Churn, Churn, Churn: A Time to Get Ahead of the Medical-Surgical Workload

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**The Churn**

*Churn* effect – system inefficiencies have the potential to negatively impact patient and nurse satisfaction and outcomes

**LVHN Data**

- *Churn* is noon – midnight
  - Peaks Tuesday and Wednesday
- RN focus groups (29 RNs)
  - Question – Why not able to provide safe care in the current environment?
  - Issues Identified
    - Communication
    - Material Resources
    - Human Resources

**Time-Motion Study**

- Observations completed over 60 hours during high *churn* times
- Nurses were multi-tasking 33% of the time
- 61% of time spent in direct patient care, documentation and medication delivery.
- Activities take less than 2 minutes, further validating pace of workday

**Churn — (verb)** to produce mechanically, hurriedly, or routinely

**Churn — (noun)** the persistent phenomenon associated with patient admissions, discharges, transfers, and the daily care workload that has become the accepted norm in acute healthcare settings

**Evaluation**

**Countermeasures**

**Churn Nurse**

Purpose - help alleviate the workload intensity and enhance the patient experience

- An increase in full-time equivalents (FTEs) for Med-Surg units during peak *churn* hours - 11:00 am to 11:00 pm
- Range of Responsibilities:
  - Assure uninterrupted break coverage
  - Provide additional patient coverage during high stress periods
  - Assist with admissions and discharges
- Strategies for Success
  - Handover checklist
  - **NOT JUST ANOTHER FTE** to take a full patient assignment

**Address Process Opportunities**

- Limit portable telephone interruptions
- Establish open communication/better relationship between patient logistics and inpatient units
- Eliminate duplicate and cumbersome documentation
- Standardize report from ED
- Avoid admissions/transfers at change of shift
- Remove need to medicate patients off unit
- Educate unit clerical personnel to transcribe orders
- Relocate Pyxis machines in close proximity to the work
- Empower RNs to lead their team
- Facilitate increased face-to-face time between nurse and physician

**CHECKLIST**