



Putting the
Pieces Together

Compliance Strategies for On-Call & Replacement Nurse Staffing

Columbia Memorial Hospital

Presented by

Tori Bernier, Director of Nursing Services

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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 Lumbr
Nurse affected by MDT	Carla Lumbr
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	

Privileged and Confidential
 Quality Assurance Report under CRS 41675



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
	Actual	18	0	2	0	1	7	0	18	28	0	0	0	0	0	0	0
	7-11 Plan	19	0	2	0	1	7	0	19	29	0	0	0	0	0	0	0

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						

	RN	CNA
+/= to Need	0	0
Vol Dock	0	0
Man Dock	0	0
Vol DSB	0	0
Man DSB	0	0
Sitters	0	0
Vacancies	2	0
CIX	1	0
Extra hours to fill vacancies	1	0
Extra hours to avoid harm to pt	0	0
Float	0	1
VOT	0	0
MOT	0	0
MMMM	0	

Dept	RN Vacancy
ED	Staples
SDS	Montgomery
Dept	CNA Vacancy
Dept	
Depts for which calls are made	
AGENCIES CALLED (IF MOT)	

Dept	MMMM	
Sch Dept	Fill Dept	Float RN
Sch Dept	Fill Dept	Float CNA
CCU	OB	Thornton

V/M	RN DOCK	Dept
V/M	CNA DOCK	Dept
V/M	RN DSB	Dept
V/M	CNA DSB	Dept

Dept working	RN Name	"X" if to cover a vacancy that became known in preceding shift	"X" if to avoid potential harm to assigned patient	CIX	Called in Early	Asked to stay Late	V/M Extension of shift
SDS	Auto	X		X			

Float RN to cover increased census in OB

RN Called In Extra to cover a vacancy that became known in the preceding shift.

What's Working?



- Ability to document efforts to attain replacement nursing & on-call staff
- One location for documentation retention and retrieval
- Capture nurse staffing activities on four, eight, and 24 hour increments
- Ability to document activation of emergency staffing committee procedure
- Ability to document staffing to acuity in one location

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



Tori L. Bernier, RN BSN
tbernier@columbiamemorial.org

Trece Gurrad, RN, MSN
trece_gurrad@columbiamemorial.org

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