a. Provide an example, with supporting evidence, of a time when clinical nurses collaborated with an assistant vice president (AVP)/nurse director to evaluate data in order to address an identified unit-level staffing need.

AND

b. Provide one example, with supporting evidence, when nurses collaborated with an AVP/nurse director to evaluate data, in order to meet an operational need (not workforce related).

Example b: Nurses Collaborate with a Nurse Director to Evaluate Data to Improve Inpatient Before Noon Discharges

Operational Need
Patient throughput has been a strong focus at WakeMed Health & Hospitals since 2011, with an interprofessional patient flow team being established to address flow issues and implement initiatives to make improvements. While improvements had been made, there were still operational opportunities to further expedite the movement of patients through the system.

One operational need identified by the patient flow team was to improve before noon discharges. The goal set by the patient flow team and passed to the inpatient subgroup, led by 5C Medicine Nurse Manager Brigit Piercy, MHA, BSN, NE-BC, RN-BC and Cardiac Intensive Care Unit (CICU) Nurse Manager Tammy Baker, BSN, RN, CCRN, was for every nursing unit across WakeMed to achieve two discharges minimally before noon each day.

Nurse Collaboration with Nurse Director to Evaluate Data
In October 2017, Marcy van Schagen, MSN, RN, CNML, Systems Director Clinical Administrators/Patient Placement and co-chair of the system patient flow team, and Dianna D. Knight, MSN, RN, NEA-BC, Director Adult Acute Care Nursing Services and inpatient subgroup chair, met with Piercy and Baker to review patient flow data and initiatives and to discuss strategies and next steps to identify solutions to meet this operational need. (Evidence EP9b-1, October 17, 2017 Minutes) van Schagen shared with Piercy and Baker that Emergency Department (ED) flow has predictability and that discharges before noon impact patients waiting on inpatient bed availability as the ED volume increases throughout the day and the need for even more inpatient beds is necessary. Collaboration with physician partners to set expectations for timely entry of orders for discharge was identified by van Schagen as a priority. Piercy and Baker recognized the need for operational improvements in this process.

The participants in the October 2017 meeting with Piercy and Baker reviewed the data, paying particular attention to before noon discharges. (Evidence EP9b-1, October 17, 2017 Minutes) The data indicated that the goal of 20% before noon discharges was not
met consistently. They also discussed the data on unit-level performance that Knight shared in a weekly email. (Evidence EP9b-2, Knight Email, Before 1200 Discharge Data) This data was sent to nursing managers weekly for transparency and to promote awareness and actions needed for improvement. A strong focus on achieving this goal would be instrumental in meeting the operational needs of expedited patient movement, the needs for timely placement for our patients, and keeping throughput as a strategic priority for the organization.

Pierry and Baker continued their focus over the course of FY 2018, collaborating with van Schagen and working with the inpatient subgroup to identify strategies to improve this patient and operational need. In December 2018, Baker suggested that van Schagen ask inpatient nurse managers to complete a PDSA (plan-do-study-act) to address before noon discharges. They requested that the nurse managers review their data, identify trends and opportunities, pull together their interdisciplinary team to address issues and then present the PDSA at the system patient flow team meeting. After carefully considering this idea, van Schagen sent an email to Baker and Pierry for full implementation. (Evidence EP9b-3, van Schagen Email)

In January 2019, van Schagen sent an email to the first cohort of selected managers to request that they participate in the PDSA project. (Evidence EP9b-4, van Schagen PDSA Email) The managers participating in the PDSA project were asked to work for the next three months on process improvements on before noon discharges and then present their outcomes at the April 2019 quarterly system patient flow team meeting. The managers determined the initiatives to implement based on trends they found in their unit patient flow data and interprofessional review. For example, 4C Mother/Baby Raleigh campus examined their data and identified day of discharge circumcisions as a common barrier to early patient discharges. 4C Mother/Baby initiatives were then geared toward removing those barriers.

A great deal of work had been done by February 2018, with operational improvements continuing by building on the initiatives already in place and implementing new ones. Initiatives that were built on included the be-a-bed-ahead concept for anticipating admissions and refining discussions during daily huddles to begin discharge preparation the day before. New initiatives that were identified from the unit PDSAs involved standard work for prioritizing discharge prescriptions and discussing the use of the transport team for mother/baby discharges. Additionally, the circumcision process was altered to prioritize babies scheduled for this procedure avoiding conflicts with discharge day. By mid-February, some unit-level improvements had been made in before noon discharges. (Evidence EP9b-5, Pierry Email, Weekly Patient Flow Updates) Going into FY 2019, there was also improvement in the overall discharges before noon, with December 2018 at 18%.