Reconstructing a Nursing Model of Care to Enhance the Patient Experience

Sheri Renaud, MS, RN, NE-BC (sheri_renaud@uhs.org); Mary Gifford, BS, RN, ONC (mary_gifford@uhs.org)
UHS Hospitals, Johnson City, New York

Objective
Redesign the Nursing Assistant (NA) model of care on a twenty-six bed inpatient Orthopedic Surgical floor to better enhance the overall patient experience while influencing positive change among the nursing staff without increasing overall FTEs.

Goals
• Meet the needs of the patients and staff
• Increase patient and staff satisfaction
• Increase patient safety
• Decrease call bell usage specifically at change of shift

Background
Staff were facing many challenges at change of shift in regards to the quality of RN bedside shift report and inconsistencies with hourly rounding at change of shift. Simultaneous factors included hand off report from RN-RN and NA-NA limited staff responsiveness for the first thirty minutes of each shift. This resulted in a downward trend in patient trust and satisfaction and an increase in patient falls.

Process
• Unit Council tasked with reconstructing the NA model of care
• Unit Council collaborated with NA representatives from each shift to generate a list of all NA responsibilities
• Responsibilities segregated by specific shifts
• Nurse Manager met with NAs to introduce idea of redefining NA shift time
• Nurse Manager conducted second NA only meeting to communicate Unit Council’s final recommendations for changes
• Developed a NA communication tool that includes all pertinent information needed for safe patient care

Impelementation
Reconstruction of NA Role:
• Go-live January 16, 2015
• New communication tool reworked during the first week to based on NA feedback (see below)
• Redefined NA shift times:
  • Day shift NAs 0630 - 1500
  • Evening shift NAs 1430 - 2300
  • Night shift 2300 - 0700
  • 30 minute shift overlap is used to toilet/turn and tidy rooms before starting vital signs
  • No verbal report needed, all shifts start with walking hourly rounds/vital signs

New roles formed:
• One Day Shift NA became Patient Experience NA responsible for:
  • Conducting patient rounds
  • Enhancing patient experiences by adding the “wow”
  • Making extra rounds
  • Caring for additional patients when admitted post operatively
  • Helping with all other tasks as needed
• Evening Secretary - 20 minutes each hour:
  • Ambulating patients
  • Answering call bells
  • Enhancing patient experiences by adding the “wow”

Findings
• Decreased call bell usage on the unit
• Decreased 24/7 overall noise on the unit
• Decreased patient wait time for staff assistance
• Decreased patient falls
• Increased RN participation in bedside shift report
• Increased all staff participation in hourly rounding
• Increased patient satisfaction

References: