



Putting the
Pieces Together

Compliance Strategies for On-Call & Replacement Nurse Staffing

Columbia Memorial Hospital

Presented by

Tori Bernier, Director of Nursing Services

February 2nd, 2017



About CMH



- Independent, Critical Access Hospital on the north coast
- Serve community of approximately 12,000 residents plus seasonal vacationers

Presentation Topic



- **Goals**
 - Create structure that supports on-call & replacement staff efforts, tracking and documentation
 - Ensure this mechanism enables us to easily pull data and generate reports
- **How we engaged others**
 - Compliance challenges discussed at Staffing Committee and meetings with House Supervisors
 - Small work group of key stakeholders and knowledge experts assembled
 - Project progress regularly reported through Operations Council


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Process Steps and Data



- Input and suggested solutions from various stakeholders gathered and evaluated by work group
- Various worksheet interactions and drafts reviewed by work group and stakeholders until final version ready to trial

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24 hour 0700 to 0700 Report
 Date MM/DD/YYYY 12/15/2016

To be completed throughout the shift and finished at 0700 on the day of record
 0645-1900 House supervisor Eastham
 1900-0700 House supervisor Casper


Unusual Occurrences: Patient &/or family complaints, difficult/complex patient social or care issues, provider issues, HR issues: Briefly describe situation and list person contacted. (Require immediate AOC call: near misses, sentinel events, law enforcement/CPS contact, media contact, hazardous conditions, loss of 0700 All OB beds full at this point, will have a discharge later in the day. Med surg has 1 OB couplet and 14 pts after scheduled surgery. JRE
 1000 Multiple evening shift staffing holes in 4 departments due to sick calls and census influx. Staff called and many discharges pending JRE
 1030 Seaside Providence is on divert to all OB pts until 0700 12/16. 2105 Virtual Rad is sending out voice messages to all clinics to inform them they are down until computer problems are fixed with no estimated ETA. Chris Pack the manager has bent sent a message and awaiting his answer with which radiologist is on call tonight. TC 2123 calling Dr. Sabahi to inform him of this issue. tc 2140 Virtual Rad called again with a voice machine calling that the issue was resolved but Dr. Sabahi is aware that if the issue arises again he will be called. tc Sick calls in MS, OB and 2 in Surgery.

Urgent/Emergent: Codes, Trauma, Lifeflight, emergency surgeries, Medical Examiner's cases, work injuries, CT downtime.

RRT Critique form Completed Yes No

Additional CRNA Called in:

Planetree Notables/Staff recognition (went above & beyond), SAGE opportunity or request
 Unit Manager notified Yes No



Activated emergency staffing committee procedure

| | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct Care Co Chair | Kelly Ploman |
| Management Co Chair | Trece Guarrard |
| Direct Care Member | Carla Lumbrá |
| Nurse affected by MDT | Carla Lumbrá |
| Affected Units Manager | CCU |
| Outcome | CCU sick call, all efforts exhausted to find a CCU nurse. CCU nurse scheduled is new grad, not a seasoned critical care nurse and not able to work independently without a experienced CCU nurse. OUTCOME is ER to divert all CCU pts and all pts in CCU currently Medsurg overflow and can float a Medsurg nurse to CCU. |

Hours of MDT worked

Use MRN number only to indicate occurrence

| Unit | Falls | Falls With injury | Verge Completed Y/N | Restraints | FRIT | Code Blue | Patient Expired | Unscheduled Transfer to ICU | External Transfer | Notes |
|---------------|-------|-------------------|---------------------|------------|------|-----------|-----------------|-----------------------------|-------------------|------------------------------------------------------------------------------------|
| FBC | | | | | | | | | | |
| MS | | | | | | | | | | |
| CCU | | | | | | | | | | |
| SDS | | | | | | | | | | |
| ED | | | | | | | | | 193472 | External Transfer for ED to be recorded only for transfers caused by lack of beds. |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |

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Daily 4 hour Staffing and Census Report

To be completed at the end of each 4 hour block of time.

Date MM/DD/YYYY **12/15/2016**
 Day of Week **Thursday**

0700

Nurse Supervisor **FISHER**

| Unit | | IP | Swing | Obs | Outpt | 23hr Recovery | Newborns | ED Overflow | Inpatient Census (IP+Swing) | Total Census | 0300-0700 | | | | | | Churn | |
|--------|-----------|----|-------|-----|-------|---------------|----------|-------------|-----------------------------|--------------|-----------|--------|--------|------------------------|----------------|-----------------|-------|---|
| | | | | | | | | | | | Infusion | Admits | Births | Discharge/ External TX | Internal TX In | Internal TX Out | | |
| FBC | Cerner | 6 | | | | | 6 | | 6 | 12 | | | | | | | | |
| | Actual | 6 | | | | | 6 | | 6 | 12 | | | | | | | | 0 |
| | 7-11 Plan | 6 | | | | | 6 | | 6 | 12 | | | | | | | | |
| MS | Cerner | 9 | | 2 | | 1 | 1 | | 9 | 13 | | | | | | | | |
| | Actual | 8 | | 2 | | 1 | 1 | | 8 | 12 | | | | | | | | 0 |
| | 7-11 Plan | 9 | | 2 | | 1 | 1 | | 9 | 13 | | | | | | | | |
| CCU | Cerner | 4 | | | | | | | 4 | 4 | | | | | | | | |
| | Actual | 4 | | | | | | | 4 | 4 | | | | | | | | 0 |
| | 7-11 Plan | 4 | | | | | | | 4 | 4 | | | | | | | | |
| SDS | Cerner | | | | | | | | 0 | 0 | | | | | | | | |
| | Actual | | | | | | | | 0 | 0 | | | | | | | | 0 |
| | 7-11 Plan | | | | | | | | 0 | 0 | | | | | | | | |
| Totals | Cerner | 19 | 0 | 2 | 0 | 1 | 7 | 0 | 19 | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Actual | 18 | 0 | 2 | 0 | 1 | 7 | 0 | 18 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 7-11 Plan | 19 | 0 | 2 | 0 | 1 | 7 | 0 | 19 | 29 | | | | | | | | |

1100

Nurse Supervisor **Eastham**

24 hour **4 hour** 8 hour



To be completed by NOC House Supervisor before start of day shift of specified departments

Nurse Supervisor **Fisher**
 Date MM/DD/YYYY **12/15/2016**
 Day of Week **Thursday**

Day Shift 0645-1515

| DEPT | RN Need based on Acuity Census and Staffing | RN Have (Do not count RN Sitter) | RN +/- to need | RN giving 1:1 Care | RN Sitter | CNA Need based on Acuity Census and Staffing | CNA Have (Do not count CNA Sitter) | CNA +/- to need | CNA Sitter | HPUOS | Target HPUOS | Notes |
|--------|---------------------------------------------|----------------------------------|----------------|--------------------|-----------|----------------------------------------------|------------------------------------|-----------------|------------|-------|--------------|-------------------------------------------|
| FBC | 3 | 3 | | | | 1 | | | | 2.667 | 3 | Rn Pulled off CCU orientation to staff OB |
| MS | 4 | 4 | | | | 2 | | | | 4 | 4.5 | |
| SDS | 6 | 6 | | | | 2 | | | | 3 | 3 | Sick Call RN CIX |
| ED CNA | | | | | | 1 | | | | | | |

Advice for Others and Lessons Learned



- Compliance requires dedicated resources
- Automate at much as possible
- Give time to adapt

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Plan for Sustainment



- Monitor report for quality and accuracy
- Continue to gather input
- Make tweaks along the way
- Work with our data analysts to create reports

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Questions?

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Contact Information



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