

An Acute Care World without Registered Nurses

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IMPOSSIBLE... Here's Why:



Distinguishing characteristics of the RN as compared to the rest of the team

- The BSN has a broad global perspective and liberal educational background. Curriculum includes: clinical, scientific, decision making, humanistic skills, patient education, management and leadership

BSN

- Develops and manages a comprehensive plan of care for the entire length of stay of the patient
- Is the team leader for unlicensed assistive personnel
- Is the “air traffic controller” coordinating care at all levels of the acute care stay

BSN as the Air Traffic Controller

- Collaborates with all members of the team, including physicians, PA, APRN's, and other allied health professionals
- Also collaborates, educates, and redesigns care with the input of the patient, family and care team
- Ensures communication among the care team

BSN

- Leads quality and safety initiatives at the unit level
- Is essential to the day to day safe care of the patient
- Is essential for the delivery of quality care
- Is essential to patient engagement and satisfaction

Acute care hospitals would not be able to
be true to their mission without RN's

Think about an Emergency Department without RN's...

- No triage nurse to assess emergency patients and determine the appropriate level of care
- No charge nurse to anticipate and manage the needs of the ED, ensuring patient flow, etc.
- No ED nurse to deliver the complex care required for the critically ill and injured patients
- North Shore-LIJ cares for over 600,000 emergency patients a year. We would not be able to provide emergency care to our communities without our RN's.

Our RN's on the front lines achieving organizational outcomes

- An important component of North Shore-LIJ's system wide initiative to decrease its sepsis mortality rate by 50%, was the implementation of the Taming Sepsis Education Program (TSEP) in 2011. TSEP (NEPQR HRSA-11-044) provided the RN's in the emergency department and critical care units with a comprehensive educational program to ensure the recognition of SIRS and all signs and symptoms of sepsis, severe sepsis, and septic shock.



NSLIJ System Review
 Raw sepsis and severe sepsis/septic shock mortality rate
 (January 2008 – October 2013)

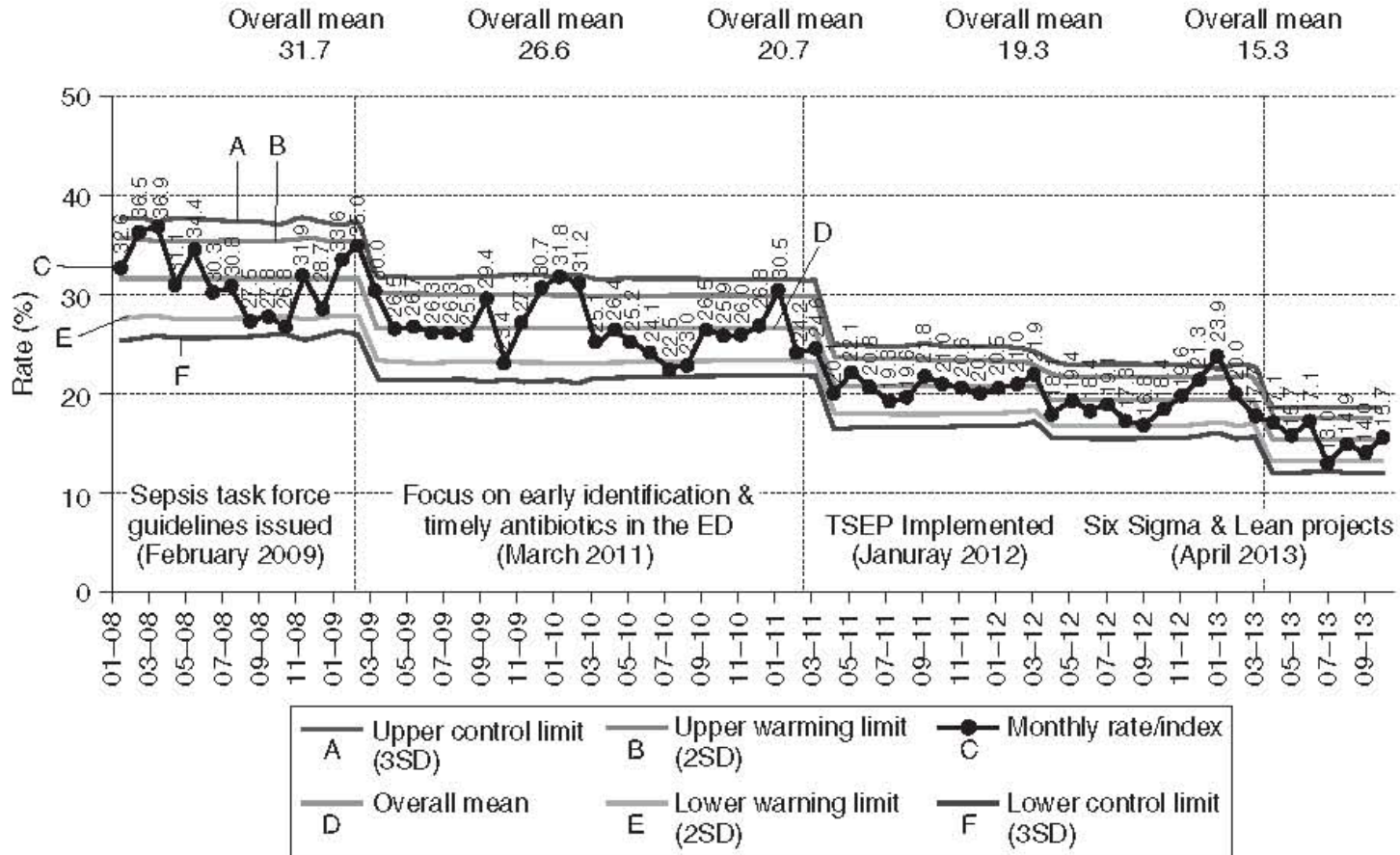


Figure 3.1 Sepsis mortality at NS-LIJHS, 2008–2013.



- In a response to strategic demands, one of our tertiary hospitals built 4 new critical care units.
- The workforce strategy included hiring an additional 86 RNs
- These newly hired nurses were placed in our Critical Care Fellowship Program for 12 months
- The critical care units opened 18 months later
- The health system achieved its business objective through the readiness of a competent nursing workforce

Specialty Treatment Unit (Ebola)

- The Governor of NYS designated 8 hospitals as Ebola Centers. NS-LIJ is one of them
- Requirements: facility design, P&P, workflow redesign, voluntary staff (RNs/MDs), intensive education and training, etc.
- 71 RN's, 18 MD's trained for the unit
- Nurses will be assuming role and responsibilities of environmental, dietary, etc. to keep the number of people entering the room to a minimum
- NYS DOH and CDC after two site visits approved NS-LIJ as "ready"

Team Based Care in an Acute Care Setting

- In complex problems, team performance will exceed the expected sum of all single actions
- Mutual monitoring can help to notice individual errors
- Shared workload can help to prevent the overstrain of an individual, and make sure that all tasks planned can be executed in a timely manner
- Mutual support and encouragement can enable team members to master even the most difficult situations
- Successful team performance results in low-error, high-quality patient care and high satisfaction of the healthcare providers

The RN is the only *constant* during the patient's stay

- There is no Team Based Care without the RN in Acute Care