



Two Heads are Better than One

Improving Care with Changes to the Staffing Model

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Background



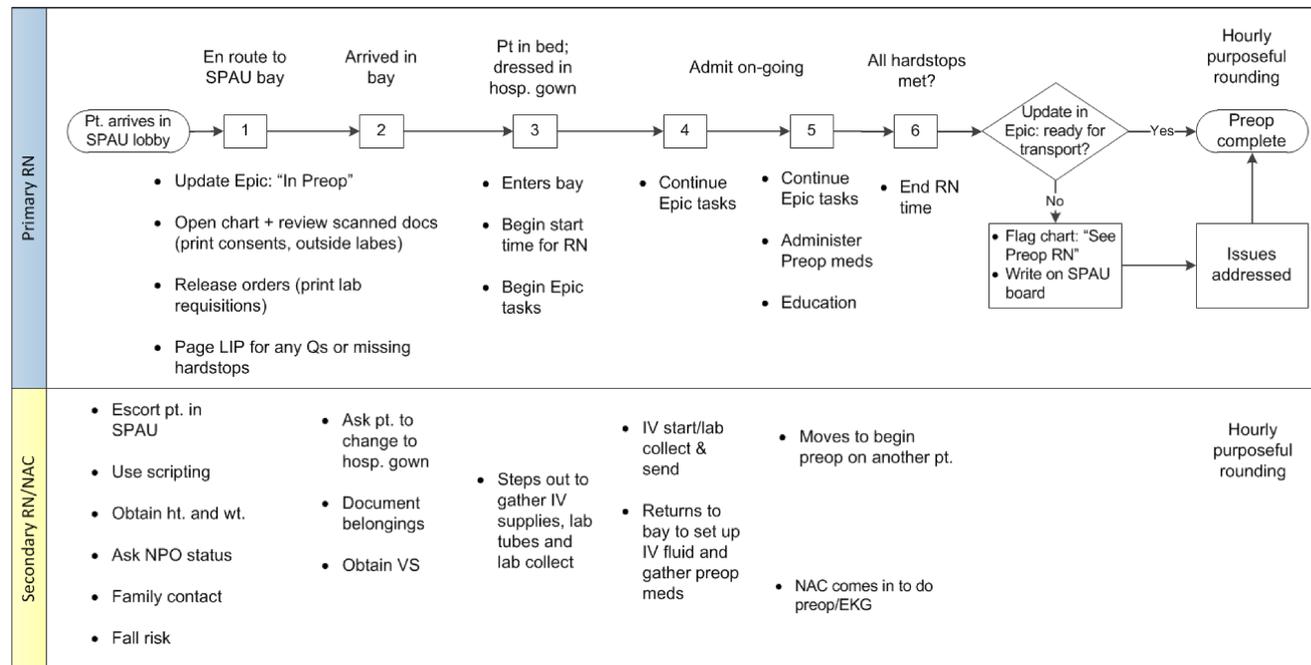
- Prompted by 3 near miss reports in preop
- Inefficient preop processes may increase risks for patient safety
- Previous preop staffing model and processes led to delays in procedure/surgical start times, throughput issues and overtime
- Research shows the positive impact of teams in nursing and healthcare with regard to:
 - Patient safety & quality of care
 - Staff burnout
 - Organizational outcomes

Aims

- To establish safeguards to ensure patient safety and care delivery to patients on the Surgery & Procedure Admissions Unit (SPAU).
- To improve patient experience, foster staff accountability, gain efficiencies, optimize resources and facilitate throughput.

Methods Approach

- Multidisciplinary Shared Leadership collaborated to develop a staffing model to achieve safety and care objectives
- Followed Institute for Healthcare Improvement Model using Plan-Do-Study-Acts



Qualitative Results

- ✓ Improved staffing model: 2 RNs paired/assigned to preop patients, and RN pairing parallel workflow
- ✓ Enhanced patient experience, safety and care delivery
- ✓ Staff satisfaction enhanced
- ✓ Efficiency gains and optimized resources
- ✓ Improved communication between staff and staff accountability fostered
- ✓ Role modeling; best practices/lessons learned shared by working as a team



Team-Based Nursing: PREOP		
Primary RN (lead)	Secondary RN (under guidance / direction from Primary RN)	NAC
<ul style="list-style-type: none"> • Stay at the bedside throughout the PreOp process • Update EPIC Status: "In Preop", "Ready for Transport" • Release Orders • Print: <ul style="list-style-type: none"> ○ Lab Slips / Requisition ○ Consent (scanned docs) ○ EKG's (as needed) • Computer Tasks: <ul style="list-style-type: none"> ○ Pt's Home Meds ○ Allergies ○ Past Medical / Surgical Hx ○ Travel Screening ○ Admit Screens ○ Physical Assessment ○ Pre-Op/Procedural Checklist ○ CONSENT Verification ○ Pt Education (Surgical and Procedural) ○ PREOP Meds: <ul style="list-style-type: none"> ▪ Antibiotic prophylaxis ▪ IV fluids ▪ PO meds • On-Call IV antibiotics (e.g. Vanco) are Primary RN's responsibility to communicate and coordinate. Delegate as appropriate to Secondary RN. • LIP Communication: paging for questions / orders • Double check that ALL elements of PREOP documentation and orders are complete • Update SPAU board: "Ready" • Hourly Purposeful Rounding (4P's and address schedule delays / updates) 	<p>Write all information on PreOp Worksheet; this serves as a handoff tool between RN pairing in PREOP.</p> <ul style="list-style-type: none"> • Family / Ride Contact Information (purple sheet) • Height / Weight • Fall RISK status (green / yellow socks) • Last NPO status • IV start • Lab Collect and send • Vital Signs • Patient belongings (also responsible for storing belongings in SPAU closet) • Round on patient and family and address any delays • Skin Preps (if NAC unable) • EKGs (if NAC unable) • Hourly Purposeful Rounding (4P's and address schedule delays / updates) 	<ul style="list-style-type: none"> • Greet and escort patients from lobby • Skin Preps • EKGs • Vital Signs (if able) • Hourly Purposeful Rounding (4P's and address schedule delays / updates)

LIP: Licensed Independent Practitioner

NAC: Nursing Assistant, Certified

Quantitative Results:

- ✓ Reduced admission time for preop/procedure patients: 17.5% with pre-admit visit and 20% without pre-admit visit
- ✓ Reduced healthcare costs (annualized savings of approximately \$227,227)
- ✓ Reduced care coordination near misses (3 pre-implementation, 1 post-implementation)

Discussion



- **Nursing implications:** (1) Results of project validated current findings of teamwork in nursing and healthcare; (2) successfully applied a 2:1 RN to patient ratio in order to improve patient safety, quality of care, and preop efficiency / throughput.
- **Next steps:** adding more structure and addressing barriers based on data, feedback and process observations.