Introduction

Background

- Clinical nursing staff expressed frustration with the amount of nursing time required for patient admission and discharge and the impact on workflow. They requested a change in the care delivery model to include a designated Admission/Discharge Nurse.

Objectives

- Identify how this role has increased patient and staff satisfaction.
- Describe how clinical nurse input led to redistribution of nursing resources to improve efficiency and satisfaction

Purpose

- Evaluate effectiveness and efficiency of practice change
- Standardize the admission documentation to increase the compliance with the Joint Commission (TJC) standards.

Methods

Design

- Literature review
- Designed admission/discharge nurse position with focus on admission
- Used float pool resources for pilot
- Collect data on admissions, throughput, and satisfaction.

Procedures

- Admission nurse role started in June 2015
- Admission nurses work from 0830 to 2100 using 1.8 FTEs (float pool)
- Work schedule was determined based on admit time of day trends
- Admission intake performed in ED or upon arrival to nursing unit
- Regulatory screenings
- Immunization status
- Safety screenings
- Past medical/surgical history
- Advanced directives
- Patient Belongings
- Track number of admissions served by Admission Nurse

Measures

- Admission data/patient throughput from Bed Control Department
- Time savings for clinical nursing staff
- Patient satisfaction with admission process
- Staff satisfaction

Abstract

Clinical nurses advocated for an Admission Nurse resource to improve workflow in the emergency room and on inpatient units. A pilot program using designated float pool nurses improved timeliness, satisfaction for patients and nurses, and compliance with documentation standards.

Results

Admission Data/Patient Throughput

- Average 970.75 admissions/month
- Admission process takes 30-120 minutes
- In 12 months the average time redirected from clinical nurses to admission nurses was 7,754 hours

Clinical Nurse Time “Saved”

Discussion

Discussion

- Staffing resources were reallocated from the float pool to pilot the Admission Nurse role
- The new position benefits the whole hospital
- Adjustments in scheduling were made based on analysis of admission time trends
- The initial intent was to provide support for admission and discharges, however admission demands were prioritized and the plan is to reconsider the discharge process needs
- Admission RNs have been utilized during high census to assist unit staffing/transport/ED
- The admission nurses showed cost effectiveness by saving the unit 7,754 hours in 12 months equivalent to 4.1 FTEs or $260,957 per year

Implications for Practice

- Improve staff satisfaction
- Improve patient satisfaction
- Increase compliance with the Joint Commission standards
- Allow unit nurses more time for patient care to potentially improve quality outcomes and nurse retention

Conclusions

Reallocation of float pool nurses to an Admission Nurse role had positive impacts including:

- Patient satisfaction is evident in improved Press Ganey ratings
- Cost savings and efficient nurse utilization for the hospital
- Increase nursing satisfaction.

Literature Cited


Contact Information

Danielle Hintgen, BSN, RN  daniellehintgen@centura.org
Miquelle Miller, BSN, MBO, RN  miquellemiller@centura.org
Dawn Rocque, BSN, RN  dawnrocque@centura.org