Improving Nurse to Patient Ratios in the Emergency Department Utilizing LEAN

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Improving Nurse to Patient Ratios in the Emergency Department Utilizing LEAN

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Background

- Current staffing model for a busy Level 1 Trauma Center Emergency Department (ED): primary 1:4 nurse to patient ratio, supported by a registered nurse (RN) “pod leader,” RN charge nurse and RN core trauma nurse.
- As volumes and acuity escalated, along with inpatient capacity constraints, RNs could experience having primary responsibility for up to 7 patients.
- Clinical nurse input via Leadership Rounding and Employee Satisfaction Survey prompted a re-evaluation of the staffing model.

Goal

Develop at least one or more cost neutral RN staffing model(s) that could be piloted through rapid cycle tests (RCTs).

Process

8-Hour Rapid Improvement Event (RIE)
- Participants
  - ED clinical nurses
  - Internal lean coach
  - ED director
  - RN administrator
  - Medical vice chairperson
  - Patient care specialist (educator)
Q: “What is the optimal RN staffing model to maximize efficiency in the ED?”

Result

Two different staffing models were designed by the participants. These models were tested during three, 3-day Rapid Cycle Tests (RCT’s). Feedback from staff was gathered via a formal evaluation tool and shared with all staff.

Outcome

Based on the feedback, a staffing model which provides for no greater than a 1:5 RN to patient ratio, during periods of high volume and acuity in the ED, was chosen.

Pre- & post-implementation survey data revealed a 60% increase in a positive response to the Q: “How well could you manage your patient load today?”

References: