

Title:

Care Zones Staffing Model: Solving Workflow Barriers to Improve Patient and Nurse Outcomes

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Session Title:

Staffing Strategies to Improve Outcomes

Slot:

H 05: Saturday, 18 March 2017: 3:00 PM-3:45 PM

Scheduled Time:

3:00 PM

Keywords:

Interprofessional, Quality and Safety

References:

Curley, M.A.Q. (1998). Patient-Nurse Synergy: Optimizing Patients Outcomes. *American Journal of Critical Care* 7(1):64-72.

Donahue, L. (2009). A pod design for nursing assignments. *AJN The American Journal of Nursing*, 109(11), 38-40.

Friese, C. R., Grunawalt, M. J. C., Bhullar, S., Bihlmeyer, M. K., Chang,R., & Wood, M. W. (2014). Pod nursing on a medical/surgical unit: Implementation and outcomes . *The Journal of nursing administration*, 44(4), 207. doi: 1097/NNA.0000000000000051

Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B., Budreau, G., & Everett, L. et al., (2001). The Iowa Model of Evidence-Based Practice to promote quality care. *Critical Care Nursing Clinics of North America*, 13, 497-509.

Abstract Summary:

Care Zones Staffing Model schematic assist learners to understand pre and post workflow changes that lead to improved patient and nurse outcomes. Tools for implementation assist pilot projects in being replicated in multiple unit environments.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner should be able to Identify workflow patterns that interrupt efficient and safe patient centered care.	Review pre and post staffing assignment patterns
Learners will be able comprehend the workflow process of Care Zones and see how staffing assignments enhances the effectiveness, timeliness, and lessens the workload for healthcare providers.	Examine an actual spaghetti pattern nurse assignment that lead to negative results.

Learners will recognize the impact that the Care Zones Staffing Model has on patient and nurse outcomes.	Appreciate the significant improved quality outcomes that impacts patient and the interprofessional teams workflow.
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Abstract Text:

Background: A 24-bed general medicine unit at Emory University Hospital has a history of implementing innovative change. This unit developed Emory Healthcare's model of patient centered, interprofessional collaborative practice (PC-IPCP), and is the original Accountable Care Unit. In spite of that, the unit experienced barriers to achieving patient safety and quality outcomes due to marked inefficiencies in the way assignments were made. Historically, assignments were made by utilizing acuity-related criteria and did not consider the unit geography, thus creating assignment patterns located on the opposite ends of the hallways that produced challenges for patient care, bedside shift report, and participation in multidisciplinary rounds. Nurses also felt their response times to patients' calls were unnecessarily delayed. This was reflected in lower than desired patient satisfaction and higher fall rates. Nurses and patients were frustrated by the inefficiencies of direct communication and the care gaps that the chaotic assignments created.

Methods: The new assignment methodology considers unit geography; the AACN Synergy Model© principle of matching the skill of nurse to patient needs; nurse participation in daily interprofessional rounds; and a buddy system, to create a strong patient safety net. A schematic flip chart was designed by the Unit Director to guide charge nurses in selecting flexible assignment options which promoted timely planned and unplanned patient care activities. The unit level leadership team took a deliberative approach, piloting one zone assignment at a time, but due to the overwhelmingly positive responses from clinical nurses, the pilot phase was shortened and the model fully implemented within two weeks.

Summary: Within six months after implementing the model, falls decreased by 58%, incremental overtime decreased by 60%, patient call light rate dropped by 49%, and the average distance walked by clinical staff decreased by 1.2 miles per day and currently remains sustained. Nurses verbalized increased satisfaction with their ability to meet their patients' quality and safety needs, and both providers and nurses described efficiencies gained in their daily collaborative practice rounds. Patient satisfaction scores remained above average. This project demonstrates application of patient-centered care, teamwork, collaboration, patient safety, and quality care.