WHO YA GONNA CALL......CREATIVE STAFFING SOLUTIONS

Team Leader: Michelle Ballou, RN, MSN, MBA, CPAN University of Colorado Hospital, Aurora, Colorado

Team Members: Jaime LeLazar, MBA, Carolyn Dietrich, MSN, RN, CPAN,

Deb DeVine, RN, MS, AOCN, Katherine Halverson-Carpenter, RN, MBA, CNOR, Brenda Wilkison

BACKGROUND INFORMATION:

Staffing in the perioperative setting is challenging because of the specialized skill set required to work in the area. Furthermore, a shortage of experienced perioperative and perianesthesia nurses leads to extended orientations which can heighten staffing problems. Historically, perioperative services are self-sufficient at covering under and over staffing holes with no ability to use the resource staffing office. Inconsistencies in communication among units to discuss staffing left one unit over staffed and another with a lack of staff. Increasing concerns identified by staff and near miss events possibly related to staffing holes or temporary staffing solutions generated the need for this quality improvement project of developing a perioperative resource pool.

OBJECTIVES OF PROJECT:

The objective of the quality improvement project was to increase staff utilization among perioperative services at the University of Colorado Hospital.

PROCESS OF IMPLEMENTATION:

An extensive literature review and queries of hospitals were conducted to determine best practices for staffing utilization in perioperative services. Data was analyzed to determine holes, overtime, and sick calls in the staffing schedules for all units within inpatient and outpatient perioperative services. Additionally, an analysis of operating room and Post Anesthesia Care Unit (PACU) patient volumes was completed. Needs assessments were surveyed to pre-op, PACU, and OR staff to identify barriers and generate ideas for creative staffing solutions.

STATEMENT OF SUCCESSFUL PRACTICE:

A perioperative services staff resource pool was created. A daily perioperative-staffing huddle to discuss holes in staffing and varying OR case volumes was implemented. The huddle enabled leaders to creatively develop daily staffing plans. Nursing and support staffs are floated to like areas with identified staffing gaps. Supplementation orientation materials were developed for staff floating to unfamiliar areas. Currently one perianesthesia and one operating room nurse are part of the perioperative resource pool. Data collected from June 30th to September 26th, 2014 showed a total of 71 staffing holes in the schedule were identified in the staffing huddle. Of those, 45 were filled as a result of creating staffing identified at the daily staffing huddle.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

The implications for practice are safer patient ratios, decreased inconsequential overtime, and increased staff satisfaction.