SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
October 2, 2008

Member Attendance:

**Absent*

Colorado Hospital Association
**Kathy Harris*
Banner Health
Regional Vice President, Clinical Services
Banner Health

Carolyn Sanders - CoChair
University of Colorado Hospital
Associate CNO

Colorado Nurses Association
Fran Ricker - CoChair
Colorado Nurses Association
Executive Director

Eve Hoygaard
Colorado Nurses Association
President

Service Employees International Union
Bernie Patterson, SEIU

Judy Hutchinson, SEIU
Nurse Alliance of SEIU

Colorado Organization of Nurse Leaders
Colleen Casper
Clinical & Executive Partnerships

Kelly Johnson
Children's Hospital
Vice President and CNO

Colorado Council of Nurse Educators
Linda Stroup
MSCD
Assistant Professor, Department of Nursing

**Nancy Smith*
Dean and Professor
University of Colorado at Colorado Spring

Colorado Department of Public Health and Environment
**Ned Calonge*
Chief Medical Officer

Colorado Center for Nursing Excellence
Sharon Pappas
Porter Adventist Hospital
Chief Operating Officer/Chief Nursing Officer

Governor's Appointees
Lysa ErkenBrack
Grand Junction

Lydia Handberry
Swedish Medical Center

Interested Parties and Observers

Janet Houser PhD EdS MN - Researcher
Regis University
Associate Dean

*Linda Hattenbach, RN
Sr. Nursing Policy Coordinator
Nursing Alliance of SEIU

Lola Fehr - Administrator
Colorado Center for Nursing Excellence

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Meeting Objectives

To define and operationalize the variables
Initial sampling discussion

Process

[At the beginning of the meeting, there were no observers but Lola Fehr joined the meeting a little later as an interested party.]

Results of Memo – Dr. Janet Houser

A memo soliciting interest in the Implementation Team Leader position was sent by Dr. Houser to the CCNE list which Nancy Smith had furnished. There were 40-50 names on the list and the memo also asked the recipients to forward the information to others who might be interested. Of the two replies, both people were not as qualified as Phyllis Graham-Dickerson but had worked with Janet Houser before and may be utilized later in the implementation process. As a result, Phyllis will be working with Dr. Houser and they and the medical librarian began the literature search and will be recruiting data entry and clerical support personnel. Fran Ricker asked the committee if they were comfortable with the process used.
Consensus: The committee agreed they were comfortable with the process used.

3-4 Hospital Issue

The drafters of the bill were not nursing research experts. They did not know for certain what an adequate sample size would be for purposes of the study. Susan Miller was contacted on behalf of the PPIC by Fran Ricker on the issue of whether the legislation restricted the PPIC to 3 to 4 hospitals only, or whether there was some authority for the PPIC to make that determination. Susan Miller deferred the answer on this question to Senator Betty Boyd, the bill sponsor. Senator Boyd will be contacted for follow up on this question.

Colorado Trust Funding

When Fran contacted them, they told her they have launched a new initiative, access to health care for all, and are pushing their funding in this direction and were sorry but they wouldn't be able to support this project. Fran re-contacted them to stress that this is critical to nursing and that nurses are the largest direct care group that would be linked to their initiative and asked that they reconsider. Enclosed in today's packet is a memo to the Colorado Trust with introductory information on the project.
There is a need for early meetings to contact funding sources since many set their budgets early. Since this is a Colorado legislative study, it would be good to have Colorado funding and support.

Other Grant Funding Sources

Names of other organizations which might be approached for funding were suggested and are listed next. It was decided to start with local and Colorado agencies first. Carolyn Sanders and Colleen Casper will send more information about some of these agencies to help committee members know more about each.

Colorado Health Foundation & other hospital foundations
Rose Foundation – privately funded health care
El Pomar (CSCO)
Denver Metro Health Care taskforce
Business organizations/bankers – perhaps Coors
Philanthropic organizations – Boettcher Foundation
AARP/Lions/Shriners
Sigma Theta Tau (STTI) – their goal is to fund quality research

A conservation and development group from the western slope has heard about this study and contacted Fran Ricker about their interest in it as well.

Dr. Janet Houser cautioned that we need to be careful regarding how funders may be perceived to have some bias or influence—they must be able to totally distance themselves and not appear to have influence. It was stressed again that funding needs to be secured as soon as possible to keep this study timely since nurses are waiting for the results and the study needs to be completed 18 months from when funding is available. The qualitative phase could be begun with a small grant to cover the basics and then look to these funding sources to cover the major quantitative phase of the study.

There was a question as to who will research the funding deadlines for the various agencies. Brian Kelly is the grant writer for the Colorado Center for Nursing Excellence and would know quite a bit about this process. Lola Fehr was asked if he might be able to attend co-chair meetings to help with this and she said he could but right now he is busy with one particular grant. Towards the end of the meeting, it was suggested the committee could divide up the task of checking for these deadlines but too many members had left. The co-chairs will check into this and report back to the next meeting.

Press Release

Regis' marketing department would like to issue a press release concerning this study and has an expert in marketing and journalism available to arrange this. They want to let the public know what this group is doing, that Dr. Houser is working with the committee, and Regis is supporting it also. They would release it to business journals such as the Colorado Business Journal and to

the television stations. They will write the press release and then let the committee review it and make comments. Is the committee comfortable with this?

Consensus: Yes, the committee is comfortable with this press release process.

Fran Ricker will contact DORA and Senator Boyd to let them know and it was suggested that this be sent to the nursing organizations on CAN's list as well as nursing publications that staff nurses receive (Colorado Nursing, Nurse Week, and Nurse Spectrum).

There was a question as to whether or not this document becomes a public record and can be used to send out to other groups and meetings. It was affirmed that it does become public record and can be used by any committee member to develop a series of talking points to use.

No timing was discussed for release but Dr. Houser will ask what the P.R. person thinks would be appropriate. Members were concerned that it would be overlooked if published while the election is still current. There is no urgency because of the timeline and it shouldn't be done too early. Nurses can be directed to the website to keep up with the progress that is made with the study.

The question of bias on Regis' part was again brought up and Dr. Houser reported that educational institutions primarily support research—they are not interested in how it's done and have no vested interest in the results other than that it is a solid study.

It was suggested that committee members from each organization involved write some comments on why they are involved, what they think of the process so far, etc. and have those published in the March edition of Colorado Nurse. These quotes would also be good for the press release so send them to Dr. Houser in the next 3 weeks so she can pass them on with your name and how you want your position to be attributed. Be aware that the press may not include everything you write.

Dr. Houser will be leaving Monday and gone for 3 weeks to help her sister during her open heart surgery in Kansas.

The co-chairs agreed they would serve as contacts for the media. They would refer the media to specific people to speak with, depending on what type of person the media wants to contact.

Research Planning

Feedback from Joyce Verran on Design

She suggested this study start with a qualitative analysis (with focus groups) since this generally takes longer. When this was mentioned, it was asked if there even needs to be a qualitative part to the study. Dr. Houser said it did not need to be done if the questions that were formulated at

the last meeting have been answered. She said there are three options for this study and recommends Option 3:

1. Pure qualitative study
2. No qualitative study needed – literature search shows that the questions have been answered
3. Qualitative study serve as a pre-work phase; start with a model of what exists already

Discussion:

The Montgomery Frith article had some input from nurses but the Weston article shows that shared governance has not been definitively defined and a qualitative study would help do this. Also, other shared governance studies don't answering what is happening at the bedside.

The book, Why Hospitals Should Fly, was recommended for reading about patient safety and how quality relationships are important.

Dr. Houser commented that involvement has been studied before but then asked the staff nurses if the proper people have been asked. They answered that general questions have been asked but not specific questions such as what tools do you need to do your best work, how do you want to be involved. Also, nurses have apathy about getting involved because their suggestions aren't acted upon (no follow through) or they fear retribution.

It was decided to use the Weston schematic on page 4 of the packet handed out at this meeting with input from Kim Hitchings study to inform the qualitative phase. Dr. Houser will bring a revised copy of this schematic to the next meeting. Some of the changes decided today were to take the top line of each column off so that the column headings begin with Involvement… Also, add at the bottom a statement about outcomes and accountability.

The Mangold study was interesting because it showed that the amount of involvement staff nurses thought they had and the amount leaders thought they had was quite different.

Joyce Verran also felt that it was important to include the nurses who have no desire to be involved in decisions in the qualitative sample.

3 Kinds of Nurse Involvement Attitudes:

1. Active
2. Put in eight hours and go home
3. Actively avoid being involved

Inclusion and exclusion criteria need to be defined (this will be on the agenda at the next meeting).

Literature Search Results

Overall comments:

Dr. Houser commented that there weren't very many recent studies that have been done. They found 17 studies of interest and selected the top five to send to the committee. It was interesting that she and Phyllis Graham-Dickerson picked the articles they felt most relevant for sharing with the committee and found they selected the same studies when comparing their decisions. She also brought some other studies for committee members to view at lunch break if they wanted to. Most of the members were interested in the Mangold study of 2006 so copies were made.

Most of the research studies were done at magnet hospitals and all kinds of hospitals need to be considered. Also need to consider all educational levels, not just MSNs and BSNs.

Formalized structures like shared governance have been studied but not many informal structures were examined.

The majority of the studies were a pre/post intervention design. Pre/post design is one of the weakest studies. With this design, a baseline measure is determined, then an intervention is performed and then the baseline is re-measured. The first problem with this design is that there is no control of treatment effects, i.e. placebo effect. Another problem is there is no comparison to other kinds of involvement, either formal or informal. The value of having a comparison group is that other factors are identified that were occurring at the same time that may have affected the outcome.

The studies show a cyclical pattern—there is an initial burst of satisfaction and then a decline. It was hypothesized that shared governance takes a lot of work, it may be hard to make changes in the organization and it takes 3-5 years for satisfaction to rise again. It seems shared governance has been studied quite a bit. It is paramount to know what formal and informal factors there are which affect involvement. And it would be good to find a simple process that can be used at smaller hospitals without much money being required.

Comments on specific studies:

1. Weston – this study will serve as a model to inform our schematic on involvement in decision-making
2. Shared Governance: A Literature Review was older but comprehensive and efficient.

3. Kramer/Schmalenberg had a limited mixed method which will be good to inform the qualitative part of this study. It also included a good list of attributes for shared governance structure. The term power on p. 544 hadn't been considered as something nurses would have capacity for.

The evaluation on p. 552 contained generational age-related differences which we will discuss later when considering inclusion/exclusion factors for this study. Will want to consider novice to expert then also as well as organizational commitment and how the value of direct care is perceived by leadership.

Are the terms structured/unstructured on p. 549 the same as the use of formal/informal in the discussions of this study? These terms may help with degrees of shared governance and may need to let this evolve rather than just implementing.

On p. 553 the benchmarks for the rating scale comments may need to measure how staff nurses feel guilty for leaving staff members short when they attend meetings. A definition of autonomy in terms of a medical model was requested but others felt that should be covered in another study for the future since this study has enough to do measuring involvement.

4. Frith/Montgomery – Dr. Houser felt there was a lot of bias in non-empirical studies but this had a balanced review of literature—here's what is shown and what not to do. A number of studies showed no change in shared governance.
This study examined outcomes.
On p. 275, barrier to involvement and enablers of involvement were discussed.
The highs and lows were mentioned but there was no evaluation as to which was good.
The psychometrics were borderline.
However, the context of their study is similar to this study.

5. Kennerly – this study was the closest of any of them to a comparative group design and it didn't find that formal shared governance had an impact on job satisfaction. The design here reflects how a quasi-experimental group design would be done and is close to the type of design for our study.

We will use these studies because they do show that nurse involvement does affect satisfaction. There just needs to be a more comprehensive study of nursing involvement.

Question was raised whether it would be a mistake to only include fulltime nurses and this was tabled until the inclusion/exclusion factors will be discussed.

The literature review is an ongoing process. Gray literature has not been considered yet and this includes conference proceedings and dissertations that are important as well but aren't as easily accessible. For every one journal article printed, 18 articles are received so research is found in the gray literature because it gets disseminated quicker, within 6 months.

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Types of Variables

See page 2 in the packet for information related to this discussion. A variable is a concrete representation of an abstract concept.

Descriptive variables include those which describe concepts in the study such as novice or expert, ages, part-time or full-time, etc. Research variables are reflected in the research questions and can be independent, dependent, or extraneous. An **independent** variable is a variable of interest, generally not naturally occurring, i.e. cause in cause vs. effect. A **dependent** variable is the outcome, i.e., effect in cause vs. effect. An e**xtraneous** variable is everything else that has an effect which isn't part of the study. Controls can be built in by trying to identify them early in the process.

In this study, research question 2 is an example of a descriptive variable. In research questions 3-5, the independent variables are association between nurse involvement in decision-making, formal vs. informal methods, and individual vs. group involvement.

Steps in Research Process:

1. Start out with general idea of what to study
2. Defined the purpose
3. Formulated research questions
4. Developed schematic with conceptual definition (p. 4 in packet)
5. Designed a test blueprint (p. 5 in packet) which translated into measurement instruments for the study
6. Define and operationalize variables

Need to identify the types of variables in the study as comprehensively as possible because as variables increase, the sample size needs to be increased except for descriptive variables. With the descriptive variables, the more these are identified, the easier it is to divide up the research later.

Extraneous variables – don't want to ignore these but there are 3 ways to handle them:

1. Eliminate them – too difficult to do in this study
2. Control them – try to hold them steady across the groups
3. Account for them in your analysis

Variables need to be transformed into concepts and then operationalized so specifically that they can't be missed. At this point, descriptive variables were brainstormed for the nurse, unit, and organizational levels. Dr. Houser will draft a data collection sheet and check for standardized descriptions for these. She will also make changes that were discussed today for the conceptual definition on p. 4 and bring that back to next meeting along with the revisions to the test blueprint on p. 5 of the packet. She will also check for instruments that can be used as measures

for this study. Keep in mind that there probably isn't an instrument that will measure everything discussed so it is necessary to decide which items are non-negotiable (see the Act).

Specified outcomes are dependent variables and there is a list of these on p. 6 of the packet. The ones to use for this study were discussed and identified and most can be measured with National Database for Nursing Indicators (NDNQI) - the Practice Environmental Scale or the Job Satisfaction Scale. The NDNQI indicator definitions are standardized. A list of these is:

Nurse turnover
Patient falls
Patient falls with injury
Hospital- and unit-acquired ulcers
Physical/sexual assault (of patient)
Pain assessment/intervention cycle
Peripheral IV infiltration
Physical restraints
Nosocomial infection
- Catheter-associated Urinary Tract Infections
- Central line infections (C-Labs)
- Ventilator associated pneumonia (VAP)

Staff mix
Report LPNs & unlicensed assistive personnel
Nursing care hours provided per patient day
RN/Specialty certification
Education
RN survey
- Practice environment scale
- Job satisfaction [option]
- Job satisfaction scale

The University of Kansas maintains the database of NDNQI and hospitals submit information about their organizations and can pay a fee and find out how they compare with their peer groups. These are grouped by two factors: academic/nonacademic or size of hospital. There is a wide variety within peer groups. The National Quality Forum and NDNQI work together.

Discussion of outcomes on p. 6 in packet:

Consumer focus should be changed to patient satisfaction and could use HCAP, Health Care Assessment of Patient Satisfaction.

Does nursing involvement affect costs?
What percent of labor costs are attributable to direct care nursing? There are many extraneous variables involved with this. Bernie Patterson has an article by Lynn Unruh in the American Journal of Nursing that she would share.

Hospital report cards report hospital level only.

It was mentioned that it is difficult to get nurses to take new surveys because they do so many and don't see any action taken on their input. Should there be some compensation for them? Possibly, but the main reason they would want to do this is to be heard and have their input acted on.

This design study has a proposal phase and the implementation is done after the proposal so that you can't change variables, etc. based on data received.

After this study, decisions can be made on empirical evidence rather than who's most eloquent.

Feb. 6 is the date to submit the study to the legislature for accountability but it is for their information, rather than action from them.

Caveat: this study is testing theory, not proving a point. After the study, the results need to be shared every possible way. Need to brainstorm how both leaders and staff can make this work.

There was a question as to whether or not the committee's work is done after the proposal is submitted or are they to help with checks throughout the implementation process as well.

Many committee members had to leave before the 4:30 end of meeting so it was decided to wrap up this meeting early. Before the next meeting, look over the Sampling Strategy pages from the packet as the discussion on that will continue on November 13 along with measurements and instruments to consider.

Dr. Houser and Phyllis Graham-Dickerson will draft qualitative interview questions for the next meeting and bring those with the revisions to p. 4 and 5.

Feedback on the Meeting:

Everyone is pleased with how well the process is going and what is being accomplished. They appreciate the articles and schematics that Dr. Houser furnished. There was some concern that some members of the committee are not participating much and want them to feel comfortable in sharing, too.

Next meeting is Thursday, November 13, 2008 from 8:30-12:30. There will not be a need to meet on October 18, 2008 because of the progress made today.

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Minutes taken and written by: Lynette Christensen
Minutes reviewed by CoChairs: Fran Ricker & Carolyn Sanders
Administration for SB08-188: Colorado Center for Nursing Excellence
Administrative Coordinator: Wendy Krzeczowski