

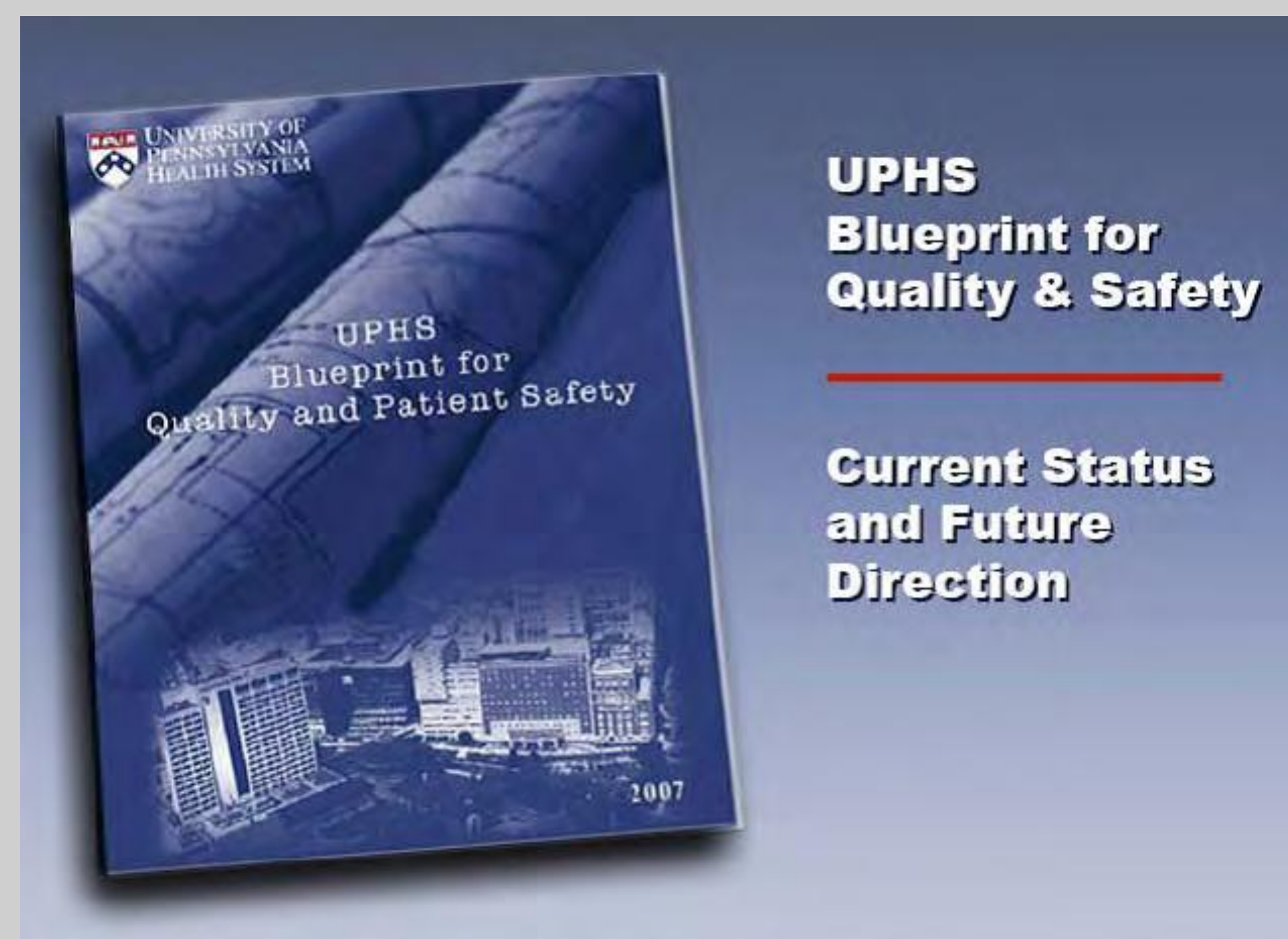
The Role of the Nursing Administrative Coordinator/Quality and Safety Specialist

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Background & Significance

As an organization, the University of Pennsylvania Health System (UPHS) is continuously engaged in pursuing advancement and improvement in practice. This commitment is captured in the UPHS Blueprint for Quality and Patient Safety: a framework that directs clinical practice and the delivery of patient care.



Value Based Purchasing (VBP) is a government initiative that aims to improve the quality of patient care while lowering health care costs. VBP is changing the care delivery model. The UPHS strategy driven by our blueprint for quality aligns with this model. Increasing focus on value to our patients in the context of quality, efficiency, safety and cost extends to all patients and all shifts.

Purpose

In order to support a culture of quality and safety for all shifts in the hospital, the role of Nursing Administrative Coordinator/ Quality and Safety Specialist was created. The goal was to provide a continuum of patient centered quality/safety and process improvement strategies at all times.

Strategy and Implementation

Three distinct groups existed within nursing administration: bed managers, patient care coordinators and quality and safety specialists. Coverage and communication were not coordinated and they operated in silos, therefore, impacting their ability to provide real time support to staff nurses.

The decision was made to merge the groups together into the role of Nursing Administrative Coordinator/ Quality and Safety Specialist. All members were cross trained with a specifically designed curriculum. The coverage model changed to integrate day/night/weekend staff. Coverage consists of two dayshift coordinators, two night shift and two weekend coordinators; changing from a single staff model.



Information about the newly created role was disseminated throughout nursing and ancillary departments. Each shift, the coordinators are responsible for administrative and clinical operational issues, as well as quality and safety priorities, in forums such as care planning rounds, staff huddles and individual staff solicitation.

Evaluation

The success of the new role is continuously being assessed and evaluated. A major initiative carried out by the team was a reduction in the use of 1:1 observation hours. A measurable decrease of 25% sustained for 3 months has occurred. The team is a valuable resource when evaluating the need for observation, offering alternative interventions and tracking usage.

Implications for Practice

The team has shown capacity to impact practice. Future areas that will be evaluated are:

- patient transfers from the ICU to the floor to prevent bounce-backs
- lead roles in Rapid Response and code calls
- lead roles in process improvement initiatives centered on 30 day readmissions and patient outcomes.

Nurses are "the largest direct provider of care impacting patient outcome".

American Nurses Association