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### 1600 RN

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**Project:** 1600 RN  
**Last Updated:** August 18<sup>th</sup>, 2018



**Executive Sponsor:** Jonathan Archibald, BSN, RN and Mark Parker, MD  
**Facilitator:** Natasha Stankiewicz, MS, RN, NE-BC



**Team:** Elizabeth Ridel-Dermanelian, RN, SCU RN; Sandy Ridel-Dermanelian, SCU RN; Natasha Stankiewicz, RN, SCU2 NM; Amy Stafford, RN, CNS; Jonathan Archibald, RN, SCU Dir.; Shawn Taylor, RN, SCU3 NM; Deb Jackson, RN, SCU4 NM; Alana Trotter, RN, SCU UBE; Roger Maynard, IR RN, Bonnie Boivin, RN, Endoscopy & RADCUC Dir.

**Problem/Impact Statement:**

Due to a changing employment arena, healthcare organizations are hiring more new graduate RNs into acute care units. MMC's usual process is to put new hires into night shift. Historically, night shifts have less resource availability. These combined factors left staff feeling unsupported; patient care could be compromised when less support is available to those in the beginning of their careers.

**Scope:**

The 1600 Role was developed to provide critical care resources and support to medical-surgical nursing units between the hours of 1900 and 0730. During these times, there are historically less resources available; the intent is to provide support, encouragement, and education to the night shift RNs and improve overall patient care, outcomes, and satisfaction.

**Goal/Objective:**

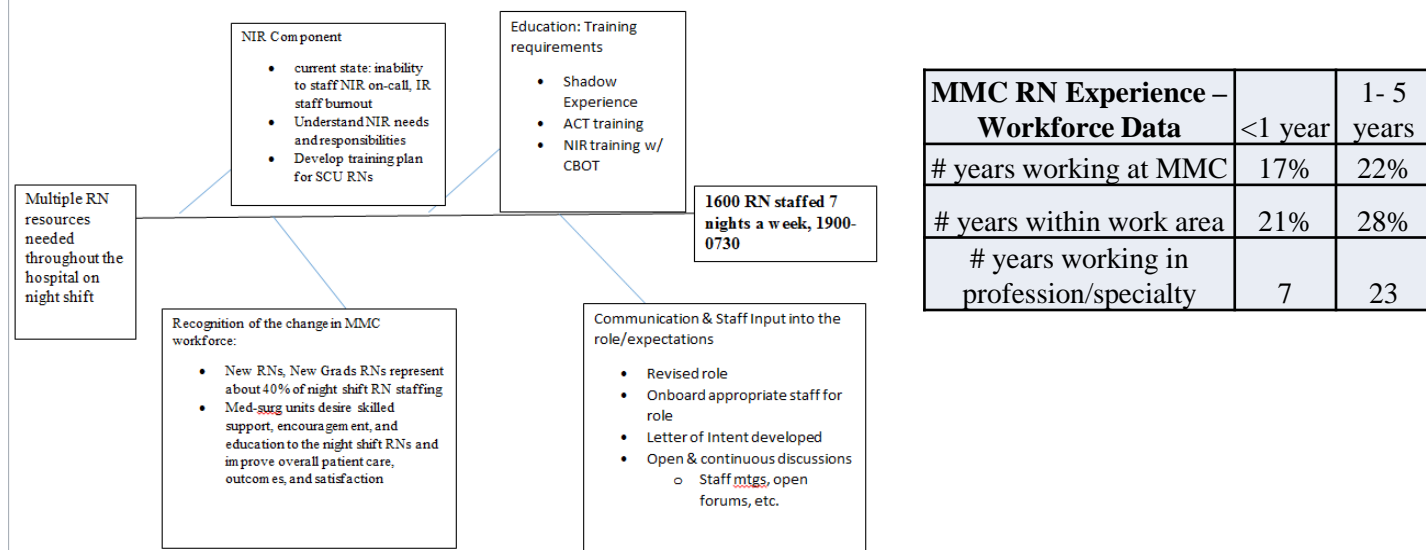
As healthcare professionals, we practice in a holistic fashion- partnering with the patient, family, physicians, and other healthcare providers to deliver the highest quality patient care across the continuum. 1600 RN project goals are to promote collaboration and provide resources to meet patient and staff needs during unpredictable staffing needs, fluctuations in patient census, acuity, and volume.

**Baseline Metrics/Current State:**

AHRQ Hospital Survey on Patient Safety Culture – 2016

|   | SCU | IR  | MMC | Benchmark |
|---|-----|-----|-----|-----------|
| There is good cooperation among hospital units that need to work together | 50% | 18% | 54% | 62%       |
| Hospital units work well together to provide the best care for pts        | 72% | 45% | 63% | 72%       |
| We are actively doing things to improve pt safety                         | 90% | 77% | 79% | 84%       |
| Mistakes have led to positive changes here                                | 60% | 55% | 62% | 63%       |
| Hospital mgt provides a work climate that promotes pt safety              | 76% | 45% | 78% | 81%       |
| We have enough staff to handle the workload                               | 41% | 32% | 44% | 52%       |
| It is often unpleasant to work w/staff from other hospital units          | 72% | 41% | 58% | 63%       |

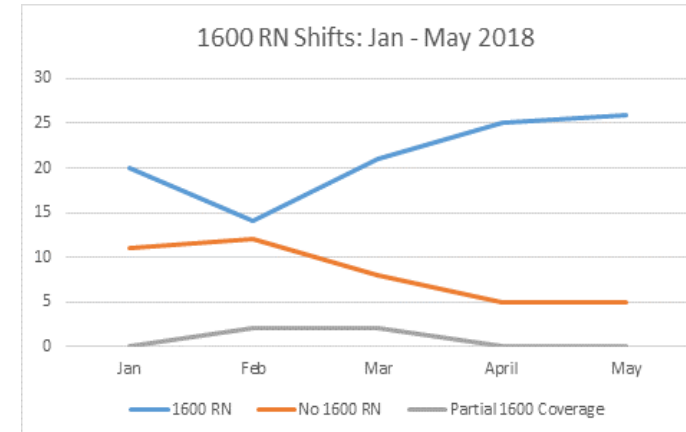
**Root Cause Analysis:**



**Countermeasures**

| Action                                     | Owner  | Completion Date | Status   |
|--|--|-----------------|----------|
| Create Role on 1600 RN                     | Amy, Sandy, Elizabeth, Natasha                         | Dec-17          | Complete |
| Define Expectations                        | Project team   | Jun-18          | Complete |
| Discuss NIR Component                      | Natasha, Roger   | Jun-18          | Ongoing  |
| Solicit Interest                           | Project team   | Jul-18          | Ongoing  |
| Transfer Budgeted FTEs                     | PCS, IR, SCU   | Jul-18          | Ongoing  |
| Begin IR orientation                       | Natasha, Roger   | Jun-18          | Ongoing  |
| Moderate sedation and Radiation Safety Edu | Natasha, Roger, Alana, Amy, Lindsey (radiation safety) | Aug-18          | Ongoing  |
| NIR Orientation Completed                  | Natasha, Roger, Project Team, 1600 RNs                 | Aug-18          | Ongoing  |
| 100% 1600 RN Coverage on Nights            | Project team & 1600 RNs                                | Sep-18          | Ongoing  |

**Outcomes**



**Improvements:**

- April into May SCU went 38 nights straight with a 1600 RN.
- In May, SCU had 5 shifts which were not able to support the 1600 role; 4 shifts were due high acuity (e.g. ECMO, high acuity, burns).
- May had 80.6% 1600 coverage, which is up from our lowest month of February at 50%.

**Next Steps**

- Plans to standardize, sustain, spread
- Letter of intent for interested RNs
  - Interview and shadow experience
  - Track resource data, outcomes, support provided to units
  - AHRQ Hospital Survey on Patient Safety Culture

**Expectations for the 1600 Role:**

- Excellent communication and collaborative skills
- Skilled leadership abilities and desire
- Enjoys teaching others in a non-punitive manner
- Non-reactive with errors/differing opinions
- Excellent prioritization and critical thinking skills
- Consistently approaches others in an open, calm, respectful, and kind manner
- Familiarity with MMC and resources available
- Accountability
- Strong conflict management and de-escalation skills
- Open to taking on new responsibilities within this role
- Core Values will be upheld at all times
- Positive, problem-solving attitude; innovative

Plan

Do

Study

Act