Building Capacity Through Charge Nurses
Washington County Health System/ Meritus Medical Center

Program/Project Description.
WCHS/MMC examined quality and patient safety data (nursing care hours, nurse satisfaction, core measures, patient satisfaction, hospital acquired infection rates, etc) and determined we had opportunities to positively impact patient centered care and employee satisfaction. Goals: lower length of stay by improving patient flow; increase nursing capacity to deliver patient centered care through unit-based charge nurses; to enhance the patient experience through improved patient safety and quality metrics.

Process.
A team formed to examine the quality and patient safety indicators; the team conducted a literature review of nurse staffing models; models were evaluated against the dual objectives of improved patient care and increasing nurse satisfaction. The implementation of a clinical-based resource person without an assignment 24/7/365 on each unit was determined to be the best 'fit' for WCHS/MMC.

Solution.
The team conducted a literature review on the charge nurse role: charge nurse job descriptions, charge nurse competencies, characteristics of effective charge nurses, charge nurse training, charge nurse development. A three phase implementation resulted: Charge Nurse Classroom Training; Charge Nursing Clinical Orientation/Preceptorship; Monthly Charge Nurse Roundtables

Measurable Outcomes.
As of September, 2010, the charge nurse role has been implemented on three units, with plans to expand to all inpatient units. Mixed method evaluations include staff surveys and charge nurse roundtables. Phase One Evaluations were comprised of charge nurse evaluation sessions, staff nurse survey, and a manager focus group. Phase One evaluations from charge nurses revealed revealed staff resistance, role confusion, and the need for ‘real time’ role revision. Phase One feedback from staff nurses are positive; see attached for survey summary. Phase One findings from the clinical manager focus group indicate satisfaction with the role at the leadership level. Unanticipated gains reported (qualitative) by staff nurses and charge nurses include inter-unit coordination, charge nurse job satisfaction, and chaos management. NDNQI nursing care hours indicate an increase in nurse hours at the bedside since implementation of the charge nurse role. Phase Two evaluations in survey form will be distributed in February to all nursing staff. The annual Nursing Staff Satisfaction Survey will be implemented in April, 2011.

Sustainability.
Monthly charge nurse roundtables are scheduled to ensure ongoing role development/skill building sessions (ie. crucial conversations, crisis management, patient flow, service recovery). A charge nurse email distribution is used to provide for a consistent method of communication and a sense of group identify. 10 charge nurses attended a one day Charge Nurse training in Baltimore in October, 2010 and will facilitate a teach and learn for the larger group. The clinical manager focus group requested that the charge nurse group devise a list of charge nurse duties and prioritize this list to create consistency in the role; the charge nurses will address this in the November Roundtable. Several units have created their own monthly charge nurse meetings.

Role of Collaboration and Leadership.
The charge nurse role was the result of Nursing Leadership, Medical Staff Leadership, and Quality and Patient Safety coordinating to improve patient safety and to increase nursing satisfaction, nursing quality indicators, physician satisfaction, and patient satisfaction. Nursing leadership, nursing education, medical staff services, and quality worked with a core team of clinical nurses, clinical educators, and nurse managers to research and devise the charge nurse role. Nursing leadership teamed with quality, nursing education, and human resources and development to plan for training and implementation of the new charge nurses. Nursing leadership demonstrated support and commitment for this new role by direct involvement: the Chief Nursing Officer steps into the role of preceptor for the charge nurses for two 12 hour shifts on the unit several times a month.

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**Charge Nurse Survey (N=23)**

Likert Scale 1 (strongly disagree) to 5 (strongly agree)

Q3: Charge Nurses w/out an assignment have made a difference on my unit= 3.52

Q4: Charge nurses without an assignment have made a difference in patient care on my unit= 3.68

Q5: Charge nurses without an assignment have made a difference in patient satisfaction on my unit= 3.20

Q6: I actively seek the assistance of the charge nurse= 3.75

Q7: Charge nurses without an assignment have not impacted my unit= 2.64

Q8: Charge nurses without an assignment have enabled me to complete my duties during my scheduled shift= 3.28

Q9: Charge nurses without an assignment have impacted the quality of care on my unit= 3.44

Q10: Charge nurses without an assignment have made a difference in my patient care= 3.46

**COMMENTS:**

- Help of Charge Nurse can improve pt errors, decrease pt falls, and improve pt outcomes
- Staff not involved in choosing Charge Nurse and some were picked that staff feels are not leaders
- Charge Nurse works when CN takes initiative
- Want Charge Nurse to say “I will help you with this,” not ask
- Some of our charge nurses make a difference, keep the unit flowing smoothly, while a few have used their time to side and do committee work, talk on the phone
- I think the charge nurse position is a good thing and could be useful to my unit if the right person is doing the job and has the proper training as to what their duties are
- Some charge nurses function well and are very helpful, others take advantage and do a lot of socializing and aren’t helpful
- Assigned too many patients, charge nurses not able to help as much as needed due to all his/her responsibilities
- It really depends on who the charge nurse out of staffing, some nurses are better at supporting the other staff then others
- This last week 4 charge nurses trained, there was a huge difference between the two sets, ...the personalities of the four that trained vary so greatly.
- There can be a vast difference in the amount of assistance you receive as a fellow co-worker depending on who is charge nurse that day; I still think some of their roles/duties need to be defined
• Previously acted as “resource” nurse on unit without an assignment, I am not a charge nurse but I know how much of a burden lifted to not have patients- I am able to get out closer to “on time” since we have a charge nurse without an assignment
• Please don’t stop this position!
• Please do not continue to add to their duties, let them have time to be a resource to floor staff

10/6/10
11/3/10 Clinical Manager Charge Nurse Focus Group: Where are we?

- Couldn’t function without CN
- Flow of patients
- Has the units big picture
- Have the plan
- d/c phone calls (difficult to accomplish)
- not doing safety checks
- some inconsistency (all units)
- throughput- main focus
- brainstorming about DU/turning team
- “leaders” can get things done faster
- Some get too tied up, can’t say no
- Some nurses take advantage
- Divert inappropriate admissions
- Support to newer nurses
- Point person for the CM (3 units)
- Created a rift between some staff “why was I not chosen?”
- Need to empower the CN to take a stand
- Need training in crucial conversations
- Staff now committed (after initial resistance)
- Care management: CN coordination- LINK
- Unintended effects on staffing and budget- negative

CM want CN to have:

- Defined guidelines for roles and responsibilities
- Group identity to enforce consistency
- Training in Crucial Conversations
STAFFING FOR OUTCOMES: BUILDING CAPACITY THROUGH CHARGE NURSES

Solving the Quality Dilemma

Challenges:
- Staff resistance
- Staffing
- Budget
- Unit restructuring
- Ongoing evaluation/revision

Unanticipated Gains:
- Inter-unit coordination
- Charge Nurse satisfaction
- Decrease in end of shift ‘crunch’
- Chaos Management

Evaluation:
- 1st phase staff survey 9/10
- 1st phase CM via focus group
- 1st phase CN via roundtable 9/10
- 2nd phase surveys 2/11

Long Term Goals:
- Decrease LOS
- Decrease Falls
- Decrease Incidents
- Decrease HAI
- Improve patient satisfaction
- Improve nurse satisfaction
- Improve MD satisfaction
- Improve S3 scores
- Provide excellence in care...

Operationalizing Charge Nurses

"I am the charge nurse"

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- Staff resistance

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