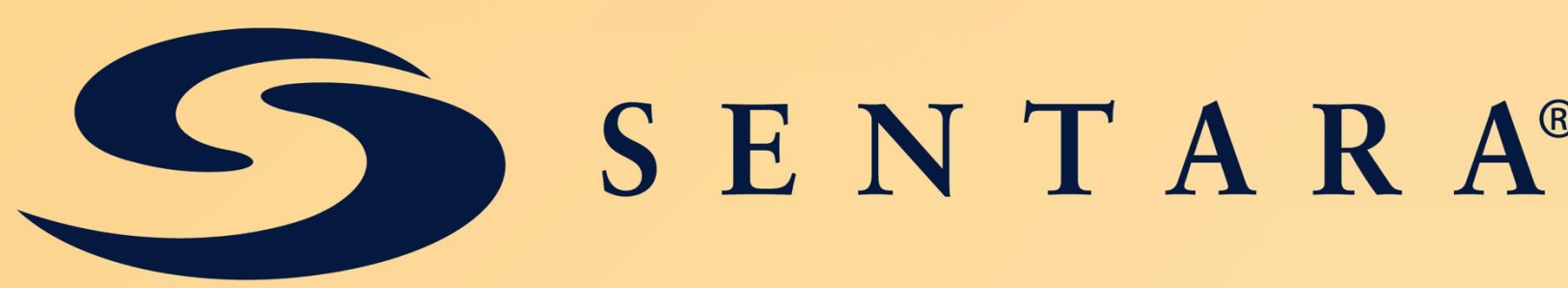




Care Delivery Models: Challenge to Change

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sentara nurse



Background

- Care delivery models result in practical decisions based on perceived fairness
- Division of labor lies in social interaction
- Dynamics of compromise work against delegation principles
- Nurses purposely blur role boundaries to preserve sense of fairness

Main Aim

The purpose of this project was to evaluate an evidence based practice partnership model of care on patient satisfaction, nurse sensitive patient/clinical outcomes, and staff satisfaction.



Methods

Launch new Partnership Dyad/Triad Models on two units; two hospitals- Med-Surg Telemetry & Medical Oncology
New assignment following education rollout based on:

- Charge Nurse without assignment
- Dyad or triad of RN(s), LPN & NCP
- Work as a team to provide care; negotiate tasks
- Rapid team bedside rounds
- Hourly rounding assigned to most available team member
- Mid-shift huddle to reassess and reassign care needs
- Proactively plan for meal breaks with meal buddy
- Free-floating RN/NCP for additional assignments

Measures

Clinical outcome measures:

- Patient & nurse satisfaction
- Falls with injury
- Hospital acquired pressure injuries
- Venous thrombus events
- Mobility interventions

Measures Continued

Operational outcome measures:

- Audit collection of mid-shift huddle
- Proactive meal breaks
- Charge nurse without direct assignment
- Healthy Work Environment (HWE)
- Nurse Turnover/Retention
- Nursing care hours per patient day (NCHPPD)

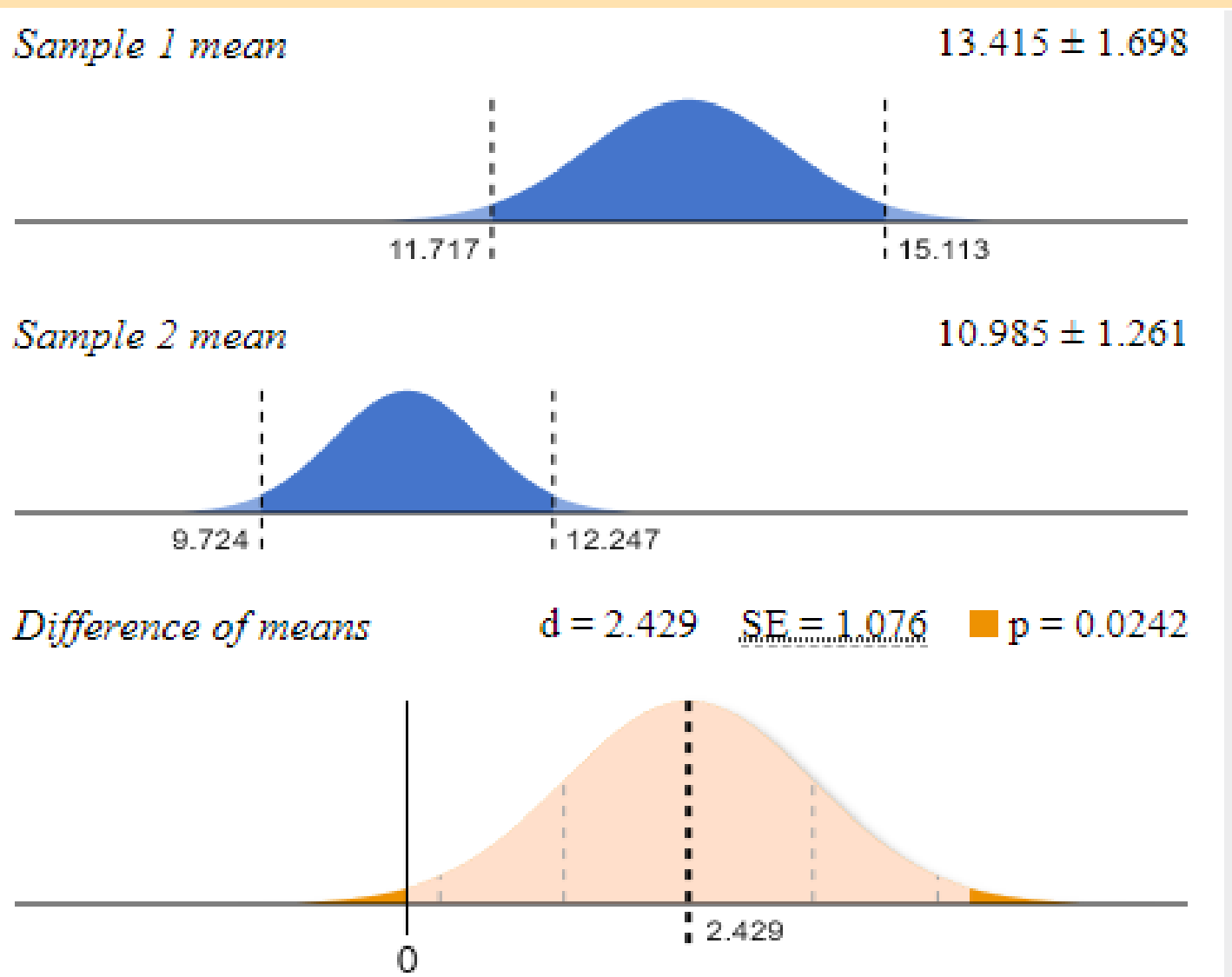
Results

Nurse Satisfaction	Medical Oncology			Med-Surg Telemetry		
	Agree '17 (N=32)	Agree '18 (N=15)	p*	Agree '17 (N=37)	Agree '18 (N=43)	p*
My organization supports employee safety	30	11	.05	25	31	.66
My manager is open and responsive to staff input	29	9	.01	23	42	<.001
I have a manageable workload	20	4	.02	11	23	.03
My organization does a good job of selecting and implementing new technologies to support my work	31	8	<.001	29	28	.19
My organization supplies me with the equipment I need	26	5	.001	30	39	.21
My unit/department has enough staff	23	4	.004	2	34	<.001
I know what is required to perform well in my job	32	15	n/a	37	41	n/a
I have helpful discussions with my manager about my career	27	11	.37	24	33	.24
I receive regular feedback from my manager on my performance	26	11	.54	31	37	.78
My manager helps me learn new skills	29	9	.01	29	36	.54
Over the past year I have never been asked to do something that compromises my values	31	13	.18	26	33	.51
I am interested in promotion opportunities in my unit/department	29	9	.76	30	39	.21
I receive effective on the job training	31	11	.02	30	40	.11
If I wanted to explore other jobs within the organization, my manager would help me	29	14	.76	24	37	.03
My most recent performance review helped me to improve	31	15	n/a	29	41	.02
Training & development opportunities offered by my organization have helped me to improve	28	12	.50	30	40	.11
Abusive behavior is not tolerated at my organization	31	10	.004	30	43	n/a
Conflicts are resolved fairly in my unit/department	27	11	.37	27	43	n/a
I have good personal relationships with coworkers in my unit/department	32	14	n/a	37	42	n/a
I receive the necessary support from employees in my unit/department to help me succeed in my work	30	12	.15	33	34	.22
I receive the necessary support from employees in other units/departments to help me succeed in my work	25	11	.71	27	41	.001
My coworkers do a good job	30	12	.15	37	40	n/a

*Statistical significance (p<.05) was derived using Pearson chi-square test of differences in proportions.

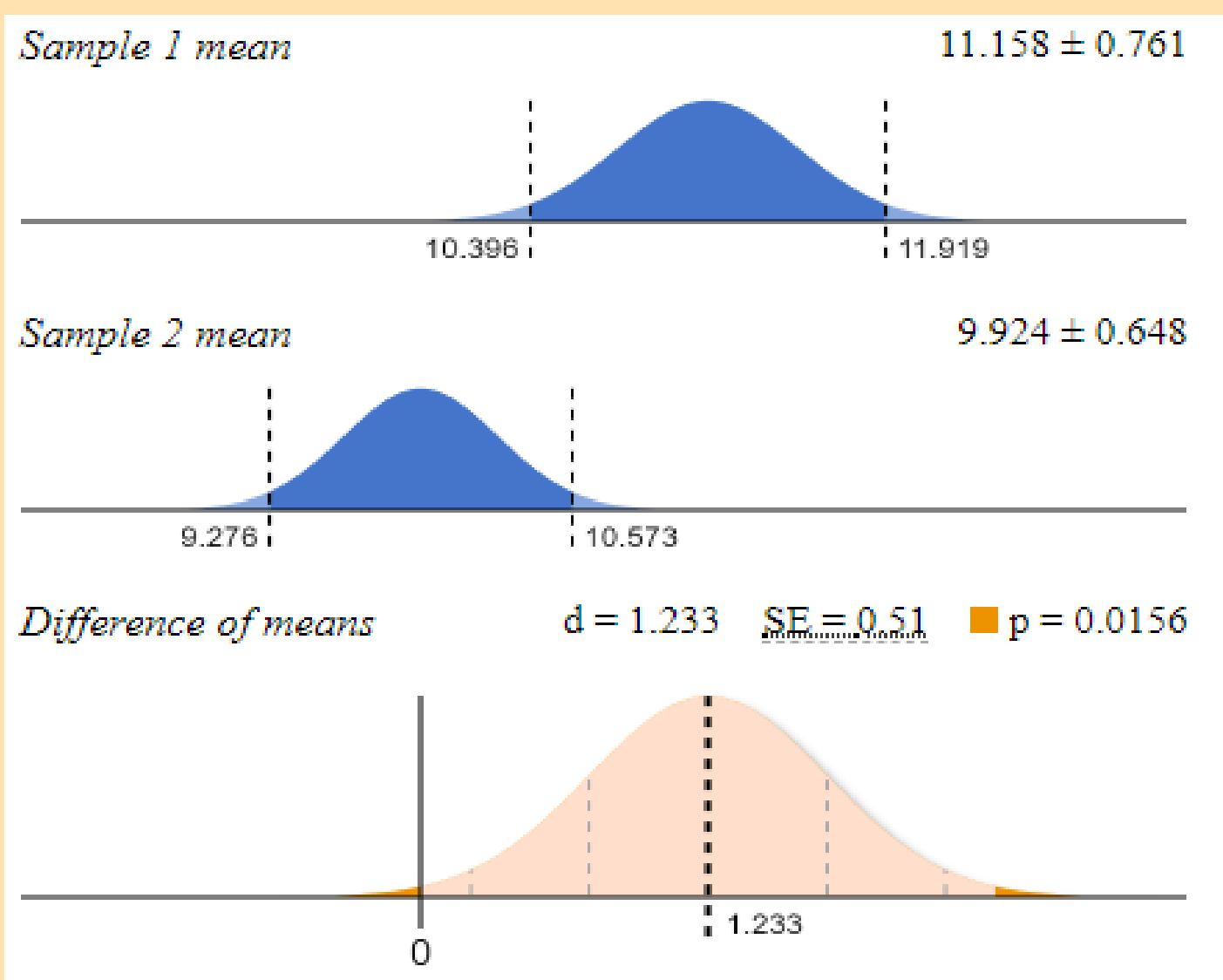
Results Continued

Medical Oncology Mobility



P=Statistically significant <.05

Med-Surg Telemetry Mobility



P=Statistically significant <.05

- Patient Satisfaction- no statistically significant difference
- Nursing turnover and vacancy was unchanged
- Nurse Satisfaction- improved in one study setting
- No statistical difference in the number of falls with injury, HAPI's, or VTEs
- Healthy work environment status improved in both units.
- Compliance with mid-shift huddles and meal breaks improved
- Statistical decrease in mobility interventions per patient

Limitations

- Loss of Manager on one unit mid study
- Staffing to grid and “stay on pilot” on one unit during study
- Intense census demands during study
- Low numerical results limit correlations

Discussion & Implications

Innovative models of care delivery must be predicated on new role skills for nurses, purposeful oversight, and mentoring for sustainable success. Staffing can influence the integrity of care delivery models. Operational improvements on dimensions of unit workflow are needed.

Recommendations:

- Improve and standardize Charge Nurse orientation
- Provide staff education on delegation and scope of practice
- Operationalize proactive meal breaks
- Prioritize staffing support positions
- Minimize Charge Nurse patient assignments
- Conduct mid-shift huddles for reassignments
- Formalize handoff tool
- Hardwire buddy system
- Minimize floating