

Nurse-Driven Process For Implementing An Electronic Acuity Tool In Intensive Care Units

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Keywords: Patient Acuity, Nursing Assignment, Nurse Driven IT Process, Patient Safety and Quality.

Background

In 2015, the Commonwealth of Massachusetts passed legislation 958 CMR 8.00 to establish patient assignment limits for registered nurses in ICUs licensed by the Massachusetts Department of Public Health. As part of the law, hospitals must select and implement an electronic acuity tool to guide and track assignment- making in ICUs. Mass.Gen.Laws c.111& 231(2015).¹ Tufts Medical Center/Floating Hospital for Children used this as an opportunity for nurses to review their practice and implement a tool that would support their care environment.

Methods

Tufts Medical Center gathered a team of nurses from each intensive care area who were clinical experts in their care environment. They were termed Patient Outcomes Experts or POEs. The POEs were charged with selecting an acuity tool by evaluating a number of off-the-shelf commercial products that provide acuity and workload measurements and guide staffing needs. Each member of the committee rated each tool using a pre-established survey and questionnaire, judging based on functionality, value added, usability and other key metrics. They ultimately decided on the Cerner Clairvia acuity tool because it measures patient acuity rather than nursing workload and tracks patient outcomes based on nursing documentation rather than requiring nurses to input additional information into the tool. Once the tool was selected, the nurses began the process of analyzing their documentation content and practices and made decisions about the design and configuration of the tool. Once configured, nurses performed an auditing process to ensure the data calculated by the tool was accurate and could be relied upon to guide staffing decisions on each unit.

Results

The method of gathering nurses to lead the process of reviewing, selecting and implementing an acuity tool empowered nurses to review their practice and become engaged in the process of implementing the tool. They were able to improve the quality of their documentation content and practices and develop an acuity tool that reflects patient acuity and patient progress.

Discussion/Conclusion

Tufts ICU charge nurses are in the process of learning to refer to the acuity tool data when creating electronic assignments and extract data from the tool. We believe this tool will help predict staffing needs and optimize patient care.

References

1. Mass. Gen. Laws ch. 111, § 231 (2015), Patient Assignment Limits for Registered Nurses in Intensive Care Units in Acute Hospitals retrieved 2/28/18 from <https://www.mass.gov/regulations/958-CMR-800-patient-assignment-limits-for-registered-nurses-in-intensive-care-units-in>