

EP10a

Provide one example, with supporting evidence, when a clinical nurse(s) collaborated with a Nurse Assistant Vice President (AVP)/Nurse Director to evaluate data to address a unit-level staffing need.

Example a: Surge Manager Position to Support Resource Pool RNs in Raleigh AED

Unit-level Staffing Need

WakeMed Health & Hospitals encourages clinical nurses to collaborate with nurse directors to address unit-level staffing needs. The WakeMed Staffing Resources department employs clinical nurses to provide care throughout WakeMed Health & Hospitals, routinely working in Medical-Surgical, Telemetry, Intensive Care Units, and Emergency Departments.

In January 2022, inpatient beds became increasingly scarce, and many admitted patients had to be boarded in the ED. WakeMed Raleigh Adult Emergency Department (AED) clinical nurses were unable to provide care both for those requiring ED services and for inpatients boarding in the ED. One option that was offered at the Raleigh AED was to create a designated WakeMed Raleigh AED Holding area that would be staffed with clinical nurses from inpatient areas. These inpatient clinical nurses were trained to care for inpatient status patients and could apply those skills to admitted patients in the Raleigh AED awaiting an inpatient bed placement.

In February 2022, leading up to the creation of the ED Holding area, Staffing Resource (Pool) Clinical Nurses Jatin Monsalve, BSN, RN; Laura Williams, BSN, RN; Lauren Stephenson, BSN, RN; and Kate Revels, BSN, RN identified issues impacting their ability to care for the inpatients assigned to them in the AED and shared their concerns with Sandra Wheaton, MSN, RN, NE-BC, Director, Staffing Resources.

Evaluation of Data and Collaboration with the Nurse Director and Clinical Nurses

In February 2022, Wheaton spoke with Patty Condon, BSN, RN, Clinical Nurse I, Staffing Resources, and Jennifer Ivey, RN, Clinical Nurse I, Staffing Resources, who had been assigned to the ED Holding area, to understand their concerns about caring for patients assigned to them. Wheaton received emails and phone calls and met with several clinical nurses; based on her analysis, she identified four key areas of concern: rapid turnover of patients, inconsistent handoff communication, lack of a dedicated formal leader to support the staff, and no identified location for medications and supplies for this patient population. Wheaton shared feedback from staff members that clearly illustrated the issues in the ED Holding area. ([Evidence EP10a-1, Staffing Resources Weekly Leadership Minutes February 8, 2022](#)) Comments from AED clinical nurses included the following:

- “There is a need for ED Holding charge nurse [or] Team Lead specific to support inpatient nurses.”
- “ED Nurses do not know inpatients.”
- “They [AED nurses] are frustrated with inpatient nurses.”

Wheaton shared the February 2022 Staffing Resource RNs' feedback with Waqiah Ellis, PhD, RN, NE-BC, BCC, VP of Nursing, Raleigh Campus, to evaluate the data related to their concerns. ([Evidence EP10a-2, Email from Wheaton to Ellis February 10, 2022](#))

Wheaton and Ellis conferred on the best way to collaborate and communicate the identified issues with the Raleigh campus AED leadership. Ellis and Wheaton agreed Ellis would take Wheaton's observations and clinical nurses' feedback data that indicated a need for inpatient leader support and share it with the AED leadership group.

While inpatient leadership resources were being discussed, in response to the data provided to Wheaton by the ED Holding area RNs, an email was sent to all Staffing Resource RNs, including the ED Holding area RNs, and Nurse Techs, updating them on how Staffing Resource leaders and ED leadership were working to improve staffing and processes of care. Wheaton specifically asked for clinical nurses to review the suggestions and provide feedback to Wheaton so changes could be made going forward. The improvements included offering an orientation shift, identifying an ED staff member to serve as a resource, providing a binder with details about ED processes and resources, and improving communication with lab and pharmacy about inpatient care needs while in the ED Holding area. ([Evidence EP10a-3, Email from Wheaton to Staffing Resources Staff April 13, 2022](#))

As strategies were being put into place to support Staffing Resource clinical nurses, they continued to share specific data with Wheaton illustrating the issues surrounding the volume of patients being held in the ED and the lack of leadership support. A key metric shared by the Staffing Resource RNs was that the AED was holding 40-80 patients per day who were awaiting an inpatient bed. The Staffing Resource RNs advised that this volume of patients was the equivalent of two inpatient nursing units. Each inpatient nursing unit had a staffing plan that included leadership support in the form of a Nurse Manager and Supervisor/Educators. That level of experienced inpatient leadership support was lacking in the AED Holding area.

In September 2022, the 5B Neuro Medical-Surgical unit was closed, and the nurse manager full-time position equivalent (FTE) became available. It was decided that to support the ED Holding area and to meet the request of the Staffing Resource clinical nurses, the displaced 5B Nurse Manager, Abby Dickinson, BSN, RN-C, would transition to a new role as system Surge Manager. After discussion with Wheaton and Staffing Resources leadership team, it was decided that Dickinson would craft an email of introduction explaining her role in supporting the inpatient Staffing Resource nurses working in the AED Holding area. Wheaton worked with Dickinson to ensure it addressed their request for inpatient leadership resources. Dickinson's email stated that the Surge Manager position would provide leadership and support to the staff members working in the ED caring for admitted patients. In this new position, Dickinson planned to improve patient care and patient flow. ([Evidence EP10a-4, Email from Dickinson to All Staffing Resource Nurses](#))

Unit-level Staffing Need Addressed

Wheaton's response to clinical nurses' concerns about staffing in the ED Holding area were addressed by employing several strategies, including documenting the clinical nurses' concerns and sharing these with the Staffing Resource clinical nurses in-person and via emails. By sharing the data Wheaton collected via clinical nurse communications, unit-level staffing was enhanced with the addition of a designated Surge Manager. Clinical nurse concerns and requests for the unit-level staffing need of a leadership resource were addressed In November 2022. Dickinson sent a situation, background, assessment, recommendation (SBAR) formatted email to all Nurse Managers educating them about the ED Holding area and her continued role as the new Surge Manager. ([Evidence EP10a-5, Email from Dickenson to Inpatient Nurse Leaders November 28, 2022](#))