Visibility, Accessibility, and Communication TL9EO

➢ Choose two of the following:
  a. Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment associated with communication between the clinical nurse(s) and the CNO.
     ➢ Outcome data must be submitted in the form of a graph with a data table.
  b. Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment associated with communication between the clinical nurse(s) and an AVP/nurse director.
     ➢ Outcome data must be submitted in the form of a graph with a data table.
  c. Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment associated with communication between the clinical nurse(s) and a nurse manager
     ➢ Outcome data must be submitted in the form of a graph with a data table.

Example c: Reduction in Unit Patient Falls as a Result of Clinical Nurse Communication with Nurse Manager

Problem
The WakeMed Health & Hospitals Board of Directors and Executive Leadership team charged each unit to reduce patient falls. 6B Orthopaedics & Oncology maintained an average of 28 to 30 falls per fiscal year. The charge nurses discussed the most significant risk factors and determined that falls were occurring within one hour before/after bedside report. Julia Russell, BSN, RN-BC, Clinical Nurse/Charge Nurse, noted that falls could be prevented if there was a greater staff presence on the unit during those times. In December 2016, the 6B fall rate was 2.13 per 1000 patient days. The fall rate is calculated by dividing the number of patient falls by the number of patient days and multiplying by 1,000.

Goal Statement
The goal was to decrease 6B’s patient fall rate per 1,000 patient days.

Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Kleeburg, BSN, RN, CMSRN</td>
<td>Nursing</td>
<td>Unit Manager</td>
<td>6B Orthopaedics &amp; Oncology</td>
</tr>
<tr>
<td>Julia Russell, BSN, RN-BC</td>
<td>Nursing</td>
<td>Clinical Nurse/Charge Nurse</td>
<td>6B Orthopaedics &amp; Oncology</td>
</tr>
<tr>
<td>Anne Lewis, RN</td>
<td>Nursing</td>
<td>Clinical Nurse/Charge Nurse</td>
<td>6B Orthopaedics &amp; Oncology</td>
</tr>
</tbody>
</table>
Lori Metzner, RN  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Laycee Boughton, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Jennifer Gauvain, RN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
April Turner, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Eleanor Erejer, BSN, RN  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Patricia Thomas, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Donna Smith, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Angelica Charles, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Doreen Milhouse, RN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Fran Castaner, RN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Elizabeth Elliott, BSN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  
Cathy Burke, RN, RN-BC  |  Nursing  | Clinical Nurse/Charge Nurse  |  6B Orthopaedics & Oncology  

**Description of the Intervention**

**January 2017**
- At the bimonthly charge nurse meeting, Lori Kleeburg, BSN, RN, CMSRN, 6B Orthopaedic & Oncology Unit Manager, asked the charge nurses for ideas about how to decrease the fall rate over FY 2017.
- Russell recommended staggering shift change times to provide rounding staff coverage during shift change and bedside report.
- The charge nurse group, including clinical nurses and Kleeburg, discussed which staff group would be easiest to shift to an alternate start time and which times would be best.
- Kleeburg and the clinical nurses together agreed to request to trial shifting the charge nurses.

**February 2017**
- Kleeburg contacted Dianna Knight, MSN, RN, NEA-BC, Director of Adult Acute Care, to discuss the trial and the approval that would need to be obtained to implement the change on the unit.
- Knight contacted Lori Piatt, Director of Talent Acquisition, for approval and the guidelines for the trial period.
- Kleeburg and Russell met to discuss the charge nurses staggering shifts, the rollout plan and other details.
March 2017

- At the charge nurse meeting, Kleeburg reported that charge nurses would begin staggering their shifts in April to accommodate charge nurses’ work/life balance and scheduling needs.
- Charge nurses discussed changing the shift report times for their group to 0545 and 1745, followed by unit rounding during routine shift report for all staff members to assist with call bells and patient needs.
- Russell sent all charge nurses a survey regarding the change. All charge nurses replied, with only one indicating a concern about the time change due to child care needs but still confirming willingness to participate in the trial.

Outcomes

Clinical nurse communication with a nurse manager resulted in a decrease in the 6B Orthopaedic & Oncology patient fall rate per 1,000 patient days, from 2.13 in December 2016 to:

- 1.10 in April 2017
- 1.06 in May 2017
- 1.12 in June 2017

![Graph showing fall rates](image)