Lehigh Valley Health Network

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REDUCE WORKLOAD AND INCREASE SATISFACTION: ACUITY BASED STAFFING

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7A-7B

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BACKGROUND

- Nurse dissatisfaction with patient workload
  - Continues to be a challenge hospital wide
- Decreased retention rates for nurses
- Most medical surgical floors staff based on geographical location
- Dissatisfaction and increased workload can cause barriers for teamwork between nurses on the floor

PICO

- PICO Question-- In medical-surgical nurses, does assigning patients using a workload acuity scale compared to assigning patients by geographical room location improve nurse satisfaction?
- P: Medical surgical nurses
- I: Assignments created using workload acuity scale
- C: Assignments by geographical location
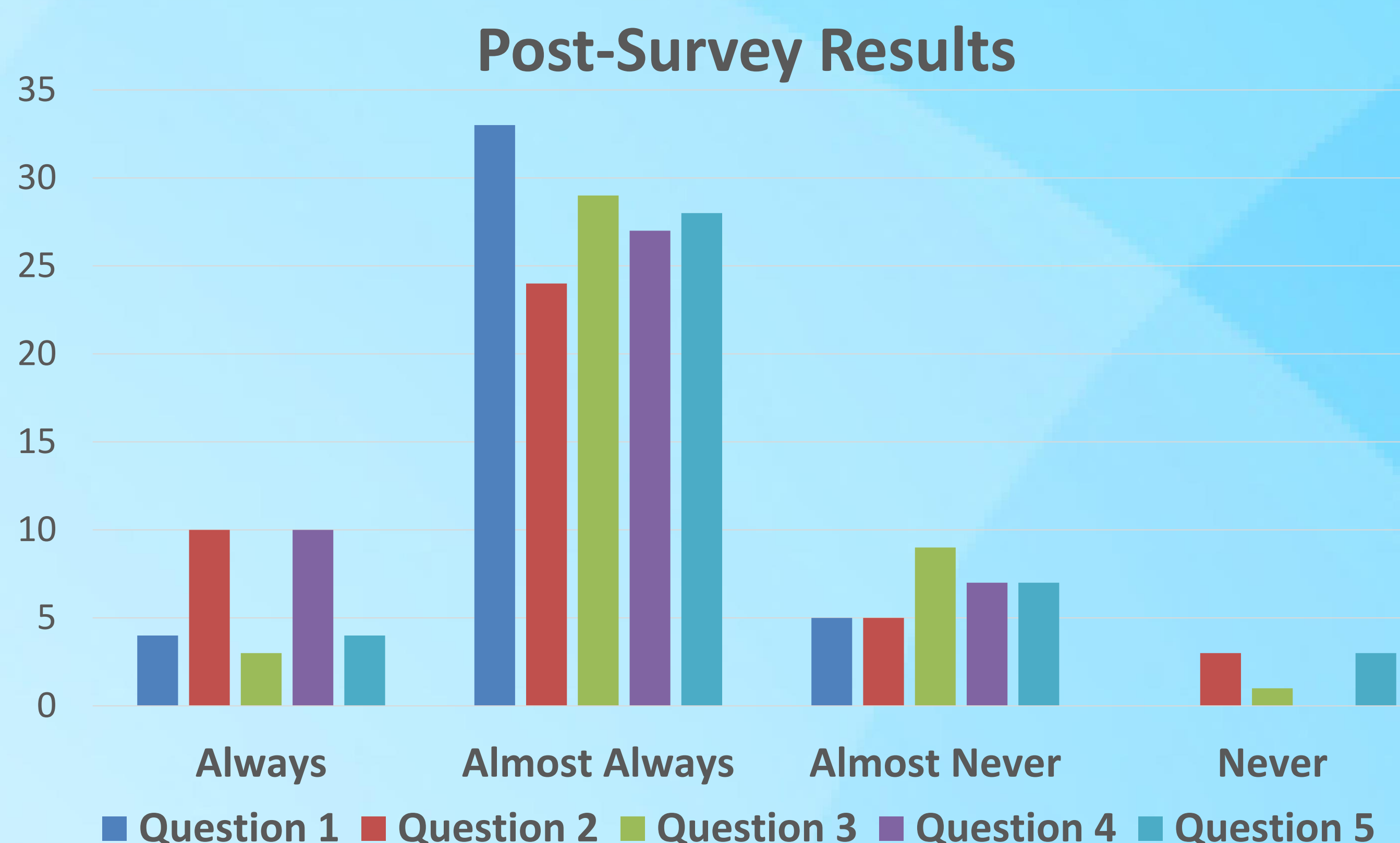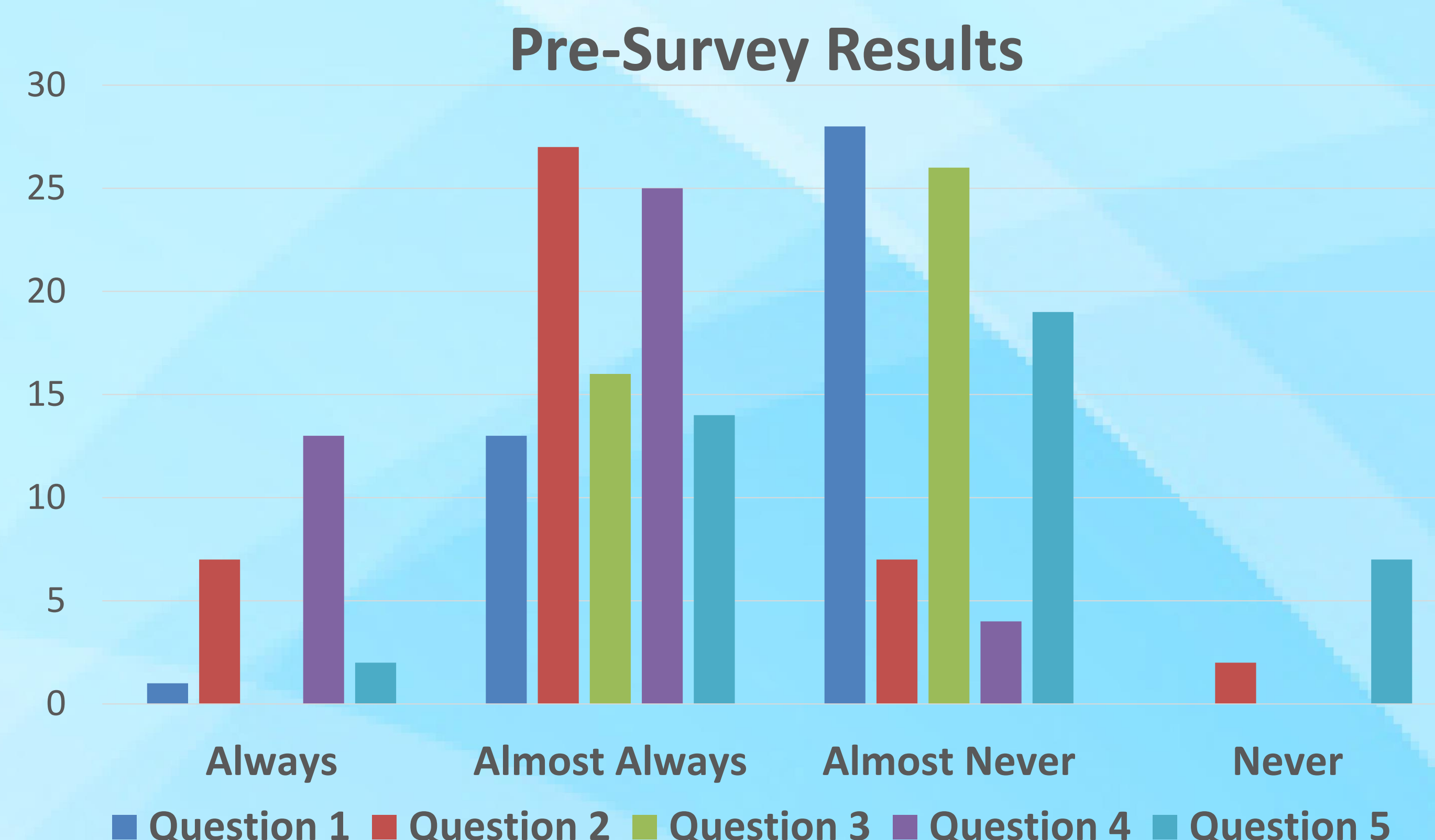- O: Nurse satisfaction

EVIDENCE

- The end of the first month with new acuity assessment showed marked improvement in acuity of patient assignments. Nurses reported 7% satisfaction before implementation and 55% after (Kidd et. al, 2014).
- Sent out surveys pre/post implementation to accurately perceive the nurses' views on the work load acuity tool. This allows the nurses' voices to be heard and recognized. Nurse's satisfaction increased from 48% to 67% after the implementation (DiClemente, 2018).
- Decreasing nurse turnover will decrease the costs of training and employing new nurses, and keep more experienced nurses at bedside.
  - "Nurse turnover is a costly proposition with estimates from $42,000 for a medical-surgical nurse to orient" (Hairr et. al, 2014).
- Ingram & Powell gave the charge nurse an objective way to justify nurse assignment. Nurse satisfaction was improved by 11% after acuity-tool was implemented (2018).

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IMPLEMENTATON

- **Fill out surveys**
  - Demographic survey
  - Pre/post implementation survey
    - Fill out post survey after each shift
- **Educate staffing nurses on work load scale**
- **Work load scale**
  - Use 2x (0500 and 1700) a day for four days (Mon-Thurs)
  - Categorizing patients: green (1), yellow (2), red (3)
    - Medications, assessments, risks, admissions/transfers, discharges, orders, LDA care, wounds, ADLs

OUTCOMES

Pre-Survey Results

Question 1 | Question 2 | Question 3 | Question 4 | Question 5

Post-Survey Results

Question 1 | Question 2 | Question 3 | Question 4 | Question 5

Pre/Post Survey Results:

- **Question 1**: Increase in nurses feeling work is equally distributed
- **Question2:** Decrease in nurses leaving work stressed
- **Question 3:** Increase in nurses feeling they have time to deliver quality of care to each patient
- **Question 4**: No significant change post-implementation for completing required shift documentation within scheduled shift
- **Question 5**: Nurses feel safer post-implementation

Demographic results:

- **Gender:**
  - Male: 1; Females: 41
- **Age:**
  - 25 and under: 16
  - 26-35: 20
  - 36-45: 2
  - 46 and above: 4
- **Nursing Education Level:**
  - Associate Degree: 6
  - Bachelor's Degree: 36
- **Years of Experience as RN:**
  - 0-6 months: 3
  - 7-11 months: 12
  - 1-3 years: 18
  - 4 years and above: 9
- **Which unit do you work on?:**
  - 7A: 24; 7B: 18
- **How many years/months employed on unit:**
  - 0-6 months: 3
  - 7-11 months: 13
  - 1-3 years: 19
  - 4 years and above: 7

NEXT STEPS

- Pilot workload acuity tool on current pilot units for longer duration
- Pilot process on an additional medical surgical unit specializing in surgery to compare differences
- Implement house wide after results discussed

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