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Churn, Churn: A Time to Get Ahead of the Medical-Surgical Workload

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Churn, Churn, Churn: A Time to Get Ahead of the Medical-Surgical Workload Patient Care Services Staff: Senior Vice President and Chief Nursing Officer; Director, Staffing; and Medical-Surgical Clinical Leadership Lehigh Valley Health Network, Allentown, Pennsylvania



The Churn

'Churn' effect = system inefficiencies have the potential to negatively impact patient and nurse satisfaction and outcomes

LVHN Data

• 'Churn' is noon – midnight – Peaks Tuesday and Wednesday

RN focus groups (29 RNs)

- Question Why not able to provide safe care in the current environment?
- Issues Identified
 - Communication
 - Material Resources
 - Human Resources

Time-Motion Study

- Observations completed over 60 hours during high 'churn' times
- Nurses were multi-tasking 33% of the time
- 61% of time spent in direct patient care, documentation and medication delivery.
- Activities take less than 2 minutes, further validating pace of workday

Churn — (verb) to produce mechanically, hurriedly, or routinely **Churn** — (noun) the persistent phenomenon associated with patient admissions, discharges, transfers, and the daily care workload that has become the accepted norm in acute healthcare settings

Countermeasures Churn Nurse

Purpose - help alleviate the workload intensity and enhance the patient experience

- An increase in full-time equivalents (FTEs) for Med-Surg units during peak **'churn'** hours - 11:00 am to 11:00 pm
- Range of Responsibilities:
 - -Assure uninterrupted break coverage
 - Provide additional patient coverage during high stress periods
 - Assist with admissions and discharges
- Strategies for Success
 - Handover checklist
 - NOT JUST ANOTHER FTE to take a full patient assignment



- Limit portable telephone interruptions
- Establish open communication/better relationship between patient logistics and inpatient units
- Eliminate duplicate and cumbersome documentation
- Standardize report from ED
- Avoid admissions/transfers at change of shift
- Remove need to medicate patients off unit
- Educate unit clerical personnel to transcribe orders
- Relocate Pyxis machines in close proximity to the work
- Empower RNs to lead their team
- Facilitate increased face-to-face time between nurse and physician

CHECKLIST

Address Process Opportunities







Evaluation

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