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# Reaching the Core, Step One: Eliminate Non-Value Added Nursing Work (A System Exemplar)

## Background

- Reaching the core of nursing quality cannot be achieved without identifying and eliminating non-value added nursing work and applying tools to mitigate unnecessary variation.
- The average nurse spends > 30 seconds on < 50% of tasks (Cornell, et al, 2011).</p>
- It is imperative to transition the work of nursing from non-value added tasks to that of value-added clinical reasoning and thinking-in-transition.
- It is well within nursing's control to make this transition.



### Purpose

The purpose of the innovation was to educate, energize, and enable the identification of non-value added nursing work while simultaneously raising the bar for nursing quality.

## Innovation

- Chief nurse executive's (CNE) vision was to eliminate non-value added nursing work and maximize nursing quality in alignment with the nursing strategic plan.
- Structures, processes, roles, and accountabilities were designed and executed under CNE leadership.
- Quality improvement scholarship immersion experiences provided training on the application of LEAN Six Sigma principles, resulting in system-wide Green Belt capacities among numerous levels of nursing.
- Projects were selected and designed in direct alignment with nursing work efficiency goals with required evidence of influence on nursing quality, including nurse-sensitive outcomes:
  - 5S projects to eliminate hunting and gathering
  - Unnecessary sitter utilization and fall prevention

## Data/results

#### **IU Health University Hospital**



#### IU Health Bedford Hospital







#### IU Health Methodist Hospital

Sitter Costs



#### Falls per 1000 Patient Days



#### IU Health University Hospital





Falls per 1000 Patient Days



## Implications

Implications for nursing practice include but are not limited to the following:

- 1) Intentional design and implementation of structures, processes, roles and accountabilities to achieve nursing work efficiencies.
- 2) Intentional design integrating the voice of direct care to identify and eliminate nursing waste that negatively influences excellence in nursing practice.

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## References

Cornell, P., Riordan, M., Townsend-Gervis, M. and Mobley, R. (2011). Barriers to critical thinking: workflow interruptions and task switching among nurses. Journal of Nursing Administration, 41(10): 407-414.

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