

TL11EO

Using the required empirical outcomes (EO) presentation format, provide one example of an improved outcome where a clinical nurse(s) used data to advocate for the acquisition of a resource, in support of the care delivery system(s).

Example: Restructuring Interdisciplinary Rounds to Decrease ALOS

Problem

The average length of stay (ALOS) was too high for patients on the Hospitalist service on 1East Clinical Evaluation Area (1E), 2East Medicine (2E), 2West Intermediate (2W), 3West Medical/Surgical (3W), and 5West Surgical/Trauma (5W) at WakeMed Health & Hospitals.

Pre-Intervention

Beth Baldwin, BSN, RN, CMS-BC, Clinical Nurse IV, 3W, reviewed 3W data on discharges before noon (DBN) and length of stay (LOS). Baldwin noted fewer patients being discharged before noon and an increase in ALOS, which correlated with fewer hospitalists attending daily interdisciplinary morning rounds, impacting patient flow.

Baldwin emailed the DBN and LOS data findings to Candice Alford, BSN, RN, NE-BC, CMSRN, 3W Manager, and Brigit Piercy, MHA, BSN, RN, NEA-BC, Adult Acute Care Nursing Services, Director Med/Surg Nursing, Cary, to review and discuss. Baldwin advocated to Alford and Piercy for the importance of re-evaluating interdisciplinary rounds to enhance the delivery of safe patient care while decreasing ALOS, addressing the time hospitalists are able to attend the rounds.

The ALOS for the Hospitalist service patient population on 1E, 2E, 2W, 3W, and 5W was 3.23 days in July 2022. The ALOS is calculated by dividing the total number of days in the hospital for all patients admitted on the Hospitalist service by the number of patient discharges on the Hospitalist service.

Goal Statement

Decrease the ALOS of patients on the Hospitalist service on 1E, 2E, 2W, 3W, and 5W, WakeMed Health & Hospitals.

Participants

Interdisciplinary Rounds Team			
Name/Credentials	Discipline	Title/Role	Department
Beth Baldwin, BSN, RN, CMS-BC	Nursing	Clinical Nurse IV	3W Medical-Surgical Cary Campus
Candice Alford, BSN, RN, NE-BC, CMSRN	Nursing	Nurse Manager	3W Medical-Surgical Cary Campus

Brigit Piercy, MHA, BSN, RN, NEA-BC	Nursing	Adult Acute Care Nursing Services, Director Med/Surg Nursing	Cary Campus
Leslie Bradley, BSN, RN, ACM, CMGT-BC	Case Management	Manager, Case Management	Patient Case Management Cary Campus
M. Fawad Tariq, MD, FACP	Hospitalist	Hospitalist Director	Cary Campus
Adriano Pignatelli, BSN, RN, NE-BC	Nursing	Clinical Educator/ Supervisor	1E
Lynette Lux, BSN, RN, CCRN	Nursing	Clinical Educator/ Supervisor	1E
Amy Short, MSN, RN, NEA-BC	Nursing	Director of Emergency Services	Adult Acute Care Nursing Services
Labrita Denning, MSN-Ed, RN, CCM	Nursing	Clinical Educator/ Supervisor	2E and 2W
Shannon Oliver, BSN, RN, CEN	Nursing	Clinical Educator/ Supervisor	2E and 2W
Sherri Phifer, DNP, RN, CCRN-K, NE-BC	Nursing	Nurse Manager	2E and 2W
Susan Dudley, BSN, RN-BC	Nursing	Nurse Manager	5W

Description of the Intervention

August 2022

- Baldwin determined that hospitalists' attendance in morning rounds was not adequate to reduce delays in discharge. Baldwin queried several key hospitalists on why the attendance at morning rounds was low, and their feedback was that the rounds were too long and that they needed to spend that time with patients.
- After the initial meeting with Alford and Piercy, Baldwin emailed them with a solution based on a review of the ALOS data. This included specifically advocating for hospitalists' time to improve attendance at interdisciplinary morning rounds.
- After reviewing the data and proposed solutions, Piercy scheduled a meeting with Baldwin, Alford, and Leslie Bradley, BSN, RN, ACM, CMGT-BC, Manager, Case Management, Cary, and M. Fawad Tariq, MD, FACP, Hospitalist Director, Cary.

September 2022

- Baldwin, Alford, and Piercy reviewed the current literature on the increasing complexity of patient care management and organizational care delivery systems that contribute to increased ALOS. The literature highlighted the importance of including all members of the interprofessional team collaborating on providing care to improve patient outcomes such as DBN and ALOS.

- Baldwin, Alford, Piercy, Bradley, and Tariq met to discuss solutions, and they all agreed to expand interdisciplinary morning rounds to all inpatient units and to restructure the time to enable all hospitalists to attend rounds. This suggestion focused on the efficiency of hospitalists' time.
- To accomplish this, Baldwin restructured interdisciplinary rounds to include all the hospitalists and their specific patients. For example, Baldwin coordinated the set times that each hospitalist would attend the hourlong meeting where only their patients would be reviewed, supporting the care delivery system.
- Hospitalists spent over 30 minutes in interdisciplinary rounds each day before they were restructured. The new structure for morning rounds reduced hospitalists' time to 10 minutes, which increased their attendance at morning rounds. The hospitalists' increased attendance enabled nurses and case managers to get necessary information related to patient discharge at the beginning of the day and more efficiently, with fewer interruptions in nursing care. This contributed positively to the care delivery system by ensuring patient interventions aligned with the plan of care and helped to reduce overall lengths of stay.
- Baldwin presented the proposed format for interdisciplinary morning rounds to Tariq and Bradley for feedback. Feedback from hospitalists and case management team members helped Baldwin establish the format. Adjustments to the rounds included changing the time of the physician rounder attendance to help with the flow of the meeting and optimize time spent during rounds, along with a scripted dialogue to include only pertinent information about barriers to discharge and about expected discharge date and time.
- Baldwin served as the link between the physicians and case managers to host morning rounds. Baldwin verbally conveyed pertinent discharge information to each unit's charge nurse, and she updated the interdisciplinary team with a note in the chart of each patient who was anticipated to be discharged within 24-48 hours. Baldwin documented in the chart possible interventions that nurses could proactively address to reduce delays in discharge.

October 2022

- Since morning rounds were so successful on 2E, 3W, and 5W, Baldwin suggested expanding them to include 1E and 2W. Piercy, Baldwin, and Alford conducted a meeting with Cary; Adriano Pignatelli, BSN, RN, NE-BC, 1E, Clinical Educator/Supervisor; Lynette Lux, BSN, RN, CCRN, 1E, Clinical Educator/Supervisor; Amy Short, MSN, RN, NEA-BC, Adult Acute Care Nursing Services, Director of Emergency Services; and Labrita Denning, MSN-Ed, RN, CCM, 2E and 2W, Clinical Educator/Supervisor. All participants agreed with the proposed solution of expanding interdisciplinary morning rounds to all adult inpatient units and restructuring time intervals to focus on the efficient use of hospitalists' time.
- Baldwin provided information highlighting the reconstructed interdisciplinary morning rounds, DBN and ALOS data, and education on how the changes impact patient flow to Shannon Oliver, BSN, RN, CEN, 2E and 2W, Clinical

Educator/Supervisor; Sherri Phifer, DNP, RN, CCRN-K, NE-BC, 2E and 2W Nurse Manager; and Susan Dudley, BSN, RN-BC, 5W Nurse Manager.

November 2022

- Baldwin facilitated the first restructured interdisciplinary morning rounds. The acquisition of hospitalists' time and attendance impacted patient flow while improving interdisciplinary communication and increasing DBN percentages, which reduced ALOS.

December 2022-January 2023

- Hospitalists continued to adjust to the new flow of interdisciplinary morning rounds.

Baldwin used ALOS data to advocate for the acquisition of hospitalists' time and attendance at interdisciplinary morning rounds to address patient flow in support of the care delivery system to decrease ALOS.

The interventions were fully implemented by the end of January 2023.

References:

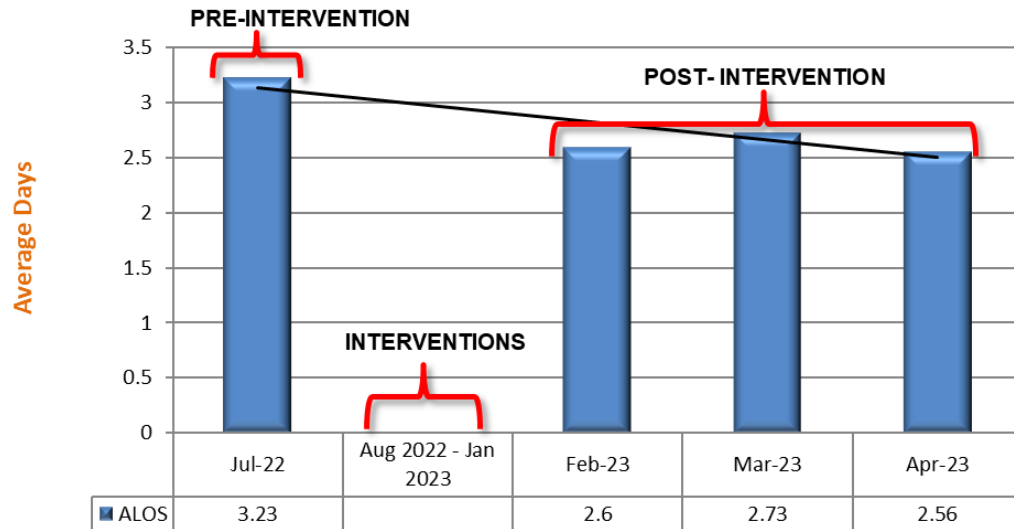
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Outcome

TL11EO-1
Average Length Of Stay (ALOS) in Days
1E Clinical Evaluation Area, 2E Medicine, 2W Intermediate Care, 3W
Med/Surg, 5W Surg/Trauma, Cary Campus



(Evidence TL11EO-1, Average Length of Stay [ALOS] in Days, 1E Clinical Evaluation Area, 2E Medicine, 2W Intermediate Care, 3W Med/Surg, 5W Surg/Trauma Cary Campus)