



## PURPOSE Quality Resource Nurse Role Sustained Compliance with Quality Initiatives Opportunity for Professional Development

### **SIGNIFICANCE**



- Patient Safety
  - Thousands die every year from preventable safety events.
- HACs and Reimbursement
  - There is increased scrutiny of hospital acquired conditions and their cost to the organization.
- Standardized Bundles of Care
  - Many nurse managers report compliance with bundles of care needs improvement.



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### **STRATEGY**



• CHALLENGE: Improve nursing work environment with little cost to the unit

COST



**BENEFIT** 

 SOLUTION: Nurse managers staffed to off-set the addition of a quality resource nurse (12 hours weekly)



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### **IMPLEMENTATION**



- QUALITY RESOURCE NURSE
  - · Devoted 2 half shifts weekly



- · Performed quality audits
- Engaged staff in bedside clinical education



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# Frontline Educator Mentor/Coach Quality Auditor Database Recorder Shared Governance CookChildren's.

• Improvement in patient care and outcomes

Expanded professional role for an experienced

Enhanced comfort for frontline nurses

### **EVALUATION**

nurse



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- Improvements noted in compliance with bundles of care and documentation of other quality initiatives:
  - NG tube placement verification ↑ from 71% to 100%
  - Central line bundle of care ↑ from 30% to 100%
  - Home medication reconciliation ↑ from 75% to 100%



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EVALUATION		
Unexpected Findings:		ndings:
3	Drift Happens Quickly	
		-111
Unexpected Outcomes:		
Succession Planning		CookChildren's.

### **IMPLICATIONS**



- Quality Resource Nurse role adapted for other nursing units
- Further study needed to identify impact on

  - Work environment
  - Frontline nurses
- · Nurse managers

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### **REFERENCES**



Aiken, L., Clarke, S., & Sloane, D. (2002). Hospital staffing, organization, and quality of care: Cross-national findings. International Journal of Quality in Health Care, 14(1), S-13. doi:10.1093/intiphc/14.1.5

Bell, J. A., Schroder, T., G. & Mornis, C., F. (2012). A pediatric resource nurse program for nonpediatric nurses. Journal for Nurses in Staff Development, 29(5), 288-291. doi:10.1097/NND.00.001563182711cd1

Brilli, R. J., McClead Jr., R. E., Crandall, W. V., Stoverock, L., Berry, J. C., Wheeler, T. A., & Davis, J. T. (2013). A comprehensive patient safety program can significantly reduce preventable harm, associated costs, and hospital nortality. The Journal of Pediatrics, 16(3), 1638-1630. doi:10.1016/j.jnds.2013.00.031

Glandilli, M. Aurlin, I. Baker, P. Seinera, B. Moss, E. & Twinern, N. (2008). Initiation and evaluation of an

Giangiulio, M., Aurilio, L., Baker, P., Brienza, B., Moss, E., & Twinem, N. (2008). Initiation and evaluation of an admission, discharge, transfer (ADT) nursing program in a pediatric setting. Issues in Comprehensive Pediatric Nursing, 31(2), 61-70. Retrieved from <a href="http://isearch.ebscohost.com.exproxy.ula.edu/login.aspx?direct=nue8db=ccm&AN=2009951200&site=ehost-live">http://isearch.ebscohost.com.exproxy.ula.edu/login.aspx?direct=nue8db=ccm&AN=2009951200&site=ehost-live</a>



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## Hairr, D., C., Salisbury, H., Johannsson, M., & Redfern-Vance, N. (2014). Nurse staffing and the relationship to job satisfaction and relevation. Nursing Economics, 32(3), 142-147. Retrieved from http://severt-bescoriest.com.economics, 32(3), 142-147. Retrieved from http://severt-bescoriest.com.economics, 32(3), 142-147. Retrieved from http://severt-bescoriest.com.economics.aconomics