

## Creating Healthy Work Environments 2019

### Breaking the Matrix While Fostering an All RN Care Model

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#### Problem Statement:

Nursing care delivery models significantly impact patient outcomes and nursing job satisfaction. On a medical-surgical unit, a highly engaged team posed a question to improve staffing ratios, patient safety, and educational development. With a nurse to patient ratio of 1:6 the growing number of high acuity patients in the hospital became hard to manage. A proposal for an All Registered Nurse (RN) Care Model was applied with an emergence to solve a problem while evaluating the matrix. This unit transitioned from a Functional Care Model consisting of registered nurses and unlicensed personnel or patient care assistants (PCAs), to an All RN Care Model, eliminating the use of PCAs.

#### Objectives:

Several specific objectives stood out when considering the progression for this proposal including: a reduction in nurse to patient ratios, fall rates, hospital acquired conditions, and sepsis bundle compliance. Other objectives included improvement of patient education, outcomes, responsiveness, and overall improvement in nurse job satisfaction.

#### Methods:

A review of historical data to include staffing models, patient average length of stay, quality metrics, and organizational readiness is analyzed. An acuity table is formulated to identify patient assignments to include oxygenation status, vascular support, wound care, postoperative complications, and vital sign frequency. The shared practice council, director, manager, educator, and senior leadership strategize a plan to transition to an all RN matrix. In April of 2017, the restructuring for the high acuity population occurs where there is a 1:3 or 1:4 all RN patient ratio and the unlicensed personnel are transitioned within the organization.

#### Discussion/Evaluation:

Each shift consists of total care provided with a dedicated RN and a RN care partner. Assignments are made based on acuity with a daily review of the acuity table. Patient education and responsiveness has shown an increase in survey results. An increase in early identification of sepsis and the sepsis treatment bundle compliance rates has been noted. Rates of hospital acquired conditions have shown a median score. To evaluate the effectiveness of transitioning to an All RN Care Model on patient outcomes, trends will be measured from quality indicator reports, HCAHPS scores, turnover rates, and nurse satisfaction surveys. A continual review for evaluation is acknowledged to further investigate.

#### Conclusion:

The All RN Care Model maximizes the potential for nursing assessment, implementation, autonomy, critical thinking, evaluation, and revision as the highest in quality care. A reduction in staffing ratios has

integrated a preferred method of choice for patient interaction and education. Evidence shows that All RN Care Models of care result in improved patient outcomes as well as higher patient and nurse satisfaction.

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**Title:**

Breaking the Matrix While Fostering an All RN Care Model

**Keywords:**

nurse satisfaction, nursing care model and patient outcomes

**References:**

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**Abstract Summary:**

A medical surgical unit implemented an all RN Nursing Model to improve patient outcomes, and nurse and patient satisfaction. The All RN Model has maximized the potential for nursing assessment, implementation, autonomy, critical thinking, and evaluation, resulting in the highest quality of patient care.

**Content Outline:**

1. Problem Statement
  1. High acuity patients and high nurse to patient ratio on a medical surgical unit
  2. Transition to all RN nursing model
2. Objectives
  1. Reduction in fall rates and hospital acquired conditions
  2. Increase in sepsis bundle compliance
  3. Improved patient satisfaction scores
  4. Improved nurse satisfaction
3. Methods
  1. Analyzed staffing models, patient average length of stay, quality metrics, and organizational readiness
  2. Reduction in nurse to patient ratios
  3. Formulated an acuity table to determine daily patient assignments
4. Evaluation

1. Improvement in patient education, responsiveness, and sepsis bundle compliance
2. Ongoing assessment of nurse and patient satisfaction
5. Conclusion
  1. The all RN Nursing Model maximizes quality patient care

First Primary Presenting Author

**Primary Presenting Author**

Candace Lynne Bilotta, BSN  
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**Professional Experience:** 2014-present Registered Nurse, BSN, board certified 2015-present Professional practice committee member 2017- poster presenter at AMSN national convention, "Patient Mailbox Project" Involved in various process improvement projects on progressive care unit

**Author Summary:** Board certified registered nurse on a progressive care unit. Involved in professional practice committee to implement process improvement projects on the unit. Involved in training new employees and teaching students from local nursing schools.

Second Author

Brittany Ferguson, BSN, RN  
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**Professional Experience:** I am Bachelor degree prepared registered nurse with 2 and half years of experience on the progressive surgical care unit. I was part of the transition from a model of care including patient care techs or patient care assistants, to the all RN model of patient care. I am on the units professional practice council and assisted in improving the care model transition.

**Author Summary:** Brittany Ferguson is a registered nurse with over two and half years of experience on a busy surgical progressive care unit. She is the chairperson for the hospitals Shared Governance council and has worked on numerous policies and projects to improve patient outcomes. She has presented evidence based projects to the hospital and at national conferences. She is a integral part of the units team by improving moral with activities and recognition of fellow employees.

Third Author

Genivy Gomez, RN, BSN  
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**Professional Experience:** I am a medical surgical nurse on a surgical progressive care unit with over three years experience. She is the chairperson for her units Shared Governance counsel and has worked on numerous policies and projects to improve patient outcomes. She has presented evidence based projects to the hospital and at national conferences. She is a integral part of the units teams by improving moral with activities and recognition of fellow employees.

**Author Summary:** Genivy Gomez is a registered nurse with over three years of experience on a busy surgical progressive care unit. She is the chairperson for her units Shared Governance counsel and has worked on numerous policies and projects to improve patient outcomes. She has presented evidence based projects to the hospital and at national conferences. She is a integral part of the units teams by improving moral with activities and recognition of fellow employees.

Fourth Author  
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**Professional Experience:** 10 years of expertise for all RN care model versus team based nursing. Mary Hernandez is a Clinical Educator that works in several acute and progressive care units. She has eleven years of clinical and academic experience. She is also the chair for the clinical ladder committee and advocates for professional development with nursing staff. She has presented poster submissions for national conferences for the past three years.

**Author Summary:** Mary Hernandez is a Clinical Educator that works in several acute and progressive care units. She has eleven years of clinical and academic experience. She is also the chair for the clinical ladder committee and advocates for professional development with nursing staff. She has presented poster submissions for national conferences for the past three years.