Nursing First Outcomes

R E V I S I O N   1

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Contents

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Nursing First: An Introduction

Nursing First methodology is derived from the Virtual First tenets which provide an outcomes-focused framework aimed at transforming outcomes, patient experience, and staff experience through data-driven innovation. The tenets ensure success by focusing on key principles for reimagining and reinvention of healthcare leveraging data and digitally engaged transformation to create new standards, best practices, and removal of non-value add task.

By leveraging these tenets, **Nursing First** focuses on how organizations can achieve consistent excellence in care delivery while supporting and building trust and resilience among the nation's largest and most trusted professionals in healthcare – Nurses. **Nursing First** drives the most efficient use of all staff supporting nursing activities while eliminating non-value add tasks. Considering the widely known challenges faced by the nursing profession, **Nursing First** shifts the focus from recruitment and retention to outcomes.

Despite the efforts to remedy the situation, a survey by the American Nurses Foundation found that 52% of nurses are considering leaving their current position due primarily to insufficient staffing, workload demands are negatively affecting their health and well-being, and their inability to deliver quality care. Sixty percent (60%) of acute care nurses report feeling burnt out, and 75% report feeling stressed, frustrated, and exhausted[18]. Additionally, the American Association of Critical-Care Nurses reported that 66% of acute care nurses have considered leaving nursing after their experiences during the pandemic. 92% of nurses believe the pandemic has depleted their careers and will cut their careers short.[19]

Nursing First's proven methodology can address decade old challenges by building resilience among nursing personnel, improving patient care quality, building trust and camaraderie between patients and nurses as well as bridging capacity gaps in today's changing healthcare landscape.

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Nursing First Mindset

Building Resiliency, Quality and Capacity
in a Changing Healthcare Landscape

Nursing First Mindset: Building Resiliency, Quality and Capacity in a Changing Healthcare Landscape

The aim of **Nursing First** is to create an incredible experience for patients by better supporting nurses to practice at the top of their license through a nurse-led care delivery model redesign which fundamentally and sustainably resolves the challenges faced across the nursing profession while embracing applicable technologies. This approach directly involves nurses in creating new ways of working which ultimately empowers them to operate in a professionally safe and supportive environment, elevating patient care experience and drive the necessary policy and behavioral changes required for continuous improvements.

Serious consideration and commitment must be given to the most critical resource in healthcare – Nurses – first, by reimagining the core that enables effective, safe care delivery: communication and coordination. Care communication and coordination issues among nurses in acute or critical care settings are well documented. A day in the life of a nurse is full of critical patient care activities that occur at various frequencies with added layers of constant interruptions, locating supplies, valuable time is spent waiting on other team members with communication coming from every direction through various modes. By addressing this crucial and fundamental aspect of care, Nursing First-focused organizations can begin a journey towards building a resilient workforce and embracing the creation of new standards, processes, and practices to reimagine care delivery without losing focus on achieving better patient outcomes.
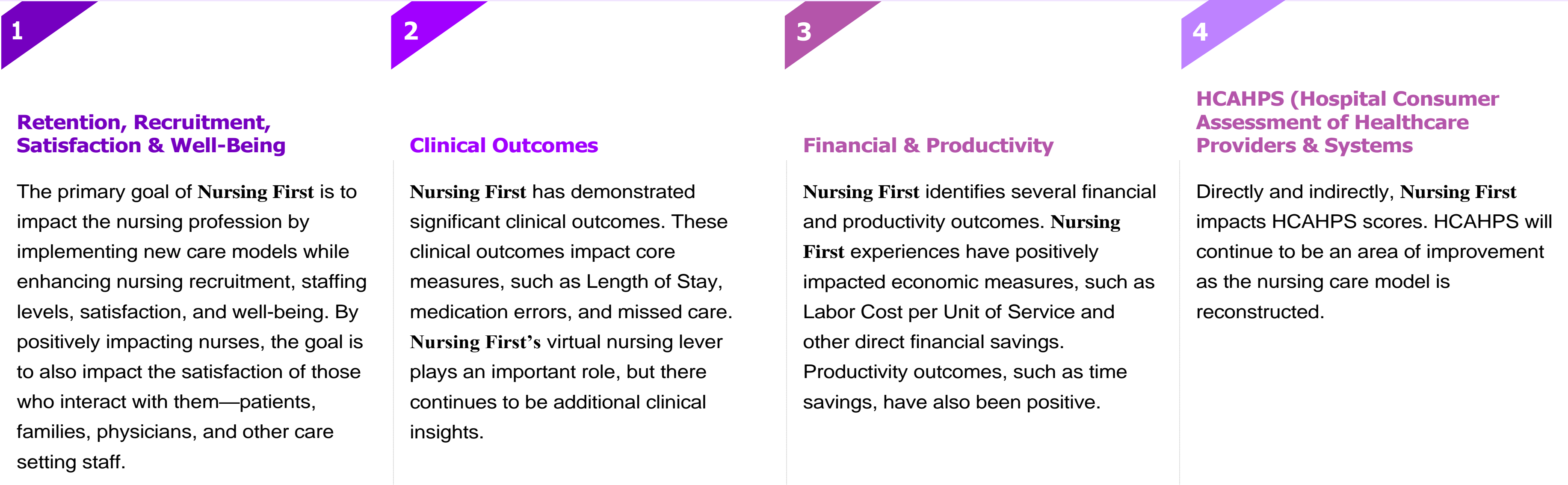
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Achieving Nursing First Outcomes

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The **Nursing First** Mindset & Approach highlights how future-focused health organizations can achieve tangible transformation of their nursing departments across the care continuum to quickly respond to these challenges and be better positioned for the future of healthcare demands, while holding on to their most valued human resource.

Overview of Nursing First Outcomes:

1

Retention, Recruitment, Satisfaction & Well-Being

The primary goal of **Nursing First** is to impact the nursing profession by implementing new care models while enhancing nursing recruitment, staffing levels, satisfaction, and well-being. By positively impacting nurses, the goal is to also impact the satisfaction of those who interact with them—patients, families, physicians, and other care setting staff.

2

Clinical Outcomes

Nursing First has demonstrated significant clinical outcomes. These clinical outcomes impact core measures, such as Length of Stay, medication errors, and missed care. **Nursing First's** virtual nursing lever plays an important role, but there continues to be additional clinical insights.

3

Financial & Productivity

Nursing First identifies several financial and productivity outcomes. **Nursing First** experiences have positively impacted economic measures, such as Labor Cost per Unit of Service and other direct financial savings. Productivity outcomes, such as time savings, have also been positive.

4

HCAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems

Directly and indirectly, **Nursing First** impacts HCAHPS scores. HCAHPS will continue to be an area of improvement as the nursing care model is reconstructed.

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1

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Nurse Retention & Recruitment [8,12]

1. Retention[2] (60%[1a])/Turnover[2,3] (6.4%[1b], 25% to 11/13%[1c, 1d, 1g], ↓50%[5], ↓73/55%[6,7], ↓1%=$.4M[8])
2. Career Options[2]
3. Recruitment[2]/Vacancy Rate (↓46%[1a])
4. Mentoring (1:1)

Nurse Staffing

1. Full-Time Equivalent and Headcount

   a) Inpatient Medical/Surgical (FTEs 172 to 98[1d], 1:6)

   b) Inpatient, Virtual Nursing Delivery Center

2. Care Model Ratios.

   a) Inpatient Medical/Surgical (1:6[6,7])

   b) Patient Observation (Non-Intensive) (1:16)

   c) Patient Monitoring (Intensive) (1:30/35)

   d) Nurse Expert Support (1:200)

Satisfaction - Improved

1. Nurse[2]
2. Physician, Specialist, Hospitalist, Etc.
3. Other Unit Staff
4. Patient[14,15]
5. Family

Well-Being

1. Saves
2. Stabilize and Improve Well-being

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2

Clinical Outcomes

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1. Length of Stay[8,11] ($\downarrow$4.9%1f, 5.13 to 4.7[1h], $\downarrow$1.2days[3])

2. Readmissions[3,8] ($\downarrow$2/3/5%[1e])

3. Patient Safety

4. Missed Medical Care[10]

5. Slips, Falls, and Mental Health Support[3] ($\downarrow$15%[1g], $\downarrow$2%=$.4M[8])

6. Good Catches (20[8])

7. Medication Errors[8]

8. Documentation[2] (85%[1b] 77%[15])

9. Sepsis Mortality (1.2 to 0.89[1e], $\downarrow$5%=$.4M[8])

10. CAUTI[8] (.44/.74[1f])

11. National Database of Nursing Quality Indicators

12. Improved Diagnosis[14]

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3

Financial & Productivity

Nursing First identifies several financial and productivity outcomes. **Nursing First** experiences have positively impacted economic measures, such as Labor Cost per Unit of Service and other direct financial savings. Productivity outcomes, such as time savings, have also been positive.

Financial

1. Labor Cost per Unit of Service[3,8] ($7M[1d], $1.4-$4.1M[17])
2. Clinical and Productivity Outcome Impact
3. Reduced Overtime[2]
4. Reduced Malpractice Cost[3]
5. Retention Savings ($941K-$1.4M[17])

6. Reduced Travel[3]
7. Reduced Transfer Costs[3]
8. Reduced PPE Costs[3]
9. Reduced Aggregate per Unit Cost ($150K[16], $236/$258K[4], $.6/$.8M[4])

Productivity

1. Intra-Task Efficiency
2. Inter-Task Efficiency
   a) Dismissal Times to Discharge (5.8-6.75%/6.78-8.53%[1h])
   b) Locate to Deliver
3. ED Throughput
4. Bed Availability
5. Discharge Time (↓22-35 mins[1f], 2hrs[8])
6. Administrative Time Saved (30 mins/shift[1d])

7. Time Saved (1,650 hrs[1b])
8. Meal Breaks[2]
9. Clinical Response Times[8]
10. Vital signs collection (↓200%[9])
11. Improved drug dispensing, sanitation, transportation, and mobile delivery[13]

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HCAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems

Directly and indirectly, **Nursing First** impacts HCAHPS scores. HCAHPS will continue to be an area of improvement as the nursing care model is reconstructed.

Overall HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)[3] (↑20%[8])
1) **Virtual nurses and other nurses interact with**
   a) Enhanced courtesy and respect (100%[1b])
   b) Carefully listening
   c) Enhancing patient and family education and understanding
   d) Patients or families who press the call button promptly meet patient expectations.
2) **Leveraging virtual nurses, nurses, and automation to improve the hospital environment.**
   a) Ensuring the cleanliness of the room and bathroom
   b) Ensuring the room and area around the room are quiet at night.
3) **Hospital experience**
   a) Help from staff doing basic hygiene on time.
   b) Understanding of the purpose, uses, and side effects of medications.
4) **At the end of an inpatient stay**
   a) Educated and understanding of the help you need after leaving the hospital.
   b) Education, understanding, and materials (in writing and video) about post-inpatient stay symptoms or health problems to watch for
   c) Education and understanding of your post-inpatient stay care.
   d) Education and understanding of what was required to manage the patient's condition.
   e) Education and understanding of medication compliance.

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