Creative RN Scheduling to Improve RN Satisfaction

A single story from a Med/Renal Nursing Department
Situation

• Day Charge RN staying late for various reasons
  • Late admissions/discharges
  • High call light volume
  • Assisting with clinical tasks/procedures
  • Less experienced staff on evening/night shift
  • Peritoneal Dialysis treatment set-up and start
  • The unexpected!

• Common thread with all Day Charge nurses
Meet our Charge Nurses
Background

• 19 Bed Intermediate Care Nursing Unit
• 12-hour shifts
• Day shift ratios: 4:1 RN in addition to an unassigned Charge nurse; 10:1 NA; 1 IA (Information Associate) except on weekends
• Night Shift ratios: 5:1 RN; 10:1 NA
Background - continued

• Patient population:
  • Acute/Chronic Kidney Failure
  • Kidney Transplant
  • Kidney Transplant Rejection
  • Liver Failure
  • Telemetry
  • Medical-Surgical patients
  • Intermediate Level Care
Assessment

- RN Satisfaction Survey
- NDNQI Practice Environment Survey Tool Utilized
- Provides Unit-level data
- Data may be used to develop effective, finely targeted improvements
- Saint Luke’s Hospital participates in this survey annually
SLHS Nursing Professional Practice Model
Assessment – continued

• Categories surveyed included
  • RN-MD Relations
  • Staffing and Resource Adequacy
  • Manager Leadership
  • Nursing Foundations for Quality of Care
  • Nurse Participation in Hospital Affairs
  • RN-RN Interactions (added in 2015)
Assessment – Continued

• Results are in!
• Nursing Leadership reviewed results
• 3 categories were selected for action planning
• Nurse discussion groups scheduled for complete nursing staff involvement
Nurse Discussion Groups

• All unit nurses had an open invitation to attend
• Moderated by unit nursing leaders
• Safe environment for open dialogue
• No management present in room
• Confidential
• Nurses were asked specifically what resonated with them from the survey results
• Listened to answers; accept ownership
Unit Leadership Team (2014-2015)

• Members include:
  • Chairperson: Lisa Loewen
  • Unit Charge Nurses
    • Day shift: Lucia Kingsby, Rachel Corl, Jill Coan
    • Night shift: JoAnne Cabantac, Jennifer Davis, Megan Brown
  • Shared Governance unit leaders
    • Quality/Practice – Jennifer Davis, Megan Brown, Rachel Corl
    • Multidisciplinary Clinical Education Team – Katie Nietzke, JoAnne Cabantac
    • Nursing Professional Development – Jackie Manker
    • Management Council – Donnell Wolf
What Does the Literature Say?

• Nursing outcomes correlate directly with patients’ outcomes
• Need for continual appropriate skill mix
• Important to educate nurses at the point of care on relationship between hours per patient day and staffing ratios
• Daily monitoring and collaboration between nurse manager, unit nurse leaders and staff is a must
• Creative solutions must be continuously developed and implemented to keep building on successes
• Nurses who feel empowered coupled with opportunities to act are a key factor in improving satisfaction
Recommendations:

- Modify shift hours of unassigned day charge nurse from 0645-1915 to 0845-2115
- Trial recommendation for 6 weeks and evaluate nurse perceptions
- Assign peritoneal dialysis services to contracted service
Successes

• RN Staff feedback:
  • “feel safer”
  • “extra set of hands”
  • “less stressed with new admissions at shift change”
  • “nice to have extra support”
  • “extra help during bedside report”
  • “better organization”
  • “expertise available”
  • “allows W2 (night shift) Charge RN to see patients before taking over”
  • “cuts back on day shift RN’s staying over”
Successes

- Improvement in scores in nurse satisfaction scores taken October 2015
Challenges

• Late call-in’s and/or no-shows
• Morning line draws
• Less support to answer phone calls during the weekend
• Shift to shift communication between day and night charge nurse
Future Considerations

• Nursing is dynamic
  • Change in physical work environment (moving to a new unit!)
  • Shifted Peritoneal Dialysis treatments and care to a contracted service
  • Change in patient bed capacity affecting hours per patient day
  • Lower turn-over/vacancy rate
References


