Improving Patient Outcomes

Hahnemann University HOSPITAL

UTILIZING A PRIMARY NURSING CARE DELIVERY MODEL

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PURPOSE

A grass roots shared governance committee of bedside clinicians were given the task of identifying barriers to patient throughput on the inpatient nursing units. The common denominators presented were nurse to patient ratios, Resource nurse support for patient throughput and RN education, the ability to obtain vital signs and laboratory samples in a timely fashion and finally support for ambulating and transferring patients. The grassroots committee presented an all RN care model to Nurse Executive Council that would take into account all identified barriers that did not lead to successful patient placement and throughput. The 17NT Interventional Cardiology unit was chosen and the pilot started March 8, 2011. Nurse to patient ratios were decreased on all shifts, with the support of the resource nurse on all shifts, phlebotomy was instituted for all morning lab draws. Physical Therapy team was identified to assist with mobilization of patients. Bedside report was also instituted with the start of the model to promote accurate hand off communication between RN's. The bedside reporting offered patients the opportunity to participate in their plan of care. The decreased patient ratios also allowed the nurse the opportunity to provide all care for their patients. This lead to more quality time with each patient. The RN model was hypothesized to increase patient and nurse satisfaction by directly addressing patient needs and placed a higher skill mix of RNs on the floor to address patient care throughout the day.

BACKGROUND

The initiative of the Primary Nursing Care Delivery Model was brought forward to decrease the delay in assigning in-patient beds, improve patient flow through the organization, provide immediate patient care, improve RN to RN hand off communication and accountability on the Intermediate Cardiology Unit.

COMPONENTS

- Pre-Pilot Model- Model was based on acuity and patient volume that involved a combined skill mix of RN and CNA care practitioners. No Clinical Educator or RN Navigator to facilitate patient flow.
- Pilot Model- Model is based on acuity and patient volume but the care practitioners are all RN. Includes an RN Navigator and Clinical Educator to support the patient flow and staff resource needs.

The all RN care delivery model began its pilot on the 17NT Interventional Cardiology unit in March 2011 and has expanded as a pilot to the 21NT Heart Failure Telemetry unit in September 2011. The pilot was nurse driven and identified through shared governance.

This model has a higher skill mix of staff, more nurses, and lower nurse to patient ratios. Nurses have three to four patients and provide all the care for their patients, which leads to more face time with each patient.

There is a Resource nurse who works with staffing to ease the flow of new admissions and transfers as well as helping the nurses on the floor with patient care.

Bedside reporting is in conjunction with the pilot. This method of communication provides the opportunity for the patient to be a part of their care, nurses are able to point out significant findings, and accountability is increased.

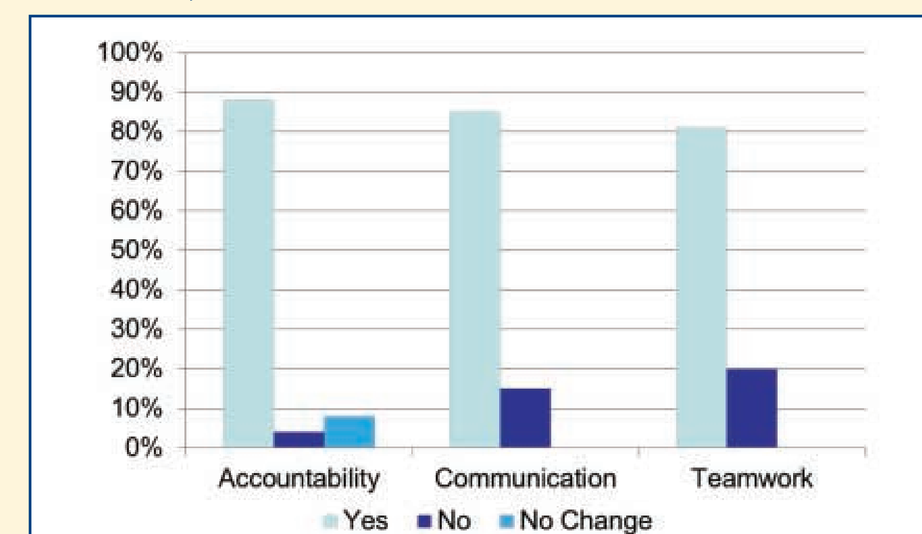
A phlebotomy specialist draws morning labs. This provides additional support to nurses so RNs can perform other patient care responsibilities as well as decreases the amount of rejected specimens for reasons like clotting and hemolysis.

SHARED GOVERNANCE RN SATISFACTION SURVEY

- RNs asked to complete an anonymous survey
- Asked to indicate shift and number of years they have worked on 17NT
  - 0-1 years
  - 1-3 years
  - 3-5 years
  - More than 5 years
- Indicated which shift worked most frequently
- Asked what best described feelings before the model:
  - Apprehensive, Excited, Concerned, Curious
- Asked degree of openness to transition
  - Very open, Open, Indifferent, Opposed
- Indicated level of satisfaction before and after the model
- Indicated level to which they felt teamwork, communication and accountability have changed with the model
- Asked to list:
  - Strengths of the model
  - Opportunities for growth/enhancement

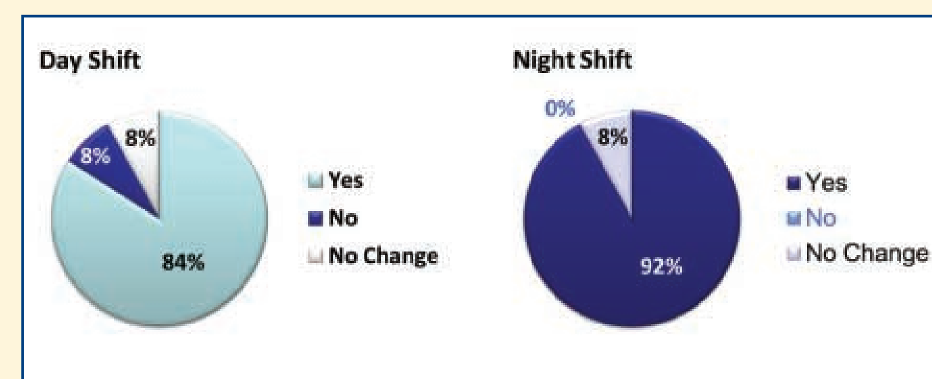
RN SATISFACTION SURVEY RESULTS

What has the Primary Nursing Care Delivery Model Done for accountability communication and teamwork?

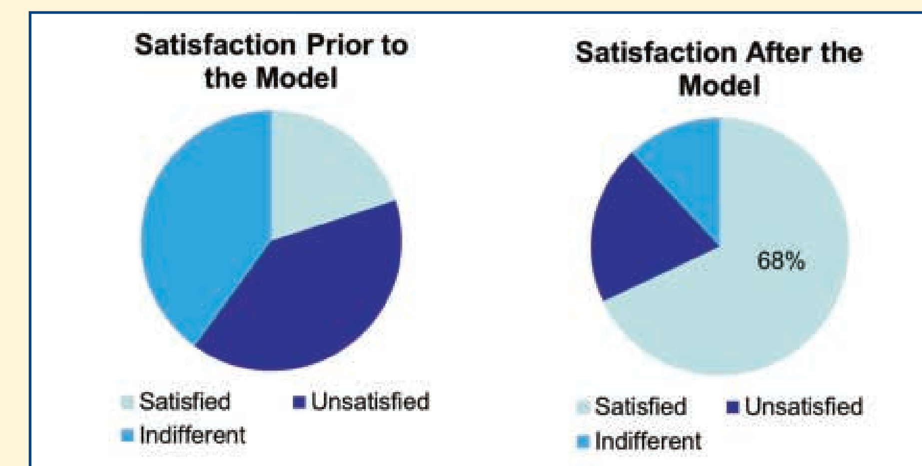


SHARED GOVERNANCE RN SATISFACTION SURVEY

Has bedside report increased accountability?

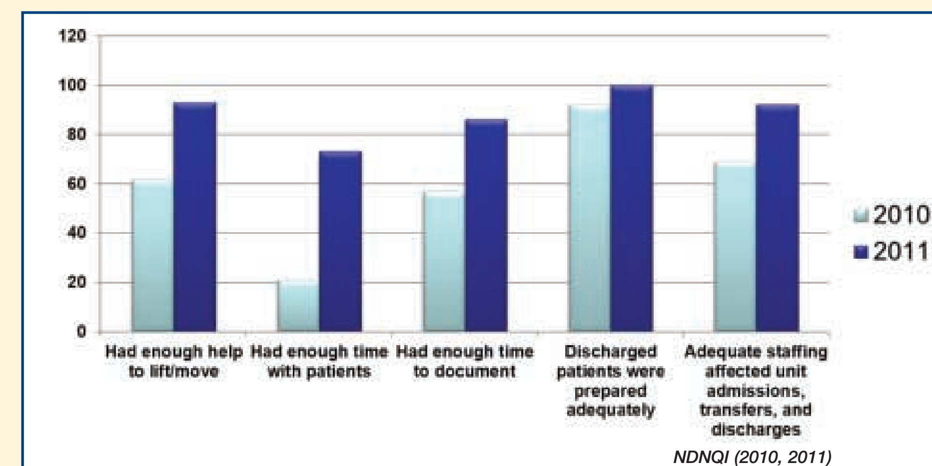


RN SURVEY RESULTS STAFF SATISFACTION



17NT ALL RN MODEL PILOT NDNQI RN SATISFACTION

Our NDNQI data for nurse satisfaction shows a comparison of how 17NT scored in 2010 (pre care delivery model pilot) and 2011 (during care delivery model pilot) for the category Situations on Unit Last Shift.



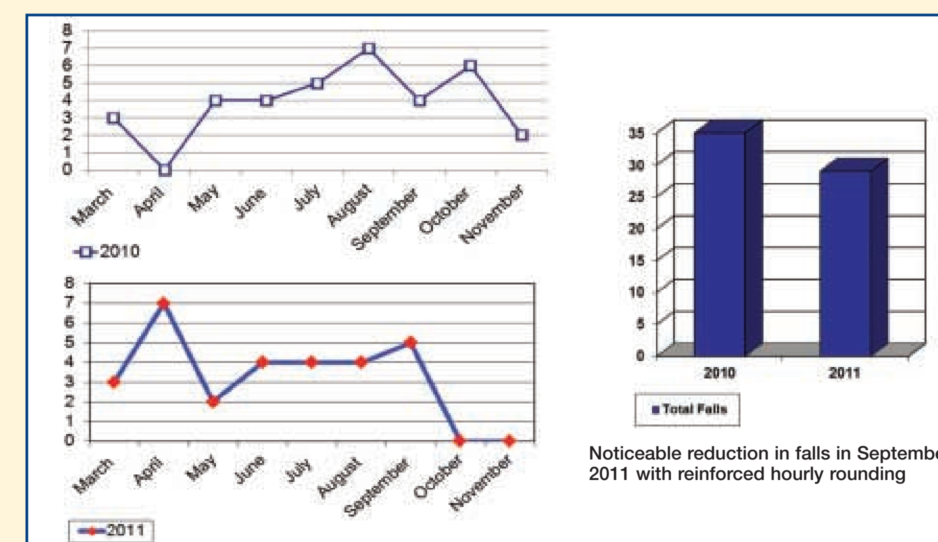
WHAT NURSES ARE SAYING ABOUT THE CARE DELIVERY PILOT

- "Rounding has improved."
- "We have the opportunity to spend more time with our patients."
- "We see our blood sugars & vital signs immediately."
- "The model allows nurses to have a more organized day and there are fewer opportunities for mistakes."
- "Teamwork has increased."
- "We are able to leave on time."
- "We have an increased awareness in changes for our patient's conditions."
- "We know when our patient's are voiding which gives us better accuracy on I&O's."

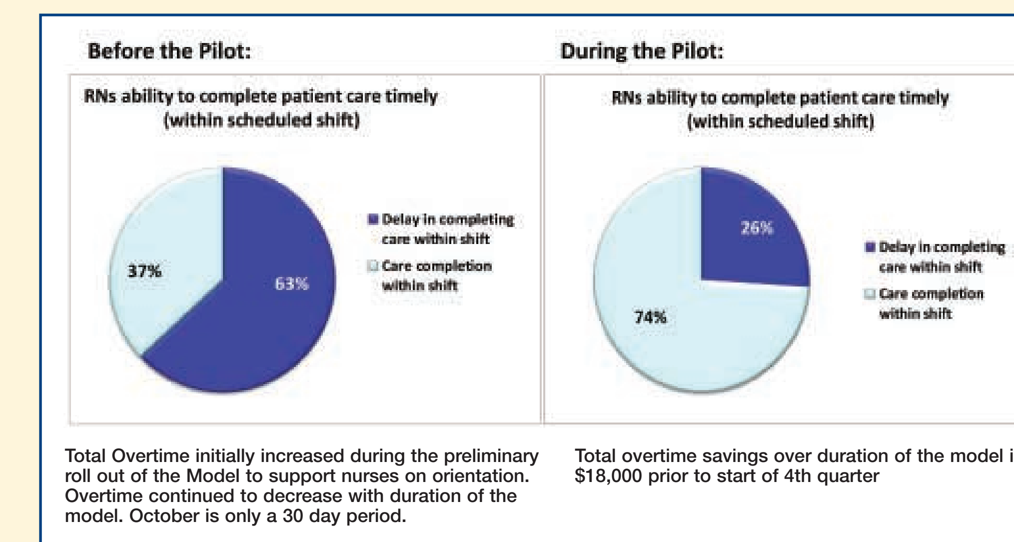
QUALITY OUTCOMES PRIMARY NURSING CARE DELIVERY MODEL

Focus was placed on determining recurrent patient safety issues presenting on the Intermediate Cardiology Unit prior to the initiation of the Primary Nursing Model. Specific quality outcomes that were tracked included but were not limited to Patient Falls, Emergency Events, Anticoagulation Therapy and Pressure Ulcer Acquisition.

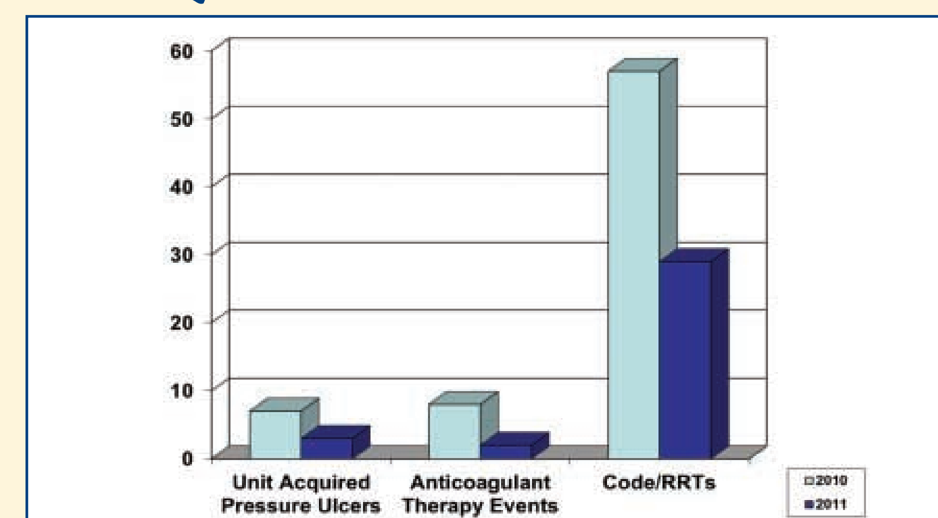
FALLS OUTCOMES



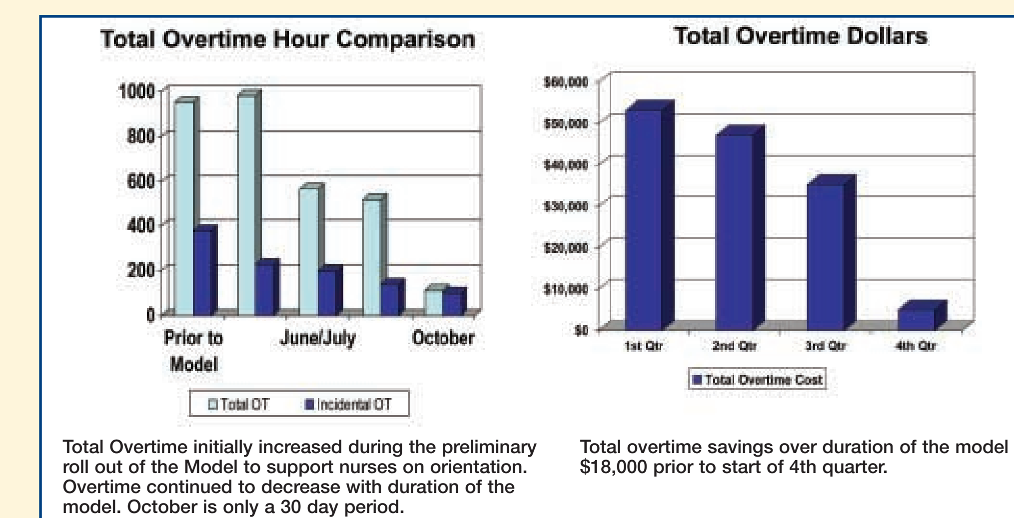
ABILITY TO COMPLETE PATIENT CARE TIMELY



PATIENT QUALITY OUTCOMES



FINANCIAL IMPACT



DISCUSSION

Clinical areas of focus to evaluate the success of the Primary Nursing Care Delivery Model were emergency events, medication errors related to anticoagulation therapy and skin breakdown. All areas trended remarkable improvement. The most dramatic was the reduction of emergency events. The nurses are able to asses, plan, and implement care for their patients in a timely manner and anticipate any changes in patient status.

Hahnemann University Hospital's Care Delivery Model pilot has proved extremely successful results for patients, staff, and the organization.

Our nurse led RN Care Delivery Model pilot can be implemented at any organization through a shared governance vehicle and bedside clinician input, drive, and application, with support by nursing and hospital leadership.

REFERENCES

- Cranley, L.A., Jeffs, L. and Toruangeau, A.E. (2006). Impact of nursing on hospital patient mortality: A focused review and related policy implications. *Quality and Safety in Health Care*, 15, 4-8.
- Hodge, M., Lang, T.A., Olson, V, et al.(2004). Nurse Patient Ratios A systematic review on the effects of Nurse Staffing on Patient, Nurse Employee, and Hospital Outcomes. *JONA*, 34, 326-37.