



Transforming Patient Care Experience Through A Strategic Direct Nursing Care Approach

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OVERVIEW:

The term 'nursing capacity' simply means to ensure adequate skilled staff are available to deliver patient care services and are used to their full potential. Focusing on the model of patient centered care for the patients with heart ailments, the nursing team of the Coronary Intensive Care Unit (CICU) at the Heart Hospital (HH) decided to become an agent of change to bring about better patient centered experience at bedside by using nursing capacity as an invigorating project

LEARNING OBJECTIVES:

The aim of this project was to increase the direct nursing care hours for all patients in the CICU to 75 percent by December 2018.

The Learning objectives in this project was:

- To create a positive impact leading to effective patient recovery by improving the direct care hours spend with the patient.
- To identify and rectify patterns that were consuming nursing care hours through improved solutions.
- To improve patient centered experience through qualitative as well as quantitative nursing care hours.

METHODOLOGY:

Developed a multidisciplinary task team to understand current practices and the team met weekly then monthly to develop strategies for improvement based on the 'Model for Improvement'. The team needed to clarify the components of the three crucial factors that contributed to the Nursing capacity, namely:

- Direct Nursing care Hours:** The time spent in the direct care given of patient by the nurse at bedside, **Indirect Nursing care Hours :** The time spent on patient care activities with the nurse away from patient bedside and **Available Nursing Hours:** The time that nurses took for other activities in the unit not directly involving their patients. Based on this a monitoring tool was developed.
- Qualitative patient and staff surveys were conducted to understand the views of the patient as well as the frontline nurses about the quality of the care delivered in the unit.
- Education on evidence based articles and was given to all nursing staff in CICU. Journal clubs also contributed in creating awareness among staffs about effective use of nursing capacity.
- Segregated Critical and intermediate care patients to two sides of the CICU which was possible due to anatomical location.
- Developed a monitoring tool for direct and indirect nursing care hours.
- Encouraged physicians and nurses to do MDR rounds and orders to be carried out during rounds itself.
- Distributed physician list to pharmacist to clarify orders directly with physician in order to avoid nurses involvement.
- Changed the existing practice of escorting admissions from Hamad General Hospital (HGH) Emergency Department (ED) by CICU nurses.
- Redistribution of time consuming inventory checks shifted to night shifts.
- Encouraged nurses to use wireless communication devices called 'ASCOM' during duty time to manage time properly.
- Motivated nursing staff to write time spend for each nursing activities in each shift on the monitoring tool.
- Task team members calculated direct and indirect nursing hours separately in a data sheet.
- Conducted Educational sessions to clarified nurses doubts.
- Compliance monitoring was done weekly.
- Data was communicated through display boards and weekly huddles to all nursing staff to raise awareness of progress as well as other problems that needed to be addressed.



RESULTS:

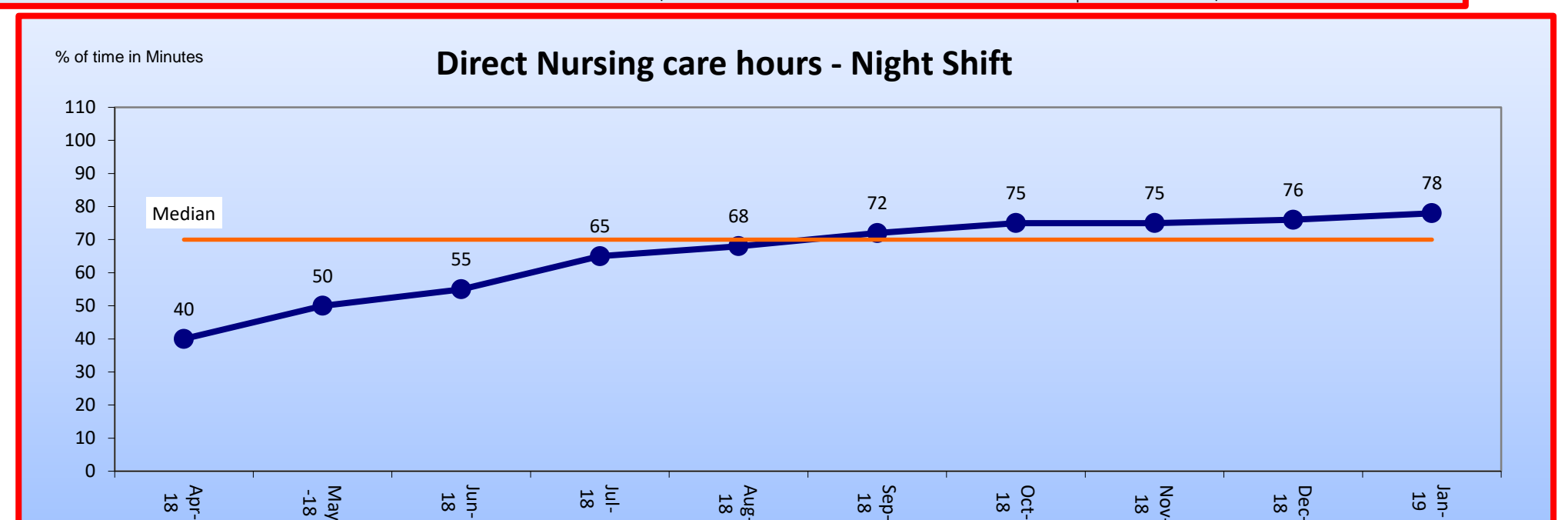
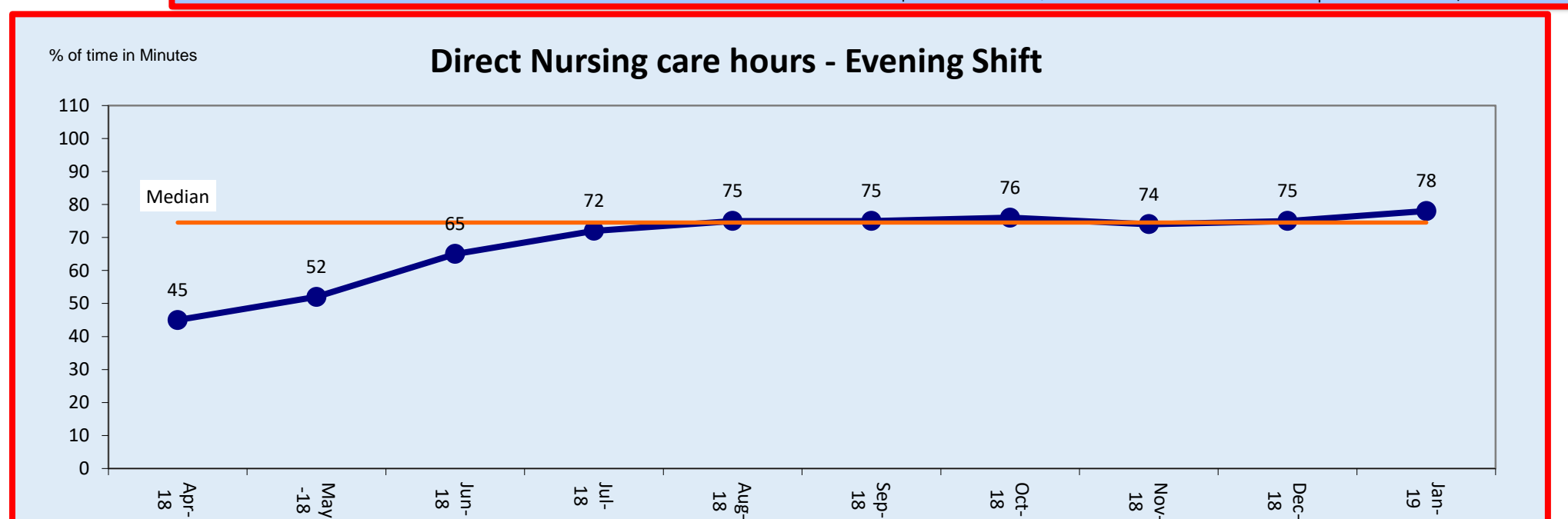
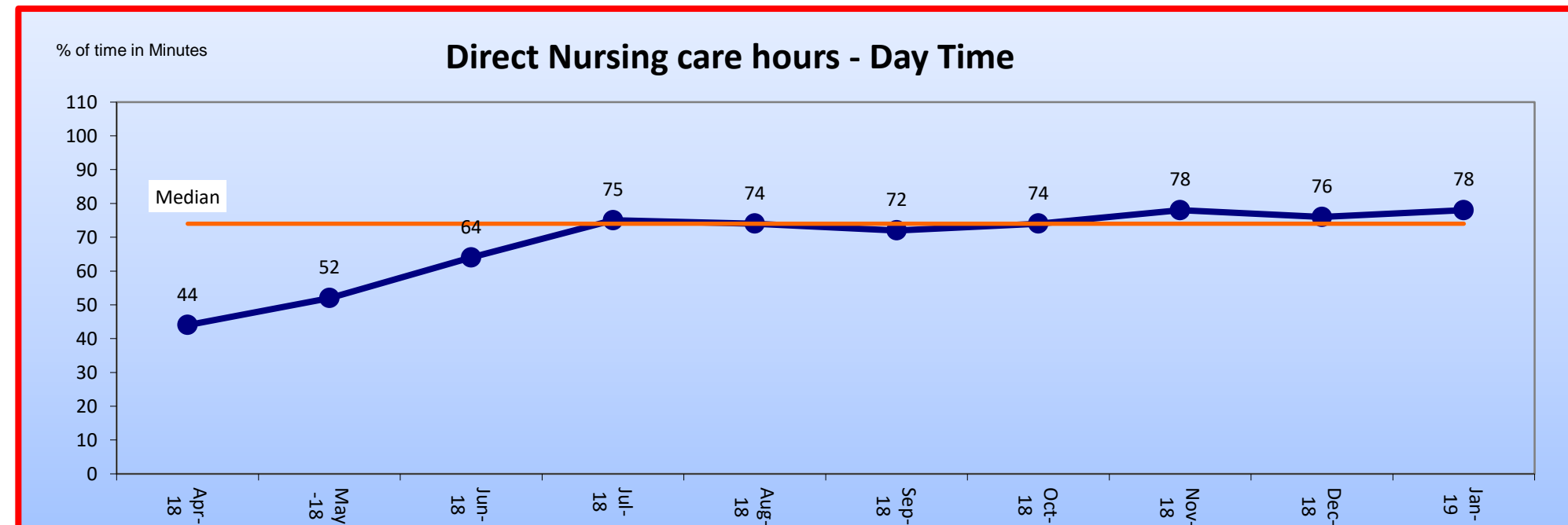
The team was able to emphasize on bedside rounds with the clinical pharmacist attending, to clarify medication orders that otherwise required the pharmacy calling the nurses away from the patient's bedside while they were delivering care, to reconfirm orders. Change in the practice of escorting patients from the main hospital emergency department created a positive impact by increasing bonding time between nurses and patients. Redistribution of time consuming inventory checks to the night shift when patients were sleeping avoided nurses spending time away from their patients when they were awake. The use of the ASCOM handsets as a means of communication also decreased the time staffs spent away from their patients' bedside. Staffs were encouraged to have bedside handovers inside the room of the patients to have more patient and family involvement. There was a profound increase in the amount of time the nurse directly spent with the patient. This not only helped in timely management of the patient care activities but also resulted in better and faster recovery rates for the patients. The patient and family felt more comfortable when the nurse was always by their side and watching over them.

CONCLUSION:

This project that was started in April 2018 reached its goal of increasing direct care nursing hours to 75% by August 2018. All the changes that were successfully tried was adapted and the compliance monitoring is being done on a monthly basis. The CICU is now helping to spread the change to the adjacent units to help them in their journey of creating a better patient centered experience for each and every patient that arrives at the hospital.

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