

Competence-Based Staffing Model in the NICU

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Introduction

Our Level III-C NICU has experienced rapid growth over an 18-month period resulting in an unequal balance of experienced (expert) nurses versus new grads (novices) on each shift.

Due to the staffing disparity, charge nurses had difficulty making appropriate assignments. NICU leadership and staff nurses felt that newer nurses were not given the assignments needed to grow their clinical and critical thinking skills, and experienced nurses lacked the time to mentor new staff – all this potentially impacting patient care.



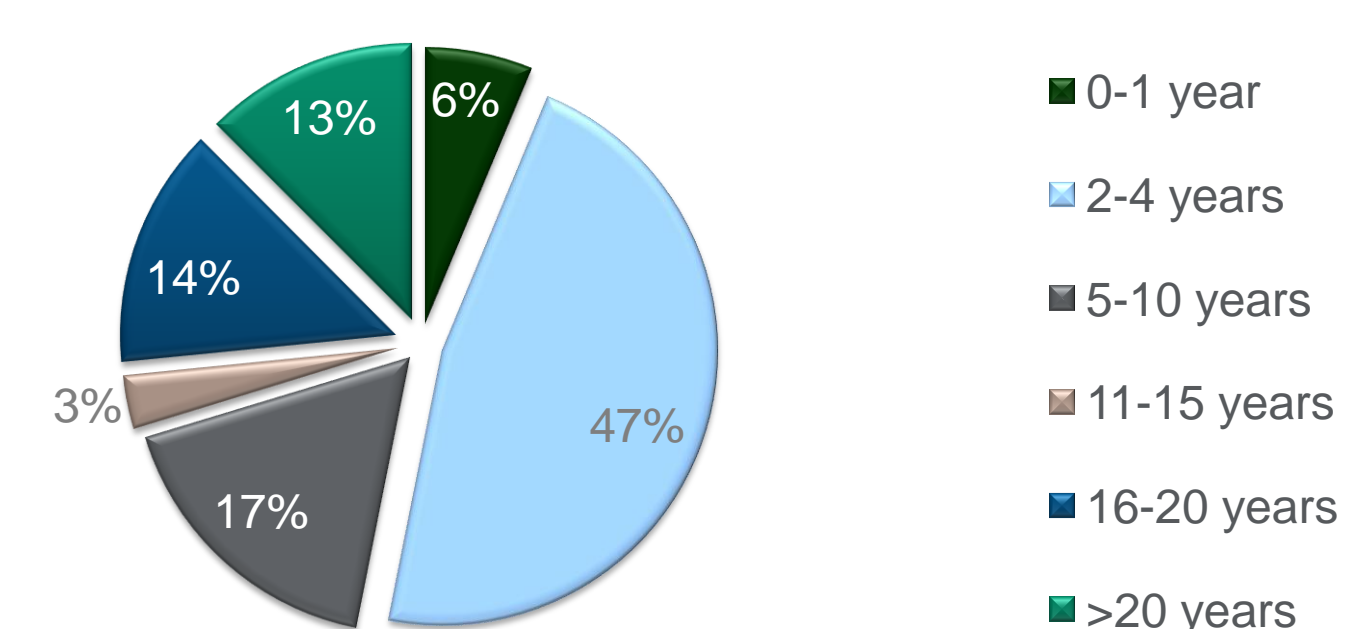
Strategy:

To address this disparity, the Charge Nurse Council adapted and implemented a staffing model based on Benner's Novice to Expert that was used at another NICU.

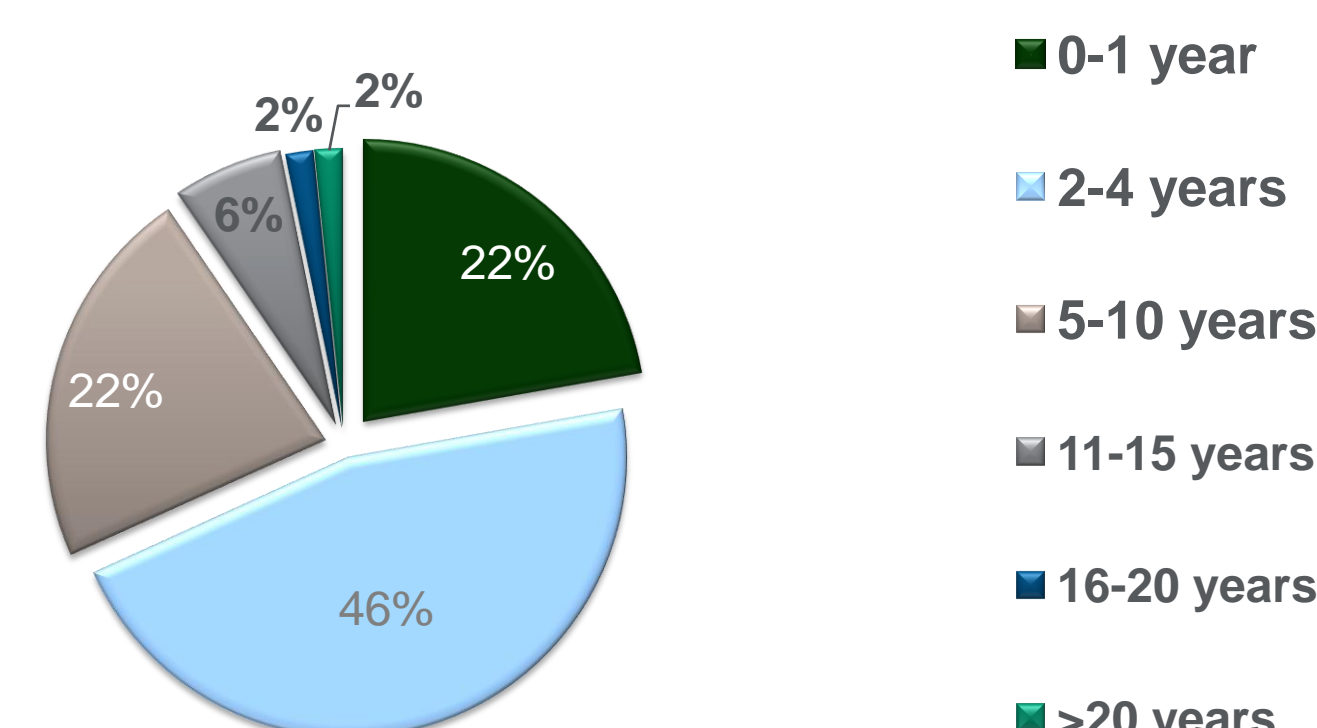
Implementation

The Charge Nurse Council worked on the project for a year, making changes to the model based on feedback from their peers. Prior to implementation, all staff viewed a PowerPoint presentation. Managers asked each nurse to assess their own competency level based on the criteria developed by the charge nurse group. Any discrepancies between the nurse's and manager's assessment required a face-to-face meeting. The Unit Scheduling Committee then assumed the project. They developed a color-coded template of levels in an Excel spread-sheet in which each nurse signed up in their color. In order to maintain the same skill level each shift, nurses could only switch shifts with someone no more than one level above or below theirs.

NICU Nurse Tenure-Day Shift



NICU Nurse Tenure-Night Shift



Competence-Based Levels

Level I

- Provides basic nursing care with dependence on other's expertise
- Care is guided by policies and procedures
- Work is seen as an opportunity to learn
- Any graduate nurse will fall into the level I
- Experienced nurses with no NICU experience

Level II

- Views clinical situations as a series of tasks. If their patient's condition changes, they may still have difficulty with time management
- Is developing critical thinking skills
- Care of the stable ventilated patient
- Greater than one year experience in a Level III NICU
- Greater than one year in CCMC NICU

Level III

- The ability to read the situation, to focus, anticipate, recognize, identify, collaborate, develop, implement and ensure safe patient care for the acutely ill neonate
- Changes in mode of ventilation
- Independently admits patients (delegating when necessary)
- Independently provides complex patient care
- Two or more years experience in Level III NICU
- Two or more years at CCMC NICU

Level IV

- All the requirements of Level III in addition to being a charge nurse
- Assumes a leadership role within the NICU
- Coordinates activities required for an emergency situation
- Able to balance competing demands
- Performs skillfully under pressure
- Positive role model within the unit

Evaluation

The staff in subgroups of <2yrs, 2-<5yrs, and >5 yrs took a survey one month prior to implementation and then again after one year. Post evaluation occurred during a prolonged period of low patient census, which may have impacted results.

Outcomes measured included schedule flexibility, advancement of skill level, mentoring opportunities, and professional growth. Feedback from the charge nurses was obtained during a Charge Nurse Council meeting.

Question	<2 yrs pre	<2 yrs post	2-<5 yrs pre	2-<5 yrs post	>5 yrs pre	>5 yrs post
1. I feel that there is flexibility with my current schedule.	3	3.3	3.4	2.8	3.2	3.2
2. I am satisfied with the way the unit is currently staffed.	3	3	2.6	2.5	2.6	2.9
3. There are times that I feel the unit does not have the right mix of experience level to staff the unit appropriately.	2.6	1.9	2.5	2.7	3	2.1
4. I feel that I am given enough opportunity to advance my clinical skills.	3	2.7	3	2.8	3	3
5. I feel that there are enough available mentors to help advance my professional growth.	3.3	3.3	3	2.9	2.9	3.4
6. I feel that I have the time and resources to mentor others.	3	3	2.5	2.7	2.5	2.9
7. I feel that there are times that I have patient assignments that are too challenging for my skill level.	1.5	1.4	1.6	1.2	1.2	1.4

Conclusions:

- Charge nurses felt the plan was very successful with more positive impact on the night shift due to the high number of new staff on that shift.
- Staff scores overall stayed about the same. A surprising finding was that staff had the perception that "other" people were getting the more challenging assignments.
- The model shows promise as a way to balance staffing. Evaluation and revisions of the model are ongoing.