Acuity-Based Assignments to Decrease Missed Nursing Care

Peggy Hershberger DNP, RN

PROBLEM

Elements of nursing care studied in this project have been found to be omitted 62% of the time throughout hospitals worldwide. Acuity has been found to be the most commonly reported reason for MNC.

- Varying acuity of patients
- Unbalanced distribution of high acuity patients
- Continued reports of MNC
- Increasing staffing minimizes MNC
- Not always an option
- Other interventions necessary

PURPOSE

The purpose of this project was to implement the use of acuity-based assignments and subsequently decrease MNC.

THEORETICAL FRAMEWORK

Missed Nursing Care Model
Supports the development of a new process for making patient assignments.

ANTECEDENTS

NURSING PROCESS

Patient requirements
- Acuity
- Diagnoses
- Assessments
- Planning
- Interventions
- Nursing documentation

NURSES’ INTERNAL PROCESSES

Group/team norms
- Priority assignment-making

MISSING NURSING CARE

Patient outcomes
- Autonomy
- Group/Team

PATIENT OUTCOMES

Lewin’s Change Theory
Guides implementation of organizational change

UnFreezing
- Need - decrease MNC
- Increase driving forces
  - Secure support of more staff, and administrators
  - Decrease restraining forces - resistant staff
  - Utilize staff meetings to increase communication and involvement

UnFreezing
- Identify the need for change
  - Increase driving forces for change
  - Decrease restraining forces against change

CHANGE

- Alter the behavior of making assignments
  - Involve people
  - Inform through unit level staff meetings
  - Create a volunteer task force made up of staff
  - Allow the task force to drive development of acuity tool and implementation of acuity-based assignments
  - Implement change with staff assistance

REFREEZING

- Stabilization - make change permanent
- Follow up needed

METHOD

Setting
- 32-bed renal unit in a 189-bed hospital

Project Implementation
- Creation of task force
- Finalize acuity tool and intervention plan
- Administer MISSCARE survey
- Implementation of acuity-based assignments for 3 weeks
- Administer MISSCARE survey

Participants
- All nurses working at least one day per week on the study unit
- 18 of the 25 eligible nurses participated

Acuity Tool

- Developed by the acuity tool committee
- Validation and implementation by the research team

MISSCARE SURVEY DATA

MISSCARE SURVEY DATA

Mean MNC: Paired one-tailed t-test

<table>
<thead>
<tr>
<th>MISSCARE SURVEY</th>
<th>PRE-INTERVENTION</th>
<th>POST-INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulation</td>
<td>3.22</td>
<td>3</td>
</tr>
<tr>
<td>Turning patient</td>
<td>3.06</td>
<td>2.89</td>
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<tr>
<td>Feeding patient</td>
<td>3.17</td>
<td>3.1</td>
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<tr>
<td>Setting up meals for patient who feeds themselves</td>
<td>2.83</td>
<td>2.6</td>
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<tr>
<td>Medications administered within 30 minutes before and after scheduled time</td>
<td>3.22</td>
<td>3.0</td>
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<tr>
<td>Vital signs measured as ordered</td>
<td>2.83</td>
<td>2.67</td>
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<tr>
<td>Monitoring intake/output</td>
<td>3.56</td>
<td>3.11</td>
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<tr>
<td>Full documentation of all necessary data</td>
<td>3.28</td>
<td>2.72</td>
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<tr>
<td>Patient teaching about illness, tests, and diagnostic studies</td>
<td>2.94</td>
<td>2.72</td>
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<tr>
<td>Emotional support to patient and/or family</td>
<td>2.67</td>
<td>2.23</td>
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<tr>
<td>Patient bathing/skin care</td>
<td>3</td>
<td>2.56</td>
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<tr>
<td>Mouth care</td>
<td>3.22</td>
<td>2.78</td>
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<tr>
<td>Hand washing</td>
<td>1.89</td>
<td>1.67</td>
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<tr>
<td>Patient discharge planning and teaching</td>
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<td>1.11</td>
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<tr>
<td>Bedside glucose monitoring as ordered</td>
<td>1.89</td>
<td>2.17</td>
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<tr>
<td>Patient assessments performed each shift</td>
<td>1.83</td>
<td>1.78</td>
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<tr>
<td>Focused reassessments according to patient condition</td>
<td>2.28</td>
<td>2.27</td>
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<tr>
<td>Interventions linked site care and assessments according to hospital policy</td>
<td>2.28</td>
<td>2.68</td>
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<tr>
<td>Response to call light is initiated within 5 minutes</td>
<td>3.67</td>
<td>3.06</td>
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<tr>
<td>PRN medication requests acted on within 15 minutes</td>
<td>3.28</td>
<td>3.07</td>
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<tr>
<td>Assess effectiveness of medications</td>
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<td>2.22</td>
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<tr>
<td>Attend interdisciplinary care conferences whenever held</td>
<td>2.89</td>
<td>2.61</td>
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<tr>
<td>Assist with toileting needs within 5 minutes</td>
<td>3.5</td>
<td>3.1</td>
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<tr>
<td>Skin/wound care</td>
<td>3.11</td>
<td>2.61</td>
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<table>
<thead>
<tr>
<th>MISSCARE OVERALL MNC</th>
<th>PRE-INTERVENTION</th>
<th>POST-INTERVENTION</th>
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<tr>
<td>Mean</td>
<td>2.84</td>
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<tr>
<td>SD</td>
<td>0.56</td>
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<tr>
<td>Minimum</td>
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<td>Maximum</td>
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<td>3.22</td>
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<tr>
<td>Confidence Level (95%)</td>
<td>0.24</td>
<td>0.35</td>
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CONCLUSIONS

- Implementation of the use of an acuity tool led to balanced assignments
- MNC decreased following implementation of acuity-based assignments

IMPLICATIONS FOR PRACTICE

- Findings were presented to the nurses on the unit as well as the CNO
- Acuity-based assignments play an important role in minimizing MNC
- Follow up is necessary to further address continued, although reduced occurrences of MNC
  - Consider other variables contributing to MNC (supplies/equipment, support of team)
  - Explore various interventions addressing additional reasons for MNC
- Patient outcome data should be analyzed to determine effects of decreased MNC

Challenges
- Continued perception of unbalanced assignments
- Shorter assignments decrease tracking information with staff
- Willingness of staff to update the acuity tool for each patient may inhibit continued use
- Recent increase in nursing resignations further complicates compliance
  - Develop an electronic version of the acuity tool linked to nursing documentation
- Ensuring acuity is considered when making assignments
  - Communication among unit level management, charge nurses, nursing staff
- Limitations: Small sample size, and time restrictions

CONTACT/REFERENCES

Peggy Hershberger DNP, RN
phershberger@mcneese.edu
337-475-5829

References available upon request