RNWs Returning to the Forefront of Patient Care

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Purpose:
To promote the nurses to work at the top of their scope and to increase face to face contact between nurses and patients.

Background:
Annually, our practice sees approximately 45,000 patients and includes a team of 15 nurses and over 100 providers. Historically, many nurses were in administrative roles or isolated in their roles in phone triage, non-stress test, refill management, or other miscellaneous tasks. After taking into consideration feedback from both the NDNQI survey and interdisciplinary staff collaborative meetings, we set out to create a model that mimics a small practice feel in a large practice setting.

Previous POD assignments:

Process:
- 6 individual provider groups already existed within the clinic, only 2 had dedicated RNs and seemed to function better per provider and staff feedback
- Survey was sent out to RNs to rank provider group interest
- RNs were assigned to provider groups, with consideration to preference and match, to form a POD
- MAs/ schedulers were assigned provider groups
- PODs were rolled out in phases, two at a time, 3 months apart, to accommodate the adjustment within the practice
- Frequent check-ins with both staff and providers for continued success

Intervention:
P: Clinic wide staffing inefficiency and isolation of nurses, which resulted in poor job satisfaction among staff
I: Divide clinic into small clinical care teams, which we call PODs. Each POD consists of a provider group, 1-2 nurses, 1-2 medical assistants and 1 scheduler
C: Diagrams shows the original POD assignments and the current POD assignment
O: Increased staff efficiency in the clinic and improved interdisciplinary relationships

Current POD assignments:

Results:
After 20 months:
- 12% call reduction to our nurse triage line
- 19% decrease in outbound calls for nurse triage
- 21% decrease in call abandonment
- 4 FTE reduction of nursing triage staff
- 25% improvement in nurse/provider relations
- 47% improvement in nurse/leadership relations