

Nursing Speciality Services USB (United Services with Benefits):

Capt. Usha Banerjee¹, Ms. N.Rathina², Ms. Simmy Rajan³

¹Group Director Nursing, Apollo Hospitals Group

²Senior Learning Officer Indraprastha Apollo Hospital, New Delhi-76

³Learning Officer Indraprastha Apollo Hospital, New Delhi-76

Corresponding Author: Ms. Simmy Rajan

Abstract

Training is the initial step which contributes to the educational strategy of staff in the hospital. The cycle commences with a systematic consultation to identify the learning needs of the staff, followed by course planning, delivery and evaluation. Specialized Nursing Services were formed in order to cater problems like lack of skill and competency of staff for specialized services, increase in Average Length Of Stay of patient due to adverse disease conditions, delay in medication due to ineffective cannulation, failure to recognize early signs and symptoms of deterioration in patient's condition, delay in shifting patients from ward/ ICU /OT/diagnostic areas, incompetency of staff about breast feeding and lactation process, delay in discharge of patient, Increased attrition of nurses, lack of knowledge on pain assessment, hindrance in maintaining infection protocols, lack of individualized, holistic nursing care to patients and families ,adherence to policies and protocols of the organization.

Keeping these problems in view, nurses were identified and trained on specialised services. There was a mass reduction in complaints of patients and increased voice of customer and employees as nurses got recognition.

Keywords: Training, Specialized Services, Time Management, Skill Development, Patient Satisfaction, and Empowerment of Nurses.

Date of Submission:07-10-2019

Date of Acceptance: 22-10-2019

I. Introduction

Indraprastha Apollo Hospital, Delhi is one of the best multi-specialty quaternary care hospital with over 700 beds. According to HR experts, attrition rate among nurses is the highest compared to other healthcare personnel – The nursing attrition rate at our hospital is 45%. Nurses joins Apollo from different educational backgrounds and from different parts of the country and are often not able to meet the hospital challenges. Nurses are the backbone of the hospital and it is been stated by The **National Institutes of Health** that for every 10% increase in nurses with bachelor degrees, has reduced the mortality rate of in patients about 7% in hospital settings.

Nursing education has to be a streamlined process as it benefits the society on the whole. As per studies done in 2010, American Journal of Critical Care found that specialized nurse enjoy a higher levels of empowerment and have better perceptions of their abilities as experts in the field. Thus, results in higher quality of care for patients and a more qualified nursing staff to ensure consistency in patient safety.

In order to strengthen our system we identified the major areas that leads to patient's dissatisfaction, the common ones are mentioned below:

- Lack of skill and competency of staff for specialty services
- Increased ALOS (Average Length Of Stay) due to I/V (Intra Venous)complications
- Delay in medication process due to delay in cannulation
- Failure to recognize early signs and symptoms of deterioration of patient's condition
- Delay in shifting patients from ward/ ICU /OT/diagnostic areas
- Lack of knowledge about breast feeding and lactation process
- Patient negligence during Code blue & transfers
- Delay in discharge
- Increased attrition
- Criticality in developing pressure ulcer
- Lack of knowledge on pain assessment epidural pump
- Hindrance in maintaining infection protocols among 4000 employees
- Lack of individualized and holistic nursing care to patients and families and adherence to policies and protocols of the organization.

Keeping all the problems in mind a committee was formed to find solution.

Experiment

Committee members comprised of eminent members of the nursing fraternity who had vast experience in this field, training and education team, doctors and the management for their opinion. Interested and efficient staff nurses, having competency were selected in respective team.

The aim of the committee was to:

- First IV (Intra Venous) Prick success /Reduce pain of patient's during cannulation
- Reduce the number of call to anaesthetist for IV cannulation
- Monitor CLABSI(Central Line Associated Blood Stream Infection)/ IV complications
- Reduce waiting time for patients for medication & procedures
- Increase Net Promoter Score of the hospital
- Reduction of TAT(Turn Around Time) for codes management
- Decrease the number of cardiopulmonary arrests that occur in the wards
- Increase patient/family/consultant satisfaction.
- Reduce the number of code blue than code orange
- Reduce TAT for Transfer of patient- ward to ICU and stabilization of patient
- Maximum utilization of OT
- Patient and family connect by pre-operative rounds to decrease anxiety
- Designated bed manager: Single point of contact for easy shifting, identification of beds and prioritize patient transfers
- Clinical hand off form (ward to OT and OT to ward) for proper handing over and to highlight important clinical information
- Early discharge which includes- Return of extra medications, providing discharge summary, easy billing, explaining discharge summary, fond farewell of patient and getting the room ready for next admission
- Mother and child care- supporting a mother for Breast feeding, assisting in skilled and loving parenting, ensuring wellbeing of the new born, early rooming in and prevention from breast engorgement and breast complications
- Propose evidence-based Improvement and best practices
- Review existing Practices and care delivery
- Induction & Training

Competency check and re –assessment, Special learning classes

- Mandatory training & assessment
- In-service education /Unit & On the job training
- CNE (Continuing Nursing Education)/Case study / Panel discussion/Quiz/External training/COE(Centre Of Excellence)
- Briefing on regular activities within the hospital to increase awareness among nurses
- Managing interfaces (Admission/ Discharge/ Transfer in/ Transfer out/ LAMA (Leaving Against Medical Advise)/ Death/ OT)
- Handling of consultant/ patient complaints
- Manpower/ equipment management

In order to achieve the aim, specialized nursing teams were formed from within the existing nurses of the hospital.

Implementation of Specialized Nursing Teams was as follows:

I/V safety team: Team of Nurses was selected, they underwent 7 days of intensive hands on training, after which the competency of each one of them was tested and were certified.

Quick respond team: Team of Nurses who are more alert, responsive and can quickly deliver critical care to the patient were identified and provided training on courses like BLS (Basic Life Support)/ACLS(Advance Cardiac Life Support)/NALS(Neonatal Advance Life Support)/PALS(Paediatric Advance Life Support). They were also tested for their competencies.

OT Transport Team: Team was designed to transport patients from and to the OT and were oriented to the concept of pre-operative nursing, patient considerations, management of complications.

Discharge nurse: This concept was initiated in a 72 bedded general ward to reduce the delay in discharge process. The nurse was trained to access all the resources so that the discharge waiting time could be reduced.

Lactation Nurse-Initiated to emphasize on the importance of establishing and sustaining breastfeeding and assist to demonstrate best breast feeding practices

Pain Nurses –Pain as we know is the fifth vital sign therefore requires timely monitoring. Therefore a team consisting of OT nurses was formulated to handle post-operative patients and other patients referred for pain management they are also empowered to pop up drugs in the epidural analgesia.

HAPU Team–Hospital Acquired Pressure Ulcers (HAPU) are main reason for increasing length of stay of the patient in the hospital. It also causes dissatisfaction among the patient. The HAPU team consists of nurses who are well trained by professional to differentiate between the pressure ulcers and categorize them accordingly. They meet all admissions with CAPU (Community Acquired Pressure Ulcers) /monitor practices/ spot checks /HAPU&DAPU (Device Associated Pressure Ulcer). The team audits all pressure ulcers in the hospital, incites line of treatment and also provides training to nurses for being more vigilant and early identification.

Infection control nurses: Infection is another important parameter with which the efficiency of a hospital is graded. The identified nurses work in close association with the Microbiologist and R/N’s takes rounds all over the hospitals to ensure strict infection control practices are practiced.

ACLS Instructor: One charge nurse is certified as an ACLS instructor to train all our staff about BLS & ACLS. This is prime responsibility of the nurses to assess the early signs and symptoms of heart attack and take quick measures before the patient condition is deteriorated.

Quality& Safety Team: The team consists of professionals from nursing having vast experience. They are involved in compliance check, review of policies and protocols, SOPs (Standing Operating Procedures) and safety related activities to improvement safety.

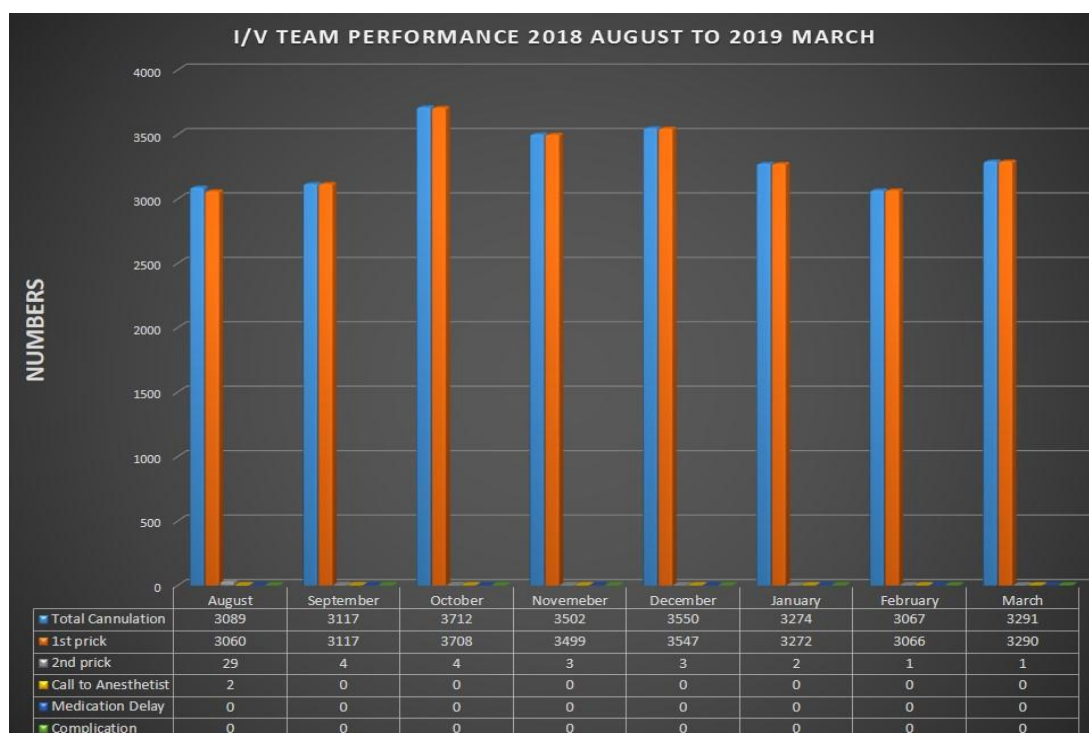
Training & Education team: The nursing training and education department of Apollo Hospital is formed with a goal to train all the nurses best of their capacities. The nurses are trained here with a structured training curriculum in which the days are defined separately for Apollo Nurses Employee Induction, Functional and preceptor training. The nurses undergo competency mapping and questionnaires and only qualified staff are sent on floors and rest are retrained.

Team operations: As Apollo is a state of art hospital, so the patient here are more demanding and also the doctors are usually more stressed after catering the needs of the patient. This sometimes leads to complaints both from physician and patient. The operations team visits such doctor and patient on floors and rectify their issues and problems.

II. Result

I/V safety

- 1stprick success rate increased (99%)
- Delay in medication procedure & Complications reduced to 100%
- 2nd Prick & Call to Doctors reduced



QRT

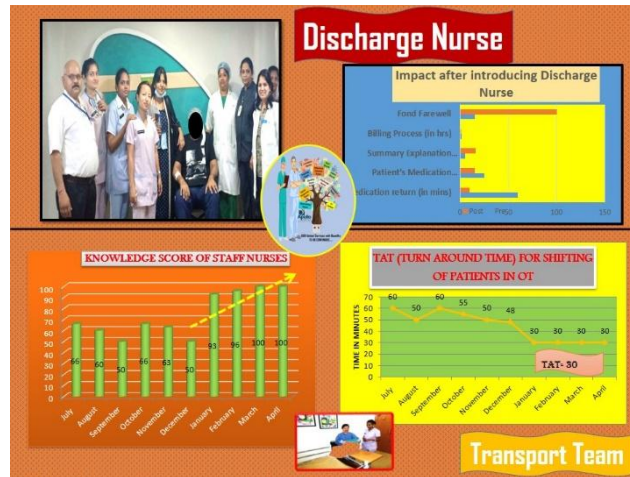
- Code management time reduced from 120minutes to 90 minutes.
- TAT for staff response to other patients reduced 30 minutes to 10 minutes
- 25% reduction in cardiac arrest outside the ICU

OT Transport

- 100% arrival of patients in OT on scheduled time& Zero cancellations

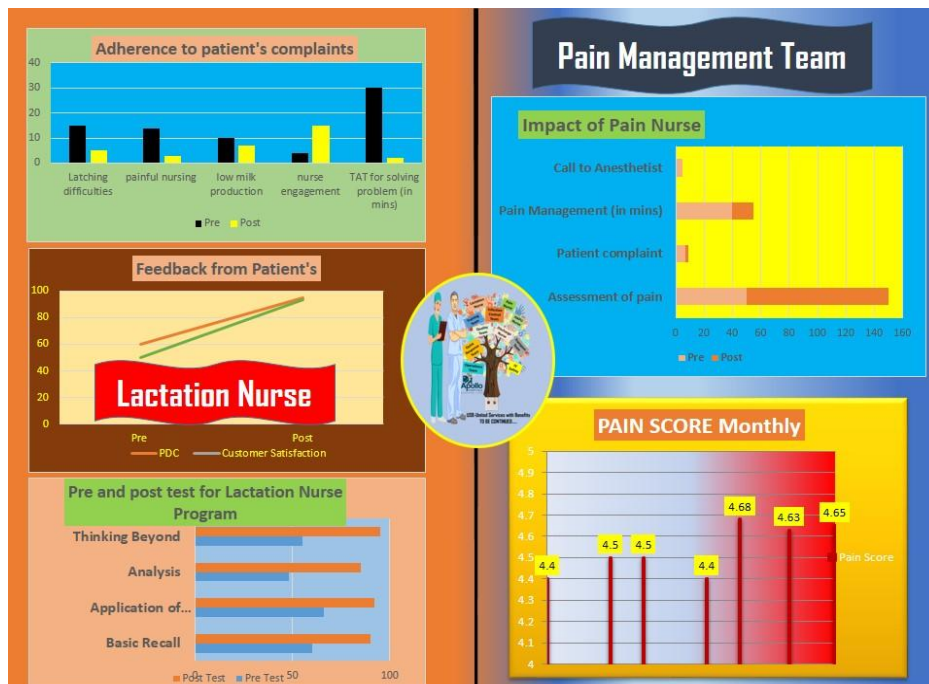
Discharge nurse

- Medications are returned on time
- Discharge time reduced from 7 hrs to 4 hrs for TPA patients



Lactation Nurse

- No. of Mothers attended to lactation Nurse-177/month
- Increased Consultant satisfaction & Voice of Customer
- No. of staffs Certified as lactation nurse -14
- No. of staffs trained on breastfeeding month campaign-100%
- No. of OPD patient visited 6/month
- No. of phone calls received 12/month
- No. of inpatient visited 100%
- No. of Breast Engorgement Nil

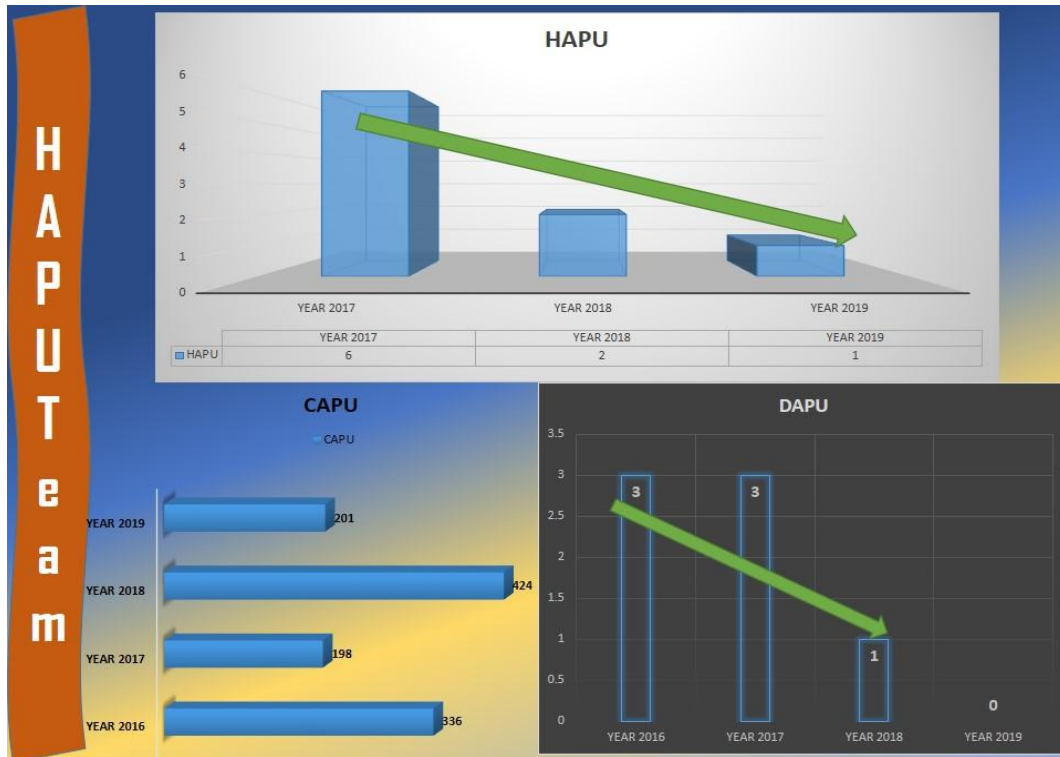


Pain Nurse

- No. of Complaints related to Pain not attended-Nil
- No. of staffs Certified as Pain management champions-03
- Post discharge calls is provided through our Pain management Nurses-02 per discharge patient

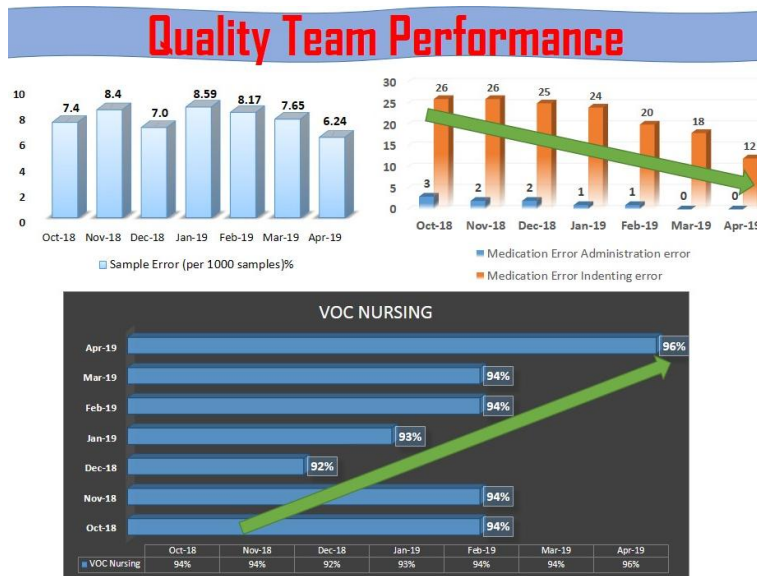
HAPU Nurse

- Device Associated Pressure Ulcer Hospital Acquired Pressure Ulcer,IAD(Incontinence Associated Dermatitis).CAPUreduced
- No. of staffs Certified as prevention of pressure ulcer champions -23
- No. of awards won for HAPU by this project(HMA/ FICCI) – 01



Infection control

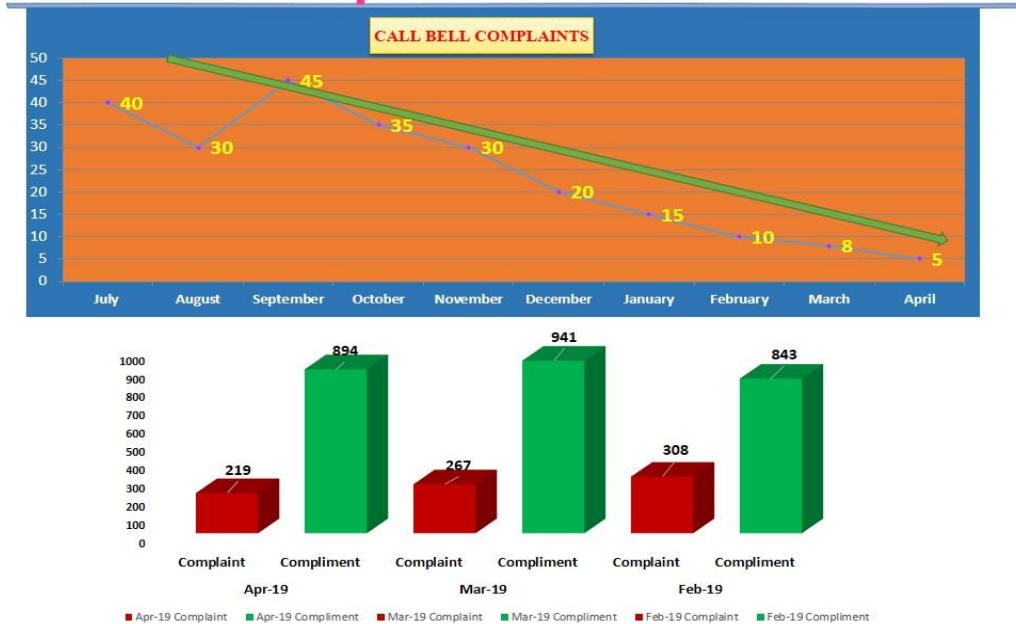
- Regular audits, reinforcement& Infection control meetings/monthly 100%



Operation & Quality

- Number of Patient Falls, Medication Error, Sample Error, Accidental burns Pressure Ulcer, NSI, and Restraint Ulcer reduced
- VOC-Reduced complaints & increased compliments
- 100% quality process Compliance
- 100% Compliance of Training
- Consultant engagement every month
- Increased patient satisfaction and WOW cards from patients
- Increased level of motivation among the staff

Operations Team



Training

- 100% nurses are gaining 210 hrs of training
- 8 hours of Unit Training & 2 hours of Skilled Training per month, Mandatory Continuous training 100%

Average Length of Stay was reduced: As the process of monitoring and reporting early signs became streamlined, patient's stay reduced from 5 to 4.56 days.

Reduction of code blue: QRT staffs were available 24x7 in the wards to assess clinical deterioration of patient proactively. Hence forth it has reduced code blue significantly.

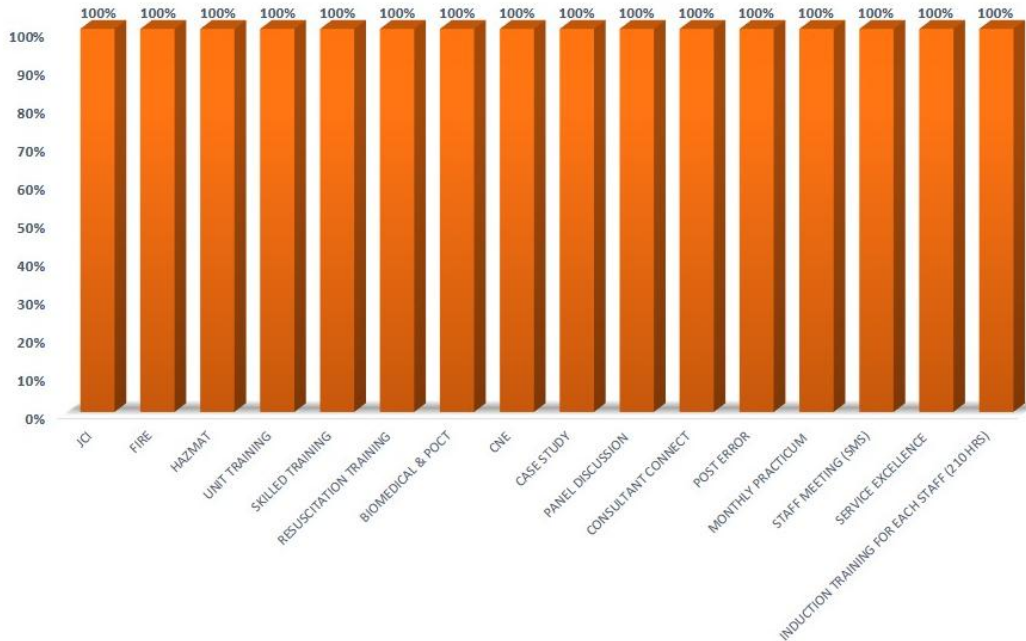
25% reduction in the occurrence of cardiac arrest outside the ICU: The percentage of non-ICU arrests declined to 25%.

III. Conclusion

Patient satisfaction has always been the priority of any health facility and with increasing competition; it has become even more important. In such a scenario, having specialised nurses have resulted in high scores of Voice of Customer and Consultant satisfaction.

As cost is another concern in a health care set up, it is essential to mention that no cost was incurred in creating specialized teams as the trainers were well qualified dignitaries within the organisation. These teams are regularly trained and mapped for competency for best outcome. They are also given an opportunity to attend external training sessions for knowledge enhancement.

Training Team Performance



Acknowledgement

United services with benefits is an extra mile covered by our Group Nursing Director Capt. Usha Banerjee. Her vision to improve nursing excellence and make them better healthcare professionals so that the community gets best possible care gave birth to USB.

I would also like to thank and express my gratitude to our nursing team for being a constant support in conducting training's. The nursing training and education team has worked remarkably in order to achieve the goal. Their rigorous hard work and efforts has helped us to implement the project successfully.

These practices are to be continued with continuous monitoring and improving measures. A special thanks to Ms Vertika Agrawal (Biomedical Engineer) for her support to make this service successful .We all have worked unitedly to promote nursing in the country and enhance their abilities.

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Ms. Simmy Rajan. "Nursing Speciality Services USB (United Services with Benefits):" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.05 , 2019, pp. 10-16.