Did We Lose Our Synergy With Synergy?

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BACKGROUND

Our community hospital medicine units support patients with complex medical diagnoses and multiple behavioral challenges often leading to high sick time and low staff morale. Frequent requests for workload were subjective and not validated by data. During 2017, a high number of Professional Responsibility Forms were submitted to the BC Nurses Union.

In order to improve unit culture and staff satisfaction, we chose a tool to validate ”workload heaviness” and patient acuity. The Synergy Workload Assessment Tool was implemented to accommodate a variety of nursing staff ranging from novice to experienced.

METHODS

Fall 2018
- Champion team established
  - LPNs
  - RNs
  - Patient Care Coordinator
  - Clinical Nurse Educator
  - Clinical Nurse Specialist
  - Site Leadership
- Creation of case studies

Winter 2018/2019
- Development of RMH Medicine Patient Assessment Scoring Guidelines and Patient Rating Sheet
- Testing for inter-rater reliability

Spring 2019
- Education roll-out
  - Small group mentoring
  - 1:1 education

GO-LIVE July 8, 2019
- PDSA cycles
- Staff satisfaction surveys
- Biweekly champion team meetings
- Tool revisions

PURPOSE

The Synergy Workload Assessment Tool was chosen in partnership with the Ridge Meadows Hospital Medicine units clinical leadership team, the University of British Columbia, and the BC Nurses Union with the collaborative goal to support accurate patient needs assessment.

“THE RIGHT CARE PROVIDER FOR THE RIGHT PATIENT AT THE RIGHT TIME”

When patient and nurse characteristics match and synergize, optimal patient outcomes result. Additionally, consistency and standardization of patient acuity and complexity can be achieved amongst multiple care providers on our two medicine units.

RESULTS

We launched Synergy for three months with continuous progress and uptake of staff calculating and communicating scores.
Challenges experienced:

- Changes in clinical and senior leadership
- Lack of dedicated time for education
- Periods of congestion requiring staff requested for backfill being redeployed
- Communication of inaccurate information resulting in loss of staff buy-in and engagement
- Initiation of provincial-wide patient care needs assessment tool development in Fall 2019

LESSONS LEARNED

1. Mindfulness of change process – slow introduction and staff engagement was effective
2. Length of implementation time should have been shorter for higher uptake
3. Anticipation of increased clinical workload demands during implementation phases
4. Need to improve leadership and staff accountability with usage of tool
5. Transparent and frequent communication to all staff and leadership is key for success and sustainment

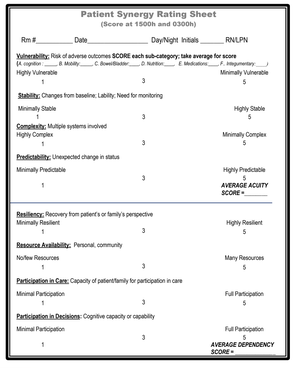
OUTCOMES

Patient Assessment Tool Scoring Guidelines for Ridge Meadows Hospital

INDICATORS: 1 - LABILE; fluctuating V/S, LOC; req. + frequent monitoring 3 – routine q4h or clinically indicated procedure monitoring (e.g. post-fall, post-test) 5 – q shift or less monitoring

<----------ACUITY----------> <----------DEPENDENCY---------->

Level	Vulnerability Risk of adverse outcomes	Stability Degree of changes from baseline, need for frequency of monitoring	Complexity Systems affected and being actively treated	Predictability Unexpected change in physical, mental status	Resiliency Recovery *from patient's or family's perspective if pt. unable to provide Based on PSQ &/or Goals of Care*	Resource Availability Personal and community	Participation in Care Physical abilities and capacity to engage in their care	Participation in Decisions Cognitive capacity or capability
1	- New onset confusion or delirium - Fall with 72 hours or not able to mobilize - Malnourished or NPO greater than 24 hours - Presence of complex wounds or Stage 3-4 pressure ulcers	- Labile systems requiring high surveillance - VS required more often than Q4H - Critical lab value(s) - Stat order(s)	- Multiple systems being actively treated - IV meds 3 times or more per shift - Continuous medication or parenteral infusions - Presence of CVC/PICC, or complex drains - Uncontrolled pain - Active mental illness without effective treatment plan - CIWA score more than 9	- Unclear diagnosis and/or treatment plan - Unexpected aggression or behavior change - Active substance use	- Says that unable to meet expected needs for recovery - No current credible source of information - Not meeting goals of care	- No resources in place - No social supports or non-supportive family - No income or financial means - Homeless	- Unable to do any ADLs - Needing frequent, ongoing support - Incontinent of bladder and/or bowel	- No participation in decisions - No legal representation
3	- Baseline of impaired cognition - History of falls - Mobility with assistance - Requires assistance with intake or on tube feeds - Friable skin, chronic or palliative wounds, surgical wounds	- Increased monitoring - VS Q4H to Q shift - Known critical or abnormal lab value(s) trending to improvement	- 1-2 systems being actively treated - IV meds 1-2 times per shift and IV fluids - Controlled pain - Infection control: contact, contact plus, droplet, airborne - Mental health & addictions treatment plan effective - CIWA score less than 9	- Patient following course of disease trajectory - Diagnostics pending	- Has some coping, physical reserves - Partially meeting goals of care	- Needs identified, resources being put in place - Systems barriers that need to be addressed	- Needing some support for ADLs - Seeking intermittent help - Urinary catheters, FMS, ostomies, PVRs or functional incontinence	- Needing guidance or facilitation - Conflict with family and/or patient
5	- Cognitively intact - Independently mobile +/- assistive device - Nutrition is adequate for condition - Skin intact	-Monitoring VS Q day to Q weekly - Stable lab values for patient - Actively dying	- Systems resolving - No IV fluids or meds - No pain - Infection control: standard	- Following treatment protocol/regimen/ pathway & response effective	- Is independent, with effective coping - Credible source of information - Meeting goals of care	- Resources in place or not required	- Doing all ADLs or family doing ADLs	- Full participation in decision-making - Has legal representation



Patient Synergy Rating Sheet
(Score at 1500h and 0300h)

Rm # _____ Date _____ Day/Night Initials _____ RN/LPN

Vulnerability: Risk of adverse outcomes **SCORE each sub-category; take average for score**
(A. cognition _____ B. Mobility:_____ C. Bowel/Bladder:_____ D. Nutrition:_____ E. Medications:_____ F. Integumentary: ____)
Highly Vulnerable 1 3 5 Minimally Vulnerable

Stability: Changes from baseline; Lability; Need for monitoring
Minimally Stable 1 3 5 Highly Stable

Complexity: Multiple systems involved
Highly Complex 1 3 5 Minimally Complex

Predictability: Unexpected change in status
Minimally Predictable 1 3 5 Highly Predictable
AVERAGE ACUITY SCORE = _____

Resiliency: Recovery from patient's or family's perspective
Minimally Resilient 1 3 5 Highly Resilient

Resource Availability: Personal, community
No/few Resources 1 3 5 Many Resources

Participation in Care: Capacity of patient/family for participation in care
Minimal Participation 1 3 5 Full Participation

Participation in Decisions: Cognitive capacity or capability
Minimal Participation 1 3 5 Full Participation
AVERAGE DEPENDENCY SCORE = _____

CONCLUSIONS

While the goal of implementation of the Synergy Workload Assessment Tool was not successful, some key lessons were learned and applicable to the implementation of further quality improvement initiatives. There was anecdotal report of improved staff satisfaction and clearer communication about patient acuity and dependency. We foresee incorporating the new Patient Care Needs Assessment tool to be unproblematic.

NEXT STEPS

Adoption of the new Patient Care Needs Assessment Tool starting January 2020 at RMH Medicine with designated evaluation of tool effectiveness and staff satisfaction.

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