The Nurse Staffing Steering Committee

Post-Project Evaluation in Collaborative Governance

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Conducted for the William D. Ruckelshaus Center by a University of Washington Evans School of Public Policy & Governance Student Consulting Team:

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Executive Summary

The William D. Ruckelshaus Center considers evaluation an important aspect of public policy work, and as such has been developing its own post-project evaluation methodology. In 2016, the Center piloted its methodology in an evaluation of the Walla Walla Water Management Initiative. In December of 2017, the Center contracted a student consulting team from the University of Washington Evans School of Public Policy and Governance to apply this methodology to one of its completed collaborative governance projects. A key purpose was to continue developing and refining the Center's evaluation methodology, while also evaluating the project to identify outcomes, impacts, process improvements and best practices. The student consulting team and Center identified the *Nurse Staffing Steering Committee*, a collaborative process the Center worked on from 2007-2011, as an appropriate project to evaluate.

Background

For nearly two decades, hospitals and nurses unions have contested each other on issues related to minimum nurse staffing ratios, mandatory overtime, and meal and rest breaks. Beginning in 2007, after years of failed attempts to pass legislation on these issues, leaders in Washington state representing both health care organizations and nurses unions agreed to seek resolution through a new, collaborative forum. With the assistance of the Ruckelshaus Center, this arrangement was formalized in a February 2008 Memorandum of Agreement (MOA), forming what would become the Nurse Staffing Steering Committee (NSSC).

In March of 2008, the NSSC's first achievement was the Governor's signing of Engrossed Second Substitute House Bill 3123 (E2SHB), a bill jointly drafted by the parties. In addition to recognizing the NSSC, E2SHB 3123 mandated the formation of local hospital-based nurse staffing committees (NSCs) and supported the NSSC's contract with the Center to provide neutral and independent facilitation services. Meeting nearly monthly from 2008 to 2011, the NSSC's primary goals were to assist with the implementation of hospital NSCs, to promote evidence-based practices on nurse staffing and patient safety, and to issue joint policy recommendations to the state legislature. The NSSC enlisted the Ruckelshaus Center to coordinate its meetings, facilitate discussions, and leverage institutional networks and university expertise.

Nearly a decade since it began facilitating meetings for the NSSC the Ruckelshaus Center requested a qualitative evaluation of the Nurse Staffing Project. In applying the Center's evaluation methodology to the Nurse Staffing Project, this report aims to investigate: (1) the successes and challenges that arose during the NSSC process; (2) the successes and challenges that the Center encountered during the facilitation of the NSSC; and (3) lessons learned from the

Nurse Staffing Project for improving the Ruckelshaus Center's services. The report also includes recommendations for future Ruckelshaus Center project evaluations. With the assistance of Center staff and faculty advisors from Washington State University (WSU) and the University of Washington (UW), the student consulting team conducted a total of 20 interviews with individuals involved in the Nurse Staffing project to prepare this report. Interview data was supplemented with document-based information as available.

Findings

Regarding the **successes and challenges that arose during the NSSC process**, some key, cross-cutting themes emerged from the consulting team's conversations with interviewees:

Successes
- *The initial Memorandum of Agreement and Nurse Staffing Committee legislation* were mentioned as key outputs and successes of the NSSC by nearly all respondents. Interviewees described the importance of how the MOA and accompanying legislation, E2SHB 3123, helped to establish a statewide system for approaching nurse staffing issues where one did not previously exist.
- A majority of participants discussed the development of positive *professional relationships among NSSC participants* as another important success of the NSSC process. While some interviewees indicated that committee members had a level of trust and respect for each other prior to the NSSC, a handful of individuals suggested that the NSSC process helped to grow these feelings of trust and respect even further.
- Over half of all interviewees cited the *alternative venue to the legislature and courts* that the NSSC helped establish as an important success of the group. Even if collaborating through the NSSC was not the only alternative to advocating before the legislature or courts, participants from all sides identified the importance of working outside of venues where parties had grown "exasperated" from extended conflict and little progress.
- Several interviewees mentioned the *joint fact-finding* efforts of the NSSC as notable successes. While most interviewees argued that the joint fact-finding exercises did not alter policy positions in significant ways, they viewed building a common information base as useful for defining the problem and establishing facts.
- A key success of the NSSC was in laying the *groundwork for continued collaboration.* In May of 2017, the Governor signed House Bill 1714 (HB), which aims to improve nurse staffing processes established in E2SHB 3123. Interviewees discussed how they used a collaborative model inspired by the NSSC to help develop and pass HB 1714.

Challenges
- Nearly every interviewee cited *differences in perspectives* as a central challenge to the NSSC process. Participants described how members often had similar goals but diverging ancillary

interests, which led to disagreements. For some participants, these divergent perspectives created fatigue and a sense of fatalism about the process.

- Many participants also identified *turnover in NSSC participants and Ruckelshaus Center staff* as another key challenge. Interviewees said that the turnover of facilitators and of a key committee member sapped the group's momentum and stalled progress.
- *Organizational buy-in*, or the lack thereof, was described as another challenge to the NSSC process. Many interviewees noted that towards the end of the process, questions were raised about whether WSHA members would follow through on NSSC agreements. Without the guarantee of organizational buy-in, some participants grew skeptical of the NSSC process.
- After receiving funding from the legislature in their inaugural year, NSSC members relied on self-funding efforts to sustain the group's work through 2011. While nearly half of all interviewees acknowledged the *funding inadequacy* as another challenge, most agreed that finances were not the primary reason the NSSC stopped formally meeting.

Areas where less success was achieved
- *Meal and rest breaks* were mentioned as an area where the NSSC failed to reach a desired outcome. Although it was not a part of the NSSC's original mandate, an advisory committee convened in January of 2011 to try and produce joint legislation on this issue. Despite reaching what had seemed to be a near-consensus, for a variety of reasons the NSSC was not able to introduce a policy recommendation on meal and rest breaks to the legislature.
- The *implementation of NSCs* was another area where interviewees felt more progress could have been made. In their view, although the creation of NSCs had been a notable success, they did not function as intended. The lack of success in this realm is one reason why the parties worked to pass HB 1714 in 2017.
- *Sustained organizational change in perspectives and positions.* This was a final area where interviewees felt the NSSC could have been more successful. Although many interviewees said that the NSSC process strengthened *personal* relationships, they acknowledged that relationships between *organizations* remained largely unchanged.

Regarding the **successes and challenges that the Center encountered in facilitating the NSSC**, a number of themes emerged from our conversations with interviewees:
- *Discussion facilitation and conflict mediation* services provided by the Center were by far the most memorable aspect of the Center's involvement in this project for most participants. Many participants noted the importance of having a neutral facilitator and often spoke highly of the facilitators' ability to mediate conflict. Although the Ruckelshaus Center certainly contributed services beyond facilitation, in many cases interviewees viewed these contributions as managed or mediated by the facilitators.
- Approximately half of the interviewees discussed *neutrality*. All but two of these interviewees characterized the Center and its facilitators as neutral. The perceived neutrality of the Center and its facilitators was important to both keeping the parties focused on their

shared interests and providing cover for people across the political spectrum to support the NSSC process.

- Interviewees also discussed *the Ruckelshaus Center name,* which in their view lent the process "credibility," "authenticity," and "prestige." For both NSSC participants and the legislature, the Center's presence signaled mutual buy-in to the process. Some interviewees expressed disappointment that the Center did not leverage its name more at the outset to generate greater organizational buy-in.

- Approximately half of the interviewees mentioned Center-led *research and fact-finding* efforts. Most found that the nurse staffing research findings commissioned by the Center were useful for establishing a shared information base but did not alter policy positions. Interviewees recalled the Center's later effort to survey the progress of statewide NSC implementation as a challenging process that produced disappointing results.

- Interviewees described the Center's *operations management* and logistical support as critical to the process' sustainability. Without the Center playing the key role of convener, the NSSC may not have met as regularly, as often, or as long—if at all.

- *Group exercises* led by the Center toward the end of the NSSC process were mentioned by only two interviewees. Some interviewees expressed that there were opportunities for the Center to more proactively engage in the process.

Lessons learned for the Ruckelshaus Center's services include:

- Knowledge of collaborative processes and subject matter expertise can both be helpful to facilitators. The Center could consider using co-facilitators in future projects that, together, possess both types of expertise.

- According to some interviewees, the Center could have leveraged its reputation to secure greater buy-in from hospital association members at the beginning of this process. Going forward, the Center should be attuned to the level of organizational buy-in: is the collaboration occurring between organizations, or only between organizational representatives?

- There may be opportunities for the Center to improve its fact-finding process. One interviewee said the Center could do more to set expectations for the parties before engaging a researcher. Specifically, parties without research methodology expertise should expect to work with researchers around project goals, but to leave methodological details largely to the research team. Others said the Center could do more to educate parties about Institutional Review Board protocols, issues around participant confidentiality, and productive ways to work with researchers.

Lessons for future evaluation efforts

The Ruckelshaus Center is in the early stages of an effort to systematically evaluate its past projects. This report is the second such evaluation. The first, entitled *Revisiting Many Waters: An*

Evaluation of the Walla Walla Water Management Initiative authored by UW graduate student, Trevor Robinson, piloted the evaluative approach that the Ruckelshaus Center has developed. The present report uses the same approach to qualitative evaluation, which combines document review with semi-structured interview data gathered from participants and close observers.

We agree with the author of the pilot study that the qualitative, semi-structured interview format was useful for gathering detailed and nuanced information from interviewees, and that leaving definitions of success up to interviewees captured a wider range of impacts than may have been considered if there was an attempt to predetermine these. The team also found a similar benefit from working with the Center's staff and university faculty advisors, although we think that earlier, more intensive help in identifying guiding literature and in developing a more specific research design would have helped the project. We agree with the pilot study's author that this was a very valuable professional development experience for graduate students. Continuing to contract with graduate student project evaluators may be a sustainable approach to evaluation for the Center that is also complementary to its mission.

Overall, we found that though the research team structure and methodology were helpful, the focus and design of the previous evaluation were limited in their effectiveness in evaluating the NSSC due to significant differences in the project from the initial pilot. Because the NSSC is no longer active, external parties were not involved in setting the purpose of the evaluation (as they were in the pilot). Further, the Center had a narrower, and therefore more precise, role in the pilot. These differences meant that our findings are limited in their applicability to external parties, and that instead of testing the effectiveness of specific Ruckelshaus Center activities we engaged in a broader exploration of activities and outcomes.

We believe that the Center and NSSC participants will draw helpful insights from the summary of the document review and interview data in this report. There is significant opportunity in the Center's evaluation methodology to take these insights further through exploring particular aspects of the Center's practice or elements of collaborative governance as established by current literature. Moving forward, we recommend that the Center and future evaluation teams carefully attend to the prior project evaluation author Robinson's guiding feedback:

> *"While the broad components of the [Ruckelshaus Center's] evaluation framework can be replicated to other efforts, the Center will need to carefully match its specific evaluation questions and methods to the context, timing, and needs of each new evaluation project. It will also be important for the Center to consider what it will do with the evaluation results at the conclusion of the effort."*

- Trevor Robinson, *Revisiting Many Waters: An Evaluation of the Walla Walla Water Management Initiative,* December 2016, p. 8

Introduction: Scope and purpose of this evaluation project

On March 23, 2005, the Seattle Times printed an article entitled, "Suit filed over Virginia Mason Medical Center's error."[1] It included a byline that read, "The son of the woman who died after the wrong injection said the hospital's apology was 'public-relations spin.'" Starting in the late 1990's, many articles like this began surfacing across the nation, drawing attention to the issue of patient safety in hospitals. The hospital industry responded to patient safety concerns in a variety of forms, for example with programs that help hospitals identify risk and standardize practices to prevent errors. From the nurses union perspective, these accidents were symptoms of a different problem—what they saw as untenable working conditions in hospitals. Units were understaffed, leading on-duty nurses to juggle care for large numbers of patients. Nurses reported rarely, if ever, taking breaks, as they were simply too busy to step away from their responsibilities. Unions argued that the demanding workload and few rest opportunities led to inevitable mistakes, which became news headlines in Washington state and elsewhere.

In 2004, the state legislature in California fully implemented a law to address similar concerns about patient safety. The "California RN Staffing Ratio Law" established minimum nurse-to-patient staffing levels for hospitals in the state.[2] It is the first, and still the only state to do so. Soon after, nurses unions in Washington began advocating in the state legislature for a similar law. Hospitals, concerned about patient safety but apprehensive about the financial implications of a statewide staffing ratio law, sought alternatives to legislation.[3] In 2007, leaders representing nurses unions and hospitals met to discuss alternative forums for working together on the staffing issues at the root of these high-profile patient safety incidents. The parties agreed to try a formal collaboration process and approached the William D. Ruckelshaus Center (hereafter the Ruckelshaus Center, or the Center) with a request for neutral facilitation services.[4]

With the help of the Ruckelshaus Center, the parties negotiated a landmark Memorandum of Agreement (MOA) in early 2008. The parties also drafted a joint bill, which passed as Engrossed Second Substitute House Bill 3123 (E2SHB) in February of 2008.[5] E2SHB 3123 mandated the

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[1] Carol M. Ostrom, "Suit Filed over Virginia Mason Medical Center's Error," The Seattle Times, March 22, 2005, https://www.seattletimes.com/seattle-news/suit-filed-over-virginia-mason-medical-centers-error/.

[2] The text of California State Assembly Bill 394 can be accessed by following: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=199920000AB394.

[3] A timeline and summary of this legislation is included in Appendix A.

[4] The William D. Ruckelshaus Center is a neutral resource for collaborative problem solving in the State of Washington and the Pacific Northwest, dedicated to assisting public, private, tribal, non-profit, and other community leaders in their efforts to build consensus and resolve conflicts around difficult public policy issues. It is a joint effort of Washington State University, where it is hosted and administered by WSU Extension, and the University of Washington where it is hosted by the Daniel J. Evans School of Public Policy and Governance.

[5] The text of ES2HB 3123 can be accessed by following: http://apps2.leg.wa.gov/billsummary?BillNumber=3123&Year=2007&BillNumber=3123&Year=2007.

formation of Nurse Staffing Committees (NSCs) in hospitals across the state. The legislation required that NSCs include both nurses employed at hospitals and hospital administration representatives. The NSCs would provide nurses and hospital executives with a space to collaborate on issues pertaining to nurse staffing, including staffing ratios and rest breaks.

The legislation was a breakthrough, as it avoided mandating statewide staffing ratios yet established a process for working on issues related to nurse staffing. To help the localized approach functioned as intended, the parties that signed onto the MOA elected to continue their working group. E2SHB 3123 included language that formally supported a statewide Nurse Staffing Steering Committee (hereafter NSSC, or Steering Committee) with the Ruckelshaus Center providing neutral facilitation services for its work. The NSSC's mission was to assist hospitals as they worked to establish NSCs, and to continue collaborating on policy solutions of statewide interest pertaining to nurse staffing issues.

Nurse Staffing Steering Committee Participants

Meeting over nearly four years, the NSSC was made up of leaders of the state hospital association, nurse executives in the hospitals, and nurses unions. There was not always agreement between unions, nor consensus among hospital executives. However, nurses and hospitals generally represented the two sides of the conflict.

Participating organizations in the NSSC were: three unions which together represented nearly 75,000 nurses in Washington--Service Employees International Union Healthcare 1199NW (SEIU), United Food and Commercial Workers UFCW 141 Nurses Union (UFCW), and Washington State Nurses Association (WSNA); and two organizations representing hospital management interests--the Northwest Organization of Nurse Executives (NWONE); and the Washington State Hospital Association (WSHA). We have included a description of these organizations' missions and constituencies in Appendix C. Two representatives from each of these organizations came together nearly monthly for meetings that were facilitated by a team from the Ruckelshaus Center.

Figure 1: Image of the NSSC letterhead from a 2009 report showing the logos of the participating organizations

Through these monthly meetings and several subcommittees, the five participating organizations engaged in joint data collection efforts, led nurse staffing improvement pilot projects, held large educational events on NSC implementation, and continued to seek agreement about problematic

statewide staffing issues. The Center facilitated the meetings, documented the work of the committees, coordinated research commissioned by NSSC with the University of Washington (UW) and Washington State University (WSU), and issued reports to the Legislature on the NSSC's progress through the end of 2011. The NSSC discontinued its formal meetings at the end of 2011, after nearly four years. (A timeline of the NSSC's milestones and outputs is included in Appendix B.)

The Report – Purpose and Research Questions

The Ruckelshaus Center is committed to learning from its past work to establish best practices and foster process improvement. The Nurse Staffing Project represents an especially attractive learning opportunity for the Center for two reasons. First, current staff were not present at the Center for the majority of the Nurse Staffing Project's duration, and the Project did not end in a consensus policy agreement among the parties. Current Center Staff are therefore interested in learning about what happened during this project. Second, the Nurse Staffing Project represented the Center's first foray into health policy, so it provides an opportunity for learning lessons that can inform the Center's more recent Collaborative Health Policy Initiative.[6]

This report is thus structured around the following research purposes relating to the Nurse Staffing Project:
1. What did the Ruckelshaus Center do? What were the results of the Ruckelshaus Center's work?
2. What did the NSSC do? What were the results of the NSSC's work?

Answering these questions provides the basis for evaluating both the Center's work on this issue and the public policy outcomes. This evaluation considers:
- The successes and challenges that arose during the NSSC process;
- The successes that the Ruckelshaus Center had in facilitating the NSSC, as well as the challenges that the Center encountered; and
- Lessons learned from the Nurse Staffing Project—what parts of the Ruckelshaus Center's approach worked well and what could be improved?

The Center also hopes that revisiting the NSSC's work will prove useful for anyone interested in the nurse staffing policy process in Washington.

Evaluating Ruckelshaus Center Projects

The Ruckelshaus Center is currently engaged in the early stages of an effort to systematically evaluate its past projects. This report is the second such evaluation. The first, entitled *Revisiting Many Waters: An Evaluation of the Walla Walla Water Management Initiative* (Robinson, 2016),

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[6] For more information about the Center's Collaborative Health Policy Initiative see, "Collaborative Health Policy." August 29, 2017. http://ruckelshauscenter.wsu.edu/health-policy/.

piloted the evaluative approach that the Ruckelshaus Center has developed. The present report uses the same approach to evaluation, which combines document review with semi-structured interview data gathered from participants and close observers.

Given the Ruckelshaus Center's goal of ongoing project evaluation, this report contains a chapter (Part V) that reflects on the investigative methodology used. Questions considered in that chapter include:

- How well did the methodology work given the differences between the *Nurse Staffing Project* process and the *Walla Walla Water Management Initiative*?
- What recommendations does the student consulting team have regarding the Center's future evaluation efforts?

The Research Team

The authors and lead data collectors for this report are second year Master of Public Administration (MPA) students at the Evans School of Public Policy and Governance at the University of Washington. They produced this report as part of the Evans School's Student Consulting Lab capstone project program.

Director and WSU Extension faculty/UW Evans affiliate faculty member Michael Kern advised the authors on research questions, interview protocols, and the project overall. Project and Program Manager Molly Stenovec served as their primary contact within the Center, provided key guidance, and assisted with data collection. Project and Research Lead and WSU Extension faculty member Amanda Murphy helped the researchers develop data collection and analysis methods. Senior Facilitator and WSU Extension faculty member Kevin Harris provided background knowledge of the historical and current health care policy landscape. UW Evans School Associate Dean Craig Thomas helped researchers identify resources for evaluating collaborative governance.[7] WSU Evaluation Specialist and faculty member Rebecca Sero provided key assistance in guiding the project through the Institutional Review Board (IRB) process related to the ethical treatment of human subjects in research, and in developing the interview protocol. The project was conducted under the overall Evans School faculty supervision of Evans School Professor William Zumeta.

Overview of Methodology

This report is a qualitative investigation. The principal methods of data collection are document review and systematic semi-structured interviews. The interviewee pool comprised people who were involved in the Nurse Staffing Project in one of three ways: (1) through an affiliation with the Ruckelshaus Center; (2) through direct participation on the Steering Committee; or (3)

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[7] Appendix F. is a summary of collaborative governance process concepts that we found useful.

through familiarity with the nurse staffing policy conflict.[8] We followed the same general protocol for all interviews. Questions were open-ended, which allowed interviewees to express unique perspectives regarding the goals and outcomes of the NSSC process.[9] We used a constant comparative method to analyze interview data.[10] Themes emerged in the data through iterative coding and constant comparisons of key ideas across questions and interviews. Our team supplemented interview data with a review of relevant available documents. These included Steering Committee minutes and progress reports, Nurse Staffing Project notes and files from the Ruckelshaus Center, press reports, legislative reports, and legal opinions from the period under study. This report presents findings based on the document review and interview data.

Navigating this Report

We prepared this report with an understanding that readers will be interested in different chapters for different reasons. Parts I and II should be of interest to all readers, as these chapters tell the story of the Nurse Staffing Steering Committee. Part III presents evaluation findings regarding the Nurse Staffing Steering Committee. This section may be particularly useful to NSSC participants and other individuals interested in nurse staffing policy. Part IV presents evaluation findings regarding the Ruckelshaus Center's efforts, and Part V discusses takeaways for the Center's future evaluation efforts. Parts IV and V may be of particular interest to Ruckelshaus Center staff, Advisory Board members, collaborative governance practitioners, scholars and evaluators, and future students, interns or other professionals evaluating the Center's work.

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[8] A list of interviewees who agreed to have their names published is included in Appendix D.

[9] Interview questions are included in Appendix E.

[10] A description of this method is found in David Silverman, *Interpreting Qualitative Data* (Los Angeles, CA: Sage, 2015), p. 97-99.

Methodology

General Approach

The Ruckelshaus Center has developed a qualitative project evaluation methodology that is structured around interviews of knowledgeable parties and review of relevant documents. We adapted this methodology to the Nurse Staffing Project context and used it to investigate our research questions. The qualitative methodology was appropriate for answering the research questions, which are restated below:

1. What did the Ruckelshaus Center do? What were the results of the Ruckelshaus Center's work?
2. What did the NSSC do? What were the results of the NSSC's work?

These questions entail two types of investigation at both the Ruckelshaus Center level, and at the NSSC level: investigation into both (1) what happened and (2) what resulted. The first type of question--research into *what happened*--fits a qualitative methodology because it is descriptive in nature. Answering the question entails telling a story about what occurred at the NSSC meetings—Who was present? What did they do? When did things happen? What did people think and feel during the process? These questions are best answered through interviews and document review.

The second type of question—research into *what resulted*—also fits a qualitative methodology when it is exploratory in nature, as is the case here. Instead of testing causality or assessing a program model, exploratory evaluations initiate research without a well-defined theory of the case. They produce hypotheses and ideas that can be more narrowly tested in future evaluations, or that an organization can carry forward in its future work. Taking this exploratory approach, our research team did not aim to assess whether an outcome or set of outcomes can be causally attributed to the NSSC process. Instead, we sought to uncover what key actors believed to have resulted from the NSSC's work. This type of open-ended exploration that captures multiple perspectives is best suited to qualitative methodology.

Data Collection – Document Review

We began reviewing documents in the early stages of the project and continued to do so as files became available. Reading news articles, legislation, and progress reports prepared during the life of the NSSC helped us become familiar with the nurse staffing project's processes. We used the information gathered from document reviews to draft the interview protocol and inform our data analysis.

Ruckelshaus Center Website
We began by reviewing information and documentation that is accessible through the Ruckelshaus Center website.[11] The website contains a project description, lists key parties (both organizations and individuals) that participated in the NSSC, and links to a selection of pertinent documents. These include NSSC progress reports, relevant legislation, and a report on nurse staffing policy and research commissioned by the Committee.

Ruckelshaus Center Documents
We worked with Ruckelshaus Center Project and Program Manager Molly Stenovec to gain access to project documents that the Ruckelshaus Center retained. Due to the large volume of information, we divided the documents among team members for individual review. Team members created summary reports to brief each other on their assigned files. The Ruckelshaus Center documents contained:
- Information about the Ruckelshaus Center's approach to collaborative governance,
- Agendas, notes, and progress reports from NSSC meetings,
- Center emails, meeting notes, and grant applications pertaining to the NSSC,[12]
- Materials from presentations that occurred at NSSC meetings,
- Background documents on nurse staffing policy,
- Reports from the state legislature, notes on hearings, court decisions, legislation, research papers, and news articles.

Data Collection – Interviews

The Interviewee Pool
We participated in a workshop with Molly Stenovec that helped create our potential interviewee pool. In constructing the interviewee pool, we worked with Ms. Stenovec to identify several categories of people involved in the project that were important to include, as shown in the list below.
- NSSC participants (both Committee members and support staff)
- Ruckelshaus Center staff and affiliates
- Center researchers affiliated with WSU and UW
- State policymakers
- Others knowledgeable about the project or subject matter

The broad potential interviewee pool functioned as a basis for establishing the final interviewee list, which included at least one person from each of the groups listed above. We considered

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[11] These documents can be found by visiting: http://ruckelshauscenter.wsu.edu/2013/06/07/nurse-staffing/.

[12] In accordance with university research protocols, personal documents obtained for review were treated with similar anonymity and confidentiality as the information provided in interviews.

several factors when narrowing down the broad field of possible interviewees into a prioritized list for outreach:

- Knowledge of NSSC activities,
- Knowledge of NSSC outcomes,
- Knowledge of Ruckelshaus Center activities,
- Ability to speak to Ruckelshaus Center's effectiveness in this project,
- Knowledge of nurse staffing policy in Washington state at the relevant times,
- Affiliated organization or entity leadership role,
- Timeline—the part of the NSSC process that an individual was present for.

In addition to drawing interviewees from the potential interviewee pool, we also used a chain referral sampling method. Interviewers asked each interviewee whom they thought it was important to talk to as part of the evaluation. A subset of interview slots was reserved for participants identified via this method. A list of interviewees who agreed to have their names published is included in Appendix D.

Interview Protocol[13]
Interviews began on March 26, 2018 and concluded on May 10, 2018. We interviewed a total of 20 individuals. Each interview was conducted with a single interviewee—there were no group interviews or focus groups. Interviews occurred either by telephone or in person. In almost every case, at least two members of the research team were present during the interview. One researcher led the conversation and asked questions and the other(s) took notes. The note-taker(s) occasionally asked follow-up or clarifying questions during the interview.

Interviews were semi-structured, with open-ended questions and probes. A list of the interview questions is included in Appendix E. Interviewers made sure that the interviewees provided responses to all of the questions in the protocol, within the voluntary nature and protocols of the interview, although the order of responses occasionally varied with the conversational flow. All interviewees had the opportunity to review a draft of this report for factual accuracy and omissions.

Note-taking
Conversations were not recorded. Instead, a member of the research team took notes during the interview. The note-taker summarized key themes and ideas from an interviewee's responses and recorded key direct quotes. Team members reviewed notes at the end of each interview to organize response data and edit notes for clarity and readability.

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[13] All interviews were conducted consistent with university human subjects research protocols. The WSU Institutional Review Board approved the protocol, and deemed it exempt from further review.

Coding and Analysis

We used a constant comparative method to analyze interview response data.[14] This entailed an iterative process in which each member of the research team coded data for themes. We compared analysis across coders, questions, and interviewees to identify emergent themes in the data. The relationships found across themes and sub-themes formed the core evidence for answering the research questions. Information from the document review supplemented the interview data analysis.

Limitations

As was noted in the section covering our general approach to evaluation, this report does not seek to formally measure outcomes and impacts. A formal examination of collaborative outcomes would require extensive data on relevant ex-ante and ex-post measures.[15] Neither the Center's pilot evaluation nor the current report entailed data collection that would allow for measuring outcomes in a causally conclusive manner. Instead, our research design relies primarily upon interviewee perceptions of both the NSSC and the Ruckelshaus Center to explore the successes, challenges, and lessons learned in this project.

Second, although interviewee perceptions provided the team with rich and detailed information, these data have limitations. As Robinson points out in his report, interviewee perceptions may be vulnerable to the "halo effect" wherein interviewee responses are biased by opinions of the collaborative effort or current status of the policy conflict.[16] In addition to possible underlying biases, interviewee perceptions may also be sensitive to the passage of time such that certain aspects of a collaborative effort may be misremembered or absent from a recollection altogether.

Considering these constraints and limitations, this report should be understood as primarily exploratory in nature. Where a more formal outcome evaluation may have been desired, such an evaluation was neither feasible nor was it requested from the Ruckelshaus Center. Using the methodology detailed in this chapter, this report's findings are sufficient for:
- Informing interested parties about past and current efforts on nurse staffing-related policies in Washington state,
- Summarizing what former participants and associates think about their time within or outside of the NSSC,
- Summarizing the perceptions about the Center's contributions to the NSSC, and
- Building on the Center's evaluation methodology.

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[14] For more detail on this method, see Silverman, *Interpreting Qualitative Data,* p. 97-99.

[15] Trevor Robinson, *Revisiting Many Waters: An Evaluation of the Walla Walla Water Management Initiative*, December 2016, p. 68, http://ruckelshauscenter.wsu.edu/wp-content/uploads/sites/74/2016/12/WW-Eval-Report_Final-Version_2016.pdf.

[16] Ibid.

Part I: Nurse Staffing Policy Context

Before the NSSC was formally recognized through the language of Engrossed Second Substitute House Bill 3123, issues related to nurse staffing in the State of Washington had been evolving for decades. To understand the broader context in which the NSSC came together, this chapter presents an overview of the nurse staffing issues and challenges that hospitals and nurses unions faced, the contributing factors to those challenges, and, finally, how that setting paved the way for the formation of the NSSC.

Overview of Nurse Staffing Issues

In the years prior to the NSSC, long-standing disagreements between hospitals and nurses unions centered on several key nurse-staffing related issues. These included nurse staffing ratios, meal and rest breaks, and mandatory overtime.

Staffing Ratios
The issue of nurse staffing ratios concerns the number of patients that are assigned to a nurse's workload. In healthcare facilities, staffing ratios may be influenced by policies that take into account census fluctuations, but set minimum staffing levels (as may be done when a minimum number of nurse personnel are required on a given shift) or by mandating a strict numerical ratio for the allowable number of patients per nurse.

Meal and Rest Breaks
Washington state labor laws grant public and private employees the right to meal or rest periods for fixed periods of time.[17] Where the nature of the work allows employees to take intermittent rest periods equivalent to the standard break time, however, uninterrupted rest periods are not required. This exception is often observed in healthcare facilities where intermittent (as opposed to uninterrupted) rest breaks have become common practice.

Mandatory Overtime
Washington state law also maintains that no employee of a healthcare facility is required to work overtime.[18] Acceptance of overtime work by any employee is, furthermore, strictly voluntary. Notable exceptions to these provisions include: overtime work that occurs because of pre-scheduled on-call time, overtime work that occurs when the employer has made reasonable efforts to obtain staffing but cannot, or overtime work that occurs when a procedure in-progress must be completed. Under these exceptions, licensed practical nurses and registered nurses may be required to work mandatory overtime in acute healthcare facilities across the state.

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[17] Statutes related to meal and rest breaks are specified in the Washington Administrative Code (WAC) 296-126-092: http://app.leg.wa.gov/WAC/default.aspx?cite=296-126-092.

[18] Statutes related to mandatory overtime in healthcare facilities are specified in the Revised Code of Washington (RCW) 49.28.130 and RCW 49.28.140: https://app.leg.wa.gov/rcw/default.aspx?cite=49.28.140.

Overview of the Conflict between Hospitals and Nurses Unions on Nurse Staffing Issues

The three nurse staffing issues laid out above represent key topics of disagreement between hospitals and nurses unions in the years preceding the NSSC.[19] To understand the nature of these disagreements, it is important to consider the perspectives that hospitals and nurses unions took on these issues.

Hospitals' Perspective
From the hospitals' perspective, issues related to nurse staffing have typically been defined by economic considerations. Over the past several decades, healthcare costs have been growing faster than the overall rate of inflation in the economy.[20] While the sources of these rising costs are not entirely understood, hospitals in the State of Washington (and other states) have had to turn to cost-containment strategies as a way of protecting both patient accessibility to healthcare and their own financial solvency.[21]

Cost-containment strategies began targeting registered nurse positions in both middle management and direct care in the 1990s, as these positions became the costliest component of the hospital workforce.[22] Common cost-containment efforts included reducing patient length of stay, eliminating nursing positions, substituting unlicensed or non-RN personnel for registered nurses, and consolidating middle management.[23] These strategies increased patient workloads for nurses but allowed hospitals to continue operating through growing financial strain.[24]

Historically, budget concerns and sensitivity to rising costs of care has meant that hospitals resist policies requiring higher staffing ratios, citing no empirical evidence that show implementing ratios improves patient safety in hospitals. Hospitals also oppose fixed statewide nurse staffing ratios on the grounds that each individual hospital has a unique financial position. Further, chronic nurse staffing shortages have compounded hospitals' economic concerns. This impacts hospitals' positions on other nurse staffing issues, leading them to support continued use of intermittent break periods and mandatory overtime.[25]

Nurses Unions' Perspective

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[19] Between 2003 and 2008, nurses unions introduced a handful of legislative initiatives concerning these three issues. To learn more about the contents of these initiatives, see Appendix A.
[20] Thomas Bodenheimer, "High and Rising Health Care Costs. Part 1: Seeking an Explanation," *Annals of Internal Medicine* 142, no. 10 (May 17, 2005): p. 847, doi:10.7326/0003-4819-142-10-200505170-00010.
[21] Ibid., p. 849.
[22] Pamela Mitchell, *Nurse Staffing – A Summary of Current Research, Opinion, and Policy,* report, August 2009, p. 7, http://ruckelshauscenter.wsu.edu/wp-content/uploads/sites/74/2013/06/NurseStaffingfinal.pdf.
[23] Ibid., p. 24.
[24] Ibid.
[25] These arguments are provided in greater detail in Appendix A.

Nurses unions have typically framed nurse staffing issues in terms of patient safety and quality of work considerations. Around the time that hospitals began pursuing cost-containment strategies, a growing body of literature began to establish an association between nurse staffing levels and patient outcomes.[26] During this same period, nurses began to feel the strains of cost-containment on their professional environments. Nurses unions argued that the reduction in patient-nurse time resulting from cost-containment efforts was not only leading to adverse health and safety outcomes for patients but was also pushing nurses to exhaustion and professional burnout.[27]

On issues of nurse staffing ratios, nurses unions have supported policies which help to regulate and establish staffing levels in hospitals throughout the state. Citing the importance of having a dedicated period for rest and relaxation, nurses unions have also supported legislation for uninterrupted meal and rest breaks.[28] On the issue of mandatory overtime, unions have argued that exemptions listed in overtime laws force nurses into longer hours and compromise patient care as a result. Nurses unions have thus supported actions to change the language of these exemptions.

Seeking Venues for Conflict Resolution

Hospitals and nurses unions have, over the past two decades, aired their disagreements over nurse staffing issues at the bargaining table, in state courts, and in the state legislature. Coincident with the beginning of these disputes, the Institute of Medicine began publishing its *Crossing the Quality Chasm* series in the early 2000s.[29] Alongside extant literature and the experiences of nurses during the cost-containment era, the reports from the Institute of Medicine brought a heightened level of attention to nurse staffing issues. From this increased attention, an opportunity was created for the nurse staffing dispute to move from the realm of academic studies to applied public policy.

Nurse Staffing Legislation Leading up to the NSSC

Within this context of increasing attention on nurse staffing issues, hospitals and nurses unions argued their respective cases in the state legislature. Unions made repeated efforts to change the status quo through legislation. Hospitals opposed the union-backed legislation, preferring to engage with nurse staffing issues through collective bargaining, which would avoid statewide

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[26] Mitchell, *Nurse Staffing*, p. 10-17.

[27] Ibid., p. 8.

[28] See the entry for HB 2824 in Appendix A.

[29] The Institute of Medicine is a private, nonprofit organization that works with the federal government on public health policy issues. It is part of the National Academies, which operate under a congressional charter that was signed by President Lincoln in 1863. For more information, visit the National Academies' website http://www.nationalacademies.org/hmd/.

mandates. Between 2003 and 2007, more than ten bills were introduced to the state legislature.[30] None, however, passed.[31]

The series of legislative battles that played out over these years underscored the difficulty of creating nurse staffing policy. While the ongoing legislative proposals demonstrated some evolution in thought and stance, the two sides remained largely polarized. HB 1809, which the nurses unions introduced in the 2007 legislative session, represented the final legislative action before the formation of the NSSC. In nearly securing a passing vote, HB 1809 signaled to hospitals that nurses unions may indeed have been able to pass statewide nurse staffing policy through the legislature.

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[30] This count includes companion bills.

[31] For details on the legislation introduced in this period, see Appendix A.

Part II: The Nurse Staffing Steering Committee

In the wake of the bitter debate over the 2007 Patient Safety Act (HB 1809), key leadership from the Washington State Hospital Association heard a presentation by Bill Ruckelshaus, about the services offered by the Center, which was establishing a reputation statewide as a neutral, university-based policy-consensus facilitator.[32] [33] Using their personal networks and pre-existing relationships, these leaders, and those from the five organizations eventually named in the NSSC, came together in late 2007 and early 2008 to discuss using a Ruckelshaus Center process as an alternative to legislation for resolving the nurse staffing ratio conflict and other contentious nurse staffing issues.[34]

The Center hosted and mediated these early meetings, which eventually produced a negotiated Memorandum of Agreement (MOA) and jointly drafted nurse staffing bill, called a "landmark" in the press, which was the first of its kind for addressing nurse staffing ratios.[35] This MOA was signed on a stage in Olympia at a press event led by Governor Christine Gregoire with the leadership of the five organizations and Ruckelshaus Center staff on February 5th, 2008. The MOA committed the five parties to not pursue any elements of HB 1809, instead to support their jointly drafted Safe Nurse Staffing Act (E2SHB 3123).

This new bill required hospitals to establish nurse staffing committees (NSCs) that would produce annual nurse staffing plans. The bill further encouraged the five organizations to continue the "Ruckelshaus Center Process." The MOA outlined a scope of work for the NSSC that included supporting the implementation of the local staffing committees and collaborating to identify evidence-based practices related to patient safety and nurse staffing.

Below is a summary of the work done by the NSSC in the more than three years that it convened (from March 2008 through December 2011). We used meeting summaries, news items, and other relevant documentation to establish activities and outputs of the NSSC; however, due to incomplete or unclear documentation, our account may not be entirely comprehensive. This chapter relies upon the structure and guidelines originally laid out in the 2008 MOA. (Appendix B contains a chronological list of key actions and activities.)

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[32] Bill Ruckelshaus, a former Administrator of the United States Environmental Protection Agency in the Nixon and Reagan administrations, is the founder and current Advisory Board Chair for the Ruckelshaus Center.
[33] Peter Lewis, "State turns to the Ruckelshaus Center to mediate land-use dispute", *UW News,* May 8, 2007, http://www.washington.edu/news/2007/05/08/state-turns-to-ruckelshaus-center-to-mediate-land-use-dispute/.
[34] These are: Northwest Organization of Nurse Executives; SEIU Healthcare 1199NW; United Staff Nurses, UFCW 141, Washington State Hospital Association Washington State Nurses Association.
[35] Carol M. Ostrom, "Nurses Closer to Getting 'decision-making Power'," *The Seattle Times*, February 5, 2008, , https://www.seattletimes.com/seattle-news/nurses-closer-to-getting-decision-making-power/.

Structure and Meetings of the NSSC

The NSSC was comprised of two members from each of the founding organizations. For most of the organizations, these members were the executive/president, and a government relations/policy lead. The committee was facilitated by a representative of the Ruckelshaus Center and supported by a program coordinator from the Center. In the MOA, the members agreed to meet monthly, beginning in March of 2008 through November of 2009, with an option to continue if mutually desired.

The available meeting documentation shows that the membership and meeting attendance of the Committee remained consistent throughout 2008-2011. There were 11 meetings in 2008, 10 in 2009, 8 in 2010, and at least 6 in 2011. These meetings were scheduled to run from between 2 hours long to an entire day. The meeting records indicate that members of the NSSC often held additional phone and in person meetings before and in between Committee meetings to discuss work and caucus. The NSSC also formed at least four advisory committees, which met outside of the main committee meetings as well. These meetings were consistently attended by the founding members of the NSSC.[36] Throughout the three years the only changes were the retirements of WSHA's President/CEO and the first Ruckelshaus Center facilitator.

Goals, Activities, and Outputs

Implementation of Local Committees
The most significant aspect of the jointly drafted E2SHB 3123 was the requirement that all Washington hospitals set up a nurse staffing committee. The bill required that NSCs contain at least 50% staff nurses. The remaining portion was to be comprised of hospital management. These two groups were to work together on creating an annual nurse staffing plan.[37] Staffing plans set nurse staffing levels for each unit and each shift to ensure that nurses can meet patients' needs. This local approach, with direct input from staff nurses, was the first of its kind in the country. It was intended to answer both parties' concerns regarding mandated ratios. In a

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[36] Of the 28 NSSC meetings with attendance records, in 24 meetings at least 8 out of the 10 members were present. In all but 3 meetings all five organizations were represented. Two members were present for all 28 of the meetings. Of these 28 meetings, 2 were held by telephone with the rest held in person. The group alternated meeting locations between the headquarters of WSNA, SEIU 1199, WSHA, hotels near the Sea-Tac airport, and a group member's home. There were four facilitators from the Ruckelshaus Center throughout the meetings of the NSSC. The first was with the NSSC from its first meetings through June of 2009, the second from July 2009 through December of 2011, with the other two stepping in either to lead a particular agenda item or in the primary facilitator's absence. Three of the four facilitators were at some point a Director or Interim Director of the Center. The program coordinator role was primarily held by one person, who attended 22 of the 28 recorded meetings from October of 2008 and Fall 2011.

[37] As defined by RCW 70.41.420, staff nurses are "registered nurses currently providing direct patient care." http://apps.leg.wa.gov/rcw/default.aspx?cite=70.41.420

national publication highlighting this collaborative approach, the Robert Wood Johnson Foundation captured this dual interest in two quotes from members of the NSSC:[38]

"The committees give staff nurses a much-needed channel for communicating their bedside knowledge to help hospitals see what is needed to safely care for patients," says Sharon Ness, RN, steering committee representative for the United Staff Nurses Union, Local 141 UFCW.

"If we don't accomplish [the use of evidence-based staffing standards tailored to different hospital types and sizes], we won't have succeeded," says Leo Greenawalt, president and CEO of the Washington State Hospital Association (WSHA).

In the MOA, the NSSC members set out a scope of work to support the implementation of the local NSCs, including: 1) monitoring hospitals to understand if they have established an NSC and are following the structure and responsibilities outlined in E2SHB 3123; 2) providing training, resources, and a 'learning community' to NSCs; and, 3) collecting and acting upon written explanations the hospital CEOs were to provide if they rejected their NSC's recommended staffing plan.

1) The meeting documents and progress reports to the legislature show several attempts by the NSSC to understand how well NSCs were being established, and whether they were meeting the responsibilities laid out in the law.[39] In 2009, the NSSC designed and sent out its own survey to hospitals asking about the establishment, composition, and operation of the NSCs, as well as the development and implementation of the plans produced by the NSCs. They intended to conduct similar surveys biannually. Although they received responses from 66 hospitals out of the approximately 97 in the state by November 2009, the Committee did not find the data particularly useful. It began exploring the possibility of utilizing Ruckelshaus Center connections to draw on the survey and focus group expertise of WSU's survey research center.

The Committee elected to engage the WSU survey research center but, due in part to a technical failure and funding delays, the WSU survey was not launched until September of 2010. It took until the summer of 2010 for WSU researchers to develop a final analysis of results. The NSSC was ultimately unsatisfied with the survey's results and held discussions about seeking focus group feedback to better understand the state of NSC implementation.

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[38] Jerri Span, *Addressing the Quality and Safety Gap—Part I: Case Studies in Transforming Hospital Nursing and Building Cultures of Safety,* report, ed. Maryjoan D. Ladden and Susan B. Hassmiller, July 2009, p. 7-8, https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2009/rwjf43263.

[39] E2SHB 3123 added language to RCW 70.41.130 regarding hospital licensing and regulation. Official enforcement of these additions were carried out by the Department of Health on an 18-month inspection cycle. The penalty for a hospital found to be in violation of these new provisions was denial, suspension, revocation, or modification of the hospital's license to operate. View RCW 70.41.130 here: http://app.leg.wa.gov/RCW/default.aspx?cite=70.41.130

In another set-back to the NSSC's efforts to understand the progress of local NSCs, in October of 2010 the NSSC became aware that the Department of Health (DOH) licensing survey had not been updated since the passage of E2SHB 3123. This was important because the DOH survey was the primary regulatory mechanism for the NSC requirement. With the DOH licensing inspections not collecting data from hospitals about their compliance with NSC requirements, the Steering Committee lacked critical implementation information. The NSSC acted quickly to lobby the DOH to amend the licensing survey to include questions regarding NSCs.

2) The NSSC established an Education Advisory Committee early in 2008, shortly after the signing of the MOA, to provide training and resources, and to establish a 'learning community' among NSC members. In the summer of 2008 over 600 staff nurses, hospital chief nurses, union leaders, and hospital management members attended trainings about the new legislation, staff scheduling and budgeting, and conflict management for problem resolution. They had many discussions about how and where to build an information base for NSCs, although a website was never created due to maintenance concerns. They continued to hold webinars and trainings through the end of 2011 on topics such as: nurse-sensitive quality indicators, workshops on staffing and budgeting, meal and rest breaks, and regulatory compliance. The Education Advisory Committee completed a NSC 'toolkit' for distribution to the NSSC membership in late 2010.

3) E2SHB 3123 included a provision that if the chief executive officer of a hospital did not accept the NSC's staffing plan, she was required to provide a written explanation for the rejection to the NSC. The NSSC MOA outlined a mechanism by which the NSSC would review all these explanations and use them to develop best practices and intervene as necessary. Throughout 2008-2011, the NSSC only received two such explanations, although NSSC members reported in meetings that they were aware of more rejected NSCs. The NSSC discussed improving this mechanism, but the meeting notes do not show that any formal efforts to do so were implemented.

Promoting Evidence-Based Practices for Nurse Staffing and Patient Safety
The 2008 MOA and E2SHB 3123 described the on-going work of the NSSC as collaboration around promoting evidence-based practices for nurse staffing, grounded in shared concerns that staffing ratios (like those implemented in California) were not based on reliable evidence connecting nurse staffing to patient safety. The NSSC's evidence collection efforts centered on: 1) a summary of nurse staffing research; 2) statewide collection of Nurse Staffing Quality Indicators (NSQIs); 3) nurse staffing at the time of Adverse Events in hospitals, and; 4) the use of Immediate Staffing Alerts to aid nurses when they experience a critical staffing shortage.

1) The NSSC worked with a faculty member from the UW School of Nursing in 2008 and 2009 to prepare and publish a paper to serve as a common knowledge base for the Committee around the current research on nurse staffing and its effects on patient outcomes.[40] Throughout 2008 the NSSC brought leading national experts in to their monthly meetings to both hear about their research, and to engage the experts to help them establish common ground across each side's previously held assumptions and prior research efforts. The Online Journal of Issues in Nursing published a review and summary of the report in January 2010.[41]

The NSSC also drafted a 'shared beliefs' document from the report to be used internally by the NSSC in its decision-making. The Center facilitator and program coordinator updated the report with an annotated bibliography in the autumn of 2011 so it could be used in planned discussions around minimum staffing requirements.

2) The 2008 MOA also included the task of collecting common statewide Nurse Sensitive Quality Indicators (NSQIs) to examine on a statewide level for guidance on nurse staffing decisions. A NSQI is an indicator of patient care quality that is specific to actions or influence by staff nurses.[42] The committee sent a survey to all hospitals very soon after beginning their monthly meetings in 2008, and, by May, had obtained responses from 94 out of 97 hospitals. The NSSC agreed to focus their data collection efforts on five of the NSQIs included in the survey: patient falls, falls with injury, pressure ulcer prevalence, nursing care hours per patient day, and skill mix.[43]

The NSSC explored several options for how to store and report this data. The Committee ultimately chose WSHA and a collaborative partner of NWONE, the Collaborative Alliance for Nursing Outcomes (CALNOC), to lead these efforts. According to meeting records, they initially pursued funding to support all Washington hospitals to be a part of CALNOC, though the effort was unsuccessful. WSHA had a team working on and reporting about the data collection efforts from 2008 through 2011. However, by early 2011 the NSSC ran into issues around not being able to use CALNOC-stored data due to contract restrictions. The Committee did not find a lot of helpful information from the aggregated data that WSHA held. They ended their March 2011 meeting with a future

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[40] To view this report, see Mitchell, *Nurse Staffing*, p. 1-37.

[41] Greer Glazer, "Legislative: Executive Summary of the Report of the Ruckelshaus Center Nurse Staffing Steering Committee (State of Washington)," *The Online Journal in Issues of Nursing* 15, no. 1 (January 2010):, doi:10.3912/OJIN.Vol15No01LegCol01.

[42] To learn more about NSQIs see, Isis Montalvo, "The National Database of Nursing Quality Indicators (NDNQI)," *The Online Journal in Issues of Nursing* 12, no. 3 (September 2007): , doi:10.3912/OJIN.Vol12No03Man02.

[43] '"Skill mix" refers to the number and relative percentages of registered nurses, licensed practical nurses, and unlicensed assistive personnel among the total number of nursing personnel.' See RCW 70.41.410 for more detail: http://apps.leg.wa.gov/rcw/default.aspx?cite=70.41.410.

agenda item to explore how to improve that data so as to be useful in nurse staffing decisions.

3) Adding an item on the DOH Adverse Event Report form was another key deliverable in the 2008 MOA. The DOH defines Adverse Events as "medical errors that healthcare facilities could and should have avoided." Hospitals are required by law to report these to the DOH.[44] To gather evidence about the connection between nurse staffing and Adverse Events, the NSSC asked the DOH to add questions to their report form asking about the number and types of nursing personnel present, and the number of hours that personnel had been working at the time of each adverse event.

The NSSC made this request to DOH in the summer of 2008, but DOH was not able to incorporate the change until March 2009. Due to budget cuts, DOH was unable to fund the analysis of the collected data. DOH efforts to secure outside grants and Federal funding to support the new data items were reported to be unsuccessful. The NSSC considered exploring alternative research methods for analyzing this collected information, but no further actions were recorded in the available documentation.

4) A final area of evidence collection efforts by the NSSC was the design, development, and pilot of an immediate staffing alert process. This was intended to be a mechanism nurses could trigger for a 'real time' response from management for more staff to address an unsafe patient care situation. An advisory group formed in June 2008 to lead this process. They launched a pilot in 2009 called "Collaborative Staffing Intervention," or CSI. It debuted in four hospitals located in Bremerton, Wenatchee, Everett, and Mount Vernon.

By June, the pilot had produced mixed reviews, with some hospitals not reporting any use of the mechanism. After extending the pilot with little change in response, in April 2010 the NSSC scaled the program back to involve only the Wenatchee hospital. The advisory group sought intensive feedback from pilot participants and designed a relaunch of the pilot to develop a 'model' for CSIs. Although the Committee considered a re-launch of the pilot in late 2010, significant cuts in staff at the Wenatchee hospital in early 2011 sidelined the project.

Joint Policy Recommendations
The evidence collection and collaborative efforts of the NSSC were intended to result in further jointly drafted legislation regarding nurse staffing issues. In the 2008 MOA, the parties formally agreed to not pursue the issues included in HB 1809 and instead address them through the 'Ruckelshaus Center Process.' In their 2009 and 2010 reports to the legislature, the NSSC

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[44] "Adverse Events." https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/AdverseEvents.

reported that they had no joint recommendations, and neither side introduced legislation regarding ratios or minimum staffing standards.

Through 2008-2010 the NSSC member organizations were still engaged in legislative conflict around the meal and rest breaks issue. NSSC members are listed on bill reports for the 2009 HB 1624 and 2010 HB 3024 as testifying against each other. Although meal and rest breaks were not formally included in the scope of the conversations led by the Center, there is indication in the meeting notes that members held side-bar negotiations on this issue. The bills did not pass, but the acrimonious lobbying around them led the NSSC to add discussions about the future of their collaboration to their meeting agendas, including whether to attempt using the Center process to also address meal and rest breaks.

In January of 2011 the group formally agreed to set up a Meal and Rest Breaks (MRB) Advisory Committee made up of five of the NSSC members and five additional members, one from each organization. The NSSC agreed to not introduce new legislation regarding meal and rest breaks in 2011, and charged the advisory committee to attempt drafting joint legislation for the 2012 legislative session. The MRB committee met monthly from May through December of 2011, occasionally under Center facilitation. Despite the many hours and recorded 'good faith' efforts from both sides, they were unable to come to agreement on joint legislation.

Epilogue: 2017-2018 Legislation

A May 2017 press release, issued by WSHA, WSNA, SEIU 1199NW, and UFCW 21,[45] reported Governor Inslee's signing of the 2017 Patient Safety Act - "a collaborative effort to strengthen nurse staffing committees and staffing plans for nurses in hospitals across the state."[46]
Key components of that act include:
- Requiring that hospital administration work with nurses on staffing committees to develop a staffing plan, and that hospitals submit their adopted staffing plan to the Washington State Department of Health.
- Requiring that these committees take into account needs of patients as a primary component in addition to hospital resources and finance when developing a plan and that facilities have control over changes in the plan.
- Allowing nurses to file complaints with the hospital's staffing committee and/or the Department of Health if the staffing plan isn't followed, and requiring that DOH investigate documented complaints. If a hospital fails to correct a substantiated violation, DOH can impose a civil penalty of $100 per day.

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[45] UFCW 141 merged with UFCW 21 in 2012.

[46] "Governor Signs Patient Safety Act, Marking a Step Forward in Strengthening How Hospitals Develop Nurse Staffing Plans," May 8, 2017, https://www.wsna.org/news/2017/governor-signs-patient-safety-act-marking-a-step-forward-in-strengthening-how-hospitals-develop-nurse-staffing-plans.

- Requiring that DOH maintain public inspection records of any civil penalties, administrative actions, or license suspensions or revocations imposed on hospitals.

WSNA characterized the bill's passage on their website as: *"[addressing] WSNA's top issue of safe staffing. The bill creates greater transparency and accountability for nurse staffing plans and the work of nurse staffing committees in hospitals.*[47]

WSHA's statement on the bill begins: *"The new nurse staffing law incorporates some new components into the development of staffing plans and adds a complaint and investigation process while ensuring a reasonable regulatory environment for hospitals."*[48]

In the same legislative session, union-friendly legislative sponsors introduced HB 1715 regarding meal and rest breaks, but it did not pass. The bill reports show hospital and WSHA representatives testifying against the bill, and union representatives testifying in support.[49] WSNA reported that, although the bill ultimately died, it went "through all but the last step of the legislative process – the furthest the bill has progressed."[50]

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[47] "Safe Nurse Staffing," https://www.wsna.org/nursing-practice/safe-nurse-staffing.

[48] Washington State Hospital Association, "2017 Legislative Changes to Nurse Staffing Committee Requirements," news release, July 10, 2017, http://www.wsha.org/articles/2017-legislative-changes-nurse-staffing-committee-requirements/.

[49] To read the bill report of HB 1715, visit: http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bill%20Reports/House/1715%20HBR%20APH%202018.pdf.

[50] "2018 End of Session Report," https://www.wsna.org/legislative-affairs/2018-end-of-session-report.

Part III: Evaluation Findings Regarding the Nurse Staffing Steering Committee

This chapter presents key findings pertaining to the NSSC's involvement in the Nurse Staffing Project. As noted in the introduction, the evaluation explores the following questions:

1. In what ways was the NSSC process successful?
2. What challenges did the NSSC encounter in its work? What aspects of the NSSC process were less successful?

This chapter explores the above questions in two sections. The first section presents key themes and discussion of NSSC successes which emerged during the interviews. Key themes include:

- The Memorandum of Agreement and Nurse Staffing Committee legislation
- Professional relationships among NSSC participants
- NSSC as venue alternative to the legislature and courts
- Joint fact-finding: The Nurse Staffing Research Report
- Groundwork for continued collaboration

The second section presents key themes and discussion of challenges and areas where the process was less successful according to interviewees. Key themes include:

- Challenges
  - Differences in perspectives
  - Turnover in NSSC participants and Ruckelshaus Center staff
  - Organizational buy-in
  - Funding inadequacy

- Areas Where the NSSC Achieved Less Success
  - Meal and rest break policy
  - NSC implementation
  - Sustained organizational change in perspectives

Discussion of challenges and areas where the process achieved less success focuses on factors that may have contributed to the dissolution of the Steering Committee.

Successes

The Memorandum of Agreement and Nurse Staffing Committee Legislation

Findings
In 2008, the NSSC participants created a Memorandum of Agreement (MOA) that laid out a plan for creating nurse staffing committees (NSCs) in hospitals across the state. That same year, the state legislature turned the MOA into Engrossed Second Substitute House Bill 3123. E2SHB

3123 mandated by law that the hospitals create NSCs, and formally supported the continuation of the NSSC process. Nearly all the interviewees identified the MOA and/or E2SHB 3123 as a success of the NSSC process.

Discussion of Key Themes: Lack of Standardization in Staffing Approaches
Our interview data suggest that E2SHB 3123 changed the process for making nurse staffing decisions in hospitals across Washington state. Five interviewees noted that prior to E2SHB 3123 there was no standardized system in the state for creating nurse staffing plans, which specify staffing levels for each unit and shift in a hospital. Three of these respondents used the term "local" or "localized" to characterize how approaches to nurse staffing varied from hospital to hospital. Three more interviewees simply stated that there was no statewide system or process for determining nurse staffing approaches in the years prior to the NSSC. In light of this, E2SHB 3123 represented an important step for the state in establishing nurse staffing guidelines. Given the history of battles between the parties in the legislature and courts, the importance of establishing a statewide process when one previously did not exist, and the consensus around the MOA, it is not surprising that nearly all the interviewees raised the MOA and subsequent E2SHB 3123 legislation as a success.

Professional Relationships among NSSC Participants

Findings
A majority of interviewees discussed establishing and developing of positive professional relationships among NSSC participants as a success of the process. Interviewees described how "trust" and "respect" formed the basis of these professional relationships. Several interviewees further described the relationships as "enduring" beyond the NSSC's work.

Discussion of Key Themes: Trust and Respect
The trust and respect that interviewees identified did not entirely result from the NSSC process. In fact, six interviewees mentioned "trust" while discussing the relationships of NSSC members prior to their formation as a committee. Despite repeated clashes in the legislature and courts that more than one interviewee described as "war," many interviewees expressed respect for other NSSC participants (even those representing the 'opposing' side). These interviewees also expressed that their respect for the other participants grew during the NSSC process. They expressed that the participants conducted the process with "integrity," and that the high level of trust and respect ultimately "was the foundation of the group," as one interviewee put it.

NSSC as a Venue Alternative to the Legislature and Courts

Findings
When asked about successes, over half of the interviewees talked about the NSSC as creating a valuable new venue for working on nurse staffing policy. They described how the parties had been battling over nurse staffing issues in the courts and legislature, and said that finding an alternative venue was a positive step in the process.

Discussion of Key Themes: Mutual Benefit; Sexism in the Legislature

The interviewees asserted that finding an alternative venue to work on nurse staffing policy was good for everyone--the Hospital Association, the nurses unions, and the legislature. Several interviewees noted that the legislature did not want to be caught in the middle of the complicated issue. As one interviewee put it, the legislature was "exasperated," and "did not enjoy being in the middle between hospitals and nurses." Another interviewee echoed that point, saying, "Both sides were effective at arguing their perspectives in Olympia. The legislature did not enjoy being put in the middle between hospitals and nurses." Yet another interviewee described "annual fights" in the legislature. Given the high level of conflict, the interviewees noted that it was in the legislature's interest for the parties to work on the issues in a different venue. The legislature would then enact whatever policy the parties brought to them. In this way, the MOA acted as a "pressure valve" that relieved tension between the parties that for a long time had been playing out before the legislature.

Finding an alternative venue was also beneficial to the hospitals. Several interviewees described how the legislature came very close to passing statewide nurse staffing ratios in 2007, which the Hospital Association strongly opposed. According to interviewees, after the close call, hospital representatives began to see the legislature as dangerous and welcomed the chance to work on issues in a different environment. They viewed the nurses unions as actively pursuing "policies favorable to their cause through legislation." The Ruckelshaus Center process presented a chance to jointly explore best practices.

Interviewees expressed that the change in venue was welcome for nurses unions as well. Interviewees noted that "the political dynamics were tough" in the legislature, and they "were not being successful in that venue." As another interviewee put it, "we were struggling and not getting anywhere." The lack of success made a new approach attractive to the nurses unions. Additionally, some interviewees described sexism in the legislature. "Legislators were not kind. Nursing was primarily a female profession. Lots of sexist comments. Their attitude was, 'sorry we can't accommodate you eating your sandwich.' They had no understanding that nurses may be on break but wondering if a patient will die, or that being on your feet for 8-12 hrs a day is difficult. Very sad." Another interviewee said, "Legislators thought they were being prissy nurses that didn't want to work hard. It's hard to explain what nurses do, and why the issue is important to someone that doesn't do the work." These interviewees expressed that the lack of progress and sexist environment made a new venue attractive. "Some senators that were nurses really tried hard. But it became clear that the nurses and hospital groups needed to work together."

While collaboration was an attractive option, it was not the only alternative to advocating before the legislature or bringing cases in court. The nurses unions also knew they could take a localized, hospital-level approach and work on staffing issues through contracts. For some

participants, if the NSSC did not return results, the next option would be to "just...make progress through the contracts."

Joint Fact-Finding: The Nurse Staffing Research Report

Findings
Several interviewees mentioned the research report, titled "Nurse Staffing--A Summary of Current Research, Opinion, and Policy," as a positive outcome of the process. One interviewee said "(University of Washington School of Nursing faculty member Pam Mitchell's) report was a big success."

Discussion of Key Themes: Common Information Base
Three interviewees connected the success of the nurse staffing research report to its being published in an academic journal. One noted that having a "peer-reviewed, published article" come out of the process was a success. Interviewees also spoke about the value it added to the collaborative process. One interviewee noted that the report helped participants make evidence-based arguments. Another talked about the report's value in establishing a credible information base and a common set of facts.

Most interviewees reported that the joint fact-finding did not produce new information or alter their policy positions in meaningful ways, but was nevertheless useful for defining the problem and establishing facts. One interviewee, however, did describe a specific finding that helped inform their policy position. "The Ruckelshaus Center process helped us to dig into the research and find a more substantive body of research. Finding that fatigue is the result of 12 hour shifts...and not missed breaks, has been important for us to conclude. I think everyone would do well to look at this process and to do this again."

Groundwork for Continued Collaboration

Findings
Several interviewees said that participating on the Steering Committee taught them that collaboration between the parties was possible, and could continue to be part of the process for working on nurse staffing issues. While communication between the parties did exist prior to the NSSC process, the interviewees described the Steering Committee as an opportunity for "more deliberate dialogue." One interviewee described the impact, saying, "It set a precedent for open and regular dialogue which continues. I think issues will continue to be very challenging but it's helpful to have regular communication." In bringing the parties together, the NSSC process helped build relationships and provide a framework that leaders could draw on even after the Steering Committee discontinued its official meetings. As an interviewee said, "One thing that I think was really good about [the NSSC process] was that because of all that work, we have this body that we can go back to when the parties are feeling collaborative."

Discussion of Key Themes: Collaboration on HB 1714; Feasibility of Collaboration;
Professional Relationships Enabling Ongoing Collaboration
According to several interviewees, coming out of the NSSC process with a framework in place
for continued collaboration was important for creating HB 1714. The Bill, entitled "The Patient
Safety Act," passed the state legislature on April 20th, 2017. Describing the process that
produced HB 1714, an interviewee said that they "have used that (the NSSC) model of bringing
stakeholders together to implement new legislation. We are doing that currently. The
Ruckelshaus Center is not involved, but we hired a facilitator, created a budget and a work plan."
Another interview echoed that same sentiment, saying, "UFCW, WSNA, [SEIU] 1199, and
WSHA are at the table. We recently formed a coalition to implement the 2017 law (HB 1714).
Minus the Ruckelshaus Center, we have a facilitator and consultant to help us implement the
law." It appears that HB 1714's passage became more likely as a result of the NSSC
collaborative process.

It appears that several things came out of the NSSC process that created "the unified approach
that continues to exist." Critically, participating in the NSSC process engendered a belief in both
the feasibility and the efficacy of a collaborative approach. One interviewee captures this idea,
saying the Steering Committee demonstrated that "...this was a mechanism available to us. It
showed us that under the right conditions this can be very productive...We are mirroring this
process now." The NSSC process also helped the parties learn about the operational and logistics
side of formal collaboration. An interviewee noted that the parties have set up a budget and work
plan as part of their current collaboration. Finally, the NSSC process helped establish trust and
strong professional relationships that leaders could draw on for continued collaboration. One
interviewee characterized the "lasting effects" of the Steering Committee as "building more trust
with different organizations to work on issues." Another said the parties developed "high quality
relationships" that helped them "use ideas from the NSSC" in their work on recent legislation.

Challenges

Differences in Perspectives

Findings
Nearly every interviewee identified differences in perspective as a central challenge in the NSSC
process. Heading into the process, interviewees said there was "disagreement" about the issues
and "conflict," leading to an "impasse between parties." As one interviewee put it, "Prior to the
Ruckelshaus Center process, there was a clear division between hospitals and unions."
Differences in perspective and some type of impasse are characteristic of situations where
mediators like the Ruckelshaus Center are involved, so it was no surprise to find these present.

Discussion of Key Themes: Shared Goals but Different Priorities; Fatigue

Interviewees consistently reported that trying to find consensus in the face of disagreement and conflict was a central challenge. Despite approaching the issues from different perspectives, the hospitals and unions "had similar goals and values." One interviewee described the parties as having a common interest in patient safety but a set of ancillary interests that created conflict. As we discuss at length in Chapter I, the nurses prioritized working conditions while the hospitals prioritized budgetary concerns.

The divide did not exist only between nurses unions and hospitals. Interviewees pointed out that the nurse executives aligned sometimes with one side, and sometimes with the other. "Nurse execs at the [NSSC] table had a different focus than nurses coming from the bedside. They were more concerned with the fiscal responsibility, despite them (staff nurses) pointing out that staffing levels decrease spending when there are less diseases."

The challenge of constantly searching for common ground amidst the differing perspectives appeared difficult for the participants, especially after several years of work. One interviewee said the extended debating created a sense of "fatalism" about the process, despite there being "no acrimony." Another simply said the process made everyone "tired." Another described "exasperation," saying the inability to reach common ground eventually meant they "didn't have any more arguments for working together." These comments illustrate how the parties' fundamentally different perspectives and positions that the process seemed unable to fully bridge may have contributed to the eventual discontinuation of the NSSC process.

Changes in NSSC Participants and Ruckelshaus Center Staff

Findings
In mid-2009 the Steering Committee facilitator changed. Jon Brock, then Ruckelshaus Center director and a faculty member at the UW Evans School of Public Policy and Governance, initially held the position. Upon his retirement, after an extensive vetting process, he was replaced by Aaron Katz, a senior UW Public Health faculty member. Ruckelshaus Center Interim Director Rob McDaniel assisted with the transition from June-August of 2009. Most interviewees identified this facilitator change as a challenge for the NSSC process.
There was no change in the NSSC participants except for the WSHA CEO's retirement. Nevertheless, many interviewees identified that single participant change as a challenge as well.

Discussion of Key Themes: Lost Momentum; Trust-Building as a Process
Many respondents identified the change in facilitators as a challenge. Several interviewees noted that participants build trust during a collaborative process not only with each other, but also with a facilitator. A change in the facilitator midway through a collaboration, they said, cost the process some momentum. They said that Aaron Katz entering the process with pre-existing relationships with the parties helped mitigate the setback, but they noted there was a setback nonetheless.

Several interviewees also raised former WSHA CEO Leo Greenawalt's retirement as a challenge that affected the process. They described Mr. Greenawalt as a "fantastic leader," a "linchpin," and a "key actor." One interviewee discussed the importance of building relationships to a successful collaborative process and noted that when Mr. Greenawalt exited the process the relationship dynamics changed and "pulled back progress." Each interviewee that raised Mr. Greenawalt's departure also noted that his successor was not a source of problems--only that Mr. Greenawalt had been in the position a long time and had established strong working relationships with the other participants that could not be quickly replaced. Interviewees provided mixed opinions about whether this turnover contributed to the eventual end of the NSSC process. Some believed it was a key factor, while others identified other forces as much more important.

Organizational Buy-In

Findings
Several interviewees identified organizational buy-in as a challenge that the NSSC had a difficult time overcoming. In talking about organizational buy-in, these interviewees drew a distinction between the dynamics that existed in the meeting room between NSSC participants, and the dynamics that existed outside of the room, within the organizations that the participants represented. Without organizational buy-in, they said, an agreement that the NSSC participants reached would not have the intended on-the-ground effect.

Discussion of Key Themes: Administrator Turnover; Hospital Corporatization; Challenges of Moving Members
Several interviewees did not believe that WSHA had the ability to make its constituent members go along with an agreement that the Steering Committee produced. Many interviewees attributed this to what they described as high rates of turnover among hospital administrators, who are responsible for hospital-level policy and budget decisions and play a key role in the NSC process. Interviewees stated that new administrators would come in with low levels of commitment to and understanding of the NSC process. The interviewees identified this as a major challenge for the NSCs, and by extension, for the NSSC. As one interviewee put it, "Any policymaking is hard when there is turnover in hospital administrators. Could be working great with a particular administrator, but then the administrator changes and you start all over."

An interviewee identified hospital corporatization as responsible for low organizational buy-in. This interviewee explained, "When you look at hospital consolidation, you have powerful entities like MultiCare and Providence…that rely less on the Hospital Association, as they had in the past. These consolidated hospitals have stronger voices and clout and ability to resist. I'm not sure that we could do the same level of work today, because of the changes in hospitals."

Another interviewee expressed a different perspective on WSHA's ability to move its members and secure buy-in to the process. "WSHA represents 100 hospitals. It isn't their boss. It

represents their interests and perspectives and does a good job of that. When WSHA rolls out best practices it gets good reception from its members. But the way different hospitals and nurses experienced this was going to be different. I think WSHA did a good job of bringing along the hospitals. I think it's the job of the unions to say that WSHA wasn't doing a good job. WSHA has 100 different members who are going to interpret things 100 different ways. But I think WSHA did a good job of bringing them along." Despite differing perspectives, all the interviewees agreed that WSHA was well led. Those that did view organizational buy-in as a major challenge shared the opinion that forces beyond WSHA leadership's control created the difficulty on the hospital side.

Funding Inadequacy

Findings
Eight interviewees raised inadequate NSSC funding in their discussion of challenges or circumstances around the discontinuation of the formal meeting process. These interviewees described how initial funding from the legislature wasn't renewed after the 2008-2009 legislative session. However, the parties self-funded the process to keep the meetings and advisory committee projects going through the end of 2011. They had made a cost-sharing commitment to the process that would have funded it had the work continued.

Discussion of Key Themes: Recession; One Factor of Many
Three interviewees connected funding issues to the 2008 national economic recession. They explained that economic recessions typically affect a legislature's spending after one budget cycle--two years in this case as the state has a biennial budget. These interviewees noted that the timing may have been such that the recession impacted the amount of money that the legislature ultimately committed to the NSSC process.

A majority of interviewees that expressed an opinion on the broader issue of funding agreed that finances were not the reason that the NSSC meetings ended. They acknowledged that funding may have been one of many factors that played a role, but ultimately was not decisive. One interviewee stated that the parties would have found the money if they believed the process was working.

Areas Where the NSSC Achieved Less Success

Meal and Rest Break Policy

Findings
Although the topic was not formally included in the scope of work agreed to in the MOA, our document review shows that NSSC participants discussed meal and rest break policy throughout the process, occasionally prioritizing the issue. Conversations touched on questions pertaining to the permissibility of interrupting nurses on break, as well as the very definition of "break" (are

nurses on break when they get a drink of water or use the restroom?). Despite engaging with these issues, the state legislature did not create policy based on the NSSC's work. An interviewee described falling short of this goal, saying, "We had hoped, at that time, that we would be able to reach a compromise on the rest break issues. We were very close to reaching agreement on that."

Discussion of Key Themes: Alignment of Interests, Capacity to Move Membership, Mistrust
One interviewee believed the group did not achieve success on the meal and rest breaks issue because the unions were advocating for an infeasible solution that did not align with nurses' interests. The interviewee explained:

> "The unions thought it was simple - mandate breaks that can't be interrupted. Nurses can't even be spoken to. This misses the professional prerogative of the nurse. The nurse should dictate the terms around which they take a break. If they need to talk to a doctor, they should be able to talk to a doctor on break. Unions didn't understand that they were advocating for something nurses didn't want. Nurses wanted breaks, but on their own terms. This includes being able to do their jobs on breaks, if they deemed it important. Literally no one being allowed to talk to nurses on break is a rule that's dangerous, and not feasible. It creates an unprofessional and unsafe dynamic."

Another interviewee recalled that the NSSC participants had reached agreement on the issues but failed to produce legislation due to doubts that individual hospitals would have supported the consensus in the room. In this interviewee's account, the lack of success comes down to the challenge of securing organizational buy-in and the difficulty of moving members. Despite strong leadership from the WSHA CEO, there was opposition from "individual hospitals' legal teams." A different interviewee shared this perspective, stating, "I think there was consensus in the room about what that legislation would look like, but there was worry about WSHA being able to sell this to its members, and this started to get rumored and created worries that they wouldn't be able to sell it might have derailed things."

Yet another interviewee believed the Committee did not achieve success on the meal and rest break issue because "These conversations [about breaks] brewed some mistrust. I think some mistrust came up during this time." According to this interviewee, the mistrust arose when one of the unions took the meal and rest break issue into the courts without notifying the parties, who expected to talk about it exclusively within the NSSC.

NSC Implementation

Findings
Many interviewees raised NSC implementation as an area where the Steering Committee did not have success. Of these interviewees, most believed that passing E2SHB 3123 (which mandated that hospitals create the NSCs) was a success. However, it was, in their view, a qualified success

in that implementation issues limited the NSCs' efficacy. As one interviewee put it, many nurses on the NSCs "felt duped." By this, the interviewee meant that many NSCs did not function in practice as the authors of the legislation intended.

Discussion of Key Themes: Administrator Turnover; Hospital Corporatization; Weak Enforcement Mechanisms
As previously discussed, many interviewees explained the NSC implementation failure as the result of hospital administration turnover and hospital corporatization. They said turnover diminished hospital executives' knowledge of the legislation, as well as their commitment to implementing the NSCs. Hospital corporatization, meanwhile, pulled decision-making capacity out of local hospitals and into larger, regional offices that were less involved in the NSC processes.

One interviewee described a follow-up study of the NSCs that took place in 2013 entitled *"Washington State Nurse Staffing Committees: How are We Doing & Why Does it Matter?"* conducted by one of the NSSC constituent organizations. The study found that although most of the 30 hospitals visited had committees, the committees were largely not creating staffing plans or using the process to resolve issues with management. The study recommended further education and investment in these committees as essential to 'avoiding ratios' in the future. Additionally, HB 1714 passed in 2017, as described in Part II. One interviewee described the bill as a fix to E2SHB 3123. The need for supplemental legislation that is designed to "fix" the NSC process is further evidence that, for many interviewees, the NSC implementation was unsuccessful due to the weak enforcement mechanisms in the original bill.

Sustained Organizational Change in Perspectives

Findings
When discussing areas where the NSSC did not have success, several interviewees opined that the process failed to create lasting organizational change in perceptions about the issues in dispute. These interviewees pointed out that the process formed strong personal relationships among participants. They elaborated, however, saying that despite strengthened personal relationships the dynamics between the organizations they represented remained largely unchanged.

Discussion: Collaboration among Leaders vs. Organizations
These findings are closely tied to a key theme that emerged in the interview data: organizational change as distinct from interpersonal change in perspectives. One interviewee described the challenge, saying, "A fundamental, positive thing to get out of this work is that an agreement and new way of business stays in place past those [individuals] that put it in place. Agreements that live past the participants themselves to have long term life is important." Similarly, "The Center

has been happy with just getting a first agreement. But real success is changing culture, and creating agreements that last. The Center could maybe do more work to accomplish that."
This is not to suggest that nothing sustained came out of the NSSC process. As described above, the NSSC process created a model that the parties could--and did--return to in future work. One interviewee did in fact describe sustained change between organizations, saying that there is a "lasting effect of building more trust with the different organizations to work on issues."

Takeaways

The parties entered the NSSC with a history of advocating opposing sides of nurse staffing issues in the legislature and the courts. Overcoming that history of conflict to create a successful collaborative process was a tall order, and ultimately produced mixed results. The NSSC achieved several important and notable successes. Creating the MOA and E2SHB 3123 were genuine accomplishments, as they provided a consensus-based alternative to statewide nurse staffing ratios.

However, the Steering Committee achieved less success in supporting hospitals as they implemented the legislation. The Steering Committee was also unable to replicate its success in creating an alternative to nurse staffing ratios in the area of meal and rest break policy. The NSSC participants did develop an immense amount of trust and respect for one another. But, the Steering Committee's struggle to effectively implement E2SHB 3123 and reach agreement on meal and rest break policy demonstrated that successful collaboration between leaders is not the same as successful collaboration between organizations. The NSSC encountered difficulties while attempting to work with hospital administrators on NSC implementation, especially given high rates of administrator turnover, corporatization, and unsuccessful fact-finding on the implementation issue. Doubts about WSHA's capacity to bring its members along with a decision prevented the NSSC from creating meal and rest break policy.

Nevertheless, leaders in the field continue to leverage high-quality working relationships and knowledge of the collaborative process that they developed on the Steering Committee. These outcomes were instrumental in passing HB 1714 in 2017, which is aimed at improving the function of NSCs.

Part IV: Evaluation Findings for the Ruckelshaus Center's Role

This chapter presents key findings pertaining to the Ruckelshaus Center's involvement in the Nurse Staffing Project. As noted in the introduction, part of our evaluation purpose includes reflecting on the following:

- In what ways was the Ruckelshaus Center's involvement in the NSSC process successful? In what ways did the Center contribute to the process?
- What challenges did the Ruckelshaus Center encounter in its work? What aspects of the Center's involvement were less successful?
- How might the Ruckelshaus Center improve its services based on lessons learned from the Nurse Staffing Project?

Each theme presented herein contains two subsections--one titled *Findings* and another titled *Discussion.* The *Findings* subsection presents interview data related to the theme. The *Discussion* section presents an analysis of that data as it relates to the purposes of the evaluation bulleted above. Themes include:

- Discussion Facilitation and Conflict Mediation
- Neutrality
- The Ruckelshaus Center Name
- Research and Fact-Finding
- Operations
- Group Exercises

The interviewees' answers suggest that the facilitation of the NSSC process stood out as the most visible and memorable aspect of the Ruckelshaus Center's involvement in the nurse staffing issue. Although the Ruckelshaus Center certainly contributed services beyond facilitation—including project management, joint fact-finding, and group exercises—in many cases interviewees viewed these contributions as managed or mediated by the facilitators. Through this lens, the facilitators were the most important aspect of the Center's involvement.

Discussion Facilitation and Conflict Mediation

Findings
Many interviewees discussed the facilitators' role in mediating disputes and otherwise managing relationships among NSSC participants. Participants noted the importance of having a neutral facilitator to guide conversation in a way that steered clear of conflict. When conflict did arise, facilitators played an important role in mediating disputes. One participant described the facilitators as "buffers."

Discussion

An ability to skillfully guide conversations was especially important because many participants had "large personalities," as described by several interviewees. Further, interviewees noted that parties approached the issues from fundamentally different perspectives. Interviewees indicated that the facilitators' ability to steer the conversation towards shared interests and manage the interpersonal dynamics was critical to creating the possibility for meaningful dialogue.

While the facilitators appeared to be successful overall at mediating conflict, the Ruckelshaus Center could have contributed even more to the process, according to some of our informants. These interviewees noted that professionals with a background outside of formal collaborative governance could benefit from trainings on mediation and facilitation before they begin working on the project. An interviewee also raised the idea of a "facilitation help desk," where facilitators could call Ruckelshaus staff for consultation and support.

Additionally, an interviewee mentioned the possibility of having two simultaneous facilitators with complementary expertise. This interviewee noted the facilitators possessed complementary expertise, with one adding knowledge of collaborative processes and the other providing subject-matter expertise. It may be helpful in certain future projects to have co-facilitators that bring both types of important knowledge to the table.

Neutrality

Findings
The importance of perceived neutrality of the facilitator emerged as a key theme, as approximately half of the interviewees brought it up. Of those that mentioned it, all but two characterized the Ruckelshaus Center and its facilitators as neutral, which is of course part of the Center's core competence and key to its ability to contribute.

One interviewee felt that one of the facilitators' background distinguished him from typical Ruckelshaus Center facilitators, and diminished his perceived neutrality heading into the process. Another interviewee noted that one facilitator had stronger professional relationships with some of the parties. More commonly, however, interviewees characterized the Ruckelshaus Center and the facilitators as a neutral third party.

Discussion
The interview data suggest that interviewees' perceptions of the Center's neutrality depended not just on the Center's name, but on how they viewed its facilitators. The NSSC engaged in an extensive vetting process before selecting one of the facilitators, and this appears to have satisfied most participants. Most identified a facilitator's background and subject matter expertise as an advantage, describing how his familiarity with the issues helped him effectively manage complicated conversations. Most interviewees believed that this facilitator was able to maintain impartiality, and that he neutrally deployed his knowledge of the issues to manage

discussions. One interviewee described how this facilitators' knowledge of the issues was especially helpful when discussions "hit a wall," because it allowed him to understand the individuals' points of view. He was "very talented that way," and the parties "relied on him" to move discussions forward through these rough patches. It may be that having a background in a field other than conflict management for collaborative governance does not necessarily prevent a knowledgeable facilitator from neutrally managing a process.

Further, many identified facilitator neutrality as critical to the success of the process. One interviewee described neutrality on the part of the facilitators as an important factor that allowed the parties to break through assumptions they had about the other side. Another interviewee noted that the presence of a neutral party helped the participants retain focus on shared interests. The Ruckelshaus Center's reputation as a neutral party was also important because it provided cover for people across the political spectrum to support the process. This is key because, ultimately, the participants intended to take their ideas to the state legislature. As one interviewee put it, "Diverse parties--Democrats and Republicans--are in support of the same idea. This project is funded by a neutral body, being done by a neutral body, and in a way that's trusted by all parties."

The Ruckelshaus Center Name

Findings
Many interviewees identified a benefit from having the Ruckelshaus Center's name attached to the process. Participants used different words to describe the benefit, saying that the Ruckelshaus Center name added "gravitas," "credence," "credibility," "stature," "authenticity," "legitimacy," and "prestige."

Discussion
The Ruckelshaus Center's presence was important for several reasons. First, it signaled mutual buy-in among NSSC participants. Many interviewees described a history of intense conflict and fighting between nurses unions and hospitals, often involving some of the eventual NSSC participants. Interviewees indicated that it was important to believe that the other NSSC participants were committed to collaboration in an alternative venue. Bringing the Ruckelshaus Center into the process helped demonstrate that commitment to working in a non-adversarial venue like the courts or legislature while retaining, to some extent, the gravitas and legitimacy of those forums.

Second, the Ruckelshaus Center's name signaled indicated to the legislature that the process was legitimate. As one interviewee said, "…it [The Ruckelshaus Center's involvement] showed lawmakers and stakeholders that we were serious." Signaling legitimacy to the legislature was important because it meant that agreements generated within the NSSC process could turn into law.

Third, the prestige and stature that comes with the Ruckelshaus Center's name could have played a critical role in securing buy-in from the organizations that NSSC participants represented. Several interviewees drew an important distinction that was already touched on above: collaboration between individuals in a room is not the same as collaboration between organizations. These interviewees did not think that the NSSC process ever truly bridged that gap. Another interviewee was disappointed that Center Chair Bill Ruckelshaus did not do more at the beginning of the process to secure buy-in from the hospital association members. That interviewee believed that Mr. Ruckelshaus was a prestigious figure and might have been able to meaningfully alter the dynamics between organizations.

It turned out that the NSSC was, in many ways a very successful collaboration among the individuals on the Committee.[51] To the disappointment of many interviewees, that success did not fully translate to meaningful change in the organizations that the individuals represented. The prestige and stature that comes with the Ruckelshaus Center's name might in some cases be able to attain organizational buy-in that extends beyond the individuals in the room—in this process, however, that did not occur to extent many participants hoped.

Research and Fact-Finding

Findings
The Ruckelshaus Center brought researchers from the UW and WSU into the process to conduct fact-finding work. Researchers from the UW Nursing School wrote and published a report entitled "Nurse Staffing – A Summary of Current Research, Opinion and Policy," while researchers at WSU led a surveying effort to gather implementation information about the nurse staffing committees in hospitals across the state.[52]

Approximately half of interviewees mentioned these fact-finding efforts in their discussion of the Ruckelshaus Center's contributions. Most of those who mentioned the report on nurse staffing research described it as a useful or impactful contribution. These interviewees noted that the report helped them reach consensus about important aspects of the problem and establish a shared information base. These shared understandings were useful for the Steering Committee's ability to engage with one another about the issues.

While some interviewees noted that it was useful to examine how staffing committees were being implemented in hospitals across the state, most interviewees who spoke about the WSU Division of Governmental Studies and Services survey characterized it as only adding marginal, if any, value to the process. One interviewee described the survey as "flawed." Another described it as a "long and painful process."

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[51] For a more detailed discussion of these successes, see Part III of this report.
[52] See Mitchell, *Nurse Staffing*, p. 1-37.

Two interviewees spoke about the fact-finding in general terms, addressing the report on nurse staffing research and the survey effort together. These interviewees believed the fact-finding did not have much bearing on the work that the NSSC did. Neither characterized the work as harmful to the process—they simply expressed that it did not meaningfully change participants' positions.

Discussion

Multiple interviewees identified the Ruckelshaus Center's capacity for fact-finding and research as a key asset that separates the Center from other neutral facilitators. In making this observation, however, interviewees made clear that they were speaking about the Center's work in broad terms. The interview data suggest that, in this project specifically, the fact-finding yielded mixed results.

In speaking about both fact-finding and research efforts, researchers, facilitators, and NSSC participants all used the term "wordsmithing" to describe extended and belabored discussions during the NSSC meetings about the research assignment, research process, and final reports on research findings. They felt that this hyper-involved approach hampered and held up the fact-finding process. Some interviewees believed the wordsmithing stemmed from the personalities in the room. Others accounted for the wordsmithing by noting that most participants did not possess a deep understanding of research methods. This made it difficult for the parties to provide useful feedback on drafts of interview questions and research findings, and to otherwise effectively be involved in the research process. Yet another explanation was that this was simply a typical case of disagreement among parties who disagreed often.

Even if the research processes did not go as smoothly as possible, it appears that they were important to the overall NSSC process. The parties entered the NSSC process with strongly held, deeply entrenched points of view. The initial research report on nurse staffing not only helped establish a shared information base, but also presented an early opportunity for [some] agreement. One interviewee observed that the report was a politically astute way for the facilitators to soften positions, debunk myths, cut through ideology, and ultimately "take the gas out of some arguments... without making anybody right or wrong." A process of collective learning can be important for this softening of positions.[53] According to one interviewee, the experience of discovering information together and jointly building a base of facts can help draw the participants into a collaborative process. The interview data suggest it did so in this case. The joint fact-finding helped the parties leave their entrenched points of view behind (although not entirely, of course), and bring them closer to a shared perspective.

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[53] Literature on collaborative work highlights the importance of this kind of knowledge generation for parties to be able to take meaningful joint action. See Kirk Emerson, Tina Nabatchi, *Collaborative Governance Regimes*, (Washington D.C.: Georgetown University Press, 2015), p. 195

One interviewee expressed the opinion that, more so than other facilitators, the Ruckelshaus Center process for involving researchers is very time intensive. The Center has a structured approach to involving researchers, "and for the most part that is a positive." One interviewee expressed that the structured approach can be frustrating in the amount of time it requires but winds up being a positive, because it clearly sets research expectations and makes it more likely that results will be useful.

One interviewee said the Ruckelshaus Center could do more to set expectations for the parties before engaging a researcher. The Center could have done more to educate parties about Institutional Review Board protocols, issues around confidentiality, and productive ways to work with researchers. In one interviewee's opinion, parties without research methodology expertise should expect to work with researchers around project goals but leave methodological details largely to the research team.

Operations

Findings

Approximately half of the interviewees mentioned structure, management, or some other form of effective operations support in their discussion of the Ruckelshaus Center's contributions. Interviewees used terms such as "administrative support," "managed budget," "established ground rules," "meeting preparation," "project management," "coordination," and "scheduling"--essentially, all the aspects of organizing a committee that allowed the parties to regularly come together and work productively on nurse staffing issues. As one interviewee put it, the Ruckelshaus Center ensured that "it wasn't a meeting environment issue that would lead to failure." The interviewee went on to add that meetings were well-structured, people were comfortable, fed, and everybody could hear one another.

Discussion

Managing operations may not have a direct bearing on the content of the participants' discussions, but it nevertheless was critically important to the process. Without a third party to manage the scheduling, coordination, and other operations work the Committee may never have come into being or been sustainable. The NSSC members worked a lot in their day jobs and other professional roles and participating in the Committee meetings stretched their already full schedules. Several participants noted that participating in the Committee required a lot of work, including research, discussion, and additional preparation that occurred outside of the official NSSC meetings. Given how much work the participants were already responsible for, they could not have taken on the additional burden of operations work. In that way, the Ruckelshaus Center played a key role as a convener in making sure that everything was in place for the meetings to occur. Without the Center doing this work, the NSSC may not have met as regularly, as often, or as long—if at all.

Group Exercises

Findings

In November 2010, the Ruckelshaus Center led the NSSC participants through a visioning exercise. The exercise, which took place at the annual NSSC retreat, was meant to help address the concerns the NSSC members had about the purpose and future of their work together. Only two of our interviewees, and none of the NSSC participants, mentioned the exercise. An interviewee did note, however, that there is an opportunity for the Ruckelshaus Center to be more proactive in the group exercises it leads.

Discussion

Interviewees typically spoke more about general group dynamics than any specific group task, such as the visioning exercise. Contributing factors for this may include the passage of time since the NSSC was active (between 8-10 years), or the perceived lack of major impact of this exercise on Committee work.

One interviewee mentioned that both in this project and in future initiatives there is an opportunity for the Ruckelshaus Center to be more "proactive" in its involvement. This interviewee sees a possibility for the Center to lead participants in more exercises. For example, facilitators could have led the parties through an exercise in which they developed different nurse staffing scenarios. Facilitators would then lead the parties in a structured exploration and dissection of each scenario. Participants would then be free to modify, accept, or reject the option. In leading the parties through this type of exercise, thought the interviewee, the Ruckelshaus Center would "co-author" solutions with participants instead of simply managing a process as it occurs.

The interview data contains another suggestion for deeper involvement on the part of the Ruckelshaus Center. Facilitators could bring in people that have struggled through a similar process on a similar issue to speak to the parties about what they did, and might have done differently. For example, the interviewee noted that nurses and hospitals grappled with similar issues in Wisconsin. The Center could have brought someone in to speak about that process. Or, perhaps Dr. Katz could have brought in a speaker from the nursing school with such knowledge.

Takeaways

As mentioned above, participants viewed facilitation as the Ruckelshaus Center's most significant contribution to the NSSC process. This is not merely perception—the facilitators were instrumental in leading discussion, mediating conflict, and retaining focus on shared interests.

With the help of Center staff, facilitators also performed critical logistical and operational roles that made the meeting process possible. The participants' focus on the facilitators is worth considering though because it adds a layer of understanding to the Ruckelshaus Center's perceived neutrality (or lack thereof), which is a critical asset the Center brings to all of its projects. NSSC participants more frequently assessed *facilitators* in terms neutrality than the Center itself, which they tended to describe as adding gravitas, credibility, and legitimacy. This view of neutrality as existing within facilitators instead of the Center may result from the facilitation change and therefore be unique to this project. Nevertheless, it underscores the important and highly visible role that facilitators occupy, and may be worth investigating in future evaluations.

This project offers additional insight into facilitation. Interviewees were split on the type of facilitation they preferred, with several citing one of the facilitators' knowledge of the issues as a significant asset. As the Center prepares to take on more projects in the field of health, it should consider the mix of skills its facilitators possess. It should also consider co-facilitation, where facilitators bring a combined expertise in subject matter and collaboration process to a single project.

The Nurse Staffing Project also presents the Center with an opportunity to reflect on its methods for bringing researchers into a collaborative process. Collaborative dynamics among NSSC participants, and between participants and researchers were not as functional as they could have been during fact-finding efforts. This produced sub-optimal results, particularly for the NSC implementation survey work. The Ruckelshaus Center could have done more to define the Steering Committee's role in the research process.

There may also be opportunities for the Ruckelshaus Center to be more proactive in helping its clients find collaborative solutions, while remaining a neutral party. Center facilitators could lead clients through guided exercises to think through policy alternatives. The Center could also bring in guest speakers that have engaged in similar processes on similar issues. Additionally, the Nurse Staffing Project demonstrated the limitations of a collaboration between leaders that does not extend to collaboration between organizations. The Center could consider the extent to which its mission includes bridging the gap from individuals to organizations. Doing so would help create more sustainable, enduring solutions, yet would require more proactive work on the part of the Center.

Part V: Lessons Learned for Ruckelshaus Center Evaluations

The Ruckelshaus Center considers evaluation an important aspect of public policy work and has been developing its own post-project evaluation methodology. In December of 2017 the Center contracted with our consulting team to apply this methodology to a completed collaborative governance project to identify outcomes, impacts, process improvements, and best practices.[54] This chapter is a summary of the Center's evaluation efforts to date and a reflection on our experience doing this evaluation and on lessons learned. We intend this chapter to be a helpful reference for the Center as it plans future evaluation efforts. Questions covered include:

- How well did the methodology work, given the differences between the NSSC and the Walla Walla Water Management Initiative (WWWMI) projects?[55] [56]
- What recommendations does the team have regarding the Center's future evaluation efforts?

This chapter draws from our experiences conducting this project, and on information from former Evans School graduate student, Trevor Robinson's 2016 report. In particular, we draw from Robinson's literature review on general program evaluation and evaluation in collaborative governance. While Robinson's report was the first application of the Center's evaluation methodology, it was built on research conducted by Evans School graduate student, Alan Foster for his capstone project. Foster completed a thorough literature review on the challenges in evaluating alternative dispute resolution models like those used by the Center. His report established a set of evaluation recommendations based on semi-structured interviews he held with evaluation experts and collaborative governance practitioners. While we have included information from both Robinson's and Foster's reports in the following discussion, our team recommends that readers who are interested in learning about the challenges of collaborative governance evaluations read these reports in full.[57]

The Developing Ruckelshaus Center Methodology

The Center recognizes the importance of integrating evaluation into its programming. Accordingly, it has been exploring how to structure its project evaluations and develop its evaluation methodology. As Robinson observed in the first evaluation report:

> *"Project evaluation can produce important information for practitioners, project sponsors, project participants, decision makers, university faculty, and other interested entities. In*

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[54] "Project Evaluation," January 15, 2018, http://ruckelshauscenter.wsu.edu/projects/project-evaluation/.

[55] The Walla Walla Water Management Initiative (WWWMI) was the focus of the first pilot of the Center's developing evaluation method. Intern Trevor Robinson led and authored the pilot.

[56] Robinson, *Revisiting Many Waters: An Evaluation of the Walla Walla Water Management Initiative*, p. 1-87.

[57] Alan Foster, *Evaluating Alternative Dispute Resolution Projects: Review and Recommendations for the William D. Ruckelshaus Center,* report, June 2011, p. 1-48, http://ruckelshauscenter.wsu.edu/wp-content/uploads/sites/74/2013/06/RuckelshausProjectEvaluation-FosterDegreeProjectJune2011.pdf.

recognition of this, the [Center] is interested in developing a framework for evaluating collaborative processes where the Center has contributed its services…[to] help faculty, staff and the [Ruckelshaus Center] Advisory Board understand where and how the Center is providing value, while giving insights into what aspects of its methodology and practice are and are not working as well as they could. Ultimately, these lessons learned will help the Center improve and establish best practices over time."

Though important, program evaluation of the kind being pursued by the Center is challenging. Robinson goes on to say:

"Despite the utility of project and program evaluation, the Center and [other similar alternative dispute resolution/collaborative organizations] have struggled to integrate regular evaluation into their programming and capacity. This difficulty is typically attributed to a variety of causes, including time and resource constraints. Many of the Center's projects also lend themselves to subjective rather than objective analysis, qualitative versus quantitative data, and long-term rather than short-term results; these characteristics create challenges when attempting to measure, analyze, or draw conclusions...."[58]

To address some of these challenges, the key aspects of the Center's evaluation approach are:
- A focus on post-project evaluations, choosing projects where the evaluation effort will not negatively impact the current relationship or work of related parties and interests,[59]
- Dual-focus on evaluating both the collaborative effort itself and the Center's contributions,
- Primary reliance on qualitative document review and interview data,
- Semi-structured interview protocol for data collection that leaves indicators of efficacy, impact, and success up for participant definition,[60] and
- Contracting with student interns or consulting teams as evaluators.

Comparisons to the Walla Walla Water Management Initiative Evaluation

Trevor Robinson piloted the above qualitative evaluation methodology in 2016. The Center intended our post-project evaluation to pick up on that pilot and continue the Center's learning about its evaluative efforts. In this section we summarize the similarities and differences between the WWWMI and NSSC projects that are relevant to the evaluation efforts, revisit the lessons learned as reported by Robinson, and discuss our own experience in further applying and refining the Center's methodology.

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[58] Robinson, *Revisiting Many Waters*, p. 63.

[59] 'Post-project' means that the Center itself is no longer directly involved.

[60] The team found Foster's summary of the trade-offs in the literature regarding measures of success and goal definition in these kinds of programs to be particularly helpful. See Foster, *Evaluating Alternative Dispute Resolution Projects*, p. 11-16.

A central theme to Robinson's findings, as well as program evaluation literature in general, is that the success of an evaluative effort rests first on the choice of project to evaluate and on setting the purpose of the evaluation.[61] On the following page is a summary of the relevant characteristics of the two projects, building on the criteria proposed in Robinson's report.

Differences between evaluation projects
The differences between the projects that most impacted the evaluation effort were: 1) the number and nature of the parties involved; 2) the ongoing collaborative work of the parties involved in the WWWMI versus the formal end of the NSSC; and 3) the nature and duration of the Center's involvement. These differences were salient to the evaluation methodology in that:

1) We did not experience the same difficulties contacting and interviewing the relevant interests, given the much more limited variety of parties and relative similarity of the parties. The timing of our evaluation serendipitously occurred after any seasonal concerns, whereas Robinson's happened to fall into a seasonal timing issue.

2) Robinson's pilot had a formative dimension. The parties involved in the initial collaborative process were moving forward with additional collaborative work at the time of Robinson's evaluation. This created a clear purpose for the evaluation. The parties were interested in assessing successes and challenges in the initial collaborative process in order to apply lessons learned to their future work. This report, on the other hand, did not serve a well-defined purpose for the parties involved. Perhaps we would have been able to generate a purpose if we had involved former NSSC members in the early, planning stages of the project.

3) The Center provided a much fuller set of services to the NSSC process than it did in WWWMI. Robinson developed a focused research question regarding the Center's specific contribution to the WWWMI process. We did not develop a focused research question. Instead, we explored the broad range of the Center's contributions. This was a challenge, as, like Robinson, we only developed a single set of interview questions. Multiple sets of research questions would have been more appropriate for our broader research questions. This would have allowed us to more productively engage with interviewees about the way in which they were involved in the NSSC process.

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[61] Robinson, *Revisiting Many Waters*, p. 68.

Figure 3: Side by Side Comparison of the two evaluated projects

Characteristics	WWWMI	NSSC
Policy Issue	Water resource management	Nurse staffing in Washington hospitals
Location	Walla Walla watershed, WA	Washington state
Number of Entities Involved	Wide variety of groups, including environmental non-profits, government agencies (WA state, local, and tribal), conservation districts, commercial water users, and other watershed management entities in the Basin	Five organizations representing nurse labor unions and hospital management
Place in the lifecycle of the project or collaborative process	Collaborative effort on-going, with a highly anticipated legislative reauthorization imminent	Collaborative effort formally ended, parties actively involved in the legislative process
Seasonal Concerns	Agricultural work patterns	Legislative sessions

Nature of the Ruckelshaus Center's Role in the Project

Characteristics	WWWMI	NSSC
Center Activities	Background research and situation assessment	Mediation, meeting facilitation, progress documentation and communication, administration and logistics, funding development, and support in joint-fact finding
Duration of Involvement	A January 2007 issue analysis, including relevant case studies, and a June 2007 capacity assessment (less than 1 year total)	Monthly meetings and on-going work from December 2007 – December 2011 (4 years total)
Origin of the Project	Recruitment by WA Dept. of Ecology and the WWWMI	Recruitment by the entities/legislative support
Time elapsed since Center's direct involvement ended	10 years	7 years

Similarities between evaluation projects

The projects were similar in: 1) the inability to measure impacts on the policy issue at stake; 2) the participants' varying definitions of success; 3) that the Center did not conduct any recorded initial consultation or situation analysis regarding how the projects originated; 4) the availability of thorough process documentation for the collaborative activities; 5) that they both occurred in a limited and accessible geographic location; and 6) the length of time elapsed from the Center's direct involvement. These similarities were salient to the evaluation methodology in that:

1) The quantitative data to understand policy impact (water flows in the WWWMI and patient safety in the NSSC) were ultimately beyond the scope and intent of this evaluation to collect and analyze.

2) Both projects originated without the more formal 'front end' services that the Center often offers. So, the teams did not have access to recorded early hypotheses as to why a collaborative effort may fit the situation, goals for the process, and/or the intended design and function of the collaboration.[62]

3) The qualitative, semi-structured interview format was useful for gathering detailed and nuanced information from interviewees about their varying ideas about success. The evaluations captured a wider range of impacts than they would have if outcomes of interest were predetermined. We agree with Robinson that when goal alignment between project participants is an important measure, the Center could try his recommended interview/survey techniques.[63]

4) There was substantial process documentation from both projects. Because the Center facilitated meetings it could provide our team access to extensive meeting records and background documents. Both evaluation teams had the ability to understand the inputs and outputs in the project. Teams could establish logic models to understand paths to outcomes and impacts of interest.[64]

5) Due to the limited geographic location and relatively constrained scope of issues involved, interviewees were similarly accessible in both projects. If the NSSC had crossed state boundaries, for instance, the complexity of the policy conflict given differing legislative settings may have made the evaluation less achievable. This concern may have been applicable to WWWMI had the collaborative involved more than one watershed.

6) The length of time that passed from the Center's direct involvement led many interviewees to feel that they did not have specific feedback for the Center's contribution to the project. The majority of those interviewed by Robinson had no response to his questions about the Center's contributions.[65] Some participants interviewed for this report were similarly hesitant to provide lessons learned because they found process details

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[62] For more information about the services the Center provides, see "Services." August 16, 2017. http://ru ckelshauscenter.wsu.edu/services/

[63] Robinson, *Revisiting Many Waters*, p. 67.

[64] Ibid., p. 61.

[65] Ibid., p. 35.

difficult to recall. The length of elapsed time was also useful in both projects, as it gave the central issue time to mature and let policy outcomes become more observable.

Recommendations for future post-project evaluation at the Center

Moving forward, we recommend the Center and future evaluation teams carefully attend to Robinson's guiding feedback:

> *"While the broad components of the evaluation framework can be replicated to other efforts, the Center will need to carefully match its specific evaluation questions and methods to the context, timing, and needs of each new evaluation project. It will also be important for the Center to consider what it will do with the evaluation results at the conclusion of the effort."*[66]

Any evaluation effort will not be fully successful without a clear purpose. We recommend the Center identify and articulate a clear purpose for the evaluation prior to selecting project to evaluate. This should occur on a case-by-case basis. Prior to beginning the evaluation, the Center should consider 1) what actions it is prepared to take based on the stated evaluation goals; and 2) what purpose, if any, the evaluation serves to external parties involved in the project.

Defining Benefits to the Center and External Parties
An evaluation may not provide a benefit that is clear to external parties. If this is the case, the Center should either work with parties to identify potential benefits, or focus the evaluation exclusively on its own services. If the Center wants to provide a benefit to external parties, it is imperative that Center staff converse with those parties to identify clear evaluation benefits. The Center should avoid a "dual prong" evaluation if it cannot clearly describe how each prong will add value.

Similarly, the Center must clearly define how the evaluation will add value to its own work. It must understand how revisiting a past project and telling that project's story will provide benefits. If the Center is unsure how an evaluation will add value, is not prepared to alter its service delivery, or is primarily interested in learning what happened in a past project, we recommend a case study approach. The Center could comprehensively and systematically explore what happened and what resulted from past projects through case studies. Developing case studies for lots of projects could create the groundwork for a useful evaluation that analyzes the case studies for themes. If this is what the Center wants to do, we recommend separating this case study dimension from separate, evaluative work—even if the case study and an evaluation coexist within a single report.

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[66] Ibid., p. 8.

Dual Purposes – Defining Evaluation Purposes

The Center has included a 'dual purpose' to its post-project methodology, meaning that the evaluation should serve purposes for the members of the collaborative effort and the Center's own process improvement. It is important to clearly define separate evaluation purposes for each prong. After identifying evaluation benefits for both the Center and for external parties, the Center should translate those benefits into evaluation purposes.

In defining a purpose for the 'external parties' prong, it may make sense to conduct an evaluation with a formative dimension if the collaborative effort being researched is currently operating. This entails a focus on identifying successes, challenges, and opportunities that could help participants in their ongoing work, as in the WWWMI evaluation. The chapter "Assessing the Performance of Collaborative Governance Regimes" in Emerson and Nabatchi's *Collaborative Governance Regimes* could be useful for a project team creating an evaluation based on those goals. The chapter includes a table that lists measurable elements of a collaborative process, and sample indicators and potential data sources for each element. If the parties are no longer collaborating, the Center should only retain the 'dual-prong' evaluation structure if it is able to identify some alternative purpose to the parties, as discussed above.

Defining a purpose for the 'Ruckelshaus Center' prong requires that the Center be prepared to act on an evaluation's findings. The Center may find that setting a narrow research question will help develop a clear evaluation purpose. It did so in the WWWMI evaluation—as the Center provided only a primary service (fact-finding) to the collaborative process, the evaluation naturally developed a focused purpose around assessing the efficacy of that service.

In evaluating a process such as the Nurse Staffing Project where the Center contributed in many ways, it may be beneficial for the Center to isolate a dimension of its services that it would like to learn more about. The Center could work with student evaluation teams to identify an element of the effort (for example the nature of the policy conflict, moment in time/politics that the collaborative arose, joint-fact finding efforts, etc.) to investigate. This would allow future research teams to develop measurement tools and more rigorously assess efficacy. Additionally, it could draw from or potentially build upon the on-going work to answer questions about what aspects of collaborative processes lead to the desired productivity or performance.[67]

In conducting an evaluation with a narrower research purpose, the Center could select some measures it considers meaningful to its services to provide to the evaluation team to research. Foster identified a set of measures from his interviews with practitioners around process substance, process procedure, process transformation, and process outcomes.[68] Once selected,

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[67] Emerson and Nabatchi, p. 206
[68] Foster, *Evaluating Alternative Dispute Resolution Projects*, p. 30.

the Center could collect pre- and ongoing data for these process measures as they begin new projects to aid in their formation and eventual evaluation.

If the Center is not interested in a rigorous, measurement-based assessment of its services, it may opt for an exploratory approach. This evaluation fits that category—it explored the Center's diverse contributions to the process but did not measure effectiveness. In this report, we identified several ideas for the Center to pay attention to in its future work, or even to focus on in future evaluations. Future exploratory evaluations could take this a step further and articulate an evaluation goal of generating testable hypotheses.

Regardless of the purpose, evaluation results should be actionable for the Center. If the Center opts for a narrow evaluation that explores a dimension of service delivery, the Center should be prepared to alter that service depending on the outcome of the evaluation. If the Center opts for an exploratory evaluation, it should articulate that the evaluation purpose is to generate hypotheses and be prepared to incorporate those hypotheses into future work. If the Center has identified benefits to external parties, it should articulate a purpose that makes clear how the evaluation will impact future work between those parties.

Selecting Projects – Time
In the WWWMI report, Robinson did not feel that he could positively answer his research question about the Center's services, suggesting that the passage of time was to blame. In our report, some interviewees were similarly limited in their responses due to inconsistent recall of process details. If the Center is interested in feedback from participants about the services it provides, our team agrees with Robinson's recommendation that the post-project evaluation occur sooner, perhaps two years after the Center discontinues its involvement.[69]

However, the shorter-term timing of an evaluation that could provide meaningful feedback about services may not align with the longer-term timing that is helpful for observing policy outcomes. Our team doesn't suggest foregoing one for the other; it seems the Center was able to draw valuable lessons learned for its own practice from the WWWMI report and has also indicated interest in lessons for its approach from earlier versions of this report. However, if the Center refines its post-project evaluation methodology to emphasize measurement instead of participant recall and feedback, it may find aligning these purposes less of a challenge.

The Center could direct teams to investigate a particular aspect of its project criteria in order to refine its approach to which projects it takes on; or the Center could ask teams to focus on a particular service that it provided to the collaborative effort based on its currently understood best practices and guiding literature (similar to the WWWMI focus on evaluating the Center's

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[69] Ibid., p. 65.

work in establishing a common information base). Feedback on services may be better achieved in ongoing, less formal evaluative efforts (which the Center is likely already doing).

Identifying other data sources for meaningful indicators
Semi-structure data offer limited data and may not provide the most comprehensive information for answering research questions. Semi-structured interviews are central to the current methodology, yet by nature are limited in the number of questions a researcher can ask in a reasonable amount of time. We recommend that, earlier in the process, the Center and future teams identify other potential data sources that could measure outcomes for the collaborative effort and the Center's contributions. For example, in some policy conflicts, changes in language used by participants in the testimonies given at legislative hearings or in bill summaries from before, during, and after the effort may serve as a useful data point. The team could also potentially identify other regulatory or research bodies that collect regular information regarding inputs, outputs, or outcomes related to the parties in a collaborative effort.

Contracting with student interns or consulting teams as evaluators
Overall, we feel that the Center's evaluation program is a highly valuable opportunity for students to contribute to the work of the Center and to grow professionally. For that reason, we offer some observations and recommendations for the Center's work with future student evaluation teams. The University of Washington's quarter system restricts project length and scope, as teams are only available from January to early June on a part-time basis. For other collaborative projects with particular milestones or seasonal concerns, this timing should be carefully considered. Also, given the limited time, we recommend that the Center work to streamline the IRB process to given student consulting teams more time to focus on research background and design.

Our team also identified some missed opportunities much earlier in the evaluation process to more specifically define the purpose and scope of the evaluation, and more closely develop research questions and data collection tools accordingly. The Center's work is highly complex, and student evaluation teams will likely not have backgrounds in collaborative governance, the policy issue area, and the collaborative effort under study. It may be useful to select evaluation topics where the Center did pre-project assessment work. It may also be useful for the Center to work with research teams to develop a theory of change that applies collaborative governance concepts to the project being evaluated.

In order to set up a future evaluation team for success, we recommend the Center front-load both the project choice as well as some early hypotheses about the evaluation design (for example with a logic model, theory of change, or set of indicators from the collaborative governance literature discussed above). We then recommend that the Center ask the student evaluation team

for a deliverable early on in the project that clearly outlines the evaluation design, measures, and data sources for the research team to discuss with the Center and refine.

We agree with Robinson that engaging students in this post-project methodology is an extremely valuable way that the Center can engage with its campuses. This is a unique opportunity to gain exposure to the collaborative governance literature and practice. We found great value in learning from the experience and sophistication of the interviewees, and from examining the policy issues from an evaluative lens. We trust that the Center will continue to refine the current methodology, and we hope that student evaluation teams and student interns can continue to build on and grow from this work.

Appendix A. Nurse Staffing Bills Introduced in the WA State Legislature - 2003-2008

58th Legislature

2003 Regular Session: House Bill 1602, Senate Bill 5598[70]
House Bill 1602 and Senate Bill 5598 were introduced in the 2003 regular session. The language of these bills not only recognized the link between nurse staffing levels and patient outcomes established in the emergent literature, but they also argued for the development and implementation of nurse staffing plans to guide, among other things, the number and mix of nurses that were to provide care to patients. To create these staffing plans, language for the creation of hospital-based "staffing committees" was also included. Finally, although neither HB 1602 nor SB 5598 ultimately passed, the bills included language assigning the state Department of Health to investigate violations of staffing plan requirements, should they have been alleged in local hospitals.

2003 Regular Session: House Bill 1604, Senate Bill 5419
In the same year that HB 1602 and SB 5598 failed to pass, a separate set of bills was introduced focusing on the issue of mandatory overtime. The aim of HB 1604 and SB 5419 was to expand the number of healthcare facilities prohibited from requiring mandatory overtime of nursing staff.

Testifying in support of HB 1604 was prime sponsor, Representative Eileen Cody, as well as one representative each from SEIU 1199, WSNA, and the Washington Federation of State Employees (WFSE). The same organizations also testified in support of SB 5419. The testimonies in favor of HB 1602 and SB 5419 argued that this bill had already proven its effectiveness in the private sector and would once again demonstrate its efficacy by boosting retention and improving working conditions for nurses. No testimony against the bill was provided. Like the previous set of bills, however, neither of these proposals was ultimately passed.

2004 Regular Session: House Bill 2712
In the 2004 regular legislative session, HB 2712 was introduced calling for the creation of a task force to study and recommend ways to improve patient safety through changes in the work environment of nurses. The call for a task force came on the heels of the Institute of Medicine's 2003 report in which recommendations were made on nurse staffing practices, schedules, and workplace procedures, among other things. Though HB 2712 failed to pass, it recommended that

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[70] Bill details for all of the initiatives enumerated in this appendix are from bill reports found on the Washington State Legislature website: http://app.leg.wa.gov/billinfo/

the task force be comprised of 15 members and was to include representatives from nurse organizations, hospital organizations, nurse managers, hospital executives, and others. Those providing testimony for HB 2712 were prime sponsor, Representative Morrell as well as a member from WSNA. These testimonies in support of the bill argued that it would promote discussions on patient safety and nurses' working environments among stakeholders. Testifying against this bill were individuals representing Capital Medical Center and WSHA. Detractors of the bill argued that the membership of the committee was not representative of hospitals or experts in patient safety and that staffing systems should be unique to each facility, not determined by a statewide mandate.

59th Legislature

2005 Regular Session: House Bill 1371, Senate Bill 5368
HB 1371 and its companion bill SB 5368 were introduced in the 2005 regular session. These bills were similar to HB 1604 and SB 5419 from 2003, in that they sought to expand the types of healthcare facilities subject to the prohibition on mandatory overtime work. Like the earlier bills, they too failed to pass, however.

Between these two bills, testimonies in support were provided by representatives of WSNA, UFCW 141, and SEIU 1199. As they had in the past, these parties maintained that healthcare facilities should have the same overtime standards that the private sector does and that failure to make these standards consistent would hurt the nursing profession and patient safety. Detractors of these two bills were comprised of representatives from WSHA and the Kittitas Valley Community Hospital. These parties expressed concern that limiting exceptions for mandatory overtime would result in problems for patient care accessibility, and that these issues should be negotiated on local levels between hospitals and unions.

2005 Regular Session: House Bill 1372
Two years after HB 1602 failed to pass in 2003, HB 1372 was introduced. This bill was nearly identical to the previous proposals (HB 1602 and SB 5598). Like it had done two years before, HB 1372 once again failed to pass.

60th Legislature

2007 Regular Session: House Bill 1809
Following up on the earlier failures of HB 1602 and HB 1371, starting in the 2007 legislative session a bill seeking to create the Washington State Patient Safety Act was brought forward once more, this time with the bill number HB 1809. Rather than simply being a clone of previous bills, however, HB 1809 combined elements of HB 1602 and HB 2712 from 2003. In addition to local staffing committees, HB 1809 included language calling for the creation of a 15-member

statewide task force to issue minimum staffing ratios, while buttressing the enforcement and compliance role of the Department of Health.

In support of this bill was prime sponsor, Representative Morell, along with representatives of SEIU 1199, WSNA, and UFCW 141. These supporters argued that HB 1809 was not a staffing ratio bill, but rather a nurse retention bill. The bill did not take a one-size fits all approach, but instead relied on an evidence-based process to determine minimum staffing levels, they said. The resolutions that would come from this process, the supporting parties contended, would eventuate in improvements to patient safety, nurse supply, and overall satisfaction in the nursing profession.

In opposition to this bill were representatives from WSHA. As they argued, contrary to what those in support had claimed, HB 1809 would set a maximum number of patients per nurse. Not only would HB 1809 preclude a localized approach to nurse staffing but, outside of California's staffing ratios, there was no national data or proven model from which to inform a statewide policy.

2008 Regular Session: House Bill 2824
In the 2008 regular session, HB 2824 was introduced, calling for the same expansion of the mandatory overtime prohibition that previous bills had provided for. It also went beyond the issue of mandatory overtime in calling for uninterrupted rest breaks for RNs and LPNs at health care facilities across the state. Like earlier efforts, this bill failed to pass.

In support of HB 2824 was prime sponsor, Representative Green, along with representatives of WSNA, SEIU, and UFCW. These parties argued that prohibiting mandatory overtime and requiring uninterrupted rest breaks was really about improving working conditions to aid in nurse recruitment and retention.

One individual from the state Department of Labor and Industries provided a neutral testimony, arguing that there was no healthcare facility-specific language for rest breaks promulgated by the Department and that intermittent breaks are commonly used in small businesses.
Testifying against HB 2824 were individuals from WSHA and Grays Harbor Community Hospital. These parties took particular issue with the meal and rest breaks clause, citing how nurses are autonomous workers and should be able to spend their break time at their discretion; a statute would limit this flexibility in decision making. Those in opposition to HB 2824 further argued that NSCs would provide a good forum for these discussions to take place, should they be established.

Appendix B. Timeline and Milestones for the NSSC

January 2004: California becomes the first state to implement a requirement that hospitals meet specific nurse-to-patient staffing ratios.[71]

March 2008: House Bill 1809, also known as the Washington State Patient Safety Act, that would set up a commission to determine required minimum nurse staffing standards passes in the Washington State House of Representatives but doesn't advance through the Washington State Senate.[72]

December 2007 – February 2008: Initial meetings and negotiation between the five NSSC parties.

February 2008: Memorandum of Agreement signed in Olympia on stage with Governor Gregoire.[73]

March 2008: First of the monthly NSSC meetings, held at the WSNA offices in Tukwila, WA. This meeting marks the first of three years of nearly monthly meetings that rotate location between the participating organizations.

March 2008: Engrossed Second Substitute House Bill 3123 (E2SHB 3123) mandating hospitals create nurse staffing committees passes unanimously in WA House and Senate, effective June 2018.

April 2008: Joint data collection – NSSC conducts a survey of hospitals to select five priority Nurse Sensitive Quality Indicators to be collected by hospitals. 94 out of 97 hospitals participate.

August 2008: Over 600 nurses and hospital managers representing 60 hospitals across the state attend NSSC training sessions. The trainings were an overview of the new staffing legislation and memorandum of agreement, as well as the presenting some basic tools to develop staffing plans and hold "crucial conversations" to foster operational success as staffing committees are established.

Fall 2008: Launch of the Immediate Staffing Alert Pilot Study in five hospitals.

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[71] The text of California State Assembly Bill 394 can be accessed at: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=199920000AB394.

[72] "Under the Dome." *Olympian* (Olympia), March 14, 2007. Newsbank Access World News Research Collection

[73] "Gov. Gregoire Brings Together Groups on First-in-the-nation Nurse Staffing Agreement." News release, February 4, 2008. Governor Chris Gregoire. https://www.digitalarchives.wa.gov/GovernorGregoire/news/news-view.asp?pressRelease=778&newsType=1

February 2009: Ruckelshaus Center provides the legislature with the first of three progress reports on the NSSC's work, as required by E2SHB 3123.

March 2009: Department of Health publishes NSSC negotiated change on its Adverse Events Reporting form, to include the level of nurse staffing at the time of the adverse event.

May 2009: NSSC publishes report from Dr. Pamela Mitchell, a nationally-known expert and the Associate Dean of Research at the University of Washington School of Nursing, which presents a summary of research and prevailing policy views about the effects of nurse staffing.

May 2009: NSSC Education Advisory Committee hosts webinars to train on the collection and use of Nurse Sensitive Quality Indicators for an estimated audience of 130.

July 2009: Survey responses from the Immediate Staffing Alert (ISA) Pilot are inconclusive. The ISA advisory group's charter is extended 6 months to adjust the project.

July 2009: Robert Wood Johnson Foundation report *"Addressing the Quality and Safety Gap— Part I: Case Studies in Transforming Hospital Nursing and Building Cultures of Safety."* Report highlights the collaboration between parties, quoting Greenawalt, Huntington, Ness, Sosne, and Gov. Gregoire.[74]

Summer 2009: NSSC selects Aaron Katz as its Ruckelshaus Center facilitator as the first facilitator, Jon Brock, retires.

October 2009: Mitchell report publishes in the Online Journal of Issues in Nursing.

December 2009: Survey attempt to evaluate the implementation of nurse staffing committees in hospitals is considered incomplete, and the NSSC commits to develop and implement a new approach.

February 2010: Second of three NSSC progress reports to the Legislature, laying out a 10 item action plan for work in 2010.

2010 Legislative Session: The parties involved in the NSSC engage in a contentious lobbying effort over HB 3024 regarding nurse meal and rest breaks. The bill does not pass. The Legislature doesn't renew their funding of the NSSC.

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[74] See Span, *Addressing the Quality and Safety Gap*, p. 1-8, https://www.rwjf.org/content/dam/farm/reports /issue_briefs/2009/rwjf43263.

June 2010: Education Advisory Committee hold 4 large workshops focusing on how to build a staffing plan at hospitals, and launches their 'NSC Toolkit.'

Summer 2010: Ruckelshaus Center staff leads interviews with NSSC members to reexamine the goals and priorities for the group.

September 2010: NSSC launches survey through work with Washington State University's Division of Governmental Studies and Services (DGSS). Nurse Staffing Committee implementation survey sent out to 950 NSC members.

December 2010: NSSC drafts a vision statement to guide its potential future work.

March 2011: Summary of the WSU DGSS survey leaves the NSSC dissatisfied with their understanding of how well NSCs are operating. The committee plans to develop a focus group effort.

May 2011: First meeting of the Meal and Rest Breaks Advisory Committee, charged with finding a joint solution to propose for the 2012 Legislative Session.

Winter 2011: Final meetings of the Meal and Rest Breaks committee do not produce a joint solution.

Legislative Session 2012: Parties introduce and lobby against bills regarding nurse staffing issues.

Appendix C. Organizations and Membership of the NSSC

Northwest Organization of Nurse Executives (NWONE)

Mission: *Advancing the Leadership Contribution of Nurses in Creating Health Care Solutions to Serve Our Communities*

History Statement: *NWone, founded in 1996, is a 501C3 nonprofit membership association serving all levels of nursing leadership from the emerging nurse leader through nurses who are CNEs, CEOs, Academic Deans and owners of their own businesses.*

Website: https://nwonl.org/

SEIU Healthcare 1199NW

Mission: *We believe that healthcare works best when healthcare employees have a strong voice in decision-making. We stand together to make sure that our pay and benefits allow every employee's family to live a decent life.*

History Statement: *District 1199NW was founded in 1983 when a group of nurses at Group Health-Puget Sound decided to form a union in our area. They organized a union with 1199-Hospital and Health Care Employees Union, a union originally founded by pharmacists and drug clerks that went on to lead historic campaigns to improve pay and benefits for hospital employees and nurses.*

Website: http://www.seiu1199nw.org/

United Staff Nurses Union Local 141 - United Food and Commercial Workers (UFCW 141)[75]

Mission: *Advancing the Leadership Contribution of Nurses in Creating Health Care Solutions to Serve Our Communities*

History Statement: *Local 141, United Staff Nurses Union, is a statewide union of registered nurses and other healthcare professionals in Washington state. Local 141 is a young union founded only in 1989 to represent staff nurses and their unique needs in healthcare. The local represents small rural and urban hospitals, medical centers, long term care, clinics, occupational health and home health agency nurses.*

Website: http://ufcw141nursesunion.org/

Washington State Hospital Association (WSHA)

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[75] UFCW Local 141 merged with UFCW Local 21 in July of 2012.

Mission: *The Washington State Hospital Association advocates for and provides value to members in achieving their missions and improving the health of their communities. Through leadership and collaboration, we strive for exceptional health outcomes in Washington communities by focusing on high quality, healthy communities, and sustainable cost.*

History Statement: *The Washington State Hospital Association has its first meeting in 1933. The association provides issues management and analysis, information, advocacy and other services. In 2005 launched the Patient Safety program to help hospitals improve patient safety by supporting the adoption of evidence-based protocols that have been proven to save lives.*

Website: http://www.wsha.org/about/

Washington State Nurses Association (WSNA)

Mission: *The Washington State Nurses Association provides leadership for the nursing profession and promotes quality healthcare for consumers through education, advocacy and influencing healthcare policy in the State of Washington.*

History Statement: *For over a century, WSNA has proudly represented Registered Nurses and the nursing profession across Washington state. Today, WSNA is the voice for more than 75,000 licensed Registered Nurses including staff nurses, nurse educators, nurse practitioners, school nurses, public health nurses, long-term care nurses, nurse managers and nurses in many other practice areas.*

Website: https://www.wsna.org/

2008 NSSC Membership

Chris Barton, SEIU Healthcare 1199NW

Gladys Campbell, NWONE

Leo Greenawalt, Washington State Hospital Association

Judy Huntington, Washington State Nurses Association

Tracey Kasnic, NWONE

Sharon Ness, UFCW 141 Nurses

Randy Revelle, Washington State Hospital Association

Diane Sosne, SEIU Healthcare 1199NW

Anne Tan Piazza, Washington State Nurses Association

Cheryl Wilkinson, UFCW 141 Nurses

Appendix D. Interviewee List

Inclusion on this list was voluntary, and participation in the interviews was not contingent on agreeing to be included on the list below.

Name	Affiliation at the time of the NSSC
Gladys Campbell	NWONE
Tracey Kasnic	NWONE
Jon Brock	Ruckelshaus Center
Michael Kern	Ruckelshaus Center
Aubri Deneven	Ruckelshaus Center
Rob McDaniel	Ruckelshaus Center
Joe King	Ruckelshaus Center Advisory Board
Linda Parlette	Ruckelshaus Center Advisory Board/WA State Senate
Chris Barton	SEIU Healthcare 1199NW
Sharon Ness	UFCW Local 141 Nurses
Pamela Mitchell	UW School of Nursing
Aaron Katz	UW/Ruckelshaus Center
Leo Greenawalt	WSHA
Taya Briley	WSHA
Lisa Thatcher	WSHA
Eileen Cody	Washington State House of Representatives
Judy Huntington	WSNA
Mike Gaffney	WSU Division of Governmental Studies and Services

Appendix E. Interview Questions

Part 1: Introductory Questions

1. What was your affiliation during your time working with the Steering Committee?

2. Could you describe your role within the Steering Committee?

Part 2: Core Evaluation Questions

3. Could you briefly describe how nurse staffing policies were created in the state prior to the beginning of the Steering Committee's work?

4. Do you believe approaches to nurse staffing in the state have changed because of the Steering Committee process?

5. What do you see as being the greatest success or successes of the Steering Committee?

6. What were the most important areas where the Steering Committee was not successful?

7. The NSSC stopped formally meeting in 2011 - can you describe the circumstances around that?

8. Can you think of any other notable impacts that have come about as a result of the Steering Committee process, either on the same or different subject matter?

Part 3: Core Evaluation Questions - Ruckelshaus Center

9. How do you think the Ruckelshaus Center's involvement contributed to the Steering Committee's work?

10. What, if any, changes would you suggest to the Center's approach, based on lessons learned from this project?

Part 4: Wrap-up questions

11. Who do you think it is important we talk to as part of our evaluation?

12. What should I have asked you today that I did not?

Appendix F. Collaborative Governance Framework Summary

This literature summary presents a framework for understanding the collaborative governance process and its primary unit—the collaborative governance regime (CGR). Through consultations with collaborative governance expert Professor Craig Thomas, we have identified Kirk Emerson and Tina Nabatchi's theory of collaborative governance as the most applicable to the Nurse Staffing Project. Emerson and Nabatchi's theory is integrative in nature—Emerson and Nabatchi describe a framework that is broad enough to capture the wide-ranging diversity of CGRs, yet substantive enough to meaningfully differentiate between those forms and illustrate the mechanisms by which CGRs work. The concepts presented in this section come from the book *Collaborative Governance Regimes,* by Emerson and Nabatchi. We used the framework both to guide our research and to help in framing our report of its findings.

Collaborative Governance Regimes

Collaborative governance can describe a wide variety of cross-sector efforts to make public policy or manage public resources. These take many forms, including but not limited to community-based efforts, public-private partnerships, and inter-governmental collaborations. In any cross-boundary collaboration, however, there exists a foundational unit, or partnership: termed the *collaborative governance regime* (CGR).

CGRs exhibit a number of general characteristics. *Collaborative* implies a collection of organizations—by definition, CGRs cannot exist with only a single member. Often, constituent organizations have different, but overlapping interests. In coming together as a CGR the participants will seek to formulate shared goals that are based on their partial alignment of interests.

Governance implies a public service orientation. It is not a requirement that at least one member be part of, or representative of a government. Many CGRs have no such party. The purpose of the collaboration should, however, pertain to an issue of public concern—hence the term *governance*.

Regime, in this context, refers to the structures and procedural rules that shape a CGR. Some level of formalized structure is necessary for a collaborative effort to rise to the level of a recognized CGR. Formalized procedures provide ground rules for interaction and guide collaborative work. They create a measure of durability—CGRs usually last for longer than one year.

The Collaborative Governance Process

This section situates the CGR within a broad framework for understanding the collaborative governance process. Figure 1 presents a diagram that illustrates this process. Explanations of each component of the diagram follow.

Figure 3 – The Framework for Collaborative Governance[76]
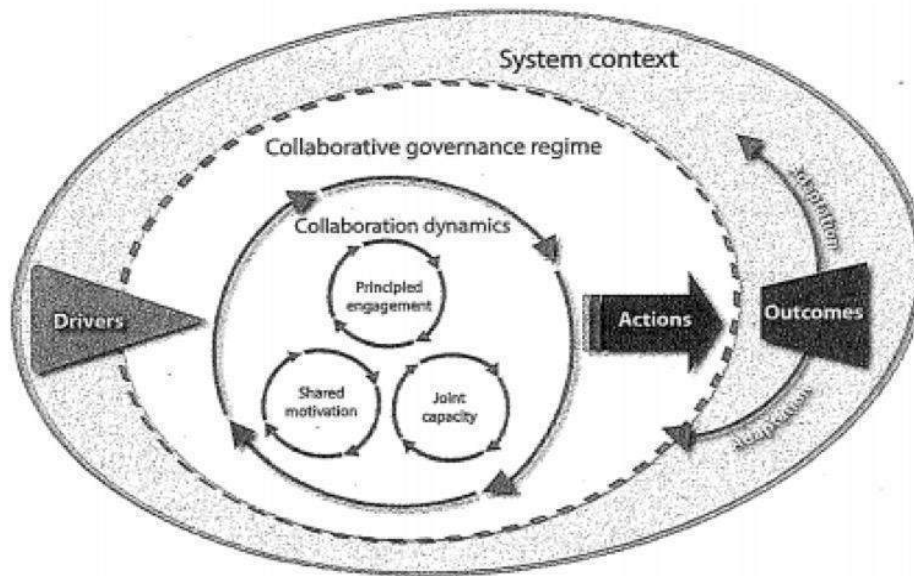
System Context
In the above collaborative governance framework diagram, the system context captures anything that bears on a CGR's work but exists outside of the member organizations. This includes the political, legal, and socioeconomic context, as well as cultural factors, power dynamics, and conflict histories. The system context affects how CGRs form and function.
CGRs will often aim to change one or more features of the system context. For example, a CGR may aim to pass legislation, thus altering the legal and perhaps political system context. A CGR may also focus on improving relationships between actors, such as political parties, constituencies, or agencies. This could alter power dynamics or even culture.

Drivers
The collaborative governance framework we present uses the term *drivers* to describe the forces that initiate CGRs. There are four primary drivers:
Perceived uncertainty about outcomes or solutions to policy problems can lead parties to want to share risk. *Interdependence* can lead parties to collaborate when they cannot accomplish their goals on their own. *Consequential incentives* describe outcomes—positive or negative—that

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[76] Emerson and Nabatchi, 2015.

motivate parties to collaborate. *Initiating leadership* catalyzes preliminary engagement among stakeholders and establishes collaborative dynamics among potential CGR participants.

Collaboration Dynamics

Collaboration dynamics affect both how a CGR forms and how it operates. Three principles shape a CGR's collaborative dynamics:

Principled engagement establishes organizational structures, procedures, and ground rules for interaction. *Shared motivation* captures commitment levels, trust, mutual understanding, and the degree to which members perceive the collaboration to be legitimate. Finally, a CGR's *capacity for joint action* allows participants to act, either independently or together, in ways that advance the group's purpose.

Collaborative dynamics play a key role in shaping a CGR's collective purpose, set of target goals, and shared theory of change to accomplish those goals.

Actions, Outcomes, and Adaptations

The collaborative process yields *actions*, which are the steps that a CGR takes to fulfill its purpose and achieve its goals. The actions a CGR takes produce *outcomes.* Whether a CGR is successful in accomplishing its purpose and attaining its goals depends on the outcomes it brings about, which may include unintended effects that undermine goals. The outcomes a CGR creates can in turn affect the system context. Transformations of an issue's context in this way are *adaptations.*

CGR Features

CGRs exhibit lots of features and can take many different shapes. Understanding a CGR's features is useful in that certain traits provide clues about how the CGR is likely to behave, and where it might encounter challenges. This section presents basic dimensions of variation among CGRs.

Formation of CGRs

Self-Initiated
Self-initiated CGRs form organically, without a directive or formalized process. These CGRs are typically "grassroots" in nature. In their Chapter 2, Emerson and Nabatchi cite rangeland cooperatives and local watershed associations as examples of self-initiated CGRs.

Independently Convened

Independently convened CGRs are "top-down," meaning that the instigators are located in decision-making positions (often in government).

Externally Directed

Externally directed CGRs form at the request or mandate of an agent that is not participating in the collaborative process, such as a legislature.

Nature of the Issue Around Which a CGR Forms

Policy-Oriented vs. Site-Specific

Policy-oriented CGRs work within a policy domain. They focus on a class of issues, resources, services, or situations for the purpose of affecting an area of policy (i.e. water management, or public safety). Site-specific CGRs are concerned with an issue or set of issues relating to a particular place. Places include cities, counties, neighborhoods, states, or regions.

Conflict vs. Opportunity

CGR participants may have largely opposing interests, but a shared motivation to reduce *conflict*. Alternatively, CGR participants may have well-aligned interests. In these cases participants will form a CGR when they perceive an *opportunity* to accomplish goals that fit within their shared interests.

Urgency

CGRs vary in their timelines for action. Some form with a pressing need for action, while others form with the opportunity for longer deliberative processes. The presence of acute symptoms can affect a CGR's timeline for action.

Locus of Action

The locus of action is the level at which the CGR intends to create an impact. This could be at a local, state, regional, national, or international level. The locus of action also concerns the number of intergovernmental jurisdictions involved with the issue.

Membership Composition

Participants in a CGR can represent a wide range of groups, including public agencies, non-governmental organizations, autonomous stakeholders, and community groups. Sometimes participants will represent only themselves. Each participant brings culture, values, attitudes, interests, knowledge, power, and range of influence to the process.

Decision-Making Authority

Decision-making authority describes the process or rule that governs how decisions are made in the event that participants cannot reach a consensus.

Degree of Formalization

While all CGRs, by definition, must have some degree of formalized structure and process, the degree of formalization can vary. Sometimes the degree of formalization corresponds to how the CGR formed, where self-initiated CGRs are typically least formal, independently convened CGRs are moderately formal, and externally directed CGRs are most formal.

How CGRs End

The framework for collaborative governance illustrates an iterative process. After forming, CGRs establish collaborative dynamics and take actions that produce outcomes. Adaptations then occur in the system context and within the CGR. Collaborative dynamics are modified—or not—and the process begins again. However, under certain circumstances the iterative cycle breaks and the CGR comes to an end.

Typically, a CGR terminates due to a failure of adaptation. CGRs are dynamic entities that evolve and change over time. Adaptations that produce and respond to these changes occur on three levels—the participant level, the CGR level, and the target goal level. This section explains each level and how it can lead to the end of a CGR.

Participant Level: Equilibrium
The participant level refers to the individuals, organizations, and entities that make up a CGR. A variety of factors can cause change at the participant level. Individuals may retire, leave a participating organization, or simply move to a role that ends the individual's participation in the CGR. Organizations and other entities may go out of business or withdraw for other reasons. New entities may be recruited or approach the CGR seeking membership. Occasionally, transformations in the system context will lead to large-scale change in CGR participant composition. Sometimes turnover will be beneficial to goal attainment, and other times not. CGRs will always seek equilibrium, attempting to maintain a measure of continuity in mission and identity while adapting to changing pressures, threats, incentives, and opportunities.

CGR Level: Viability
The CGR level refers to the continuing capacity for joint action. As conditions change, the CGR must maintain the capacity produce outcomes. This entails adapting operational structures, processes, and protocols. Critically, the CGR must have access to sufficient funding to continue operating.

Target Goal Level: Sustainability
The target goal level concerns a CGR's purpose, mission, and accomplishments. If a CGR makes significant progress in achieving its goals, will it continue to have a mission? Or will it have been successful to the point that it accomplishes its original mission? If the CGR accomplishes its

original purpose, participants must either declare victory and end the collaboration, or adapt the CGR mission. On the other hand, ongoing failure to accomplish goals may also cause a CGR to end. If a CGR has not been able to achieve its goals, it must reevaluate and potentially adjust its goals and theory of change. Sustainable CGRs balance achievability and adaptability in target goals. (But, again, the primary goal may not be sustainability but substantive goal achievement. Depending on these, the CGR may or may not need to continue.)

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