

Standardized Work to Promote Meal Breaks for Registered Nurses

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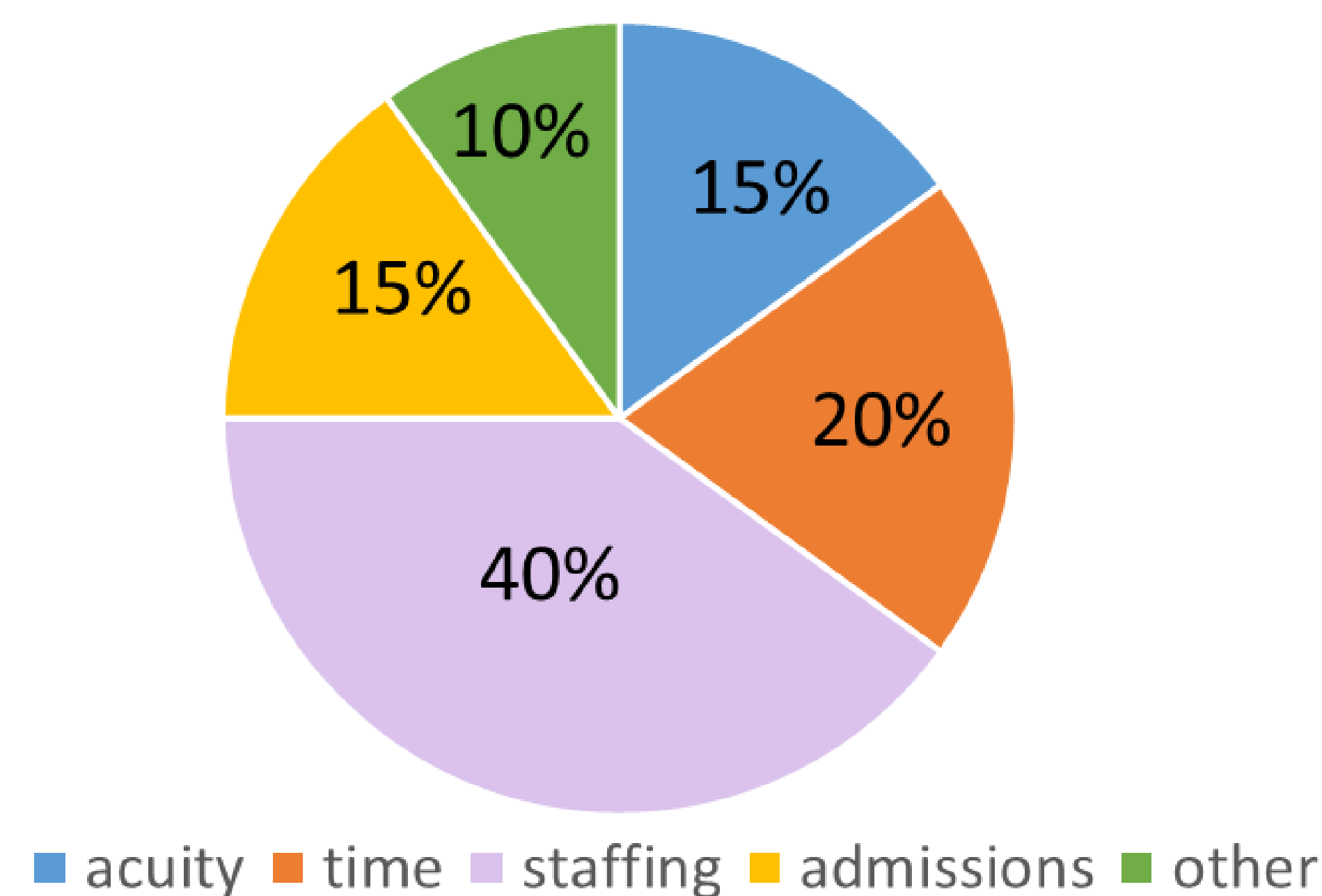
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Background/ Triggers

- Current culture does not support a meal break for the
- LVHN policy to take 30 min uninterrupted meal breaks (Rest and Meal Breaks, 2018)
- 12 hour shifts are long; breaks needed (Stefancyk, 2009)
- A pre-survey performed on 3 med/surg units showed the most frequent barriers to taking a break

Top Reported Barriers To No Break



PICO

- Does standard work to promote meal breaks increase night shift registered nurses compliance with taking meal break?
- P- RN nightshift nurses (7p-7a)
- I - standard work for breaks
- C- compared to not taking breaks
- O- increase number of breaks

Evidence

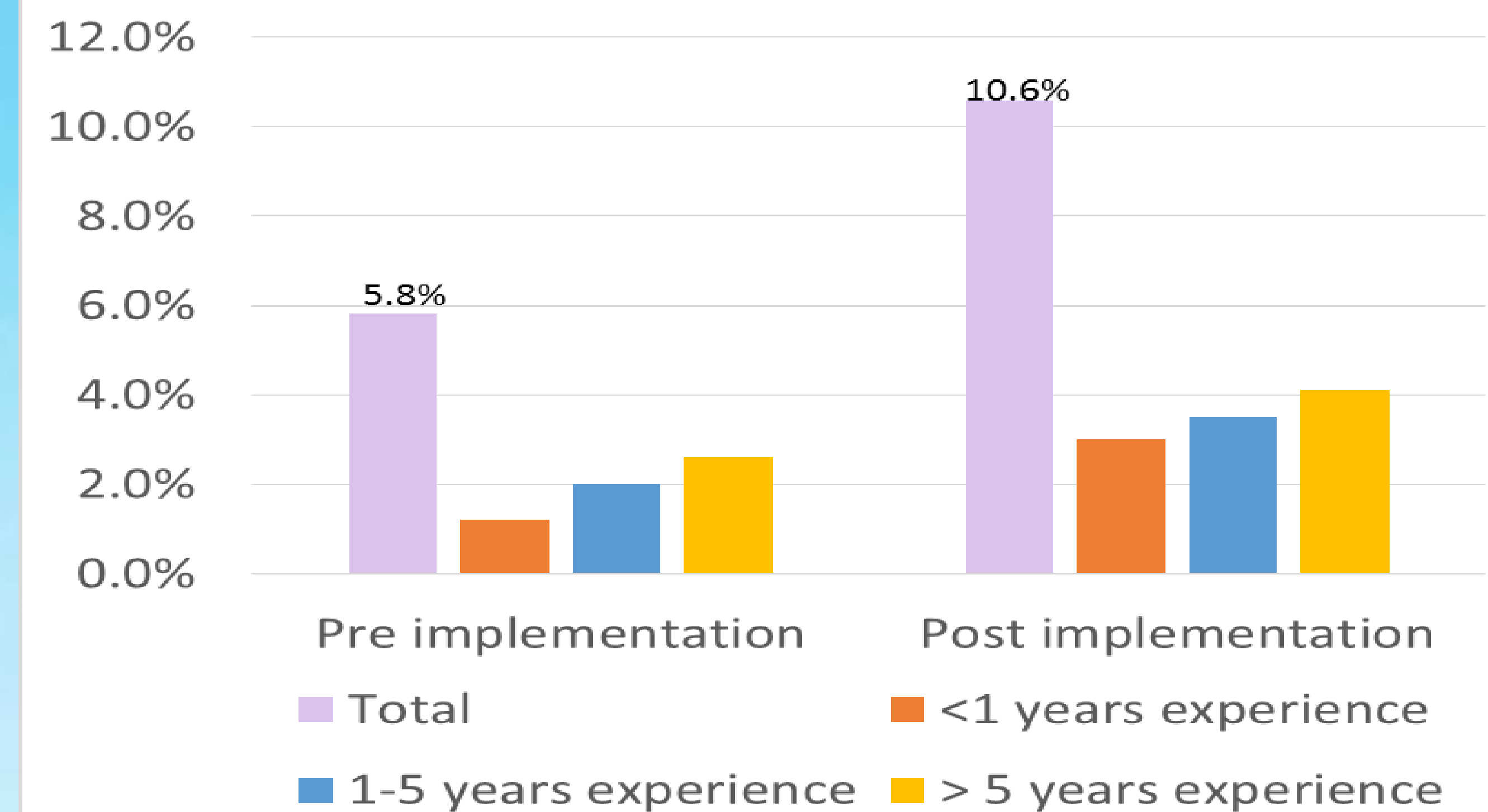
- Over 1/3 of nurses reported taking a meal-length break "rarely or never" (Nejati, Rodiek, & Shepley, 2016).
- Nurses sacrifice breaks due to patient care responsibilities (Nejati, Rodiek, & Shepley, 2016).
- Staff fatigue affects quality of care, which may affect hospital outcomes and associated costs (Nejati, Rodiek, & Shepley, 2016).
- Meal breaks are a "daily opportunity to promote mental health and fatigue recovery and provide downtime" (Hasimoto, Hurtado, Nelson & Sorensen, 2015).

Implementation

- Pre survey on 5K, 6K, & 7BP
 - Two 30 patient units, one 34 patient unit
 - Survey questions
 - Over the past 2 weeks, how many uninterrupted break have you taken?
 - Years of experience as RN
 - Reasons for not taking a break
- Education on the importance of breaks
 - Flyers around unit, e-mail RN's, huddle
- Sign up sheet for break times
- Pre rounding before breaks
- Split up section with other RN's
- Hand off phone/pager
- Post Survey
- Sample size:
 - RN's with <1 year, 1-5 years, and > 5 years experience

Outcomes

Percentage of RN's That Took a Break



Conclusions

- 4.8% increase in break compliance
- Still a low percentage of RN's taking breaks
- Suggestions:
 - Solicit leadership support to promote change.
 - Night time churn from 11pm-7 am

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