

## BACKGROUND

- Inefficient Nurse staffing model - three RNs providing care for one patient - intake, case manager, discharge nurse
- Fragmented delivery of care – case manager floating between all rooms as needed with attending MD
- Currently six RN's and seven exam rooms (one bariatric room)
- Lack of throughput post clinic visit i.e.; home health, supplies, results
- Lack of autonomy in patient scheduling on the front end
- Increased wait time for scheduling new patient appointments

## PROJECT AIM

- Realign nursing from intake to discharge to meet the needs of the patient
- Increase capacity to accept all referrals in a timely manner
- Standardize documentation in Electronic Health Record to enhance communication between providers and staff
- Develop hand-off clinic communication tool
- Define nurse provider dyad for patient continuity
- Implement ROI Connect to streamline post clinic referral process

## PROJECT DESIGN/STRATEGY

- One nurse to patient ratio for intake, treatment and discharge
- See patients according to scheduled time
- Each RN to rotate through rooms weekly
- Document all actions in the Electronic Health record to provide up to date patient interventions and care



Hyperbaric Oxygen Chamber

## CHANGES MADE (PDSA CYCLES)

### PDSA cycle:

**PLAN:** Created the Wound Healing Center primary nursing model to improve:

- Efficiency
- Patient Volume
- Patient Satisfaction
- Revenue

**PROCESS:** Assign each nurse to work one room throughout the day for all duties. Increase clerical support staff autonomy to schedule all patients.

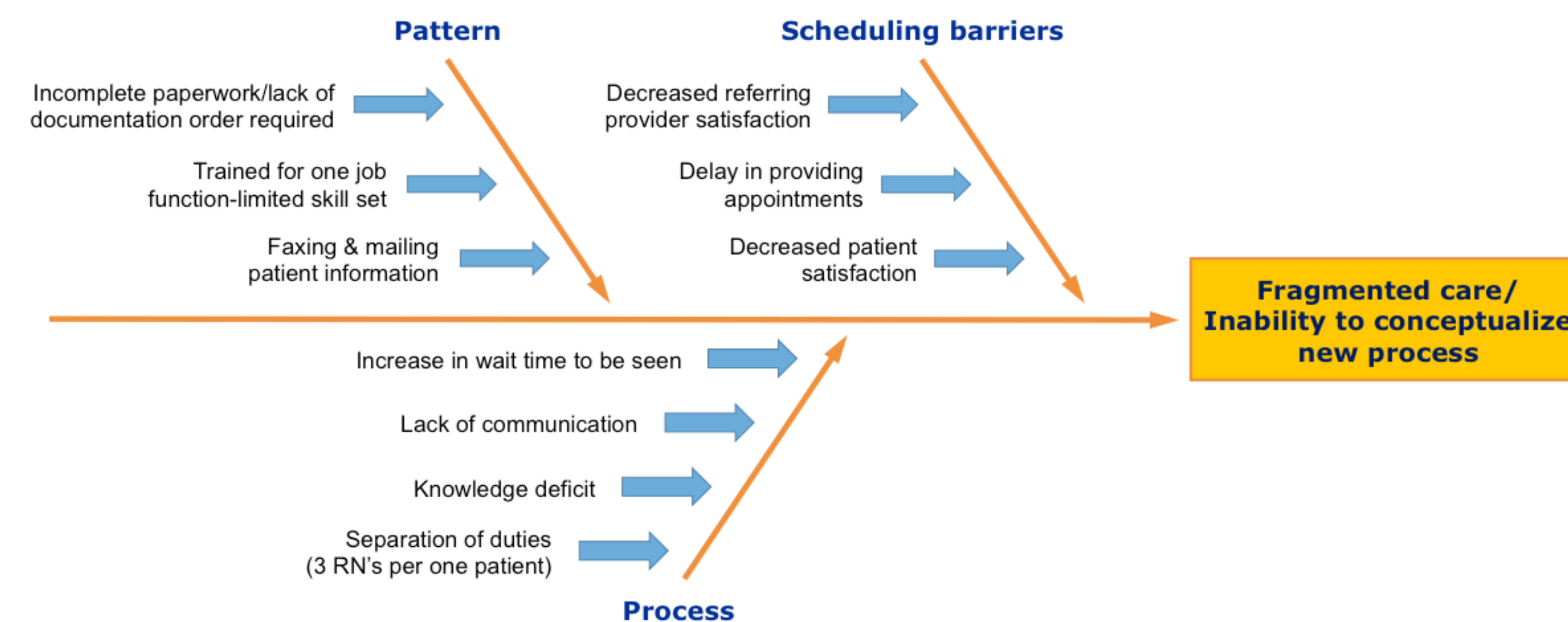
Proposed plan of the clinic changes were discussed at several stages with the medical director to review, plan and establish the changes in the clinic.

**DO:** May 1, 2017 each nurse rotated weekly through rooms one through six i.e.; move from managing room 1 to room 2 the next week (on through room 6).

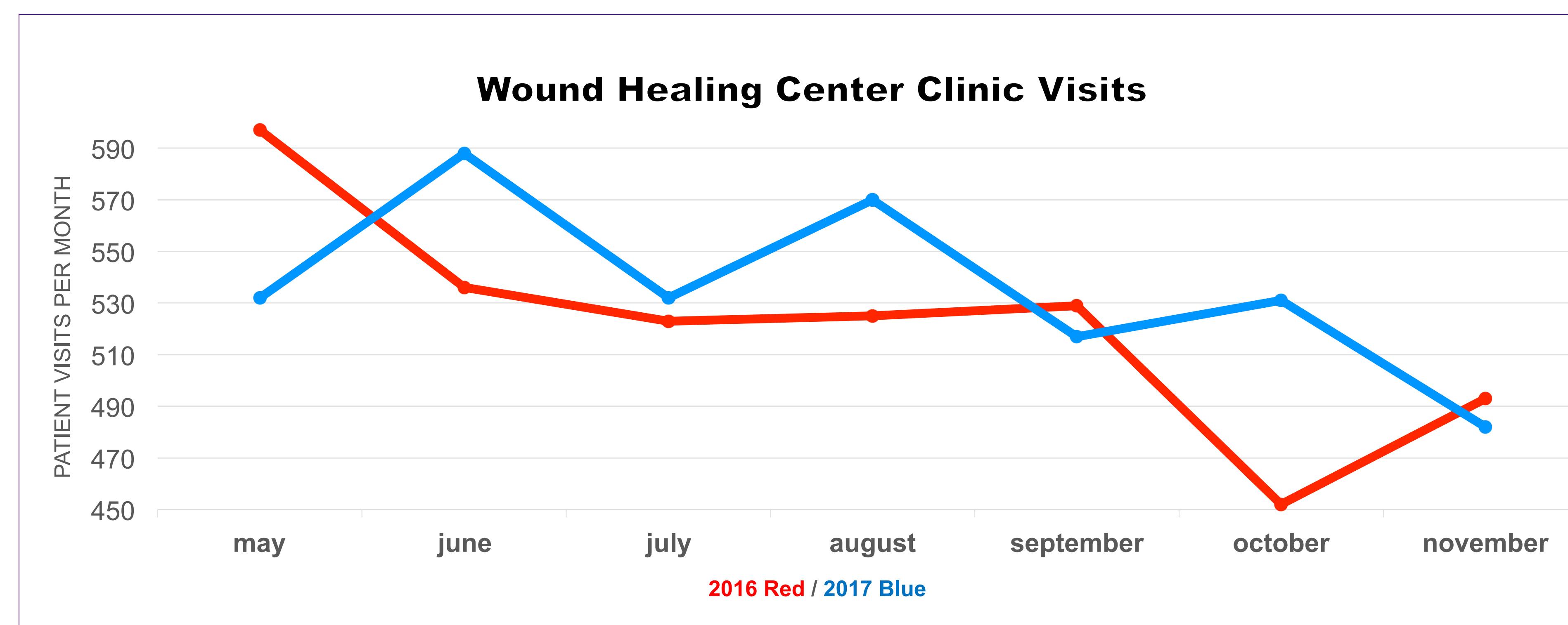
**STUDY:** Identification of gaps in nurse's knowledge in working with all physician providers. Delays in patient care due to inefficient scheduling to balance acuity of patients and lack of appropriate preparation of clinic charts related to understanding of duties. Receive feedback from physician providers, patients and staff to amend the process as needed.

**ACT:** Provide one on one education and updates and review as needed with positive reinforcement of requirements.

### Modification of Nursing Model at Wound Healing Center



## RESULTS/OUTCOMES



## LESSONS LEARNED

- Manually track nurse productivity on a daily basis
- Perform daily chart review for continuity of care
- Conduct meetings to allow for process review input from nurses, clerical staff and providers
- Modify work flow as needed to balance patient schedule and acuity
- Provide continuous support, encouragement, and education to the team to include face to face discussions with patients and families to allow for feedback
- 1st half of FY17 - 1.88 worked hours per stat
- 2nd half of FY17 - 1.69 worked hours per stat

## NEXT STEPS

- Additional wound provider(s) as needed for census volume increase
- Redefine scheduling template (small tests of change with podiatry schedule)
- Monitor process every 90 days
- Meet with employee every 90 days to obtain feedback and make necessary adjustments
- Monitor HCAHPS score for improvement
- Process update at physician panel meetings and staff meetings
- Schedule appointments based complexity of wounds and discharge needs
- Develop and create volume from new and existing resources to improve work stats and productivity

## ACKNOWLEDGEMENTS

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