

MaineHealth

## MaineHealth Knowledge Connection

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Operational Transformation

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Spring 5-22-2024

### Improving the Utilization of Lunch Breaks for Nursing Staff

Norma Dawson

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Bridget Miller

Deborah Monck

Beth Kessler

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Team Members: Norma Dawson, Kelsey Robinson, Bridget Miller, Deb Monck, Beth Kessler



Plan

### Problem/Impact Statement

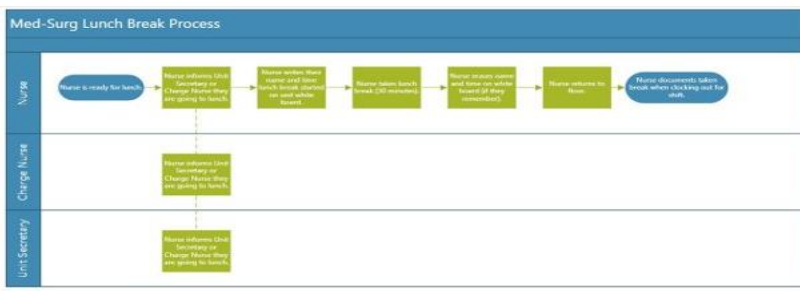
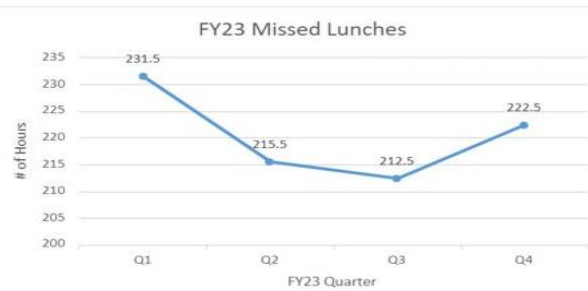
The Med-Surg Unit at LincolnHealth has a high number of nursing staff missing lunch breaks, despite encouragement and existing efforts to promote taking breaks. In addition, there are many instances where staff are not accounting for the breaks they have taken on their time sheets.

### Scope

**In Scope:** The scope of the project is focused on the Med-Surg Unit, looking at nurses and CNA/unit secretaries, including per diem staff. The break being referenced in this project is the 30-minute lunch break, specifically. **Out of Scope:** Travel nurses and contract employees were excluded from baseline data and are therefore out of scope. Nurses, CNAs, or unit secretaries who float to other units during their shift are also excluded. Currently, other hospital inpatient units are not included in the project.

### Baseline Metrics/Current State

Our baseline data includes tracking of missed lunch breaks for FY23. In FY23, there were 882 hours of missed lunches, with 235.5 hours missed in Q1 specifically.

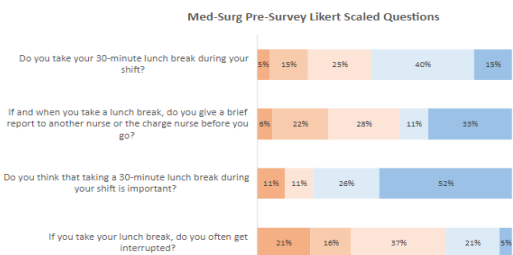
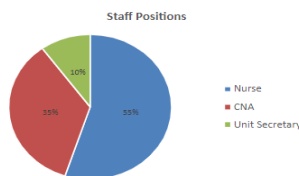
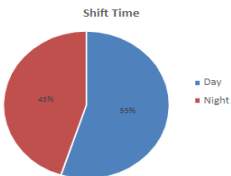
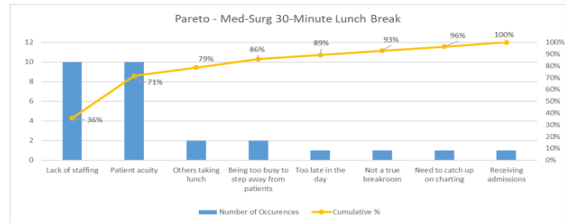


### Goal/Objective

Decrease the number of hours of missed lunches by 25% by end of Q1 (December 31, 2023).

### Root Cause Analysis

A pre-survey was administered to nurses, CNAs, and unit secretaries on the Med-Surg unit to inquire about their lunch break habits and reasons why they are unable to take a 30-minute lunch break during their shift. The sample size is 20.



Do

### Countermeasures

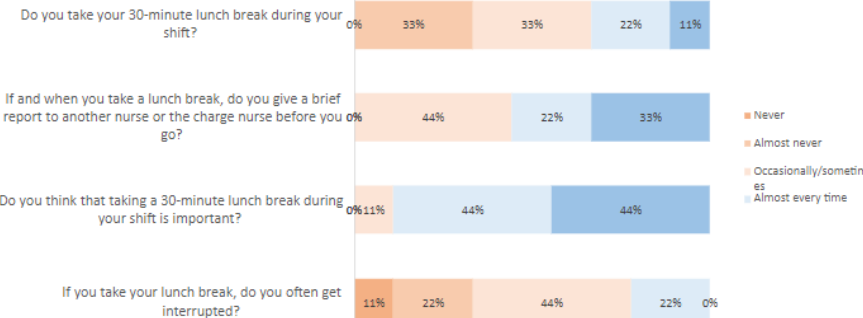
- Fiscal stewardship was discussed during performance evaluations. The Med-Surg manager talked with each team member directly on how many hours each person missed in lunches and the corresponding cost associated with the missed lunch.
- Christine Anderson (Chief Nursing Officer) will explicitly discuss staff lunch breaks during rounding with nursing teams when talking about staff wellness.
- Post a sign on the break room door that informs people that a break is in progress and if a person has a question, they need to go to the desk and speak to the charge nurse or unit secretary.
- Implement a whiteboard sign-up for staff to put that they are taking their break and when they return. Re-educating the team on this process will also occur.
- Post signs at the nurse's station informing the team that they cannot eat their meals at the desk. Information shared on the signs will reference reasons why it is not allowed – example, that the lunch break is important, and they deserve it, the future Joint Commission requirements, and the safety concerns.
- Develop a problem-solving tool for nursing staff to reference if they aren't sure how they can take a lunch break that contains ideas. Clearly stating that the expectation is for people to find coverage for their lunch break AND to provide coverage to others.
- Discuss with Safety and Emergency Management about concerns around difficulties with hearing codes.
- Organize the breakroom and make it seem more welcoming.

Study

### Outcomes

Post-Survey

Med-Surg Pre-Survey Likert Scaled Questions



Act

### Next Steps

- Finish breakroom organization.
- Med-Surg Director and Program Manager will do one-on-one check-ins with CNAs in January and with RNs in February. Taking a 30-minute break will be part of the discussion.
- For FY24 performance evaluations, fiscal stewardship will be accounting in scoring.
- Continue data collection and compare FY23 Q2 to FY24 Q2 and so on.
- Repeat post-survey end of Q2, after the following countermeasures are implemented:
  - Breakroom renovation complete
  - One-on-one discussions have taken place

## Problem/Impact Statement

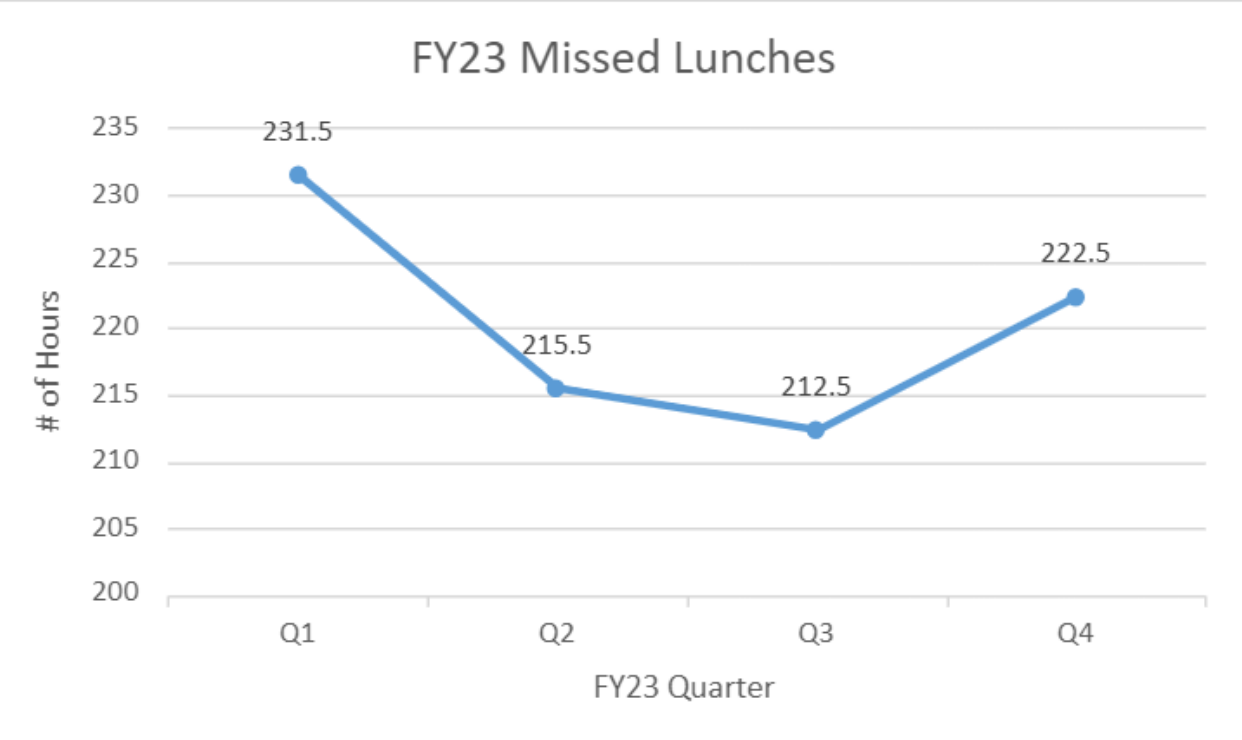
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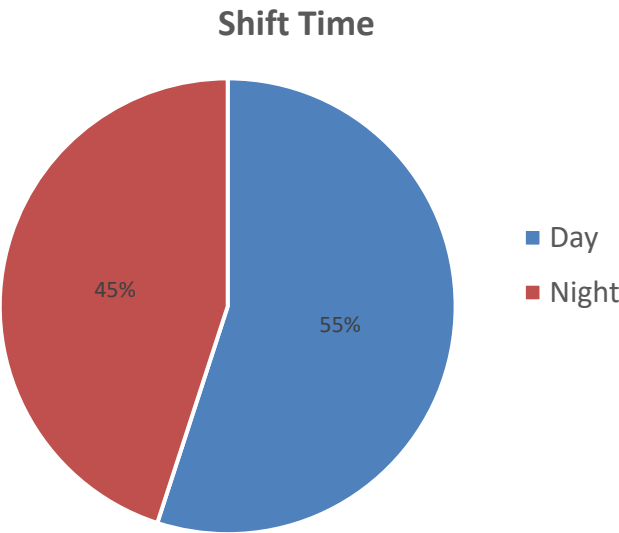
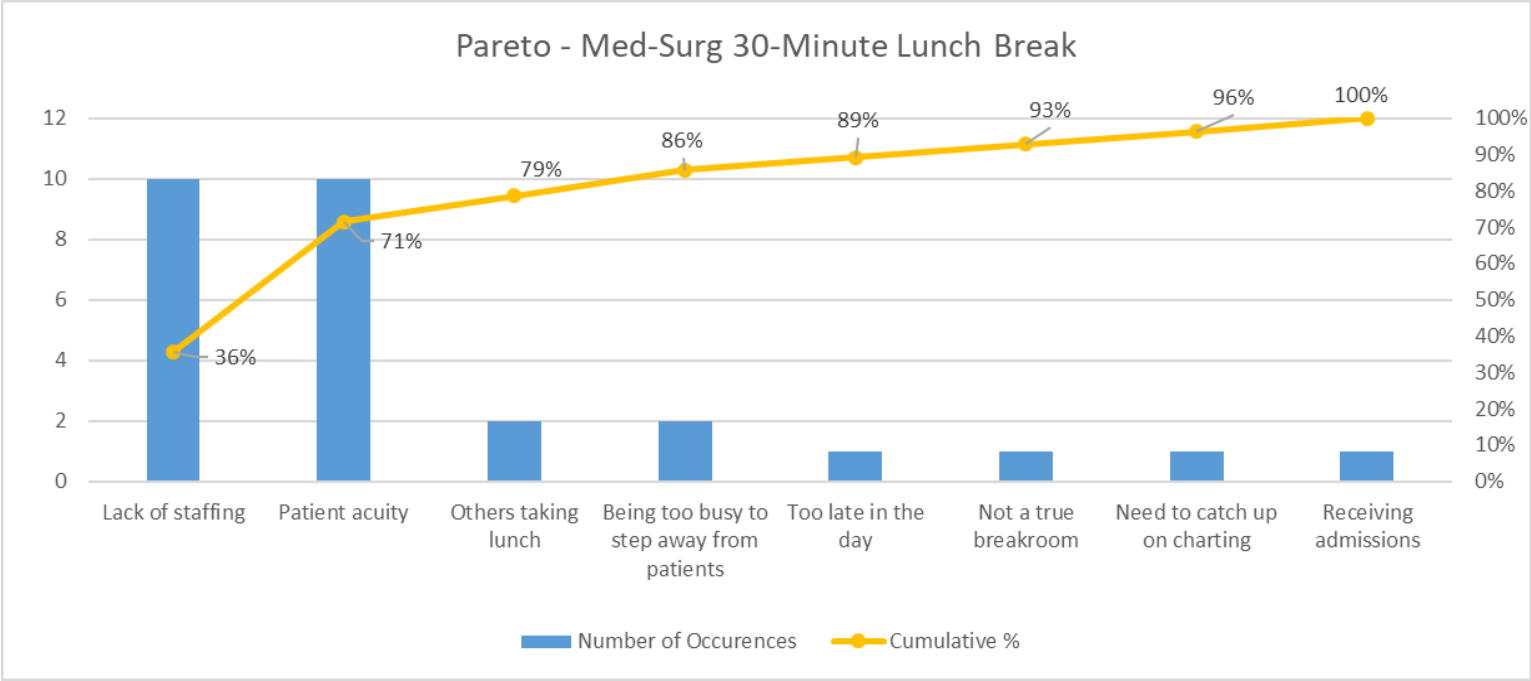


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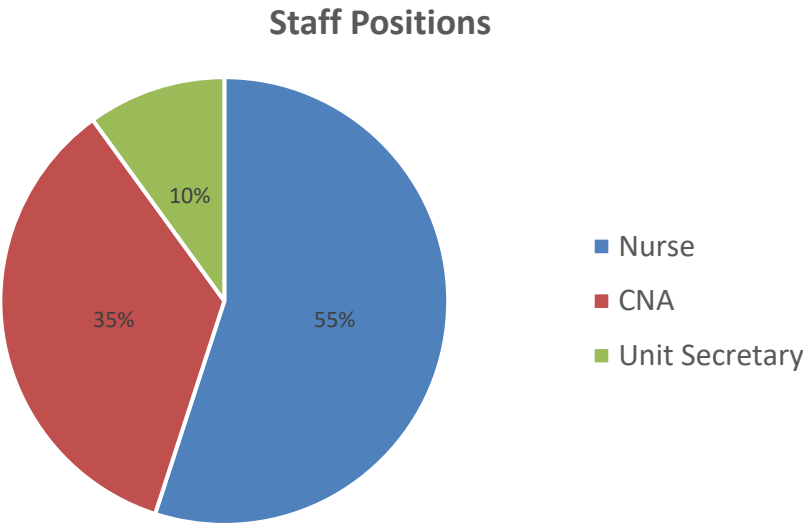
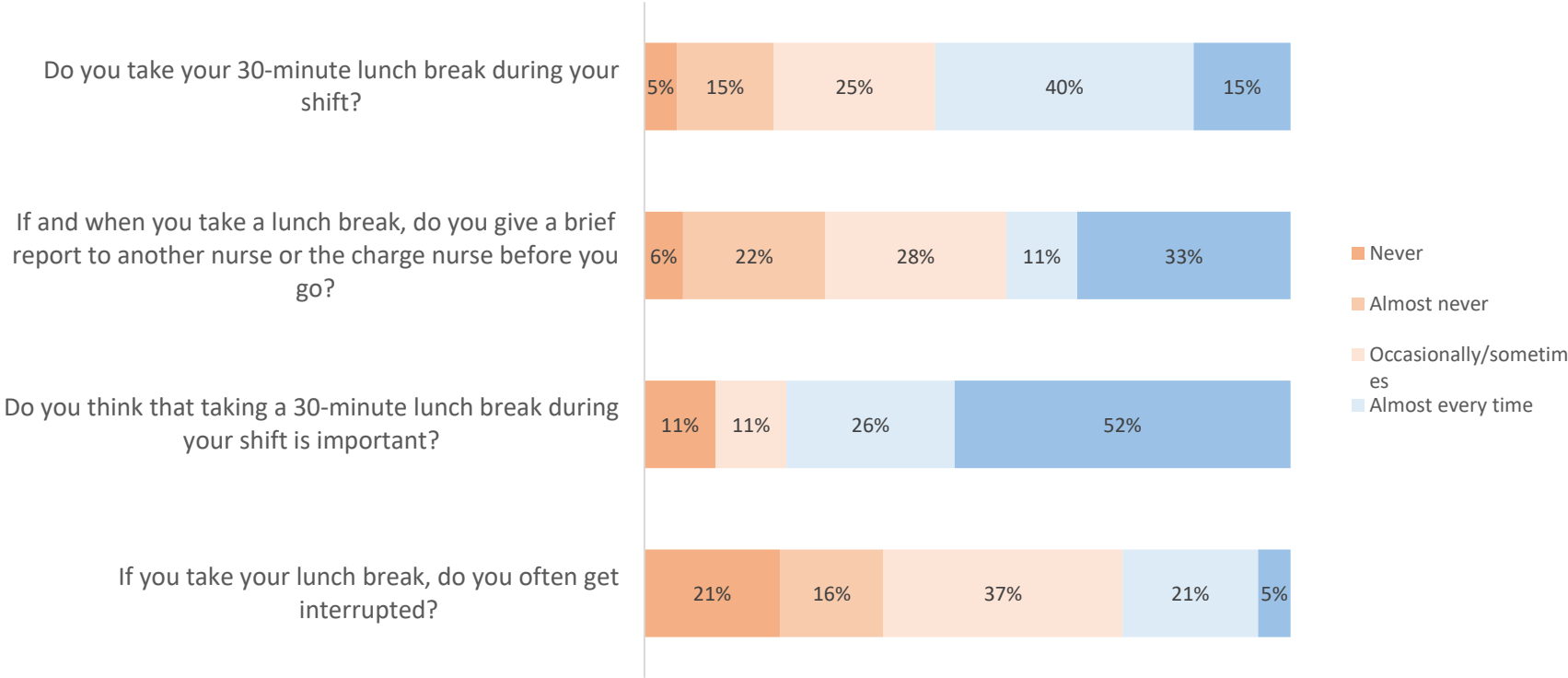
Decrease the number of hours of missed lunches in Q1 by 25% from 235.5 to 176.6 hours

# Root Cause Analysis

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Med-Surg Pre-Survey Likert Scaled Questions



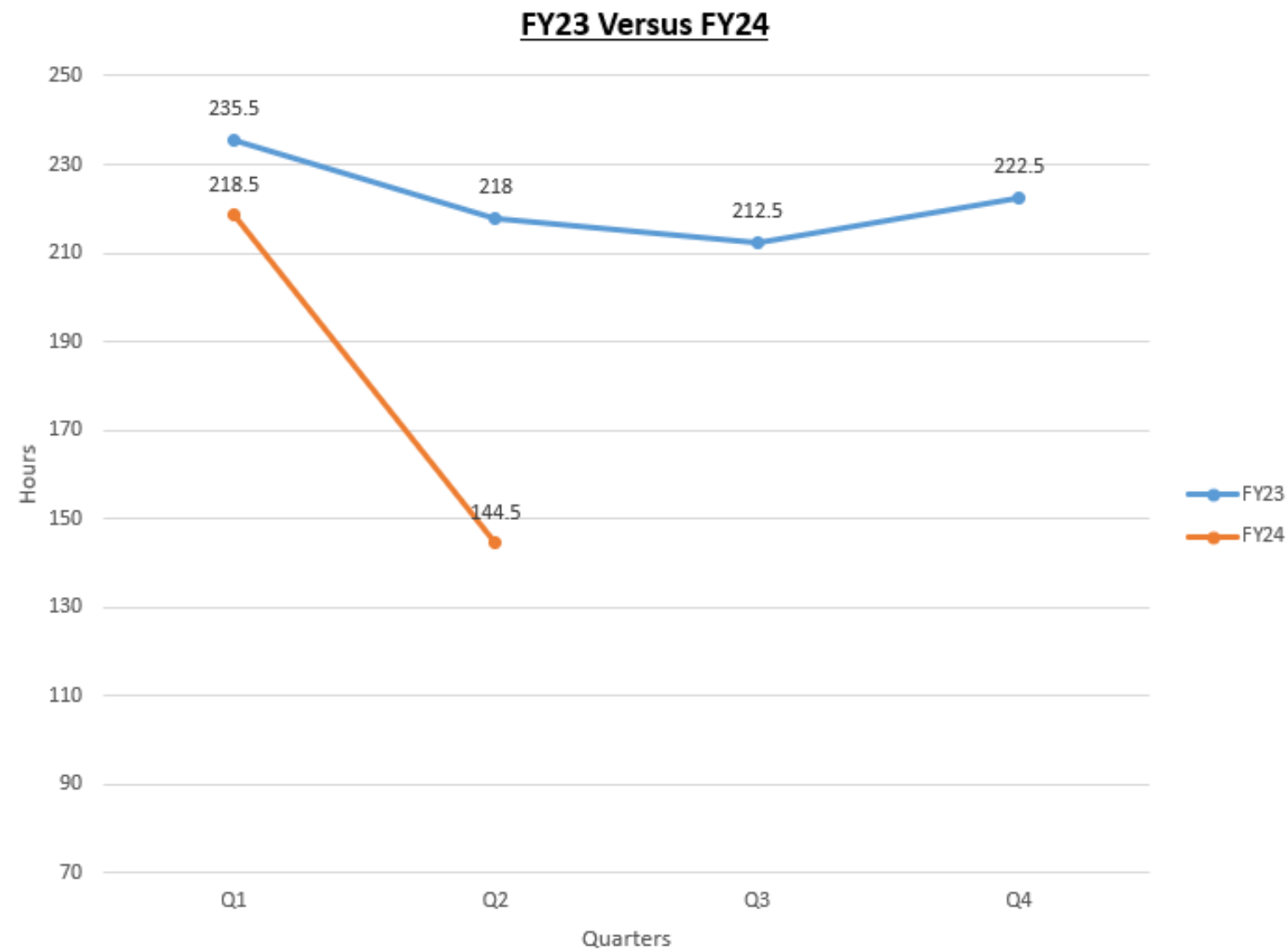
# Countermeasures

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7. Discuss with Safety and Emergency Management about concerns around difficulties with hearing codes.
8. Organize the breakroom and make it seem more welcoming.

# Outcomes

**Goal:** Decrease the number of hours of missed lunches in Q1 by 25% from 235.5 to 176.6 hours.

**Current State:** 218.5 hours = 17-hour reduction or 7.5% reduction in missed lunches for Q1. This equates to approximately \$510 in savings. In Q2 there was a 66% reduction equating to a total of \$2,205 in savings. In total for FY24 there has been a \$2,715 in savings from missed lunches.

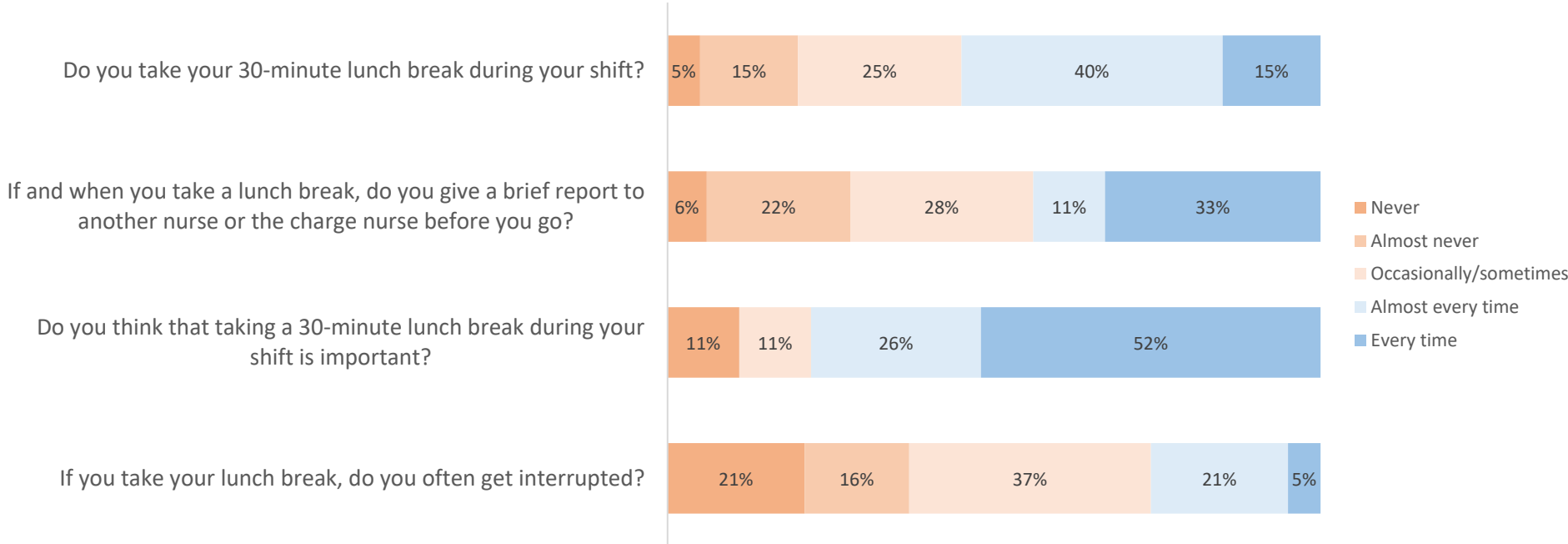




# Outcomes

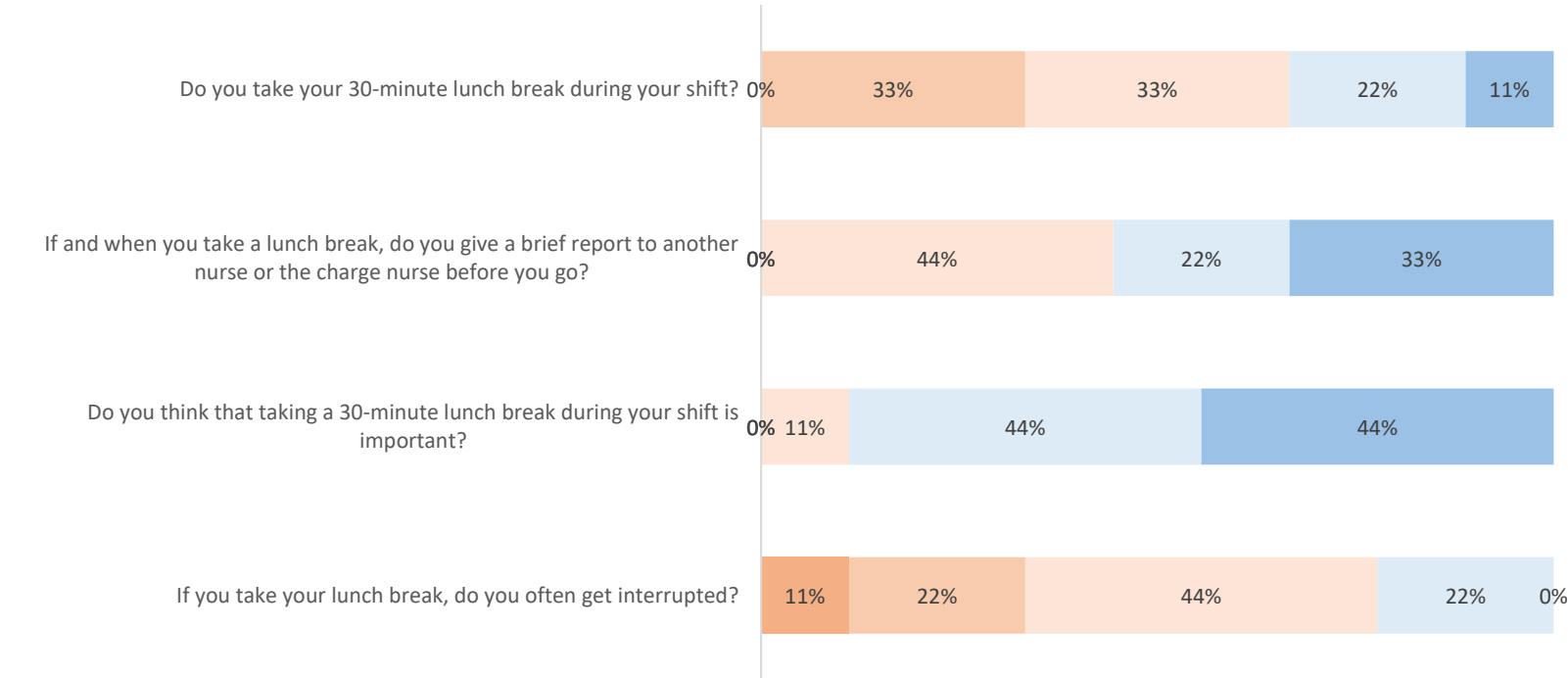
## Pre-Survey

Med-Surg Pre-Survey Likert Scaled Questions



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