Implementation Analysis of a Nurse-Led Observation Unit

The Problem
BIDMC was challenged with caring for “the right patient in the right place.” One of the largest medical-surgical units, 12 Reisman, was frequently filled to capacity and unable to accept admissions. Patients who would have been best cared for on that unit were boarded elsewhere until a bed became available, such as the emergency, procedural, and perioperative areas, which were not designed for observation care. In response to the problem, nursing leadership developed a nurse-led observation unit, which was established in the fall of 2013, on 5 Gryzmsih.

Aim/Goal
To provide high-quality observation care, discharge patients within 24 hours of admission, and increase the overall capacity of available inpatient medical-surgical beds.

Implementation analysis was used to answer the following study questions:
- What are the strengths/weaknesses of the nurse-led observation implementation process?
- What is the level of patient satisfaction with the experience in a nurse-led observation unit?
- What are the healthcare providers’ perceptions of communication among healthcare providers, availability of resources, and the observation unit’s environment?

The Team
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- Joanne Dalton, PhD, RN, PHCNS, BC, Nurse Scientist
- Daniel David, MS, RN, Clinical Nurse, Clinical Research Center
- 12 Reisman nursing, patient care technician, and unit coordinator staff

The Interventions
- Patients were surveyed on the day of discharge over a six-week period (July/August 2014)
  - Questions were designed to address patient satisfaction with personal interactions with nurses/doctor, environmental factors, patient care factors, overall satisfaction, and likelihood to recommend service to a friend
  - A survey was sent via Survey Monkey to healthcare providers including registered nurses, physicians, nurse practitioners, and physician assistants
    - The survey asked health care providers to rate their perceptions of communication among health care providers, availability of resources, and the unit’s environment on a 5 item Likert scale. A space for written comments was also provided.

The Results/Progress to Date

![Patient Satisfaction Survey Results](image)

Lessons Learned
- The key strength of the observation unit development process was the collaboration and ongoing communication between nursing leadership and staff nurses during the planning process
- Open communication and flexibility of the development team to make changes as reported by staff nurses and nursing leadership were crucial throughout the implementation process
- Nurse led decision-making was pivotal in making real time changes
- Nurses worked closely with unit leadership and ancillary department leaders to solve problems as they were identified. Examples include:
  - Creation of a nursing daily documentation form specifically focused on observation care
  - Streamlined medication stocking
  - Redesign of supply carts and par levels
  - More convenient meal delivery options
  - Instillation of wireless barcode scanners for electronic medication administration

Next Steps/What Should Happen Next
- Develop and implement pathways that continue to assist in the flow of the observation unit
- Continued partnership between nursing staff and unit leadership to address challenges and problem solve in real time
- Provide assistance in the opening of other observation units in the medical center
- Explore opportunities for future nursing research topics related to observation care

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