Improving Patient Outcomes

UTILIZING A PRIMARY NURSING CARE DELIVERY MODEL

Stephanie Conners, MBA, BSN, NEA-BC
Chief Nursing Officer

Rosemary Dunn, DrNP, MBA, RN
Senior Director of Nursing

Kimberly Hummel, BSN, RN
Director Interventional Cardiology, Patient Monitoring Services, Women’s Health Unit

Melissa Fox, RN
CTICU Staff Nurse

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, failure to communicate patient updates andharga to nurses, the ability to obtain vital signs and laboratory samples in a timely fashion and failure to anticipate and time patient needs. The committee presented and proposed a Primary Nursing Care Delivery Model that would allow bedside clinicians to have a successful patient placement and throughput. The care delivery model at Hahnemann University Hospital began its pilot on the Intermediate Care Unit in September 2010. HUH mentors worked closely with the ICU staff in the months of September and October 2010 to help organize the All RN Care Delivery Model. The all RN care delivery model began its pilot on the CTICU in March 2011 and was expanded as a pilot to the 13 North Interventional Cardiology Unit in September 2011. The pilot was then driven and identified through shared governance. The care delivery model has a higher skill mix of staff, more nurses and lower ratio to patient ratios. Nurses have those skill sets to care for their patients, which leads to more face time with each patient.

COMPONENTS
• Pre-Pilot Model: Model was based on acuity and patient volume that involved a combined 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 RNs including an RN Navigator and Clinical Educator to support the patient flow and staff resource needs.

BACKGROUND
The initiative of the Primary Nursing Care Delivery Model was brought to the bedside clinicians in the fall of 2009 to identify a new model to flow through the organization, provide immediate patient care, improve patient ratios and place a higher skill mix of RNs on the nursing units. The common denominators presented were nurse to patient ratios, failure to communicate patient updates andharga to nurses, the ability to obtain vital signs and laboratory samples in a timely fashion and failure to anticipate and time patient needs. The committee presented and proposed a Primary Nursing Care Delivery Model that would allow bedside clinicians to have a successful patient placement and throughput. The care delivery model at Hahnemann University Hospital began its pilot on the Intermediate Care Unit in September 2010. HUH mentors worked closely with the ICU staff in the months of September and October 2010 to help organize the All RN Care Delivery Model. The all RN care delivery model began its pilot on the CTICU in March 2011 and was expanded as a pilot to the 13 North Interventional Cardiology Unit in September 2011. The pilot was then driven and identified through shared governance. The care delivery model has a higher skill mix of staff, more nurses and lower ratio to patient ratios. Nurses have those skill sets to care for their patients, which leads to more face time with each patient.

WHAT NURSES ARE SAYING ABOUT THE CARE DELIVERY PILOT
Who are nurses saying about the care delivery pilot?

1. “We know when our patient’s are voiding which gives us better accuracy for their fluid balance.”
2. “We have an increased awareness in changes for our patient’s conditions.”
3. “We have the opportunity to spend more time with our patients.”
4. “We have an increased awareness in changes for our patient’s conditions.”
5. “We know where our patient’s are residing which gives us better accuracy on IV’s.”
6. “We have increased awareness in changes for our patient’s conditions.”
7. “We have increased awareness in changes for our patient’s conditions.”
8. “We have increased awareness in changes for our patient’s conditions.”
9. “We have increased awareness in changes for our patient’s conditions.”
10. “We have increased awareness in changes for our patient’s conditions.”

QUALITY OUTCOMES PRIMARY NURSING CARE DELIVERY MODEL
Focus was placed on determining current patient safety issues presented on the Intermediate Care 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 Situations, Anticoagulation Therapy and Pressure Ulcer Reduction.

FALLS OUTCOMES

ABILITY TO COMPLETE PATIENT CARE TIMELY

FINANCIAL IMPACT

REFERENCES