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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">▪ Develop an acuity-based staffing system specific to the unique burn population▪ Implement an acuity based staffing system▪ Discuss the importance & impact of acuity-based staffing
Abstract:	<p>Introduction: Nurse-patient assignments are extremely important and should be equitable, well thought out, and allow the nurse to provide excellent patient centered care. In a 21 bed burn center, acuity-based staffing is needed due to the varying levels of care that are represented within the unit. A patient may be ICU status, step down status, or acute (floor) status. The different levels of care, the wound care, and the social issues of burn patients all present challenges when creating nurse-patient assignments. One way to ensure that nurse-patient assignments are equitable and based on acuity would be to utilize a proposed acuity tool that will capture all levels of care represented in the burn center.</p> <p>The purpose of this research study is to determine if the use of an acuity tool to create nurse-patient assignments would increase equability, creating a tolerable workload, allowing the nurse more time for excellent patient centered care, thus increasing staff satisfaction and patient safety. The evidence-based practice question for this project is: for a burn center with multilevel patients, ranging from floor to ICU levels of care, could the use of an acuity tool increase staff satisfaction by creating equitable nurse-patient assignments compared to assigning patients based on care levels and geography, without regard to acuity?</p> <p>Methods: Initially a paper acuity tool will be developed by our unit based shared governance, comprised of mostly staff nurses. The paper tool will be piloted on two patients for two weeks. During this two-week span nurses will give input via electronic survey on ways to improve the tool, ease or difficulty of the use of the tool, and any insights obtained during the pilot. Changes will be made to the paper tool and utilization will continue. Once the tool is finalized it will be placed in the electronic medical record and patient’s acuity scores will be visible by the charge nurse while making assignments. Key stakeholders in the information technology department have been identified and contacted. Additional key stakeholders include the nurse manager, quality improvement coordinator, unit-based shared governance and nursing informatics.</p>

Staff nurses in the burn center have identified “assignments not equal in work load” via survey as a gap in achieving resiliency and staff satisfaction. This survey will be reissued after the acuity tool has been implemented unit wide for 12 weeks. Patient safety indicators will be measured pre and post implementation.

Results: A literature review has been completed regarding this topic and there is no literature from a multilevel burn center. The evidence in existing articles includes increased staff satisfaction, decreased turnover, improved patient satisfaction, and decreased need for agency staff. We anticipate an increase in staff satisfaction with implementation of this tool. Staff satisfaction regarding patient assignments will be measured pre and post implementation as well as patient safety indicators.

Conclusion: Evidence-based practice for acuity-based staffing should be utilized across clinical practice areas to ensure patient safety, increase staff satisfaction, and staff resiliency. Currently, there is no literature regarding acuity-based staffing within the burn population which has varying levels of care. Burn patients present with specific unique challenges that require professionals with expertise of this specialty population. In order for staff to maintain high quality, patient centered, excellent care, assignments must be acuity based. Equitable workload will improve resiliency which will improve staff satisfaction. Working in a burn center can be physically and emotionally exhausting. Acuity based staffing will alleviate unnecessary stress, unsafe working conditions, and give a sense of stability in an ever-changing critically ill population.

Disclosure:

Amber Thompson – No Relevant Financial Relationships to Disclose
Rayna Gorisek – No Relevant Financial Relationships to Disclose