INNOVATIVE CARE DELIVERY IN NURSING:
A PARADIGM SHIFT IN HEALTHCARE

PRESENTED BY:
- Dr. Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC
- Dr. Kiersten Henry, DNP, ACNP-BC, CCNS, CCRN-CMC
Session Etiquette

MUTE

CHAT

PARTICIPATION
We have the data.
We want change.
It’s time for action.
Series Host

Nicole Anselme
MBA, MSN, RN, CCRN, SCRN, GERO-BC
Senior Policy Advisor
Nursing Programs
American Nurses Association
About the Series

- Five interactive 90-minute sessions featuring content developed and presented to you by members of the Nurse Staffing Task Force
- Our goal is to engage nurses in discussions around actionable steps to tackle the nurse staffing crisis.
Two Parts of Each Session:

- **Imperative** is introduced; information and context are provided
- A Q&A will follow the presentation
- Presentation will be recorded and available on Nursingworld.org

**Discussion**
- Discussions will be focused on **action**
- Please do not share patient information
- We encourage participation; speak **freely and openly**
Overview

Nursing Pipeline

Nurse Staffing Task Force, May 2023

Partners for Nurse Staffing Think Tank, April 2022

Overview

Stress Injury Continuum

Work Schedule Flexibility

Total Compensation

Healthy Work Environment

Innovative Care Delivery Models

Diversity, Equity and Inclusion

Regulatory Efficiency

Staffing Standards

Value Of Nursing

Stress Injury Continuum

Total Compensation

Healthy Work Environment

Innovative Care Delivery Models

Diversity, Equity and Inclusion

Regulatory Efficiency

Staffing Standards

Value Of Nursing
Series Overview

1. Sept. 14, 2023
   Creating a Healthy & Supportive Nurse Work Environment: Key Steps

2. Sept. 21, 2023
   Transforming Cost into Value: Recognizing Nurses’ Unique Contribution

3. Sept. 28, 2023
   Innovative Care Delivery in Nursing: A Paradigm Shift in Healthcare

4. Oct. 05, 2023
   Maximizing Nursing Efficiency: The Future of Regulatory Innovation

5. Oct. 19, 2023
   Achieving Excellence in Healthcare: Nurse Staffing Standards
Dr. Kiersten Henry is a critical care Nurse Practitioner and Chief Advanced Practice Provider at MedStar Montgomery Medical Center. She previously served as Director of the American Association of Critical Care Nurses, served on the Nurse Staffing Think Tank, and on the Nurse Staffing Task Force as a Nurse Advisor.

She has co-authored on topics including nurse staffing and resilience during the COVID-19 surge. Dr. Henry has lectured locally and nationally on the role of Advanced Practice Registered Nurses in promoting a healthy work environment.
Dr. Katie Boston-Leary
PhD, MBA, MHA, RN, NEA-BC
Director, Nursing Practice & Work Environment, Nursing Programs
American Nurses Association

Dr. Katie Boston-Leary is the Director of Nursing Programs at the American Nurses Association overseeing the Nursing Practice and Work Environment Division and Healthy Nurse Healthy Nation. She is an Adjunct Professor at the University of Maryland School of Nursing. Katie serves as staff on the National Commission to Address Racism in Nursing and is also part of the National Academy of Science and Medicine’s National Plan to Address Clinician Well-Being. She was the ANA representative for the Nurse Staffing Think Tank and Task Force.

Her recent research was a qualitative study on nurses’ perceptions of power dynamics in the hospital setting. She has written and co-authored numerous articles on staffing, diversity, and leadership.
Innovate the Models for Care Delivery
Innovate the Models for Care Delivery

SESSION OBJECTIVES:

- Describe a process for evaluating innovative care delivery models that includes outcomes for patients and nurses.
- Learn how nurses can contribute to processes that compare existing practices with current guidelines.
- Identify opportunities for reducing physical workload and cognitive overload.
- Identify three ways in which technology-based innovations affect a nurse’s workload in the unit or organization in which they work.
Nursing Care Delivery Models

…also called care delivery systems or patient care delivery models detail the way task assignments, responsibility, and authority are structured to accomplish patient care.
Four “Classic” Care Delivery Models

- Total Patient Care
- Functional Nursing
- Team Nursing
- Primary Nursing
Care Delivery Models

...also called care delivery systems or patient care delivery models detail the way task assignments, responsibility and authority are structured to accomplish patient care.

Care Delivery Redesign

...willingness to advance new ways of delivering care to patients starting with intentionally caring for the teams that do

Requires investing, innovating, taking calculated risks, rapid cycle testing, implementation and scaling up new and patient centered models of care
Polling Questions

- Do you believe your organization’s care delivery models need to be improved and/or changed?
  - Yes
  - No
  - Maybe
Assessing Critical Care Gaps
(Studer/Joslin/ANA Model of Care Insights Study, 2023) n=~3500

All Respondents: Do you feel that your organization’s current care delivery models need to be improved?

Acute Care Responses
Acute care leader: 72% Yes
Acute care frontline: 67% Yes
Nurses’ Perceptions of the Quality of Care in Their Units/Organizations

- American Association of Critical Care Nurses Survey of Nurse Work Environments
  - 2018
    - 23.5% of nurses rated the quality of care in their organization as Excellent
    - 43.7% rated the quality of care in their unit as Excellent
  - 2021
    - 15.7% of nurses rated the quality of care in their organization as Excellent
    - 29.5% rated the quality of care in their unit as Excellent

Polling Question

- If you have not made any changes to your care delivery models, what are your top reasons?
  - Unstable workforce
  - Leadership resistance
  - Current models are sufficient
  - Financial constraints
  - Organizational barriers
If you have not made any changes to your care delivery models, what are your top reasons?

- Unstable workforce: 26%
- Leadership resistance: 19%
- Current models are sufficient: 14%
- Organizational barriers: 13%
- Other: 10%
- Financial constraints: 10%
- High acuity: 5%
- Staff nurse adoption: 2%
- Poor timing: 1%
- Patient or family perception: 1%

The push for nurse staffing ratios nationwide: 5 updates (beckershospitalreview.com)
Innovative Care Delivery Models: Operational Definition

- Care delivery models that combine high-tech and high-touch for high quality care with an **inclusive** and **integrated** approach for **patient and nurse satisfaction**, reduction of practice pain points and **improved outcomes**

- Innovating our care delivery models does not require a complete redesign
  - Rather a focus on changing **specific components** of the care delivery model and **evaluating the impacts** of those changes
Hybrid
Tri-brid Care Delivery
Tri-Brid Care Delivery – Operational Definition

Care delivery models that combine high-tech and high-touch for high quality care with an inclusive and integrated approach to:

1. ↑ Patient satisfaction
2. ↑ Nurse satisfaction
3. ↓ Practice pain points & workload
Care Delivery Model: Virtual Nursing

All Respondents: Since the pandemic, has your organization implemented or considered implementing virtual nursing?

Acute Care Responses
Acute care leader: 33% Yes
Acute care frontline: 13% Yes
Gap assessment: Critical
Exemplars
Sylvain “Syl” Trepanier, DNP, RN, CENP, FAAN, FAONL
Chief Nurse Executive, Providence St. Joseph Health
“Sixteen weeks into the pilot (when this manuscript was last revised), we saw significant improvement in all metrics. More specifically, we have noticed a decrease in the length of stay, a nearly 40% decrease in turnover, a near-zero vacancy rate for ancillary staff such as certified nursing assistants (CNAs), and an annual expected cost avoidance of $500,000 for the pilot unit.”
Richard G. Cuming, EdD, MSN, RN, NEA-BC, FAAN, Chief Operating Officer at ChristianaCare
Over the last 45 days, the Christiana Care Moxi Fleet is actively completing deliveries for an average of 69.49 Active Half-Hours per Day, or 34.74 Active Hours per day.
Reimagining the nursing workload: Finding time to close the workforce gap

May 26, 2023 | Article
43% of surveyed RNs indicated they had marginal or poor control over their workload

**CONFIDENTIAL**

**My control over my workload is (%) of respondents**

<table>
<thead>
<tr>
<th>Control Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal</td>
<td>5%</td>
</tr>
<tr>
<td>Good</td>
<td>24%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>29%</td>
</tr>
<tr>
<td>Marginal</td>
<td>31%</td>
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<tr>
<td>Poor</td>
<td>12%</td>
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</table>

Respondents gain more control over their workload with the increase in the number of years as a nurse, ranging from 54% for RNs with less than 5 years of experience, to 59% for RNs with 21-30 years of experience.

Respondents not providing direct care have better control (65%) than respondents providing direct care (55%).
41% of surveyed RNs find their work area as intense or hectic

Atmosphere in work area (% of respondents)

All Respondents
(N=7,086)

- Calm: 3%
- Good pace: 13%
- Busy, but manageable: 43%
- Intense: 26%
- Hectic/Chaotic: 15%

Q10. Which term best describes the atmosphere in your work area today or the last time you worked?

Source: May 2023 American Nurses Foundation's Nurses Suney

The percentage of respondents who find their work area as intense or hectic decreases with the increase in the number of years as a nurse, ranging from 47% for RNs with less than 5 years of experience to 39% for RNs with 21-30 years of experience.

This percentage is higher for RNs providing direct care (44%) than for RNs not providing direct care (33%).
Surveyed nurses want to spend more time with their patients, coaching fellow nurses, and participating in professional-growth activities.

Activities identified by registered nurses (RNs) where more or less time could be spent during a typical shift,\(^1\) % of shift (n = 240 respondents)

<table>
<thead>
<tr>
<th></th>
<th>Direct patient care</th>
<th>Growth and development</th>
<th>Breaks</th>
<th>RN-to-RN teaching</th>
<th>Charting</th>
<th>Hunting or gathering</th>
<th>Support activities</th>
<th>Other(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td>54%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>15%</td>
<td>6%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>+2 percentage points (pp)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ideal</strong></td>
<td>56%</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>13%</td>
<td>3%</td>
<td>3%</td>
<td>8%</td>
</tr>
</tbody>
</table>

\(^1\)Presented if the delta between current and ideal activities is greater or less than 10 minutes.

\(^2\)Includes communicating with providers and nurse-to-nurse handoff.

Source: McKinsey 2023 Nursing Time Survey

McKinsey & Company
Organizational support was perceived by fewer than 37% of the respondents

Extent to which respondent disagree or agree with each statement (% of respondents)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization values my contributions to its wellbeing (N=5,962)</td>
<td>37%</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>My organization takes pride in my accomplishments at work (N=5,971)</td>
<td>36%</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>If I did the best job possible, my organization would notice (N=5,962)</td>
<td>31%</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td>My organization really cares about my wellbeing (N=5,962)</td>
<td>30%</td>
<td>31%</td>
<td>39%</td>
</tr>
<tr>
<td>My organization responds to my complaints (N=5,972)</td>
<td>28%</td>
<td>32%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Q20R1: Survey of Perceived Organizational Support
Source: May 2023 American Nurses Foundation Nurses Survey
Delegation could reduce net nursing time by approximately 10 percent.

Actual reported time spent on activities that could be delegated in a typical shift, % of shift (n = 240 respondents)

In a typical shift, approximately 10% net time reduction can be achieved through delegation

Activities that could be delegated, % of total delegated time

- Medication preparation
- Drawing labs
- Toileting
- Procedural support
- Cleaning patient rooms
- Fixing equipment and restocking
- Patient transport
- Patient intake
- Nurse assignments
- Other

Note: Figures do not sum to 100%, because of rounding.

1 Actual time saved is dependent on current situation of particular health system. 2 Includes administering and preparing medicines. 3 Includes assisting in imaging, transport, and holding patients. 4 Includes emptying trash and changing linens. 5 Includes checking medication counts, checking emergency carts, and completing insurance information.

Source: McKinsey 2023 Nursing Time Survey
In a typical shift, approximately 20 percent net time reduction can be achieved through tech enablement.

<table>
<thead>
<tr>
<th>Activities that could be tech enabled, % of total tech enablement time</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation²</td>
<td>15</td>
</tr>
<tr>
<td>Hunting and gathering³</td>
<td>14</td>
</tr>
<tr>
<td>Medication administration⁴</td>
<td>11</td>
</tr>
<tr>
<td>Nursing handoff</td>
<td>9</td>
</tr>
<tr>
<td>Interdisciplinary communication</td>
<td>8</td>
</tr>
<tr>
<td>Patient turning</td>
<td>7</td>
</tr>
<tr>
<td>Delivering food and water</td>
<td>3</td>
</tr>
<tr>
<td>Other⁵</td>
<td></td>
</tr>
</tbody>
</table>

Note: Figures do not sum to 100%, because of rounding.
¹Actual time saved is dependent on current situation of particular health system. ²Includes documenting patient education, head-to-toe assessment, progress notes, and vital signs. ³Includes searching for individuals, information, medication, or gathering supplies and equipment. ⁴Includes scanning medicines, waiting for pharmacy to deliver medicines, and double verification. ⁵Includes updating whiteboards, audits, and reports.

Source: McKinsey 2023 Nursing Time Survey
Reimagining the nursing workload is a real and tangible solution that could alleviate the strain on the current workforce, and potentially improve workforce shortages.....

1. Our analysis finds that reimagining the nursing workload through delegation and the use of technology could potentially create net time savings of 15 to 30 percent during a single 12-hour shift.

2. We estimate that full or partial delegation of activities to non-nursing roles, including technicians, nursing assistants and patient care technicians, food services, ancillary services, and other support staff, could reduce net nursing time by five to 10 percent during a 12-hour shift.
Redesigning care models: Adjusting how nurses spend their time

As we consider how to alleviate nursing workforce challenges, one area of intervention could be evaluating how current care models can be redesigned to better align nursing time to what has the most impact on patient care. Performing below-top-of-license or non-value-adding activities can create inefficiencies that lead to higher healthcare costs and nurse dissatisfaction. Rigorously evaluating whether tasks can be improved with technology or delegated to allow nurses to spend time on activities they find more valuable could help to reduce the time pressures felt by nurses. In our analysis, we reviewed the activities nurses say they would ideally spend less time on and considered whether delegation and tech enablement of such tasks could free up nurses' time.
While this is an important fix, it is not an overnight fix – true change will require operational and cultural investment…

1. It will be critical for hospitals to bring both discipline and creativity to redesigning care delivery to effectively scale change and see meaningful time savings.

2. Close collaboration beyond nursing is also paramount to ensure alignment across the care team and hospital functions including administration, IT, informatics, facilities, and operations.

3. Investment in education and additional onboarding may be needed to upskill and train staff on expectations as work is shifted across roles.
Resistance to Change

How would you rate your organization’s resistance to change?

- 8% Very resistant to change
- 32% Resistant to change
- 28% Neutral
- 25% Not resistant to change
- 7% Not at all resistant to change
Polling Questions

- There are numerous studies that indicate that healthcare organizations struggle with implementing change. Which group in your opinion is the most resistant to change?

  - Nurses
  - Nurse Managers and Director
  - C-suite
  - All the above
Factors Impacting Models of Care Delivery

Nurse-Sensitive Indicators

Patient Experience      Patient Outcomes

Determinants of Health

Technology

Care Delivery

Nursing Workload

Ancillary Support

Equipment

EHR

Nurse Protocols

Care Delivery

Patient & Family Engagement

Patient Well-Being

Ancillary Support

Patient & Family Engagement

Patient Care Protocols

Care Delivery

Payment

Regulation
Making Peace with Lions
- Changed his thinking and mindset about his “enemy”
- Thought of other methods to address his problem to save what was important to him
- Trial and error
- Kept his “enemy” in mind to figure out solutions
- Took on calculated risk (dismantled mother’s radio)
- Developed an innovative solution
- Spread the word
- Scaled up and implemented broadly to help others
Key Takeaways: Innovate Models of Care Delivery

1. Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced

2. Establish innovation in care delivery models as a strategic priority within organizations

3. Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high burden/low-value nursing tasks
Discussion Questions

1. Has there been a change to the care delivery model or strategies in your organization over the last 3 years?

2. What care delivery models or strategies have you heard of or have implemented that addresses all three of the following tenets:
   - Nurse engagement
   - Patient outcomes
   - Nurse workload
Upcoming Sessions

- **Sept. 14, 2023**
  Creating a Healthy & Supportive Nurse Work Environment

- **Sept. 21, 2023**
  Transforming Cost into Value: Recognizing Nurses’ Unique Contribution

- **Sept. 28, 2023**
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  Achieving Excellence in Healthcare: Nurse Staffing Standards
FROM DATA TO ACTION

The Nurse Staffing Task Force
Project ECHO

Tackling the Nurse Staffing Crisis

Thank you for joining us!

Think Tank Recommendations

Task Force Recommendations