

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

Barriers

- Staff buy-in
- Redefining NA shift start time impacting work-life balance
- Restructuring NA-NA hand off report away from the bedside
- Creation of a functional NA assignment and report worksheet



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

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 list of all NA responsibilities
- Responsibilities segregated by specific shifts
- Nurse Manager met with NA's to introduce idea of redefining NA shift time
- Nurse Manager conducted second NA only meeting to communicate Unit Council work group'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:

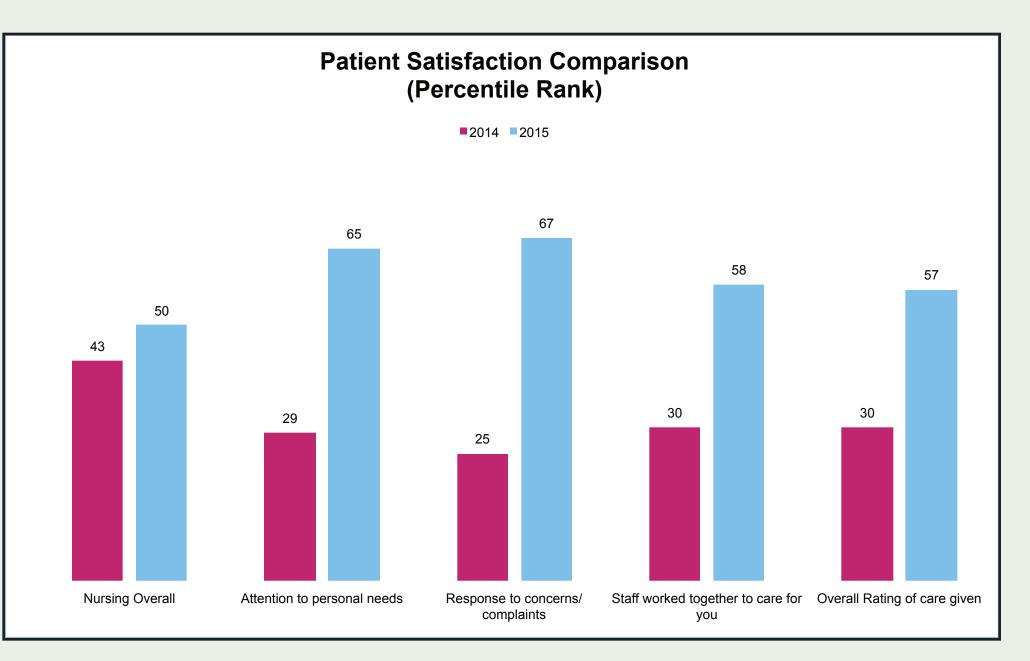
- Go-live January 16, 2015
- New communication tool reworked during the first week to based on NA feedback *(see below)*
- Redefined NA shift times:
 - Day shift NAs 0630 -1500
 - Evening shift NAs 1430 2300
 - Night shift 2300 0700 (note: night shift did not change times)
- 30 minute shift overlap is used to toilet/turn and tidy rooms before starting vital signs
- No verbal report needed, all shifts start with walking hourly rounds/vital signs

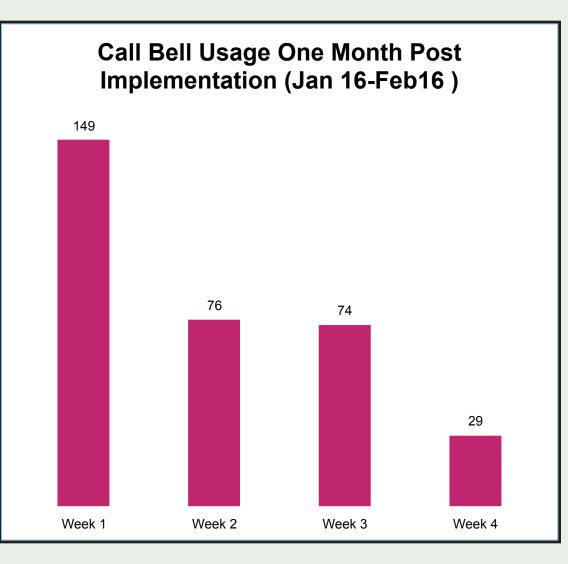
New roles formed:

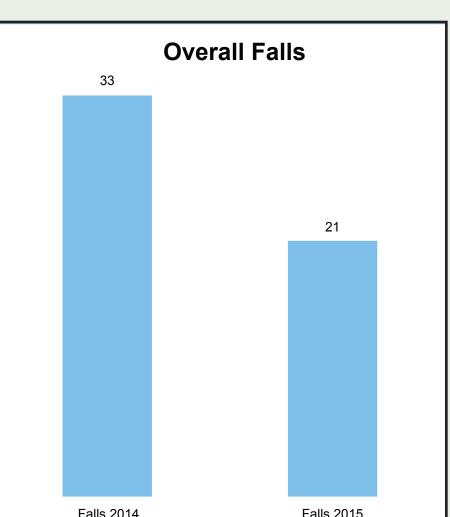
- One Day Shift NA became Patient Experience NA responsible for:
 - Conducting patient rounds
 - Enhancing patient experiences by adding the "wow"
- Making extra rounds
- Caring for additional patients when admitted post operatively
- Helping with all other tasks as needed
- Evening Secretary 20 minutes 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 beside shift report
- Increased all staff participation in hourly rounding
- Increased patient satisfaction







References:

The Advisory Board Company. (2013).Normalize Workflow of Support Staff [Data File]. Retrieved from http://www.Advisory.com Spring 2014

Spanke, M. & Thomas, T (2009). Nursing assistant walking report at change of shift. Journal of Nursing Care Quality 25 (3) 261-265.

Tzeng, H. and Chang-Yi, Y (2008). Are call light use and response time correlated with inpatient fall and inpatient dissatisfaction?. Journal of Nursing Care Quality 24(3) 232-242.