Surfing the Waves of Patient Population Change: Neuroscience Collaborative Partnership

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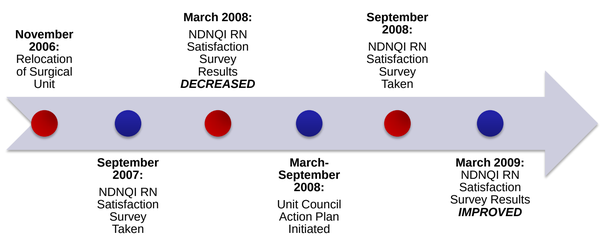
Introduction

Prior to 2007, our in-patient surgical telemetry unit cared for general surgery patients with subspecialties of ENT and Urology. An administrative decision to better coordinate service lines led to a physical relocation of the nursing unit. This change directly led to a patient population shift, with the inclusion of Neurosurgery and Neurology. Within the first year of the move, the focus was geared toward education of the nursing staff to ensure competency and confidence in caring for patients across the neuroscience spectrum. After in-servicing all nursing staff, it was clear from the voice of the nurses that the high hopes for a neuroscience continuum had yet to be actualized.

Problem

NDNQI RN Satisfaction Survey results in 2008, revealed a decrease in scores in "RN-MD Interactions" and "Physician Appreciates What I Do." The survey results highlighted the need for more attention to building relationships and enhancing collaborative efforts between our RNs and the neuroscience teams.

Timeline



Methods

First an informal survey developed by the Clinical Nurse Specialist (CNS) was completed by all nursing staff to tease out their primary areas of dissatisfaction with the neuroscience partnership. Second, the Nurse Manager & CNS led focus group meetings with the nursing staff discussing results from the NDNQI RN Satisfaction Survey and ideas for improvement. Third, Nurse Manager met with the Physician representative from the Neuroscience department. Lastly, primary concerns were brought to the Unit Council meeting where action plans were created and initiated.

Action Plan

1. Neuroscience Coverage List

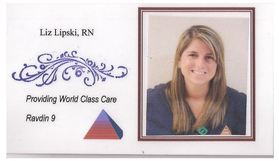
Room	Patient	Service/Attending	Coverage

- Night Charge RN completes patient list; Day Charge RN enters covering physicians name and number.
- List posted in central location at nurses station for increased visibility of covering physician.

2. CNS/Charge RN Attends Daily Interdisciplinary Neuroscience Round

- Rounds occur daily on each unit throughout the hospital between 0800 to1000.
- Since the time of rounds conflict, CNS designated to attend rounds on primary neuroscience unit.
- Rounds allow opportunity to coordinate plan of care directly with Neurology Residents, Neurosurgery NPs, Pharmacy, Discharge Planner, and Social Work.

3. RN's Picture Cards

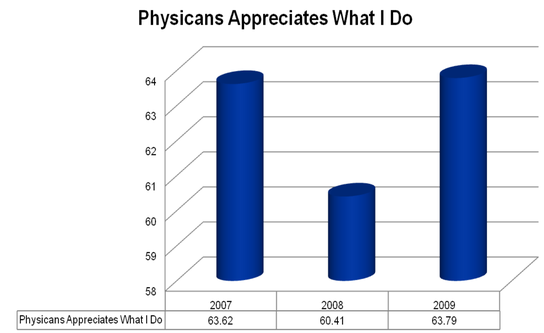


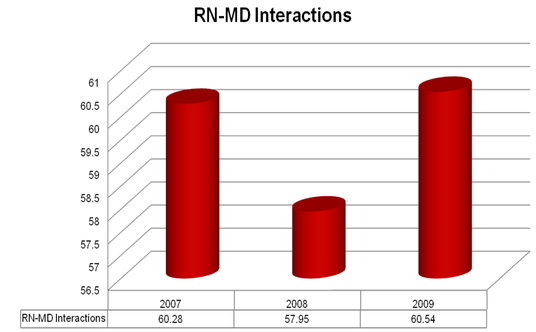
- These picture cards with the RN's name are prominently displayed at the entrance to their assigned patient room.
- This allows physicians and other members of the team to easily identify the direct patient care nurse.

4. Shared Governance Unit Council Chair Attendance at Monthly Neuroscience Leadership Meetings

- These meetings occur once a month between the two medical-surgical neuroscience floors and the NeuroICU.
- The Nurse Managers, Clinical Nurse Specialists, and Unit Council Chairs from these floors meet to discuss partnerships.

Results





NDNQI RN Satisfaction Survey 2009:
Physician Appreciates What I Do increased from 60.41 to 63.79 surpassing 2007's score
RN-MD Interaction increased from 57.95 to 60.54 surpassing 2007's score

Discussion

As with all new initiatives, culture change is a challenge. Full participation among staff has its hurdles, but once advantages are evident cooperation is forthcoming.

From the start, nurses were quick to reference the Neuroscience Coverage List to contact covering practitioners and reported decreased time and frustration in locating contact information. Not only is the list used by our nursing staff, but also other ancillary services such as physical therapy and phlebotomy to gain increased access to the neuroscience team. Struggles remain in mastering the mid-day coverage switch as physicians sign-off post-call.

Participation in interdisciplinary rounds on the neuroscience unit by the CNS or the Charge RN has opened the door to a working relationship with the interdisciplinary team and increased RN visibility with the physician. It provides an opportunity for the direct patient care nurses to advocate for patient needs and establish an initial plan of care for each patient by 10am. Challenges persist when patient acuity is high across the unit, limiting the CNS and Charge RNs availability to attend rounds.

RN picture cards posted outside patient rooms increases direct patient care nurses visibility to the physicians during daily neuroscience walking rounds. It also allows for easy identification of the direct patient care nurse for the interdisciplinary team, patients, and families. At the onset, staff were reluctant to buy-in with posting of pictures, but after staff door cards developed into a hospital-wide initiative to increase patient-family centered care, the issue faded.

Attendance at the Neuroscience Leadership meetings by the Unit Council Chair and CNS has been successful from the start. The opportunity to meet with nurses in corresponding roles across the other three units that care for neuroscience population allows for open discussion of issues that exist across the spectrum of care. Some direct issues addressed were: need for daily communication between Charge RNs related to expediting patient flow, best placement of patients at falls risk, and better continuity of patient care regarding medication education and fall prevention across the three units.

Conclusions

We have made great strides in improving the relationship and communication between RNs and MDs. Physicians are more approachable and receptive to concerns when they can identify the appropriate RNs. Increased morale among RNs is evident and communication between RNs and MDs has not only improved professionally but also on a personal level. Vazirani, Hayes, Shapario, & Cowan (2005) research has shown that effective communication is also linked to a decrease in medication errors, patient injuries, and deaths. Participation by the Charge RN and CNS in interdisciplinary rounds has also improved the RNs and MDs working relationship as they are advocating for the RNs and in turn also advocating for the patients and their families.

To better care for our patients, we are creating an environment that is patient-family centered. Artford (2005), discussed the introduction of an interdisciplinary team manager created by the organization. The person in this role can make certain timely communication among all members of the team including the patient and the patient's family. It would be unit based and an APRN would be the best contender for this position since it would require organizational influence for decision making related to safety and quality of individual patient care. A study by Zwarenstein & Bryant (2000) shows that when setting up daily interdisciplinary rounds with the inclusion of APRNs, there is a significant increase in collaborative efforts with RNs. We intend to further push boundaries of the relationship, with future goals of full participation in daily neuroscience rounds. With the increasing complexity of healthcare, quality communication and collaborations between the RNs and MDs is imperative in achieving positive outcomes for our patients.

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