

Matching the Skill and Knowledge Level of the Nurse with the Acuity of the Patient when Creating the Nurse-Patient Assignment

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Background

Between September 2015 and the spring of 2016, our Cardiac Care Unit (CCU) hired 16 RNs. Of the 16 new hires, 8 were new graduate nurses and 8 had previous non critical care nursing experience

Prior to 2015, the last new graduate hired into the CCU was 15 years ago. The CCU did not have a systematic process in place for orientation of new graduate RNs or RNs without previous critical care experience

Charge staff struggled with making appropriate patient assignments after the RNs were finished with their orientation

Because the nurse-patient assignment affect the quality of care hospitalized patients receive, the ability to match the knowledge and skill level of the nurse with the acuity of the patient is essential

Purpose Statement

To develop an awareness of the importance of matching the skill and knowledge level of the nurse with the acuity of the patient when making nurse-patient assignments in the CCU

PICO Statement

Problem: CCU staff directly off orientation and house float nurses were being assigned level 3 critically ill patients

Intervention: A systematic process will be developed to ensure the nurse patient assignment matches the acuity level of the patient and the skill and knowledge level of the nurse

Comparison: After the development and implementation of a systematic process when creating the nurse-patient assignments, are nurses directly off orientation *still* assigned level three critically ill patients

Outcomes: When charge nurses were asked to recreate the assignments made between April-June 2016, no RN directly off orientation received an assignment which included a level 3 critically ill patient

Literature Review – Search terms, grade of the overall strength of evidence.

Allen, S. (2012). *The nurse-patient assignment: Purposes, decision factors and steps of the process.* (Doctoral dissertation). **Grade: C**

Flynn, M. & McKeown, M. (2009). Nurse staffing levels revisited: a consideration of key issues in nurse staffing levels and skill mix. *Journal of Nursing Management*, 17, 759-766. doi:10.1111/j.1365-2834.2009.01023 **Grade B**

West, E., Mays, N., Raffety, A., Rowan, R., Sanderson, C. (2009). Nursing resources and patient outcomes in intensive care: A systematic review of the literature. *International Journal of Nursing Studies*, 46, 993-1011. doi: 10.1016/j.ijnurstud.2007.07.011 **Grade A**

The Test of Change – Pilot

1. Nurses in the charge nurses role, received education re: the importance of nurse-patient assignment
2. All nurses were asked to complete a survey on nurse-patient assignments
3. Nurses were asked to re-evaluate the “old” way..... “They have to learn sometime, so give them a critical patient right after orientation”
4. Re-evaluation of acuity was completed and CCU created a 4th level
5. Educator created a grid to be used by charge RNs indicating which skills the new hire had been validated on

Pre-Measure:

1. CNS reviewed nurse-patient assignments of nurses recently off orientation, seasoned CCU staff, and house float nurses for a three month period (April – June 2016)
2. Review of the assignments revealed new RNs were assigned patients with level 3 acuity scores on their first day off orientation
3. House float RNs were assigned level 3 acuity patients.
4. Review of RN staff, revealed the availability of seasoned CCU staff to care for the level 3 patients

Patient assignment

- ▶ First day off orientation:
 - ▶ Septic patient
 - ▶ Intubated
 - ▶ On pressors
 - ▶ Emergent trip to cath lab for pericardiocentesis
 - ▶ Placement of dialysis catheter for emergent dialysis

Post Pilot Measures (outcomes)

1. Charge nurses were asked to re-create the assignments they made during April –June 2016 based on the new knowledge they gained re: the nurse patient-assignment
2. No CCU RN directly off orientation or house float RN was assigned a level 3 CCU patient
3. Continuous monitoring of assignments has shown a dramatic improvement re: matching the skill level of the nurse with the acuity of the patient

How did I overcome barriers?

1. Involved unit director, front line staff RNs, core charge nurses, CCU educator and Heart and Vascular Center Float RNs
2. Discussed with staff the frustrations felt by new RNs when assigned critical level 3 patients directly off orientation
3. Shared the “new” reality with staff “CCU will continue hire new graduate RNs and RNs without previous critical care experience

Recommendations/Next Steps:

1. Continue to track nurse-patient assignments
2. Work with CCU educator to improve and revise orientation based on evaluations
3. Work with and mentor charge nurses on the importance of aligning nurse-patient assignments with skill and knowledge level of the nurse and patient acuity

Describe my plan on how to teach others the use of Evidence Based Practice

1. Our unit based Research-Evidence Based Practice-Orientation Committee (ROE) members will be exposed to EBP
2. CCU newsletters will have a section on EBP and tips on how incorporate into practice
3. Will mentor staff who wish to implement an EBP project

Questions?



References

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Allen, S. (2015). The nurse-patient assignment: Purposes and decision factors. *Journal of Nursing Administration, 45*(12), 628-635. doi:10.1097/NNA.0000000000000276

Aiken, L., Clarke, S., Sloane, D. (2009). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 18*(5). 223-229.

Dykstra, C., & Bridges, E. (2012). Quantifying workloads and balancing assignments. *Nursing Management, 37*-42.

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