Nursing Agenda – Section 2 – Work Environment

Issue 2.1: The workplace culture of some nurse employers is based in hierarchical medical & administrative organizational models that inhibit interprofessional collaboration, nursing input, and patient-centered care.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
2.1.1: Traditional hierarchical medical & administrative organizational models should be modernized to reflect an interprofessional focus (shared governance)[1].	CNE, nursing organizations, MHA, MSMS, MOA, MDCH, other relevant health disciplines, health facility/agency CEOs, consultants	Refocus the organizational culture on patient-centered care. All care delivery mechanisms must then maximize the quality of the care provided to the patient.		Multidisciplinary teams and interprofessional collaboration are organized and in place.
		▪ Create multidisciplinary teams as the major organizational mechanism for management and delivery of patient care.	By 2008	Multidisciplinary teams are the major organizational mechanism for management and delivery of patient care.
		▪ Emphasize interprofessional collaboration across healthcare provider organizations.	By 2008	
		▪ Emulate magnet hospitals, best practices, & national models. o Provide incentives for employers who follow this path, including statewide recognition, and invitations to participate in special projects, etc.		
		▪ Empower and educate all members of multidisciplinary teams to have input, learn from one another, and improve patient outcomes.	By 2008	
		o Create a Multidisciplinary Healthcare Institute focused on patient-centered care, patient outcomes, and quality care. Break down interaction barriers in the healthcare culture. Educate physicians, nurses, nurses' aides, and other health professionals.	By 2009	Multidisciplinary Healthcare Institute is implemented. Interaction barriers are decreased.

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<table>
<tr><th rowspan="2">Issue</th><th colspan="3">Recommended Action</th><th rowspan="2">Action Indicator</th></tr>
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<tr><td>2.1.1. (cont.)

[See Nursing Agenda, Section 4, Nursing Education.]</td><td>Deans of Colleges of Nursing, Medicine, Pharmacy, Administration, and other health professions, CNE, COMON, Nursing Organizations, MHA Foundation[2]</td><td>Emphasize the importance and benefits for health professionals of interprofessional collaboration and working as multidisciplinary teams to plan, manage, & deliver health care. Create appropriate interprofessional collaboration, work process and work organization modules to be included in educational programs and CE programs for physicians, nurses, aides, and other health professionals, plus administrators.
▪ Work with Deans of Medical Schools and Schools of Nursing, Community Colleges, and Certificate programs to develop module content and gain CE credits.
▪ Provide module content through multiple educational channels and media, including e-courses. Also educate through Multidisciplinary Healthcare Institute described above.</td><td>By 2008</td><td>Interprofessional collaboration and multidisciplinary team modules are available for use in education programs and CE programs for all health professionals and administrators.</td></tr>
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<tr><td rowspan="2">2.1.2: In some workplace cultures, nurses are not empowered to productively participate in decision-making with respect to patient care and management systems.

[Also see Section 4 – Nursing Education.]</td><td rowspan="2">CNE, Nursing Organizations, MCN, MHA, MDCH</td><td>Create Collaborative Leadership Teams including clinical nurses in entities providing patient care.
▪ Empower nurses through Leadership within units and across entities (educate nurses & other health professionals on leadership).
▪ Work to improve work relationships, interpersonal skills, and communications with other health professionals (educate all health professionals on these skills).
▪ Develop a business case for creating Collaborative Leadership Teams, and show value in patient safety & outcomes.
▪ Develop a learning case for creating Collaborative Leadership Teams, with advantages for all health professionals learning from one another.</td><td>By 2007</td><td>Collaborative Leadership Teams providing interprofessional collaboration/shared governance are in place in some health care entities.</td></tr>
<tr><td>▪ Educate Teams through existing programs and the Institute described in Section 1.1.1.
▪ Explore the possibility that a percentage of required CEUs for all health professionals could be designated for professional development courses.
▪ Collect data, analyze, and report on nurses' utilization of employer- subsidized programs for ADN to BSN education. Promote increased utilization of such programs.
▪ Learn from the organization and experience of Magnet hospitals in Michigan.[3]</td><td>By 2008</td><td>Benefits of supporting interprofessional collaborative approaches are understood, and education capacities are in place.</td></tr>
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Nursing Agenda – Section 2 – Work Environment

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<tr><td rowspan="3">2.1.3: The volunteer boards of nonprofit nurse-employers may lack the opportunity to accomplish board development in the area of interprofessional collaborative relationships and multidisciplinary teams.</td><td rowspan="3">CNE, MHA, MSMS, MOA, COMON, MPCA, HHA, other health-related associations, Michigan Nonprofit Association, UM, MSU, WSU, consultants</td><td>Work with partnering organizations to provide Board training in the value of successful integration of interprofessional collaborative relationships and multidisciplinary teams. Emphasize that such organizational change requires the explicit support and buy-in of the Board and top administration of healthcare organizations[4].</td><td></td><td rowspan="3">Appropriate training courses and methodologies are in place and available to nonprofit healthcare provider Board members across Michigan.</td></tr>
<tr><td>▪ Use best practices and national models to create educational materials delivered through many channels, including the web.</td><td>By 2006</td></tr>
<tr><td>▪ Explore the possibility of collaboration with university Colleges of Business and Law in developing courses dealing with nonprofit Board responsibilities in a changing business and regulatory environment.
▪ Make the business case, the safety case, and the community benefit case for the recommended organization changes.
▪ Emphasize the importance of being proactive with respect to patient benefit and community benefit in an environment of increased nonprofit regulation.
▪ Share with Boards the interprofessional collaborative approaches and best practices of Michigan magnet hospitals[5].</td><td>By 2006</td></tr>
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Nursing Agenda – Section 2 – Work Environment

Issue 2.2: Some aspects of work compensation are inadequate for retention of professional nurses.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
2.2.1: Many nurse employers do not offer retirement plans adequate to retain professional nurses[6].	CNE, Nursing Organizations, MCN, MHA, OFIS	Recognize the merit of 403b retirement plans as a recruitment and retention tool statewide; educate nurses and nurse employers on their importance and use. ▪ Make the business case for employer & employee investment in 403b retirement plans; compare cost of plan & match with cost of recruitment; marginal cost low. ▪ Educate nurses, managers, & CEOs on the benefits of 403b plans, building financial security, and full-life career planning; provide CE credits & employer support for full-life career planning & financial security courses. ▪ Index % employer 403b match to nurse period of employment (retention tool).	By 2008	403b plans available to and utilized by nurses statewide; nurses, managers, & employers are educated on financial security/career planning; employer match increases with nurse period of employment.
	CNE, MCN, Nursing Organizations, OFIS	Explore possibilities for a statewide approach to retirement benefits for nurses[7].	By 2008	Feasibility report is disseminated.

Nursing Agenda – Section 2 – Work Environment

Issue 2.2: Some aspects of work compensation are inadequate for retention of professional nurses.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
2.2.2: Many nurse employers do not offer access to retirement health insurance coverage.	CNE, Nursing Organizations, MCN, MHA, OFIS	Recognize the merit of making available to retiring nurse-employees the right to buy-in to employer-sponsored health insurance. ▪ Make the business case for employee & employer investment in health insurance buy-in plan; compare cost of buy-in plan with cost of recruitment. ▪ Index employer buy-in plan contribution to nurse period of employment (retention tool). ▪ Educate nurses, managers, & CEOs on the benefits of health insurance buy-in plans, particularly for nurses who retire early due to job-related injuries. ▪ Explore feasibility of statewide or regional approaches to retirement health insurance for all healthcare professionals, including nurses (purchasing cooperatives, pools, etc.).	By 2008 By 2007	Health insurance buy-in plans available to retiring nurses statewide; nurses, managers, & employers are trained on benefits of buy-in plans; employer contribution increases with nurse period of employment. Work with experts in both insurance and labor to develop a feasibility study and recommendations
2.2.3: Many existing nurse-employer benefit structures lack the flexibility needed to recruit and retain nurses.	CNE, MCN, Nursing Organizations, MHA, OFIS	▪ Collect, analyze, & report information on nurse utilization of extant cafeteria benefit plans. ▪ Explore the feasibility of a statewide cafeteria benefit plan for nurses to permit a flexible relationship between individual needs and allocation of benefits.	By 2007 By 2008	Cafeteria benefit plan utilization report is disseminated. Feasibility report is disseminated.

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[1] "Interprofessional focus" describes an approach to collaboration and interaction among all the health professionals and administrative professionals in a healthcare provider organization. "Shared governance" has been used in nursing terminology to express much the same approach, with an emphasis on a) multidisciplinary teams to make decisions on patient care and b) shared administrative decision-making for the organization as a whole.

[2] The Michigan Health & Hospital Association Foundation provides educational programs for a number of health professions. The MHAF could serve as a dissemination channel for educational modules developed under this Recommended Action.

[3] See *Ideas for Achieving Higher Reliability in Healthcare* at http://healthcare.isixsigma.com. A barrier to achieving "high reliability status in healthcare organizations" is that the healthcare industry is based on "21st century technological and clinical advances stuck in 20th century workflow and management systems." Some large Michigan hospitals and health systems have adopted innovative approaches to leadership and the implementation of best practices: for example, St John Health in southeast Michigan has educated entire hospital staff groups on the Six Sigma approach to problem solving and error reduction.

[4] The Michigan Nonprofit Association and other organizations serving Michigan nonprofits will be consulted for expertise relevant to Section 2.1.3.

[5] The extent to which such organizational change is successful may depend on the degree to which the nurse-employer CEO and senior management are connected to nursing practice and nurse-administrators in their institution.

[6] The 18-day strike of nurses at Ingham Regional Medical Center (October 12 through October 31, 2005) was focused on two issues: improvement of nurse staffing at the hospital; and improvement of nurses' pension plans. The members of Office and Professional Employees International Union Local 459 approved a new three-year contract with IRMC, and said that the battle for pension plans equal to those received by nurses at Flint's McLaren Regional Medical Center would have to wait for three years. New IRMC nursing employees will be enrolled in a defined contribution plan, similar to a 401(k). The contract increased nurses' wages between 9 and 11 percent in the first year, and between 4 and 5 percent in the second and third years (Lansing State Journal, October 31, 2005). The inference may be made that employer concern about pension costs outweighed concern about increased nurse staffing and increased nurse salaries.

[7] Several sources have suggested statewide or nationwide pension plans for nurses, modeled after public employee pension arrangements. One example is a proposal for a government-sponsored pension plan for nurses similar to that offered public safety officers; such pension plans are seen as an aid to recruitment and retention in many fields. [Leonick, L. MPA, RN. A Modern Proposal, *American Journal of Nursing,* June: 2005.]

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