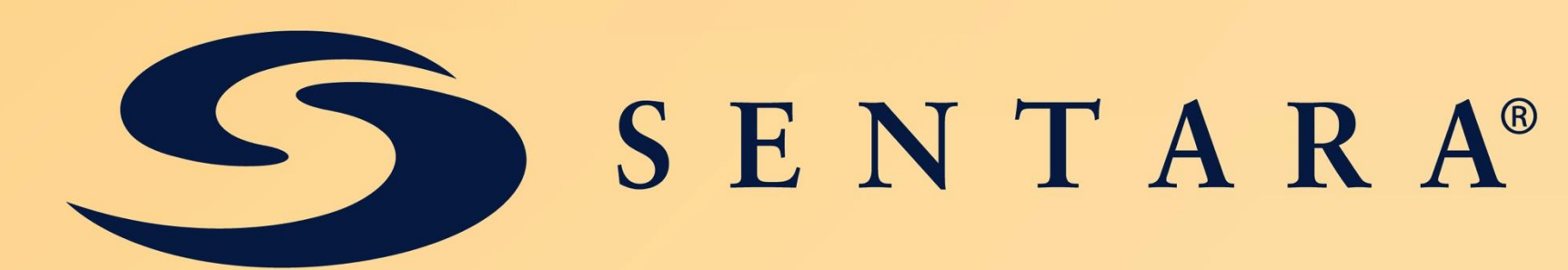




Improving Perceptions of Care by Implementation of an ADT Nurse

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Background

- SVBGH 2WW is a mixed step-down/med-surg unit for Cardiac-based patients that has a high turnover of patients with multiple admissions and discharges daily. Quick through-put related to Sentara’s strategic goal around Patient Flow leaves nurses little time to complete processes around admission and discharge. Discharge turnaround time (TAT) is extended throughout the hospital, with only 17.7% of our patients meeting the 2 hour goal (on a goal of 40%).

Aims/Goals/Objectives

- Current workflow of Admissions and Discharges on a high patient turnover unit such as 2WW is not sufficient to support the goals and patient outcomes related to patient flow, discharge readiness, admission requirements, patient experience, readmission prevention and TIGR video usage. A review of the literature shows an improvement in many of these metrics with the implementation of the ADT nurse role.

Problem

- Staff has voiced concerns that the admission process is fragmented and disjointed because of frequent patient turnover and multiple interruptions, affecting their ability to provide timely, consistent, and individual care to patients. Current data shows average daily admissions on 2WW at 10, with average daily discharges 11-12 (does not include transfers to a higher level of care). This data is reflective of 7 days/week with lower admits/discharges on the weekend.

Method

- Using a Plan-Do-Study-Act methodology, a pilot was implemented utilizing an Admission/Discharge Nurse on 2W for a 5 week period consisting of volunteer Resource Pool Nurses filling the role from 11a-7p Monday thru Friday
- Daily Journaling/debriefing from ADT Pilot Nurse on what is going well and what is not going well with real-time daily adjustments to role based on feedback
- Analysis of data and examination of results
- Measures of success to include: Patient satisfaction around the admission/discharge process; Nurse satisfaction around the admission/discharge process; Unit-based ED to admit times

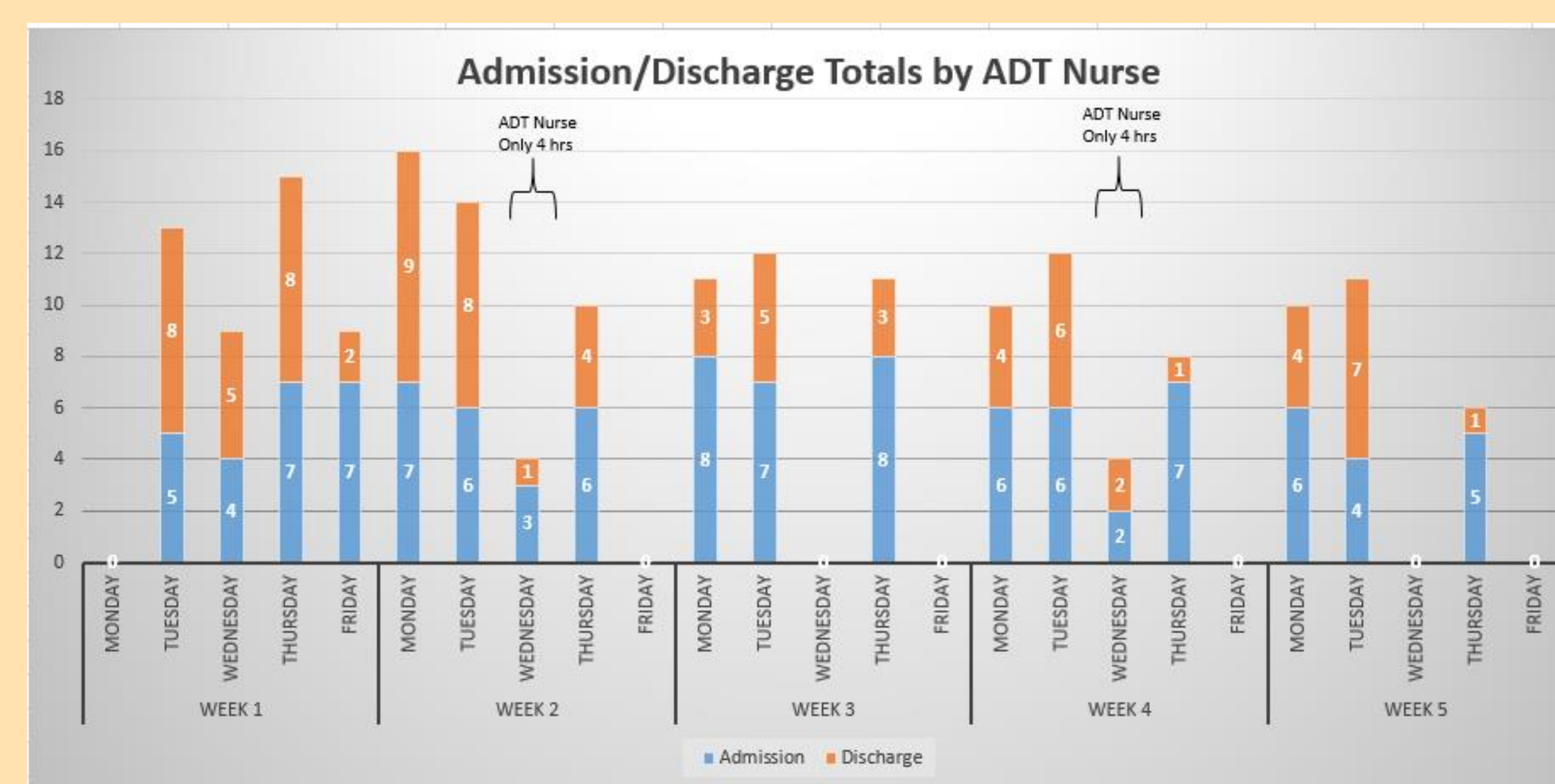
Results

We saw an increase in nurse morale and improvement in perception of pace of work.

- Pre-pilot with 23 respondents and Pilot with 21 respondents surveys were conducted on the Nursing staff.
- Comments from staff:

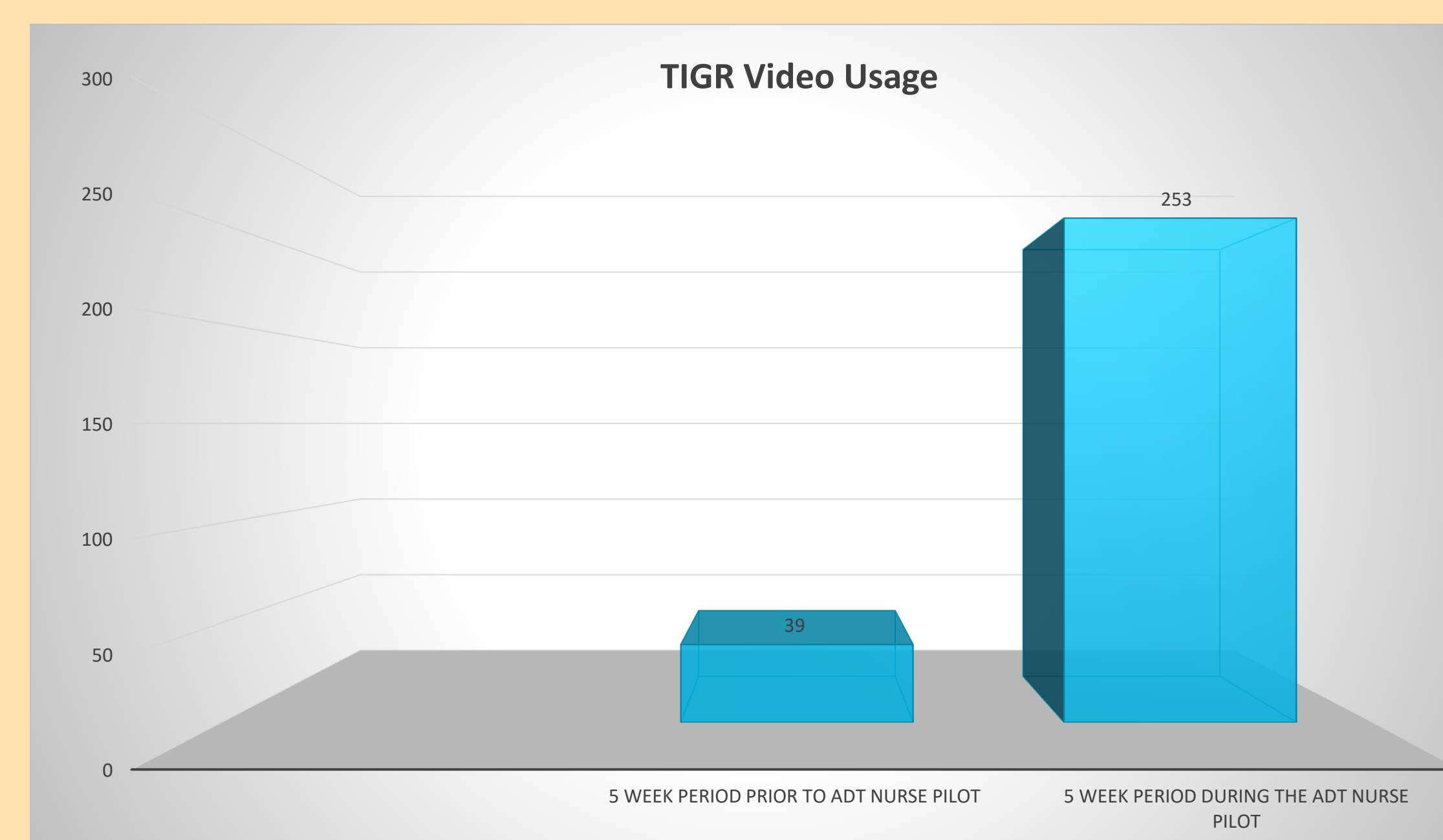
“My admission nurse was able to assess and identify the need of the new admit to be transferred to step down within a few minutes of the patient being transferred from the ER.”

“Having an admission nurse greatly improved the workflow as a bedside RN on 2West. I have found that the admission nurse is able to better focus and ensure the completeness of the pts admission which leads to better care from start to finish.”



We saw an increase in patient care hours delivered by the bedside nurse.

- Approximate 40 minutes to complete an admission and approximate 30 minutes to complete a discharge.
- With an average of 7 admissions each day, that allocates roughly 5 hours back to hours of nursing at the bedside.
- With an average of 5 discharges each day, that allocates roughly 3 hours back to hours of nursing at the bedside



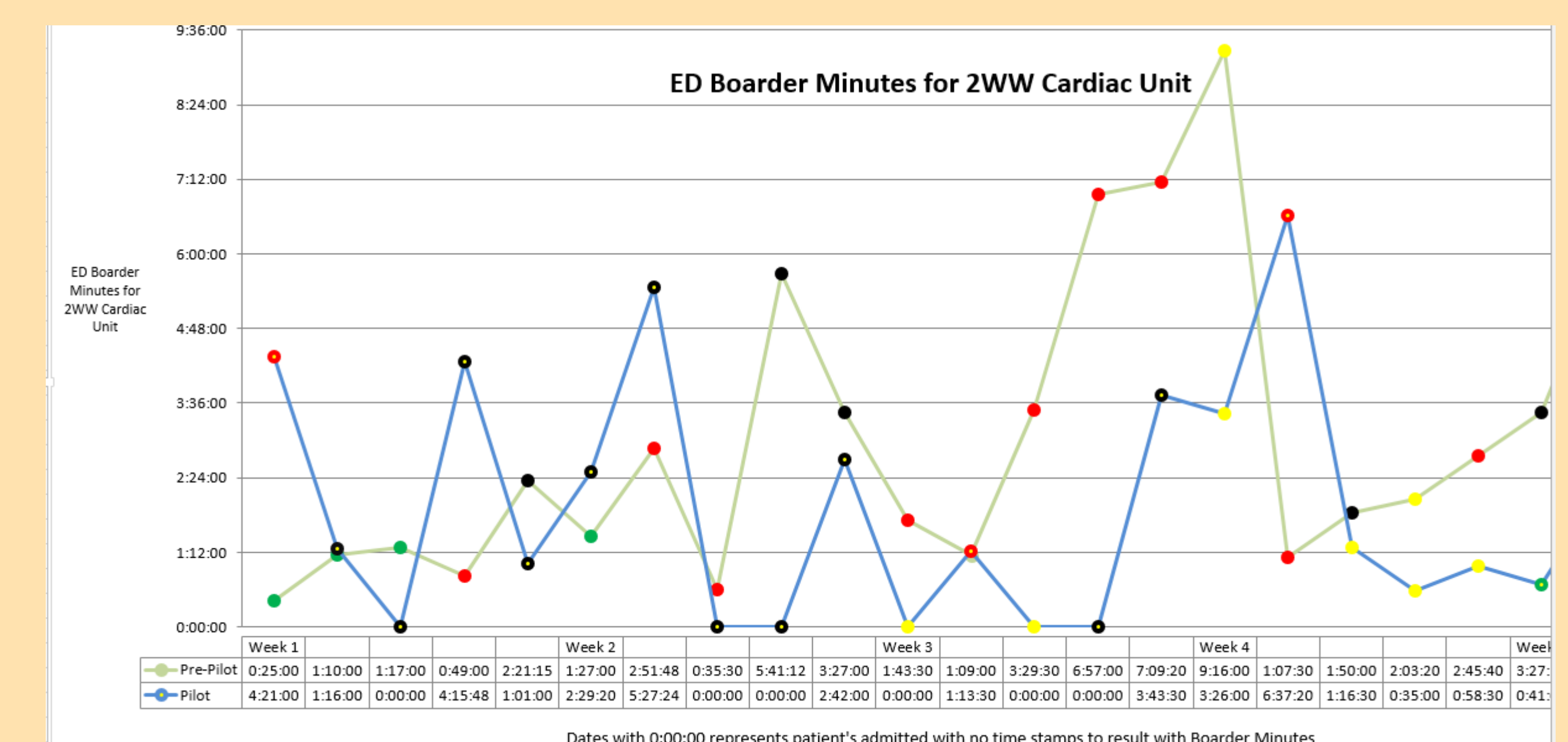
We saw an increase in the NRC score for “During the hospital stay, how often did nurses explain things in a way you could understand” question by 40.56% in the month of February resulting in exceeding the 90th percentile.

- TIGR video usage went from a pre-pilot 5 week period of 39 total videos viewed to a 5 week pilot period of 253 total TIGR videos viewed by patients and family.

Results

We saw an overall decrease in ED boarder minutes during the pilot period

- Comparing ED boarder minutes for a 5 week period pre-pilot to the 5 week pilot period, 11 days out of a total of 19 days the pilot period outperformed the pre-pilot period with improvement in ED boarder minutes.
- Out of a total of 6 days when the compared pre-pilot period had a higher capacity level than the pilot period, 2 days of the pilot period actually outperformed the pre-pilot period.
- Out of a total of 7 days when the compared pre-pilot and pilot periods had the same capacity level, the pilot period outperformed the pre-pilot period for 6 of those days.



Conclusion

- Utilizing a nurse to specifically focus on admissions and discharges proved to be successful in improving perceptions of care among nursing staff. We have made recommendations to attempt a similar pilot on other med-surg units to compare results and consider implementation across the campus. We have since garnered approval to post and hire an ADT nurse for 2W.

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