

Improving Staff Satisfaction, Turnover, and Communication on the ACCU: Intermediate Results of a Focused Improvement Workshop (FIW)

Sarah Thomas, BSN, RN, CPN; Sarah Lagergren, DNP, APRN, ACCNS-P, CPN; Jeremy Affolter, MD; Halie Breninger, DNP, APRN, CPNP-PC/AC; Margaret Brimeyer, DNP, APRN, CPNP-PC/AC; Rebecca Dietz, MSN, RN, NP-BC, CPN; Megan Jensen, DNP, RN, CPNP-PC; Cheryl Powers, MSN, RN, NE-BC; Kristie Priefert, RN, BSN, CPN; Kalee Schooley, RN, BSN, CPN; Jeff Shuler, MD; Lindsey Malloy-Walton, DO, MPH; Bianca Cherestal, MD

Introduction

- With rising acuity on the ACCU, there was a decline in staff satisfaction and an increase in nursing and APP turnover rates (26% and 30% respectively).
- Recent engagement survey revealed less than ideal rates of 63% and 73.8% for nursing and providers, respectively.
- Cause:
 - Inconsistent communication and escalation of care for deteriorating patients
 - Increase in high-risk transfers to the CICU
- Solution:
 - An FIW to create structured and sustainable approaches (figure 1).

Methods

- 3-day workshop with representation from throughout the institution: Hospital and department leadership, physicians, APPs, nursing staff, patient progression hub, CICU, pharmacy, laboratory medicine, vascular access, and resuscitation team members.
- Objectives (figure 2):
 - Improve nursing workload adjusted census and create countermeasures
 - Create a provider workload scoring tool
 - Create a standard process for escalation of deteriorating patients
 - Redefine available unit resources
 - Re-education and training of protocols
 - Improve all staff satisfaction and engagement
 - Reduce nursing and APP turnover

Children's Mercy

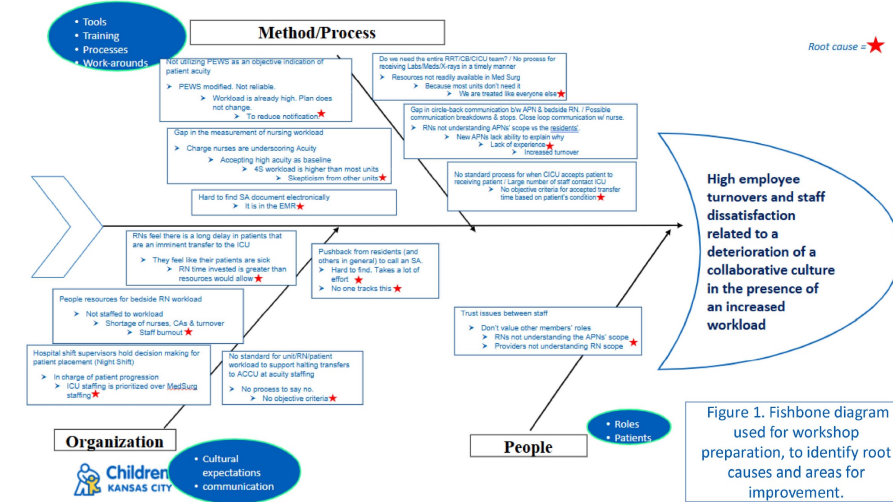


Figure 1. Fishbone diagram used for workshop preparation, to identify root causes and areas for improvement.

Results

- The FIW led to:
 - Development of criteria for CICU to ACCU transfers based on census, staffing considerations, and resources
 - Revitalization of the situation awareness (SA) process
 - Re-education and enforcement of PEWS scoring
 - Establishment of "hot" debriefs
- The 60-day outcome metrics:
 - Nursing staff workload adjusted census at 73% (up from baseline of 62%)
 - Nursing turnover rate down to 17%
- The 60-day process metrics:
 - ACCU provider workload tool use – 85% (target 50%)
 - Staff trained on revised PEWS and SA protocols – 100% (target 65%)
 - Hot debriefs after a patient event – 100% (target 75%)
- Additionally:
 - No delays in CICU to ACCU transfers, showing workload scores don't impact throughput
 - The ACCU accounts for 60% of all SAs hospital wide
 - 50% of SAs resulted in safe and timely transfer
 - There have been no high acuity transfers or arrests on the floor since implementation

Conclusion

- This multi-disciplinary collaboration resulted in successful implementation of standardized processes within the ACCU.
- Intermediate results show that these processes work, as seen by metrics at or above goal at 60 days.
- Subsequent work will include evaluation of rapid bounce backs to the CICU and the discharge process to improve overall flow through the ACCU.