Increased CNA Staffing Impact on Patient Safety and Satisfaction

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Background

In September 2019, M3 Surgical unit implemented a 4-month long CNA pilot program where CNA to patient ratio was decreased from 1:10 to 1:6 on days and 1:12 to 1:8 on nights. With the staffing to patient ratio changes, CNA staff remained in close proximity to assigned patient rooms, called PODs.

- This pilot lasted through the end of December 2019. This upstaffing was done with the hope that patient safety, primarily patient falls, would decrease and patient satisfaction with care would increase.
- We monitored fall rates, patient satisfaction, as well as the staff's (CNAs, RNs, and management) thoughts on the success of the pilot program each month.

Practice Change

- Decrease falls
- Increase patient satisfaction
- Decrease patient use of call lights

Methods

- Education of CNA pilot to unit staff
- Hire of additional staffing for fulfillment of new staffing ratios
- Staffing ratios implemented from October 1, 2019 to December 31, 2019
- HCAPS evaluation

Measures and Results

Prior to Pilot Average

Quarterly Average			
Avg. Day Census	48		
Avg. # Day NTs	5		
Avg. Night Census	48		
Avg. # Night NTs	4		
Monthly HCAPS	Top Box	Percentile Rank	N
Nurses treat with courtesy and respect			
Staff worked together to care for you			
# Falls	4		
# of Calls	5753		
# Behaviors Surrounding	17		
# SI 1:1s	8 (5 covered by own staff)		

Pilot Average

Quarterly Average			
Avg. Day Census	48		
Avg. # Day NTs	7		
Avg. Night Census	48		
Avg. # Night NTs	5		
Monthly HCAPS	Top Box	Percentile Rank	N
Nurses treat with courtesy and respect			
Staff worked together to care for you			
# Falls	6		
# of Calls	4666		
# Behaviors Surrounding	12		
# SI 1:1s	7 (3 covered by own staff)		

Summary/Discussion

- **What we found:**
  - With change in CNA to patient ratio, the number of patient falls did not decrease
  - With change in CNA to patient ratio, the number of call light usage decreased
  - The need to continue to provide education to RNs and CNAs working in the clinical setting
- **Barriers of this Study:**
  - Lack of time to educate staff on role expectations
  - Lack of means to provide alternative tools to decrease falls, including purposeful rounding, clustering tasks, and reorienting patients

Conclusion - What we Learned

- Having CNAs in pods may decrease patient falls and increase patient satisfaction if implementation of new beds and chair alarms were not introduced at the same time as this pilot program
  - Introduction of new beds and chair alarms without proper adaptive equipment as well as adequate staff education increased patient falls during this pilot, which skewed pilot data
- Adequate education needed on expectations of staff members involved including new hires, so there is consistency and no role confusion.
- Assigning patients to CNAs based on proximity rather than patient acuity creates unequal workloads