

Nursing Care Committee Annual Report

Carle BroMenn Medical Center | December 2025

The purpose of the Carle BroMenn Medical Center Nursing Care Committee is to provide acuity-based guidelines for nurse staffing levels for inpatient care units. The patient care units included in this committee are the Emergency Department, ICU, CVCU, PCU, Surgical, Medical Oncology, Acute Rehab, Pediatrics, Mental Health, Addiction Recovery, and Mother Baby. The guidelines for inpatient staffing plans are outlined in Section 250.1130 of the Illinois Hospital Licensing Act. The guidelines recognize evidence-based staffing and care standards established by professional nursing organizations, as well as measurable patient and staffing outcomes, along with nursing-sensitive indicators.

WHAT IS THE NURSING CARE COMMITTEE?

State legislation introduced bill, SB2153, the Nurse Staffing Improvement Act. This bill gives front-line nurses a stronger voice in the organizations where they work related to staffing. The Nurse Staffing Patient Acuity Act requires that Illinois hospitals have a hospital-wide Nursing Care Committee.

THE NURSING CARE COMMITTEE MUST:

- Be co-chaired by a direct care nurse with the CNO. The Co-Chair of the Committee is a direct care nurse selected by the nursing staff on the committee
- Produce a hospital-wide staffing plan, including inpatient emergency departments.
- Consider issues such as patient outcomes, complaints related to staffing, the number of nursing hours provided compared to the number of patients on the unit, aggregate overtime nursing hours worked, and the degree to which actual shifts worked varied from what is provided for in the staffing plan.
- Design a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and a process for such reports to be reviewed and addressed.
- Meet at least six times annually, with reports to be provided to direct care nurses two times per year.
- Issue an annual report to the Hospital's governing board, including recommendations for future changes to nurse staffing.

CURRENT CARLE BROMENN NURSING CARE COMMITTEE MEMBERS

Amanda Smith, Stacy Barclay, Melissa Reidy, Amanda Rios, Ashlee Carstens, Ashley Boone, Ashley Hankins, Candy Ashcraft, Emily Kilborn, Hannah Denault, Hannah Depa, Holly Ehrhardt, Holly Massey, Jacob Starcevich, Janelle Franklin, Jason Burnett, Jennifer Hapner, Jessica Baker, Jessica Kearney, Joanna Nancy, Joni Hornbeck, Karen Vance, Laura Wheet, Lindsey ZumMallen, Mark Lareau, Melissa Tull, Mitchell Fields, Sarah Huber, Scott Farquhar, Shea Whittle, Shelly Yoder, Tonia Cannon and Tracy Sondag.

NATIONAL DATABASE FOR NURSING SENSITIVE INDICATORS (NDNQI)

Carle BroMenn participates in NDNQI patient quality and safety measures. NDNQI provides a national data repository through which hospitals can confidentially compare nursing sensitive indicators at the unit level to similar units in hospitals across the country. They are a measure of where your facility ranks within its peer group. Patient outcomes are collected through a combination of medical record review and administrative data, according to standard definitions. The American Nurses Association (ANA) established the NDNQI in 1998 to meet the need to evaluate nursing's impact on healthcare, along with what effect workload, workflow, and nurse-patient ratios have on patient outcomes. The ANA determined that data collection should be ongoing as part of the profession's responsibility to monitor itself and promote quality outcomes.

CARLE BROMENN STAFFING PLAN

Carle BroMenn Medical Center has put in place a written staffing plan that guides the organization and all units in determining the proper level of nurse staffing to ensure the highest quality of patient care and safety conformance within professional nursing standards. The plan follows evidence-based practice, which recommends that nurse staffing in an acute care hospital be determined by the complexity of patient care needs in alignment with available nursing skills.

THE NURSE STAFFING PLAN INVOLVES:

Consideration of the complexity of patient care to assist in making appropriate staffing and adjustment decisions. Each unit's staffing plan is based on patient volumes, patient diagnoses, the scope and level of care required, clinical competency of care providers, and the mix of providers by unit and national benchmarks.

PATIENT ACUITY SYSTEM FRAMEWORK:

The Patient Acuity System Framework guides the organization in the following:

- Adjusting the volume of nursing staff in accordance with real-time patient acuity.
- Making day-to-day shift assignment adjustments based on patient acuity to ensure each patient has the appropriate level of care.
- Matching caregiver skill variables with the complexity and seriousness of patients' illnesses.
- Consideration of various day-to-day variables based on the characteristics of each patient unit, the experience and skill set of nurses assigned to those units, availability of support services and opportunities for care coordination, discharge planning, and patient education.
- Assignment of decision-making authority to each unit charge nurse to respond to changes in workload due to patient census, department activity fluctuations, and acuity.
- The charge nurse identifies and implements a flexible staffing process to promote clinically appropriate staffing decisions on an ongoing basis.

REVIEW OF THE NURSE STAFFING PLAN

The Nursing Care Committee (NCC) reviews the staffing care plan annually. Fifty-five percent or more of the NCC are nurses who work at the bedside providing patient care.

ACUITY PLUS INTEGRATION TO SUPPORT STAFFING DECISIONS

Acuity Plus is a workload measurement tool that assists charge nurses with staffing decisions. The methodology integrates nursing documentation to forecast staffing requirements while integrating with the time and attendance system. Staffing is adjusted as required to meet the patient's needs and is evaluated every four hours. Illinois hospital licensing requirement section 250.1130 nurse staffing by patient acuity noncompliance may be reported to Illinois Department of Public Health via email, idph.ccr@illinois.gov or by phone at the Central Complaint Registry Hotline, (800) 252-4343.

COMPLAINTS REGARDING STAFFING

Staff can enter a staffing or acuity concern using RLDatix event reporting on the Carle Health TruNorth intranet page. The CNO or designee sends the generated reports to the Nurse Staffing Committee for resolution.

2025 STAFFING OR ACUITY CONCERNS AND RESOLUTIONS

RL events regarding staffing and acuity are discussed at every meeting with resolutions provided by front-line staff. Through the RL events reported it was determined by the NCC that cardiac patients can go to the Progressive Care Unit if the appropriate staff member is provided. A process was put into place for our smaller units, which sometimes work with one nurse and one tech, to escalate up the chain of command if they have needs such as blood needing obtained for the unit, breaks, etc. The NCC determined if a nurse or tech stays over shift for any period, this will count as a float date if they are floated off of their home unit.

OTHER STAFFING DECISIONS MADE IN 2025

- Retention coupon books were distributed during Nurses Week.
- The Telemetry Room will now be a closed unit.
- If an FTE lives in the hospital, you must work your FTE on the unit your FTE lives in, and then anything extra can be picked up in ambulatory. If you choose to shorten your own unit by floating a staff member over to ambulatory, this is acceptable the same day if they are not needed on another inpatient unit.
- Techs can pick up shifts in four or six-hour increments.
- New floating, flexing, and standby policy – Any time after their shift starts, no matter the amount of time, this will count as your most recent date.
- Some units are now doing their own scheduling. Those who are doing their own scheduling will turn in a balanced schedule to the staffing coordinator and then the staffing coordinator will fill in CRU and agency nurses.
- Unit managers will oversee balancing their weekends and holidays and must notify staffing coordinators when changes are made.

- Initiate SNIP and TTP programs.
- Offer alternatives for tech orientations.
- All NCC members will be trained to do Acuity Plus® audits.
- A hold has been placed on recruiting any agency techs.
- Reviewed and made changes to the registry agreement.
- Determined registry associates will be part of the holiday flex lottery, but they will be prioritized after FTE staff.
- Increase agency on night shift, move nurses who have been waiting to go to the day shift to days to increase retention.
- Drive staffing incentivized pay to the night shift where our greatest vacancy exists.
- *For agency nurses who have been here for more than one year, packages have been put together to offer them placement with Carle Health.
- A “discharge lounge” was created for patients with discharge orders awaiting a ride home.
- Interdisciplinary rounding was revamped this year with our Hospitalists starting their rounds at certain times on certain days.
- Secondary registry agreement for current Carle employees who wish to pick up a secondary position.
- Weekend Option Agreement reviewed and revised for 2026.
- Nurse retention and recruitment committee was formed. Items discussed:
 1. Reduce nurse turnover rate.
 2. Reduce first year turnover rate.
- New grad retention ideas:
 1. Leader rounding.
 2. Preceptor post-orientation rounding.
 3. Night shift to day shift orientation x 1-2 shifts.
 4. Preceptors to provide real-time feedback.
 5. Kindness to new hires.
- Experienced nurse retention ideas:
 1. Coupon recognition book.
 2. Process in place to move people from nights to days.
 3. Less restrictive dress code (nursing t-shirts).
 4. Utilization of unit recognition budget.
 5. Fun committee for each unit.
 6. Peer-to-peer recognition using “paper” format, so it is easier to do.
- Continue to recognize DAISY and Gold Star recognition formats.

CHANGES IN 2025 TO THE STAFFING PLAN BY NURSING CARE COMMITTEE MEMBERS

In 2025, the Nursing Care Committee adjusted the staffing plan. The scope of service for each inpatient nursing unit was reviewed, allowing committee members to indicate areas that needed clarification or restructuring based on their current practice, including a description of nursing assessment frequency and patient age limits. The Scope of Service for each unit is attached to the BroMenn nurse staffing plan. The Nursing Care Committee reviewed and approved the nurse staffing plan for BroMenn.

Updated Items for 2025 to the nurse staffing plan are as below:

- The unit policies were reviewed, and any unit that had a policy for patients aged 18 and over has been revised to say, “ages served are late adolescent through elderly adult.”
- A Pediatric Rapid Response document was prepared by ED leadership and shared with all units.
- The Acuity Plus® program was adjusted to better delineate the use of acuity-based rather than ratio-based staffing. The committee members received updates on the training, implementation, and feedback on real-time usage of Acuity Plus® at each meeting to ensure that the results aligned with the staffing plan’s goals.
 - Definitions on each plan have been updated.
 - Changes were made to Acuity Plus®.
 - There were changes in ratios-maximum level within safety.

ED ACUITY STAFFING PLAN

Emergency Department (ED) leaders identified that because the ED Acuity Plus® methodology is retrospective, not prospective and predictive as it is in the inpatient methodology, the data was duplicative and on its own, does not support the Illinois Hospital Licensing Act requirement to staff by acuity. Leaders identified existing tools that are able to be replicated and used to demonstrate ED staffing by acuity. Tools to demonstrate staffing by acuity, providing real-time analytics for operational decisions:

- Emergency Severity Index (ESI®).
- National Emergency Department Overcrowding Scale (NEDOCS®).

The Emergency Severity Index (ESI®) is an ED triage algorithm sorting patients into five categories from most to least urgent (1-5) based on acuity and resources required. The National Emergency Department Overcrowding Scale (NEDOCS®) is a tool used to measure patient throughput and calculate levels of overcrowding.

1. ESI is utilized to evaluate patient acuity and staff assignments.
2. The triage nurse or primary nurse will assign an ESI score based on the validated algorithm, providing necessary acuity information.
3. The ED Charge Nurse is responsible for nurse assignment modifications related to changes in patient acuity.
4. ED Charge Nurse and management are responsible for evaluating the NEDOCS score and making staffing decisions to support nurse/unit workload.

2025 Annual Data

- RN turnover/vacancy rate – 13.5%
- RN posted positions – 45
- Healthcare Tech turnover/vacancy rate – 42.2%
- Number of RN injuries related to patient handling – 13 (4 assisting patients, 9 physical altercations)
- Number of hospital-acquired pressure injuries - 10