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).
- 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 capabilities 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 Methodist Hospital

IU Health Bedford Hospital

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


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