the doctors call back.

16. Expand the Use of Technology to Improve Patient Care.

Apps like FaceTime or video conferencing would make it easier to get doctor input on patient-care questions.

A Thought Leader says:

"In my unit, especially when I work nights, we don't have a provider that is for our patients on the campus at St. Joe's. They're usually at Mission, the other campus across the street. Sometime those providers are so busy that they don't have time to come over to the St. Joe's campus. If we had that technology we could put the patient on video and quickly show the provider, "Look, this is how much respiratory distress the patient is in." If they can see how much they're struggling to breathe and need to be on a ventilator, that would be so much easier than trying to call them several times and tell that."

17. Install Signal-Boosters to Ensure that Technology Works Everywhere.

Phones, FaceTime and other technology will prove useless unless the staff can get a signal or the wifi works without interruptions.

18. Create an App that Helps People Get Around Mission.

This would eliminate some of the interruptions from visitors asking directions. It would help staff find their way around more efficiently, as well.

19. Make It Easier for Patients to Know Who Their Caregivers Are.

Text a photo and brief bio of the nurse, doctor and others who will be assigned to care for the patient on that shift.



From the online forum:

A local commercial replacement window company sends out a text photo of the technician coming to install window. Why can't we text a photo and profile of the nurse/MD/or mid-level caring for you or your loved one to your smart device prior to going to your room? This is a brief snapshot of your caregivers' credentials, photo and gives that extra touch for quality and safety and "personality" to the person in charge of your loved one for the next day or two. Our cardiologists often say they would like their patients to know a little more about them. This could even include a tiny hobby or "What you did not know about Dr.? He competed on 'Survivor!' " – Dana B.

20. Send Tests Results with Transferred Patients.

When patients first seek care at one Mission facility but then are transferred to another, their tests have to be repeated if the results don't accompany the patient. This wastes time and money, and increases stress on the patient.

Why We Believe This Will Work

Technology is ubiquitous. We all use it in many ways every day to make our lives run more smoothly. The same should be happening in the hospital. Giving health care providers access to smartphones and video conferencing could save them time and hassle—and improve patient care because nurses will have to spend less time tracking down doctors and test results.

Technology could also help streamline the documentation processes that take time away from patient care, serving as a way to keep nurses informed about developments at Mission and for make patients feel more comfortable finding their way around the hospital and interacting with caregivers.

Pay Nurses Appropriately.

Statement of the Problem

Budget cuts at Mission mean nurses have lost many perks they had, including pay incentives, at the same time they are being asked to do more. It has become a vicious cycle of unhappiness that ultimately costs Mission more. By reducing pay incentives, the organization is alienating veteran nurses who might choose to leave, requiring Mission to embark on the long and expensive process of hiring and training replacements. Meanwhile, the nurses who remain are working short-staffed. They burn out and decide to leave, increasing the stress for nurses and the costs for Mission.

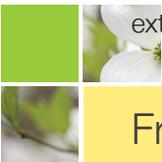
Proposed Solutions

21. Ensure that the Pay Structure is Fair.

Paying newly hired nurses a higher hourly rate than nurses who have been at Mission for two years leads to unhappy employees. One nurse was told that if she wants to make more money, she needs to leave Mission, work somewhere else for a while—and then be able to come back to Mission at a higher pay rate.

22. Differentiate Pay for Professional Nurses.

Nurses feel slighted to be offered the same level of surge pay as CNAs. And when surge pay isn't enough to lure additional nurses to work, the nurses who are left to cover a shift short-handed should be allowed to share in the money that would have been paid to the extra nurse.



From the online forum:

No amount of money is worth the stress of understaffed shifts. If we all are nurses, we are aware of what this stress is doing to our vascular system. During those times when no one comes in for “surge pay,” perhaps those left to deal with the fall out should share the “loot” already approved to cover the shift but no one extra to pay it out to.

– **Robyn W.**

23. Limit the Days Nurses Are On Call.

The staffing shortage means that some nurses are called every day to come to work. That leads to burn-out, which leads to resignations, which leads to more pressure on the nurses still employed. No amount of money is worth it to nurses who are constantly on call and feel like they never get a real day off to recharge.

Why We Believe This Will Work

In our jobs, money is one way we measure value. When pay is decreased, it is interpreted to mean that the value of that worker is decreased, as well. When workers are less valued, they feel less loyalty and begin to look elsewhere for jobs. This starts a vicious cycle of perpetually short-staffed units and more nurse burnout.

A fair pay structure will help, but it isn't the only solution. Adequately staffing every department with enough nurses, CNAs and support staff will go much further to alleviating stress and helping Mission nurses once again feel joy in their work.

Show Nurses They Are Appreciated.

Statement of the Problem

Nurses are loyal to one another and to their patients. They want to be loyal to Mission. While they feel like they receive loyalty back from their colleagues and patients, they don't always feel that same love from Mission. The realities of geography in the Asheville area make it less likely Mission nurses will leave their jobs and go elsewhere to work as nurses. But they want to feel they are appreciated. Appropriate pay is important. But a pat on the back and a little recognition can go a long way.

24. Recognize Long Service.

A nurse who has been on the job for 10, 20, or 30 years brings a wealth of experience. The longevity bonus was "one little thing they got that said: We appreciate that you have invested your entire life" at Mission, says a Thought Leader. "Taking that away was really toxic to a unit."

25. Let Them Eat Lunch in Peace.

Too often, nurses don't get a 30-minute break during a 12-hour shift. Making an effort to ensure their patients are covered so they can get 30 minutes to clear their heads, eat some lunch, and take a real break would show nurses on a daily basis that their welfare is important to Mission.



From the online forum:

There is a lot of literature, let alone labor laws, which support staff taking at least one full, uninterrupted, meal break in a 12 hour shift...[but] it can be hard to help nurses understand the importance of speaking up for this basic right, and how much it affects their personal care, job satisfaction, and the safe and effective care they give their patients.

I think nurses may need some education and encouragement in this area, led by management. It needs to be a workplace expectation that staff take breaks, as much as punctuality, dress code, or any other professional responsibility.

Arranging for coverage could include part time staff hired for short shifts just for that purpose, or managers without patient assignments carving out time in their day to do this. Maybe we could re-institute the practice of management leaving 2 hours free three times a week to make rounds, communicating and listening to staff, as well as talking to patients and their families and getting feedback on their experience. That would make the most effective and staff satisfying use of the time!! – Elizabeth S.

26. Elicit Nurse Feedback.

Change is inevitable, but asking nurses for their input before instituting changes would go a long way toward making them feel valued—provided there is some follow-up and the nurses feel the time they spend offering solutions isn't wasted.

27. Improve the Shared Governance Model.

Figure out where this process is breaking down. It should be a system that filters nurses' concerns up and filters administration's needs down. But nurses either don't know about the process or don't believe it works effectively. Many nurses are reluctant to participate in shared governance because the staffing shortage makes it nearly impossible for nurses to get time away during their shifts and leaves them so exhausted at the end of a 12-hour day that they don't want to stay for a meeting. Ensuring that nurses can take time away during a shift and know their patients are well cared for in their absence could improve participation. And a bigger nursing voice on the shared governance committee would shine a brighter light on the challenges nurses face and possible solutions to problems. Showing nurses that the ideas they offer are taken seriously is key. Ultimately that will lead to improved care for patients.

28. Listen to What Nurses Have to Say.

The Thought Leaders say:

"This is the first time that I have seen where they've actually wanted to know what we have to say. I was skeptical about coming because my experience with shared governance did not result in change. We had these great ideas and they said, 'Oh yeah.' Then we roll it out and they said, 'No, wait. We're not going to let you do that.' It ended up being just a colossal waste of my time."

"This was a good experience. But the goodness of it will be what comes out of it. A lot of my co-workers thought I would be wasting my time doing this. But I feel like you've got to participate."

"This is a very good idea. They shouldn't wait so long to do it another one. They should keep it going."

29. Give Nurses Insight Into Other Parts of Mission Health.

Institute a program that allows nurses to visit other Mission facilities. It would give nurses at the smaller facilities insight into how things are done at Mission—and nurses at Mission Health insight into how things are done in smaller community hospitals.

30. Require Upper Management to Visit the Units and Smaller Hospitals.

This should be a regular check-in for a first-person look at how things are going rather than a visit prompted by something going wrong or the looming accreditation review by an outside party. Ask the nurses what they need. Observe the process. Look for solutions. Get to know the nurses.

Why We Believe This Will Work

Nurses are the people Mission trusts with patient care. Happier, less-stressed nurses who can spend more time at patients' bedside will be able to provide higher quality patient-centered care.

So it makes sense that Mission should want to learn from nurses about how to improve patient care. Setting up structures that make nurses feel they are listened to, that give nurses a bigger picture of the Mission Health System, and that demonstrate the organization understands and supports them would go a long way toward making nurses feel like a more valued part of the system.

MISSION HEALTH NURSES IDEA FORUM

Conclusion

Nurses are professionals who know what they need to serve their patients better. They just want someone to ask what they need—and this is critically important—know that they have been heard. They want more time to do the work that brings them joy: caring for patients. They get frustrated with the demands of paperwork and the challenges of navigating a big organization. They want to be compensated like the professionals they are, but they also want to know that they are valued in non-monetary ways. They want to be kept in the loop so they know what's going on without learning it from the news, a neighbor, or a spouse.

They value and appreciate the opportunity offered by this online Idea Forum, but are withholding judgment until they see what comes of it.

If the ideas are given serious consideration and implemented wherever possible, it will help reduce the stress nurses face, increase the joy they receive from their work, and allow them to give the high-quality compassionate care they strive to give their patients.



Index of Recommendations

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Improve Retention of Current Mission Nurses.

Proposed Solutions

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 4. Hire More CNAs.
 5. Offer New Nurses the Option To Work a Short Time in Each Unit.
 6. Cross-Train Nurses.
 7. Recruit and Train More Volunteers.
 8. Speed Up the Hiring Process.
 9. Let Patient Needs Determine Staffing Needs.
 10. Hold Patient Admissions During Certain Times of the Day or Assign a Dedicated Discharge/Admissions Nurse.
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RECOMMENDATION 2

Improve Communications Processes.

Proposed Solutions

11. Ensure Nurses Hear the News from Mission First.
 12. Send Weekly Emails.
 13. Ask Nurses What They Need.
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 16. Expand the Use of Technology to Improve Patient Care.
 17. Install Signal-Boosters to Ensure that Technology Works Everywhere.
 18. Create an App that Helps People Get Around Mission.
 19. Make It Easier for Patients to Know Who Their Caregivers Are.
 20. Send Tests Results with Transferred Patients.
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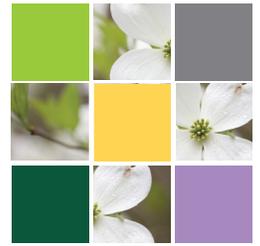
RECOMMENDATION 3

Pay Nurses Appropriately.

Proposed Solutions

21. Ensure that the Pay Structure is Fair.
 22. Differentiate Pay for Professional Nurses.
 23. Limit the Days Nurses Are On Call.
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RECOMMENDATION 4

Show Nurses They Are Appreciated.

24. Recognize Long Service.
25. Let Them Eat Lunch in Peace.
26. Elicit Nurse Feedback.
27. Improve the Shared Governance Model.
28. Listen to What Nurses Have to Say.
29. Give Nurses Insight Into Other Parts of Mission Health.
30. Require Upper Management to Visit the Units and Smaller Hospitals.





Mission Health Nurses Idea Forum

The Mission Health Nurses Idea Forum was conceived and directed by **Tom Cosgrove**, founder of Qpatient Insight. Mission's participation in this pilot project was overseen by **Kathy Guyette**, Mission Senior Vice President for Patient Care Services, and **Karen Olsen**, Mission Hospital Chief Nursing Officer. The process was started by **Dr. William Maples**, formerly Chief Quality Officer at Mission Health who now serves as Executive Director and Chief Experience Officer of The Institute for Healthcare Excellence.

The moderator for this project was **Cindy Richards**, a Pulitzer Prize-nominated journalist who has been a reporter, editorial writer and/or columnist at the Chicago Sun-Times and Chicago Tribune. She wrote this report based on ideas shared online and during an in-person discussion with the Mission Nurses Idea Forum Thought Leaders.

