

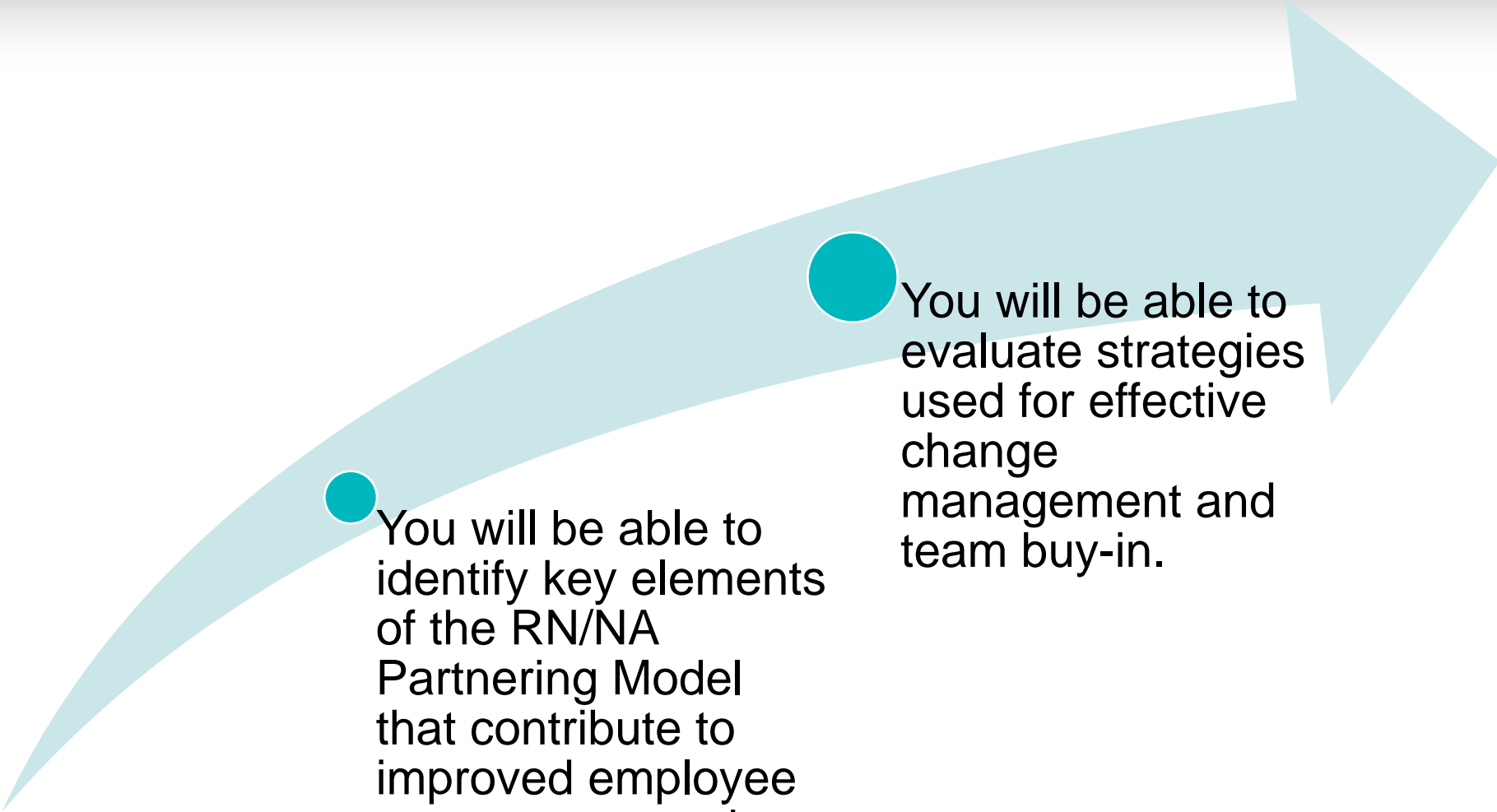
Transforming Care Delivery: The RN/NA Partnering Model for Enhanced Engagement, Retention, and Optimized Staffing

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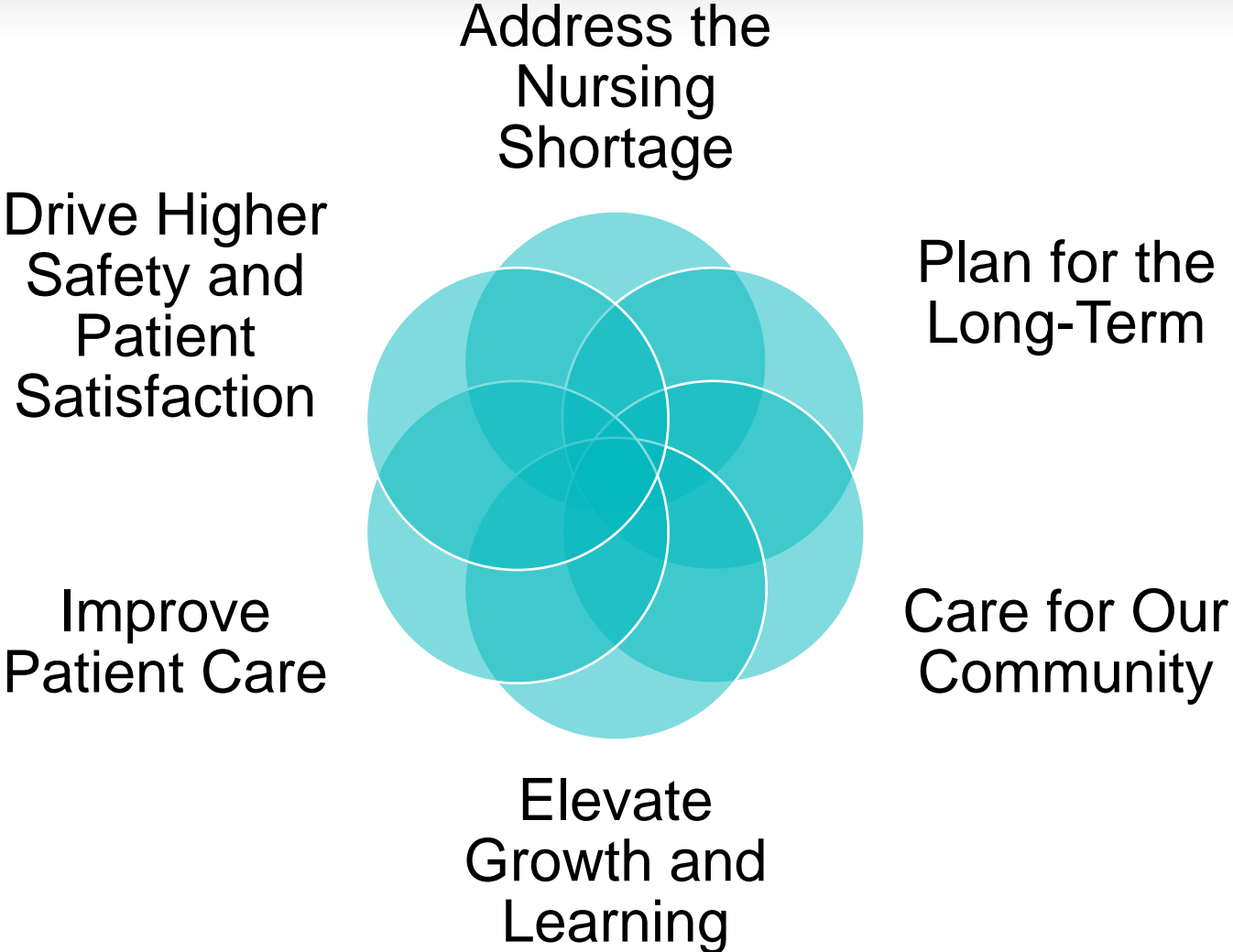
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- The presenters have no real or perceived conflict of interest that relate to this presentation.



You will be able to identify key elements of the RN/NA Partnering Model that contribute to improved employee engagement and retention.

You will be able to evaluate strategies used for effective change management and team buy-in.



Our Team

Finding meaning, purpose, and joy in the work.



Those We Serve

Creating an exceptional and safe experience for patients and teams.

Representatives from across the system

- Front-line RN, Charge Nurse, or Manager
- Variety of MS areas

Looked at several different models

- LPN Model
- Night-shift Model
- RN/NA Partnering Model

Asked what would have to be true.....

- Standard work
- Upskill NAs
- Support RN

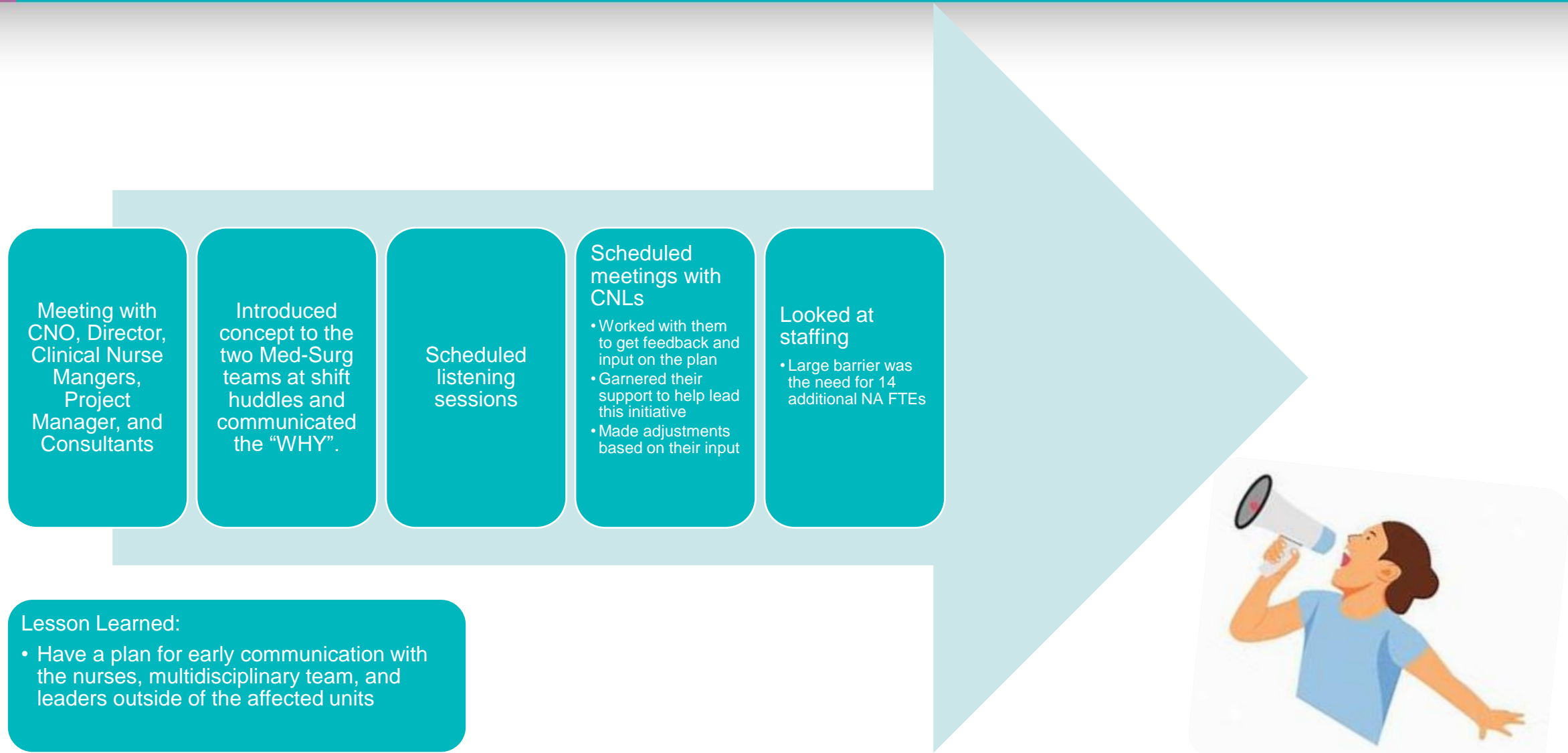
MS4N and MS4S chosen to pilot the Partnering Model

- Geographically adjacent
- Acute Care populations



When management says this change won't be like the last one, it'll be smooth sailing:





Meeting with CNO, Director, Clinical Nurse Mangers, Project Manager, and Consultants

Introduced concept to the two Med-Surg teams at shift huddles and communicated the “WHY”.

Scheduled listening sessions

Scheduled meetings with CNLs

- Worked with them to get feedback and input on the plan
- Garnered their support to help lead this initiative
- Made adjustments based on their input

Looked at staffing

- Large barrier was the need for 14 additional NA FTEs

Lesson Learned:

- Have a plan for early communication with the nurses, multidisciplinary team, and leaders outside of the affected units



Units –

A 30-bed and a 32-bed unit on the same floor

MedSurg Units

Plan –

1 CNL for all 62 beds

1 Support RN

Change -

Phase I –

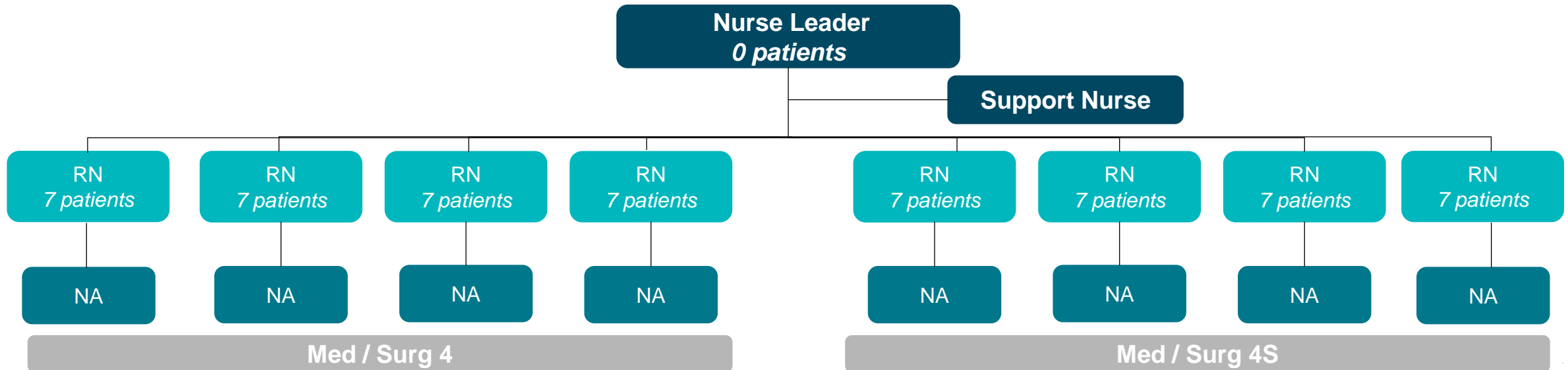
- Keep 1 CNL on each side 1st 4 weeks
- Add the support RN



RN / NA Partnering Model - Phase I: Weeks 1-4

RN / NA Partnering Model

STAFFING CHART

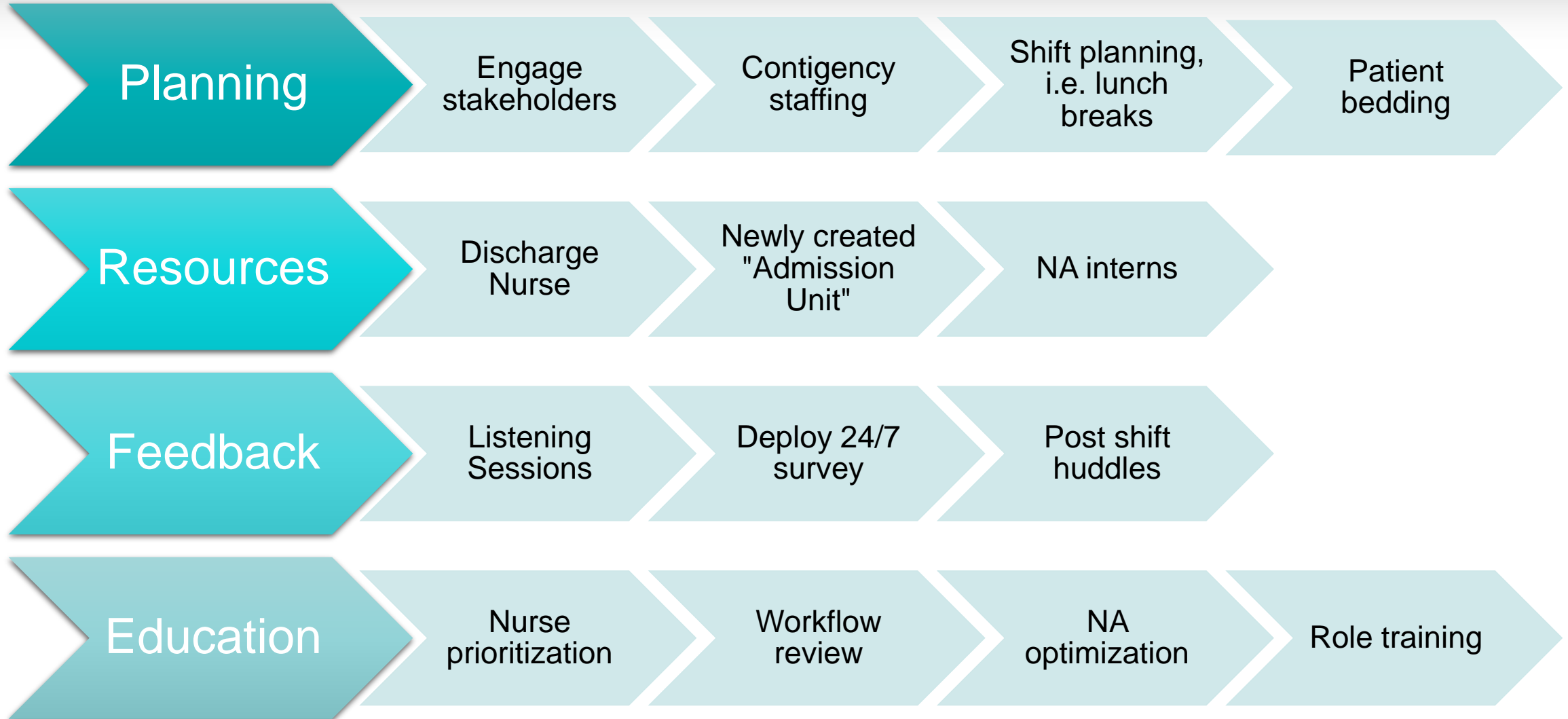


HOW IT WORKS..

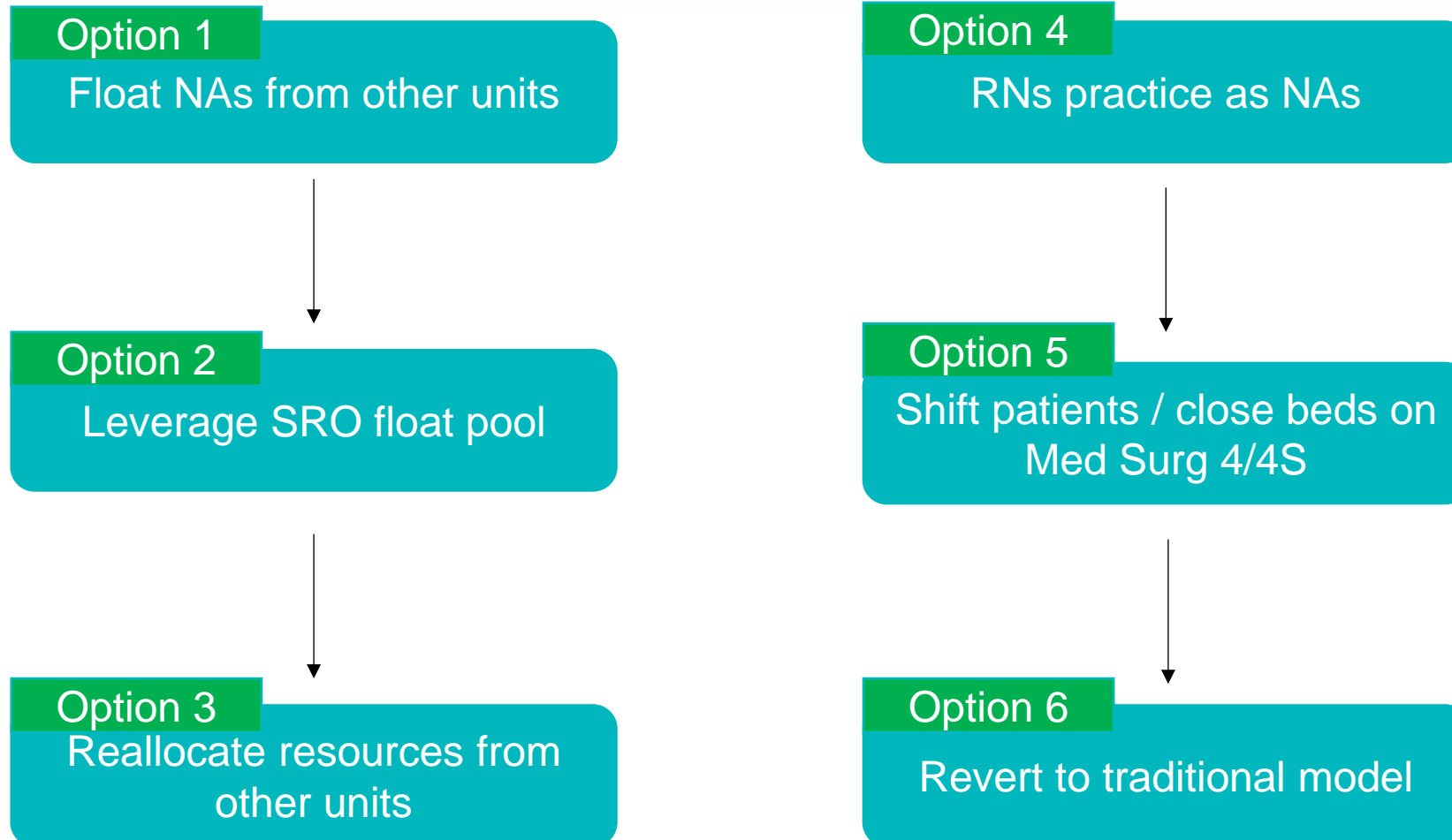
- Original model dictated a nurse leader (CNL) is responsible for two units (depending on geography and communication capabilities)
- Nurse leader (CNL) will not take assignment, and duties will focus on throughput and unit management
- A Support RN will work across units to assist on any nursing tasks that cannot be delegated to NAs
- RNs will be paired directly with a dedicated NA; the NA will handle all delegated tasks that fall within their scope based on Kettering Health policy
- Each RN / NA team will be responsible for up to 7 patients
- Ratios will remain fixed by shift

*Assumes paired units with shared resources, each unit approximately 30 beds

- A plan for RN shortage
- A plan for NA shortage
- Optimize NA role
- Lunch Breaks
- Admission support from MS2
- Discharge RN support



What if We're Short on Nursing Assistants:

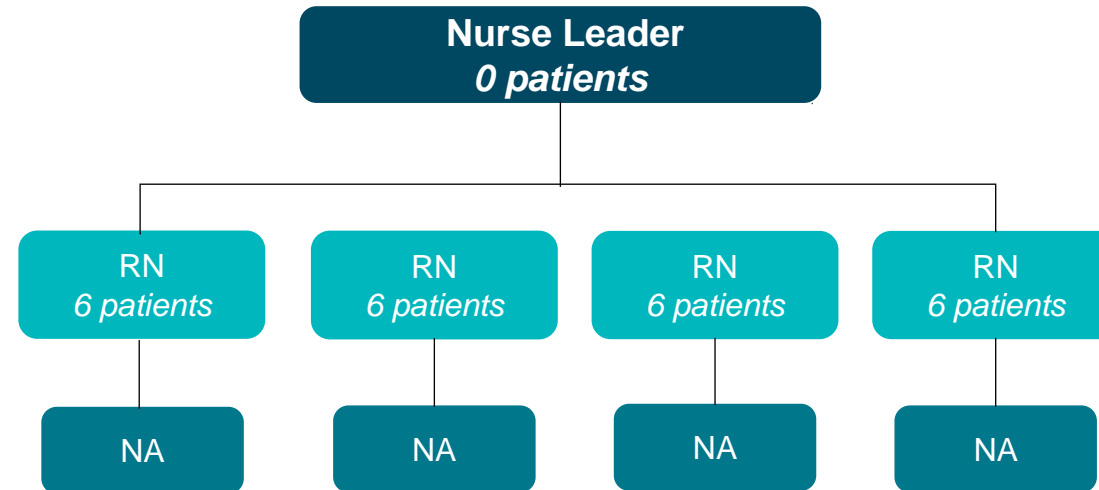


Modified RN / NA Partnering Model - Phase II: Weeks 5-8

The adjusted RN / NA partnering model allows for greater nurse flexibility and focused throughput and nurse support

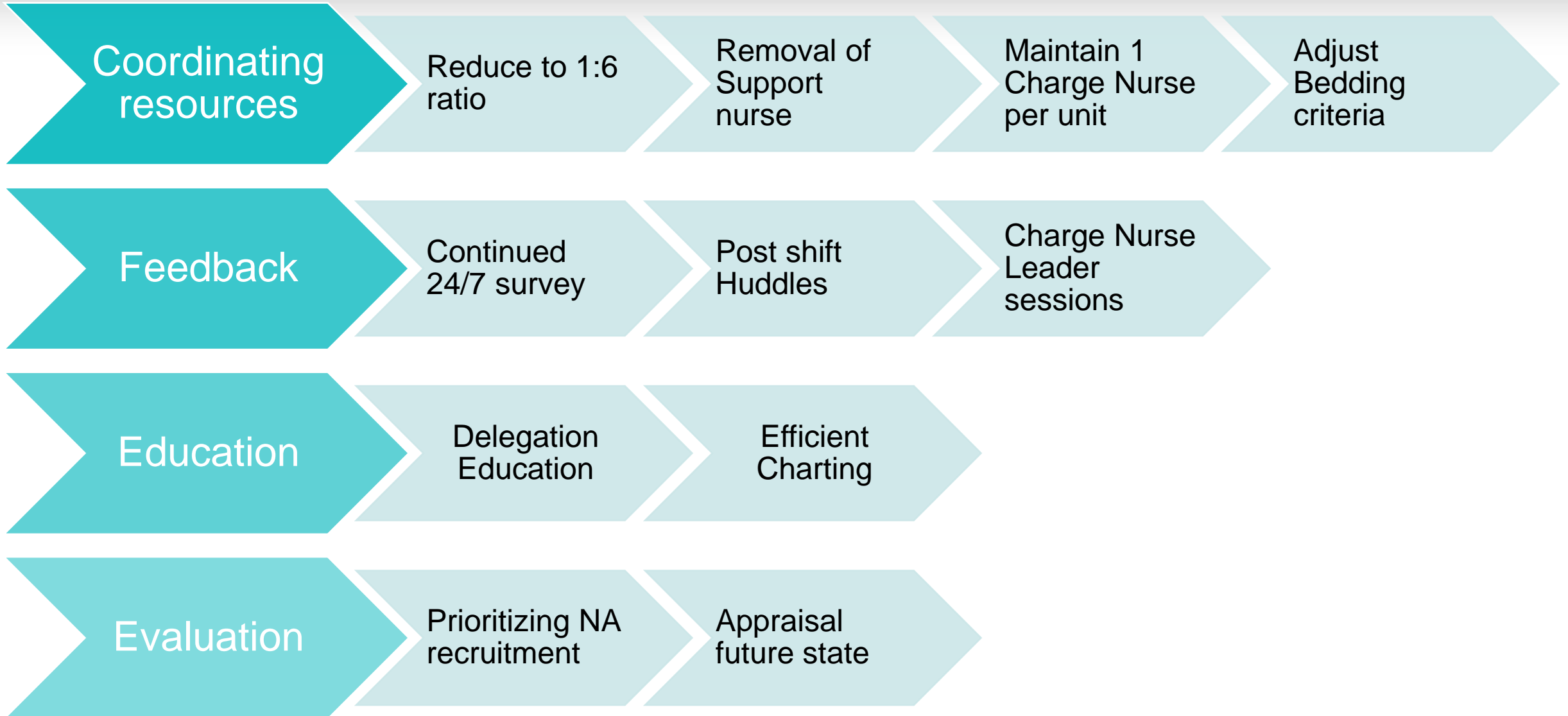
RN / NA Partnering Model

STAFFING CHART

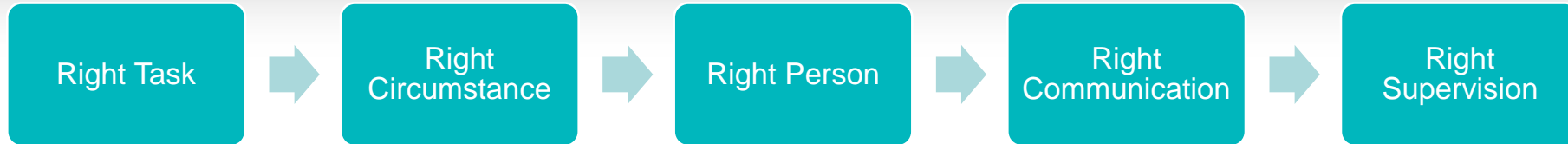


Modified Structure

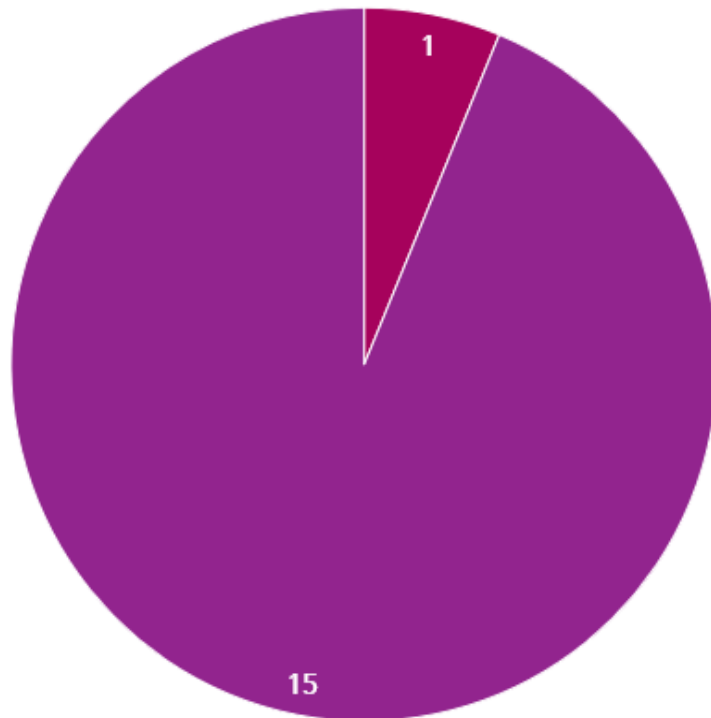
- Nurse leader (CNL) will not take assignment and duties will focus on throughput and unit management
- RNs will be paired directly with a dedicated NA; the NA will handle all delegated tasks that fall within their scope based on Kettering Health policy
- Each RN / NA team will be responsible for up to 6 patients
- NA provided with checklists to stock unit and monitor unit safety
- Ratios will remain fixed by shift



Clinical Ladder Project Outcome:

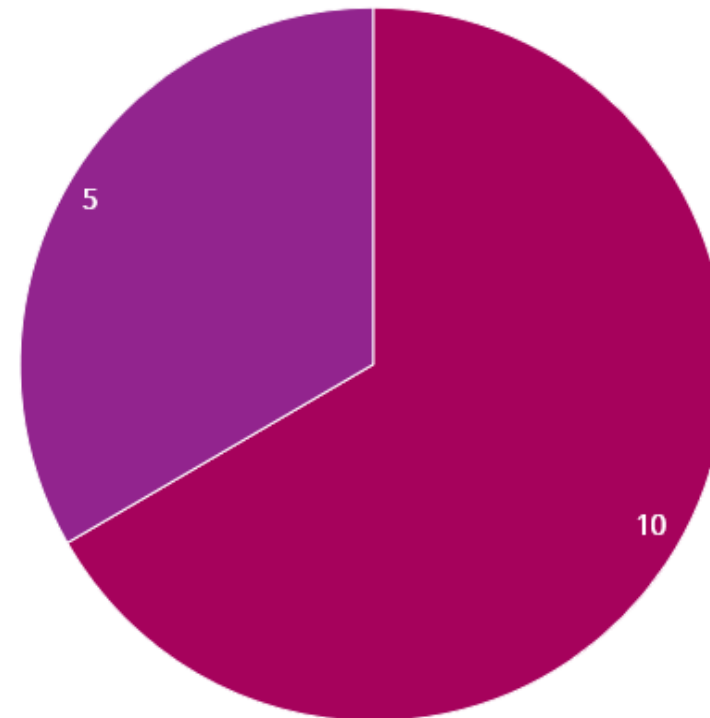


Pre-Education Communication with NA



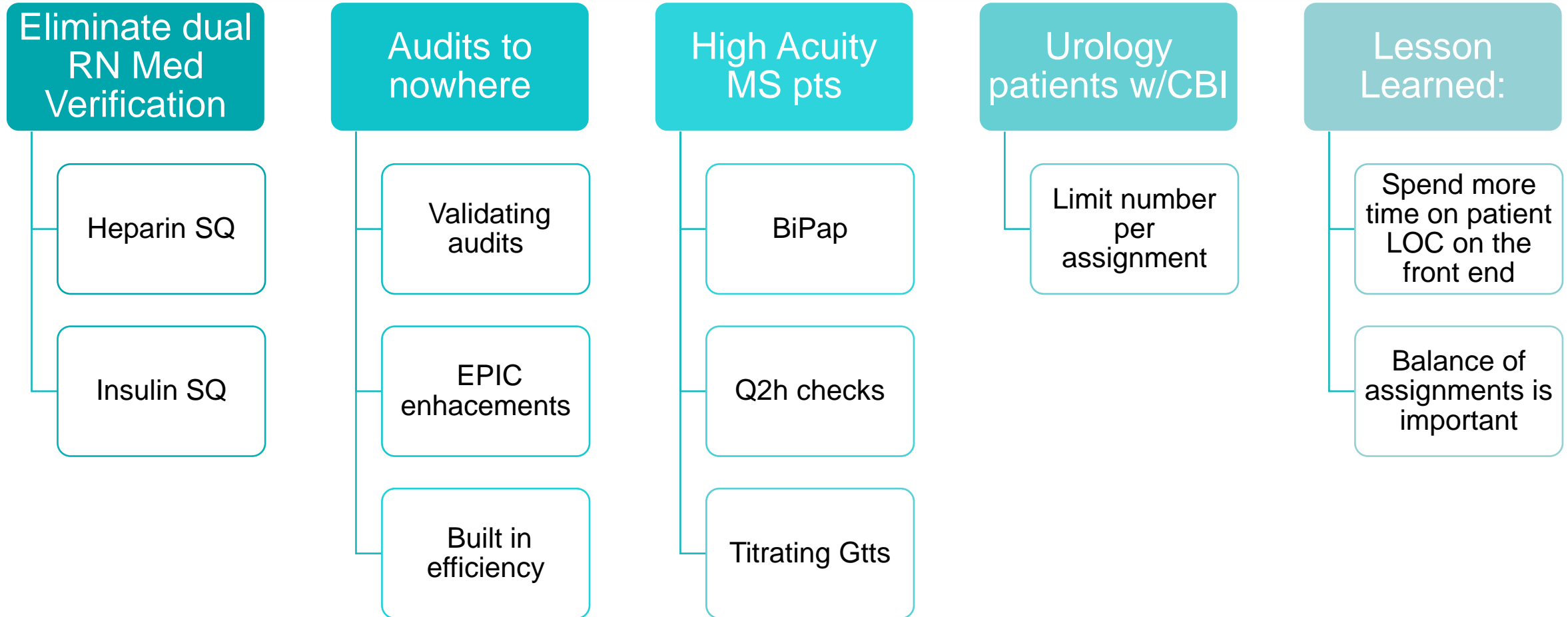
- Yes, communicated with NA post-shift change
- No, did not communicate with NA post-shift change

Post-Education Communication with NA

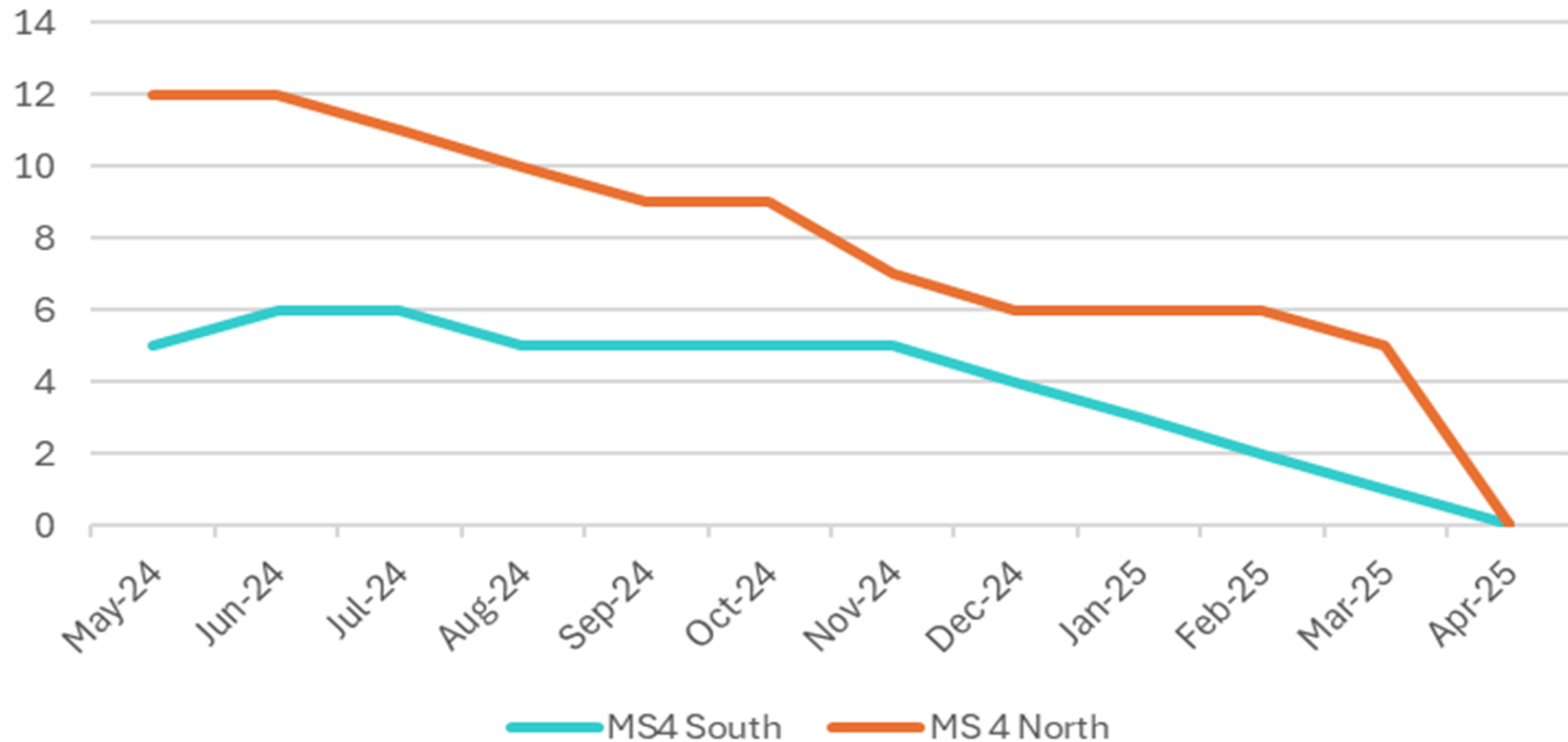


- Yes, communicated with NA post-shift change
- No, did not communicate with NA post-shift change

What Do We Need to Stop.....

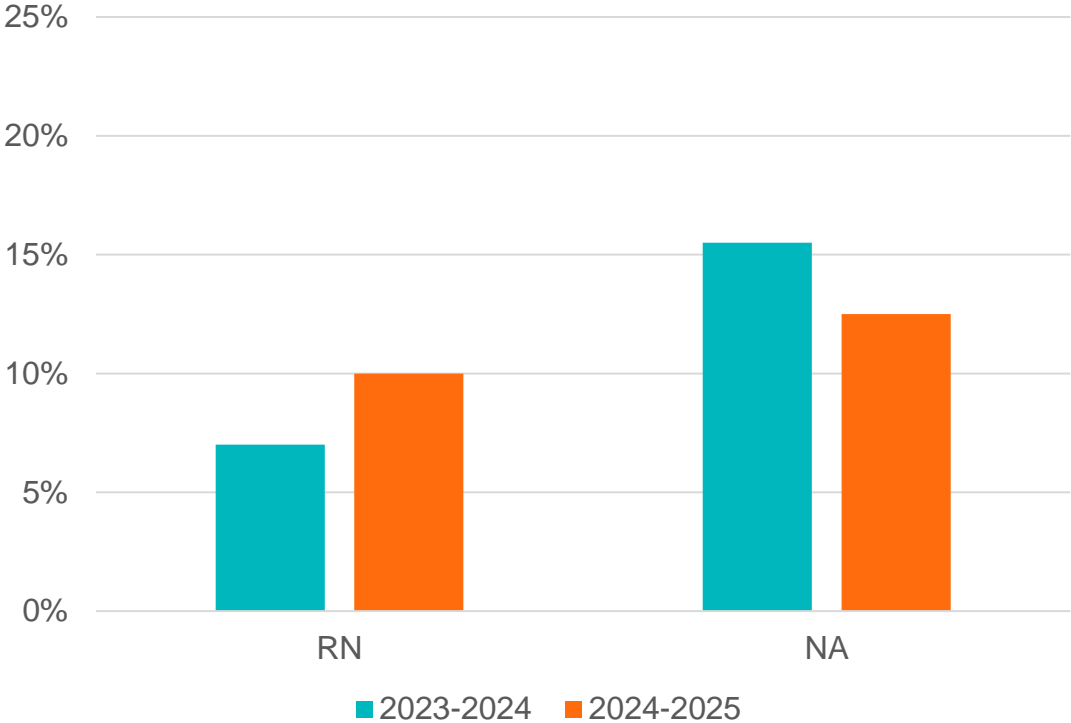


Travel Nurse Needs

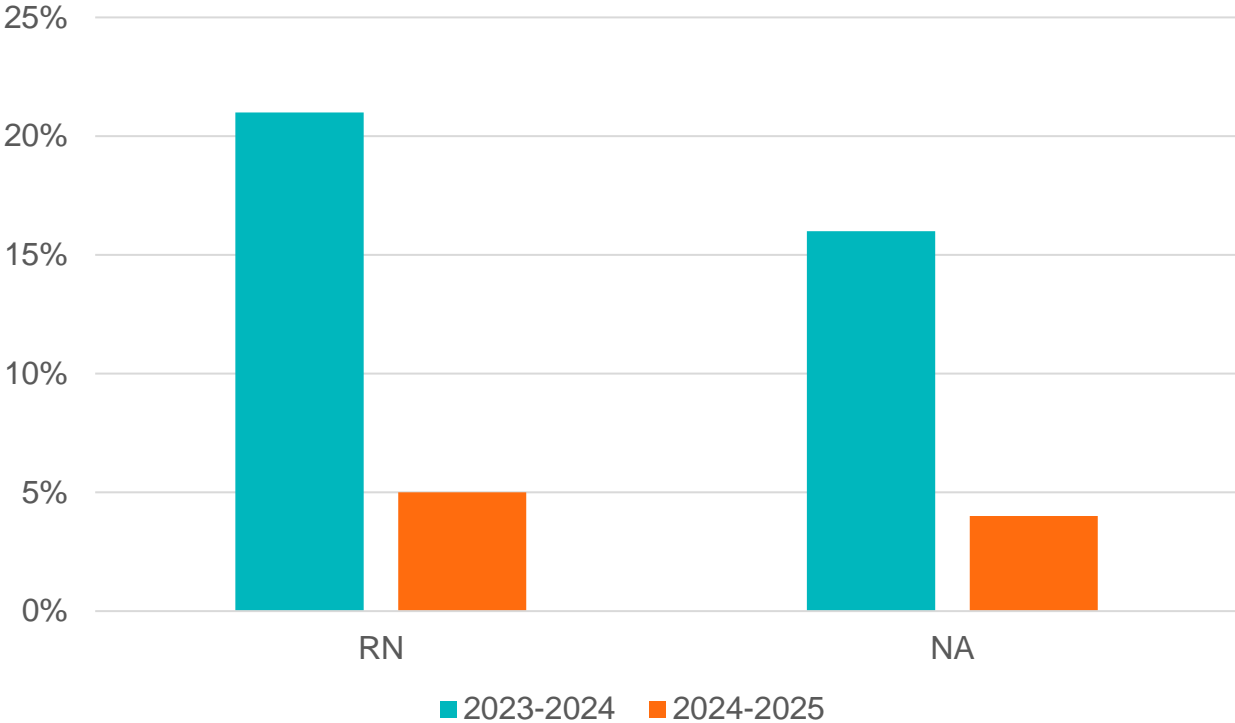


RN & NA Turnover- Pilot Units

MS4N

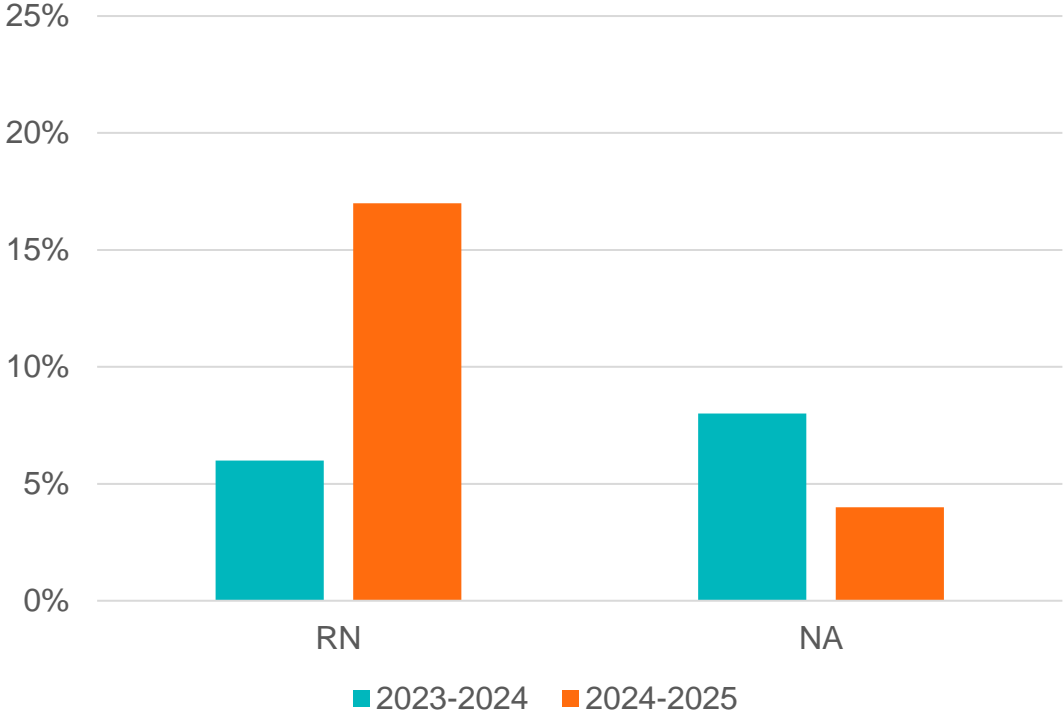


MS4S

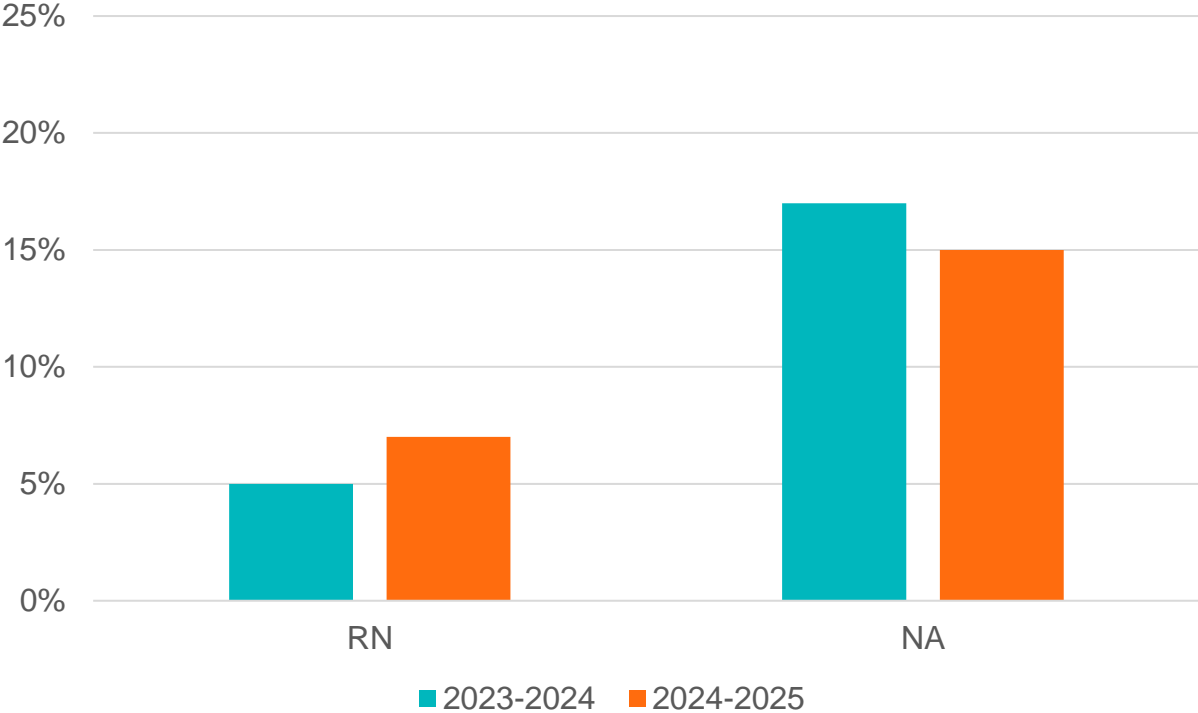


Med-Surg RN & NA Turnover

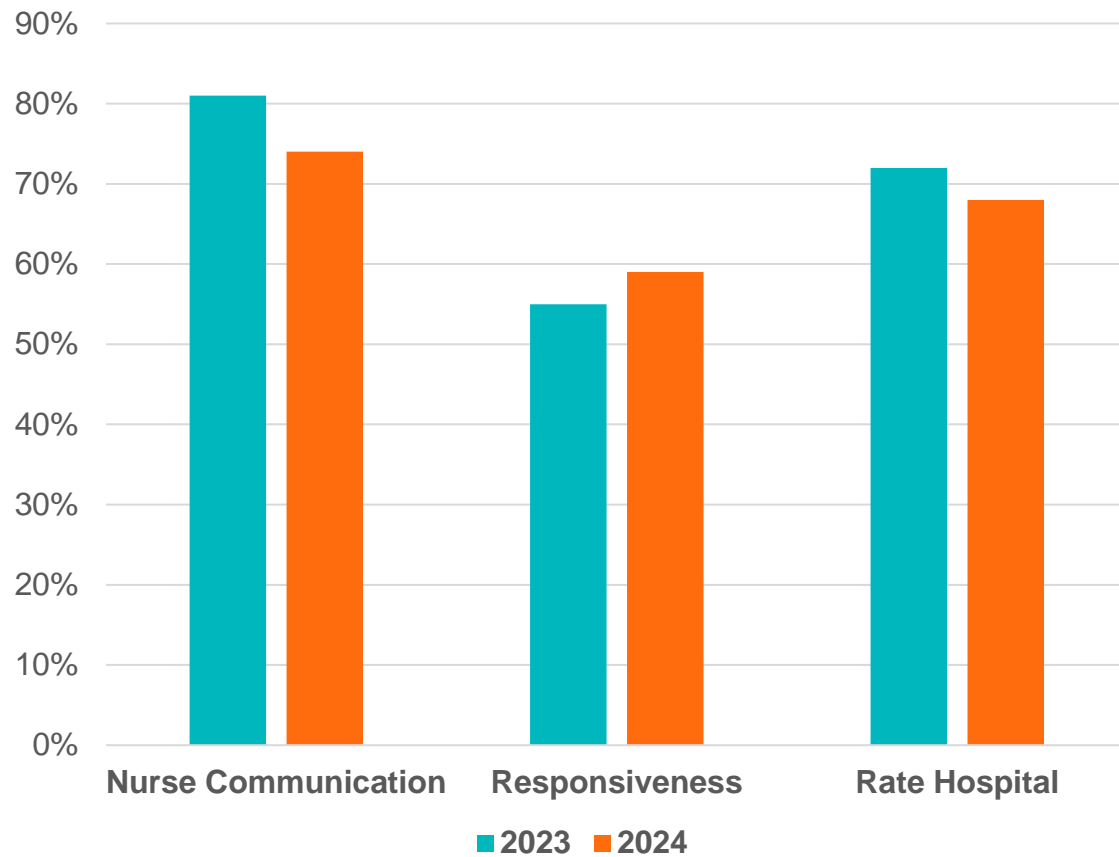
MS3



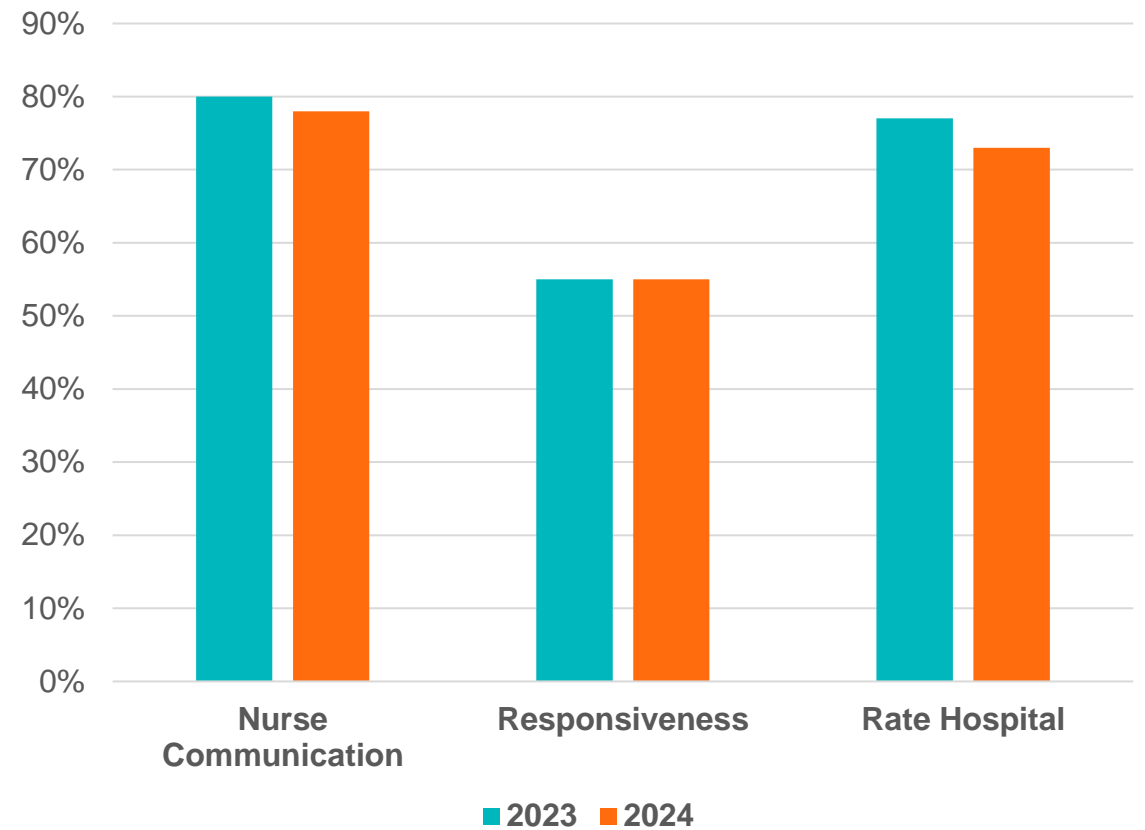
MS5



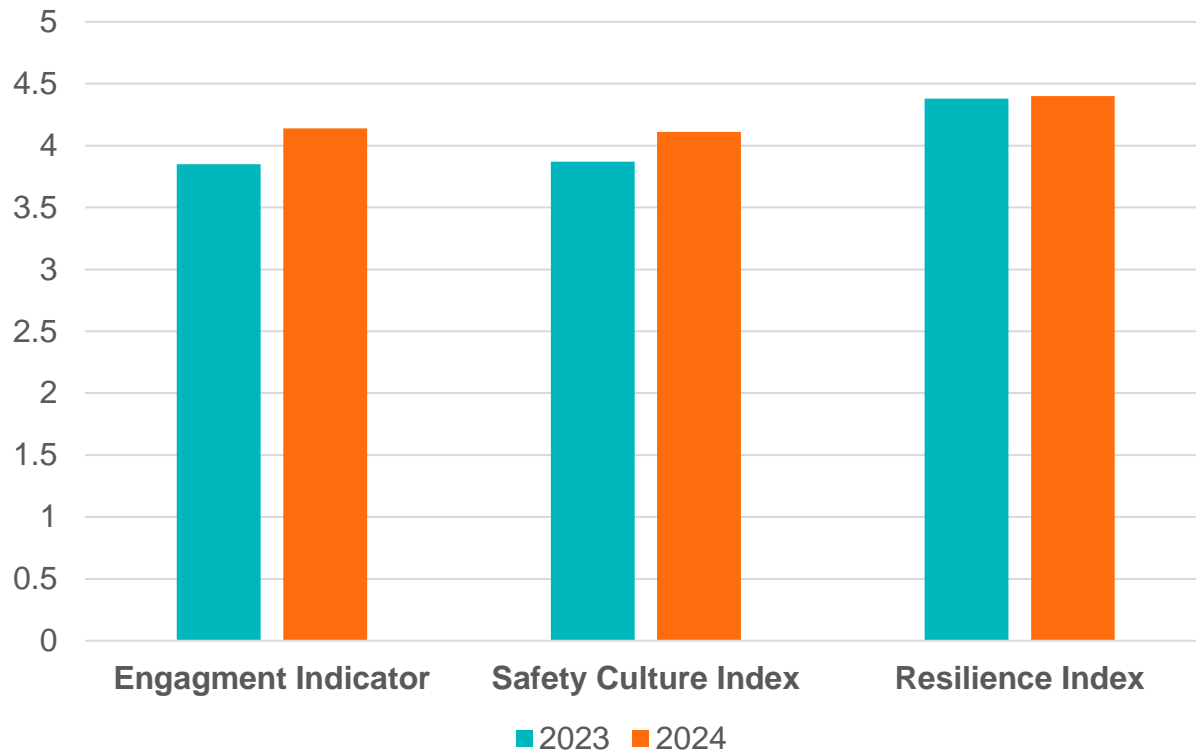
MS4N



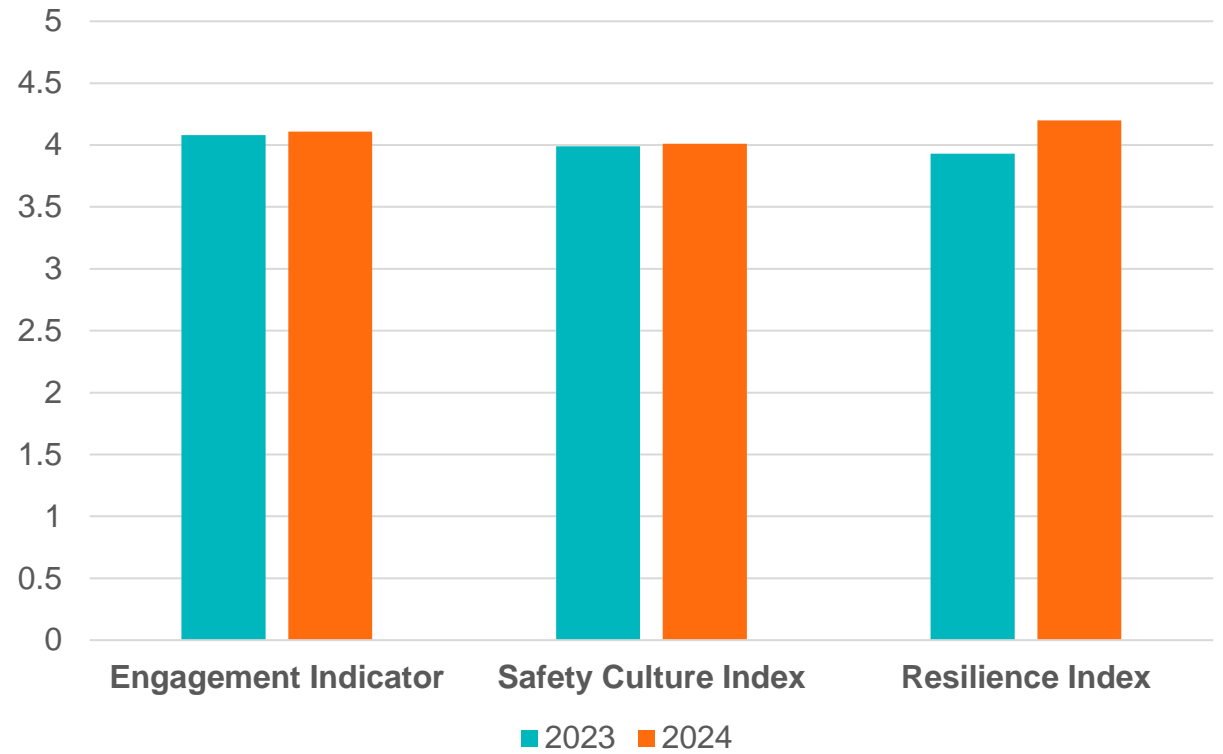
MS4S



MS4N



MS4S



Acute Care 4 North

- No CAUTI for over 412 days
- No CLABSI for over 872 Days
- No C-Diff for 231 Days
- Falls and HAPI – no change

Acute Care 4 South

- No CAUTI or No CLABSI over 1000 Days
- No C-Diff for over 348 Days
- Falls and HAPI – no change



What Helped Make This Change Successful:

