

## Background

- In the world of healthcare, nurses everywhere struggle to care for an appropriate patient assignment according to the proper level of acuity.
- Research shows that nurses who feel that their patient assignments are safe and allow for high-quality care to be given, nurses have a high job satisfaction
- An acuity scale would scale each individual patient on all needs that the patient may have during their stay in the hospital. Staff nurses on each shift would scale each of their patients before giving their shift report to the charge nurse.

## Practice Change

Have all staff nurses use a standard form to determine a patient's acuity level. Charge nurses will use these levels to create fair and safe assignments for all staff nurses.

## Methods

- Pre Acuity scale- Observational Survey on Merritt 3 to nursing staff.
- Present information to staff; implement new acuity scale on Merritt 3 and educate the nursing staff.
- Post Acuity scale-Observational Survey on Merritt 3 to nursing staff whose assignments were made with the acuity scale.

## Measures and Results

Acuity Scale				
Patient Room Number: _____ Code Status: _____ Diagnosis: _____ Acuity Scale Total _____				
Acuity Category	1	2	3	4
Complicated Procedures	<input type="checkbox"/> Pulse Ox <input type="checkbox"/> Foley <input type="checkbox"/> Oral Care <input type="checkbox"/> Telemetry	<input type="checkbox"/> >4 L O2 Nasal Cannula <input type="checkbox"/> BIPAP/CPAP @naps/night <input type="checkbox"/> Routine Trach Care < 2 times/shift <input type="checkbox"/> PICC/Central Line <input type="checkbox"/> NG tube <input type="checkbox"/> Incontinent <input type="checkbox"/> PCA <input type="checkbox"/> Rectal Tube <input type="checkbox"/> Isolation <input type="checkbox"/> Fall Risk	<input type="checkbox"/> High-flow O2/ Vent <input type="checkbox"/> Continuous BIPAP <input type="checkbox"/> New Trach or frequenting suctioning <input type="checkbox"/> Trach care > 3 times/shift <input type="checkbox"/> Wound/skin care <input type="checkbox"/> Ostomy <input type="checkbox"/> Assist w/ ADLs <input type="checkbox"/> Vitals or neuro checks q 2hr <input type="checkbox"/> Continuous bladder irrigation <input type="checkbox"/> Chest tube <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Opioid/alcohol withdrawal assessment <input type="checkbox"/> Unfinished admit	<input type="checkbox"/> Total care <input type="checkbox"/> Restraints <input type="checkbox"/> Total Feed <input type="checkbox"/> Confused, restless, combative <input type="checkbox"/> High fall risk <input type="checkbox"/> Post code/rapid response team
Education	<input type="checkbox"/> Standard (i.e., DM, HF)	<input type="checkbox"/> New medications, side effects	<input type="checkbox"/> Discharge today <input type="checkbox"/> Family Education <input type="checkbox"/> Pre-postprocedure during the current shift	<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Inability to comprehend <input type="checkbox"/> Multiple comorbidities
Psychosocial or Therapeutic Interventions	<input type="checkbox"/> <2 interventions per shift	<input type="checkbox"/> 3-5 interventions per shift	<input type="checkbox"/> 6-10 interventions per shift <input type="checkbox"/> Diagnosis of delirium <input type="checkbox"/> End of life	<input type="checkbox"/> > 10 interventions per shift
Medications (Oral)	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> >16
Complicated IV Drugs and Other Medications	<input type="checkbox"/> Glucometer with coverage	<input type="checkbox"/> 2-5 IV meds	<input type="checkbox"/> K+ protocol <input type="checkbox"/> Heparin Protocol <input type="checkbox"/> > 5 IV meds <input type="checkbox"/> TPN	<input type="checkbox"/> Blood/blood products <input type="checkbox"/> Tube feeding/meds <input type="checkbox"/> Insulin drip
Total Acuity Score/ Total Category Score				

Above table adapted by Indiana University Health Ball Memorial Hospital's Acuity Scale Tool

## Results

### Pre-Survey

	Yes	No
Have you ever worked at a facility that used a patient acuity scale?	35%	65%
Does your unit implement a patient acuity tool to make patient assignments?	29%	71%
Do you feel that patient assignments are fair?	0%	100%
On a typical day, do you feel like your assignment is more than you can manage?	36%	64%
On a typical day, do you feel like you are able to give safe and quality care to the patients you are assigned?	50%	50%
Do you feel that the acuity scale tool that is implemented on your unit could be improved?	100%	0%

### Post-Survey

	Yes	No
Do you feel that the acuity scale that was implemented on your unit was effective in creating <b>fair</b> patient assignments?	33%	67%
Do you feel that the acuity scale that was implemented on your unit was effective in creating <b>safe</b> patient assignments?	33%	67%
Do you believe that long term implementation of this acuity scale will have an overall positive effect on staff satisfaction with patient assignments?	33%	67%

## Summary/Discussion

- Our research team discovered an acuity scale that correctly fit Merritt-3 Surgical patients.
- Dayshift and night shift RN's had fellow co-workers complete a survey based on safety, fairness of assignments and experience in the Nursing field.
- Charge Nurses on day and night shift were taught about the acuity scale and proper implementation of the scale while choosing patient assignments for the upcoming shift.
- 30 days later, Nurses on the floor completed a post-survey according to possible changes made to patient assignments using the acuity scale each shift.
  - During the implementation stage, our research team ran into several limitations while creating patient assignments according to the acuity scale as stated below.

## Limitations

- Time
- Commitment of staff (call-in's)
- High rate of admissions and discharges

## Conclusion

- While presenting research into the, "real life," work force, our results of implementing the acuity scale did not change patient assignments on Merritt-3 Surgical. Due to high rates of admissions, discharges, and frequent call-ins from weather and illness presents challenges for the Charge RN to implement a proper patient assignment in the time given using the acuity scale.
- Nurses on Merritt-3 agree on the importance of working as a team, and offering assistance to a Nurse that has a "heavier," assignment. In working towards a long-term goal of implementing an acuity scale, Nurses would get into the habit of rating each patient on the scale and this would get passed along to the Charge Nurse creating the assignment for the following shift.

### References