Inpatient Nursing Leadership Culture of Safety meeting-CCSU

August 4, 2014

- Feel the staff focus on the past or a particular day with staffing, not an overall experience (overall disappointed at the scores)
- Rallied by the Clinical Assistant/Unit Secretary and NCA hour changes- 'grumblings are contagious'
- Need to be careful with the staffing at the start of the shifts.
  - Do not staff right to matrix to start, give some admission/transfer room and staff down mid-shift if required.
  - Adjust the matrix so there are a few nurses start at the lower end of matrix; for example, if you have 6 nurses and the matrix calls for 5 pts. each, start the shift with 3 nurses with 5 patients and 3 nurses with 4 patients so the added admissions/transfers do not put them beyond the matrix before discharges happen. (this can be instituted now)
- Charge nurse needs to be assigned on the day shift on the larger units 7 days/week (including when ANM is working).
  - There are too many interruptions when trying to do leadership tasks such as leader rounding, staff coaching, attend meetings etc.
  - This person could work in conjunction with the ANM to do rounds with physicians, collaborative rounds with care management, calls from other disciplines to troubleshoot issues, as well as run the day to day activity.
  - This person can help with the churn of patients, if too many admissions/transfers coming at one time, can take a patient or two to off-load the bedside caregivers if even temporarily.
  - This person would be a resource to watch other patients when bedside nurse is handling a difficult patient situation such as a RR, Code CPR, and disruptive patient/family.
  - ANM's feel they spend their day putting out fires instead of leading/mentoring the staff.
- Clinical Nurses are looking to have a charge nurse without a patient assignment. They feel it is too difficult to be in charge and care for a patient assignment. Anne to review funding needs.

- Feel much of the bedside caregivers' time is taken up trying to coordinate the patient care with the physicians.
  - "They constantly unwind or obtain physician orders/consults;" doc's place a note in progress note about the patient needing a test but don't order the test, the nurse calls for the order etc.
  - Much of an RN's time is spent waiting for a call back from a physician.
  - Many issues with physician orders; 'physician to nurse order' require the nurse to re-write the order
  - Doctors continue to "give nurses orders to place in the computer." Nurses' just do it' because it is easier than the conflict and they want to get the order to take care of the patient.
  - Nurses 'chase doctors' all the time
- Change of shift admission/transfer is a big problem at 1900, not typically in the morning. Understand it is a complex issue (testing, transportation, orders being written) however, they feel the nurses are concerned about patients brought to floor and the off-going nurse does not know the patient and the incoming nurse have not met the patient…feel this is a big safety issue. Plan to do a concurrent audit to validate the frequency of this occurring.
- Report from the EC; staff feel the current report is not helpful. Staff want a phone report.
- PSQI reporting and feedback is frustrating to the staff. Staff find that the report is complex and time consuming, 'never get feedback.' ANM's would like a report for their unit and one that states what is outstanding (talked to Sue, she is working on both)
- IRT staff
  - There is not enough RN's or NCA's-need to hire more
  - Need to re-evaluate the IRT contract to include Sunday midnight shift.
- Equal out the midnight RN staffing ratios
  - Midnights have less experienced staff, need support and resources.
  - This would make handoff much smoother-assist with bedside report, assignments etc.

Beaumont® | HEALTH SYSTEM

Councils, Meetings, Workshops, and Conferences
PROGRAM ATTENDANCE ROSTER

Program Title: Culture of Safety

Speaker(s): Anne Stewart Date: August 4, 2014

Location: CCSU Time: From _____ to _____

Program Organizer: Please fill out the Program Summary on the back and keep for permanent record.
NOTE: In order to receive credit you must print clearly and provide your 6-digit employee number.

Name: PLEASE PRINT CLEARLY	6 Digit Employee I.D. No.	Job Title	Unit	Time In	Time Out
1. Susan Wolka	1 1 7 0 3 1	ANM	CCS	0600-1600	
2. Janis Maul	1 1 6 5 2 3	RN	CCS	0600	
3. Mary Klepadlo	1 1 6 5 2 3	RN	CCS	0600	
4. Danielle Lubbers	1 3 2 4 1 0	RN	CCS	0600	
5. Michael Griffiths	1 2 8 4 8 0	RN	CCS	0600	
6. Christina Crawford	1 3 0 3 4 3	WCA	CCS	0600	
7. [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	left at.
8. Melissa Ehrzebach	1 2 5 5 1 7	RN	CCSU	0600	
9. Kaeren Miller	1 3 3 4 0 1	RN	CCSU	0600	
10. Tim SUNDE	1 3 0 5 2 1	NCA	CCS	1600	
11. Jan Szewczyk	1 1 6 8 8 7	RN	CCS	1600	
12. Nicole Prusak	1 3 0 5 2 3	RN	CCS	1600	
13. Stephen Oshell	1 3 3 8 1 7	NCA	CCS	1600	
14. WILLIAM LY WU	1 3 2 0 2 8	NCA	CCS	1600	
15. Michelle Uhen	1 2 5 4 5 2	RN	CCSU	1600	1700
16. Theresa Ross	1 1 7 7 0 8	RN	CCS	1600	
17. Eric Shennevill	1 1 6 6 5 7	ANM	CCSU	1600	
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AT THE END OF EACH CLASS, DO THE FOLLOWING WITH THIS SIGN-IN SHEET:
☐ **ORIGINAL**–to **Nursing Education, 2nd Floor** ☐ **COPY**–to **Nursing Business Office, 1st Floor**
Fax 1-313-473-6995 Attn: Marti

Culture of Safety Action Plan – Beaumont Health System

	• Maintain and communicate statistics about how often staffing is at matrix per unit	
GROSSE POINTE:		
Charge Nurse Implementation	• Charge nurse to be assigned on the day shift on the larger units 7 days/week (including when ANM is working). Started 3W & CCSU pilot. This is to address the issue of churn through additional support/buffer for the staff. o 3 West 2.3 FTE o 3 South East 2.3 FTE o 2 South 2.3 FTE o CCSU 2.3 FTE • 9.2 FTE X $81,000 per year = $745,200/year	$745,200
RN Staffing ATC	• Equal out the day and midnight RN staffing ratios (can be done over time) o 3 West 2.3 FTE o 3 South East 2.3 FTE o 2 South 2.3 FTE o CCSU 2.3 FTE • 11.5 FTE X $81,000 per year = $931,500/year	$931,500
	• Hire additional IRT staff to backfill for increased volume or call ins/LOA, etc. Cost of hiring and orientation (this is ongoing as they tend to be transitional)	
	• EC Pharmacist to support medication reconciliation in the EC before the patient goes to the IP floor.	$100,000
ROYAL OAK:		
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8/26/2014