

Practice Redesign: Confusion to Clarity



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Abstract

The responsibilities of the enteral tube RN in the Gastroenterology and Hepatology division at Mayo Clinic Rochester were redesigned to provide standardization of right person, right job, and appropriate scope of practice to meet patient needs. The RN's current responsibilities include: patient case review, appropriate procedural scheduling, and assists endoscopists with enteral tube procedures. Pre- redesign the RN coordinated care for hospital and community patients, often lead to procedural interruptions, prolonged wait times, and high risk for RNs performing tasks outside their scope of practice. The redesign workgroup reviewed the enteral tube RN procedural role and facilitated the development of a multidisciplinary care team model; to ensure needs of patients requiring enteral tubes are met. By breaking the mold, a new focused approach to care enables the RN to be a content expert, while practicing within their scope. Downstream effects are: faster response to patient needs, increased efficiency of procedure time, decreased calls, pages and questions from colleagues. Ensuring the right person for the right job in each situation. This poster displays the redesign steps and transformation the enteral tube RN role underwent.

Objectives

The primary objective of the redesign was to define and standardize the Enteral Tube RN role within the nurses' scope of practice.

A secondary goal was increasing efficiency through utilization of resources and specialties already established and available on campus.

Background

Before the redesign of the Enteral Tube RN role no formal resource was established for patients or hospital services to contact when enteral tube questions, concerns, and scheduling needs arose. Since there was no official resource, the Gastroenterology (GI) Enteral tube RN had been the assumed resource for these occurrences. On demand use of the Enteral Tube RN lead to multiple interruptions and distractions of the RN during procedures. The Enteral Tube RN was often tasked out of the procedural area to include (Figure 1):

Ordering supplies, medications, and

Pre and post enteral tube placement

"just in time" education at the bedside

- Assessment of enteral tube complications
- Assessment of skin integrity concerns
- Consultation of next steps of treatment
- Consultation for dressing supplies and treatments

During these times, the Enteral Tube RN was not available to the procedural area causing delays. These expanded expectations resulted in the Enteral Tube RN at risk for working outside their scope of practice, often staying multiple hours of overtime a week, experiencing poor work life balance, caregiver fatigue, role exhaustion, and a feeling of isolation.

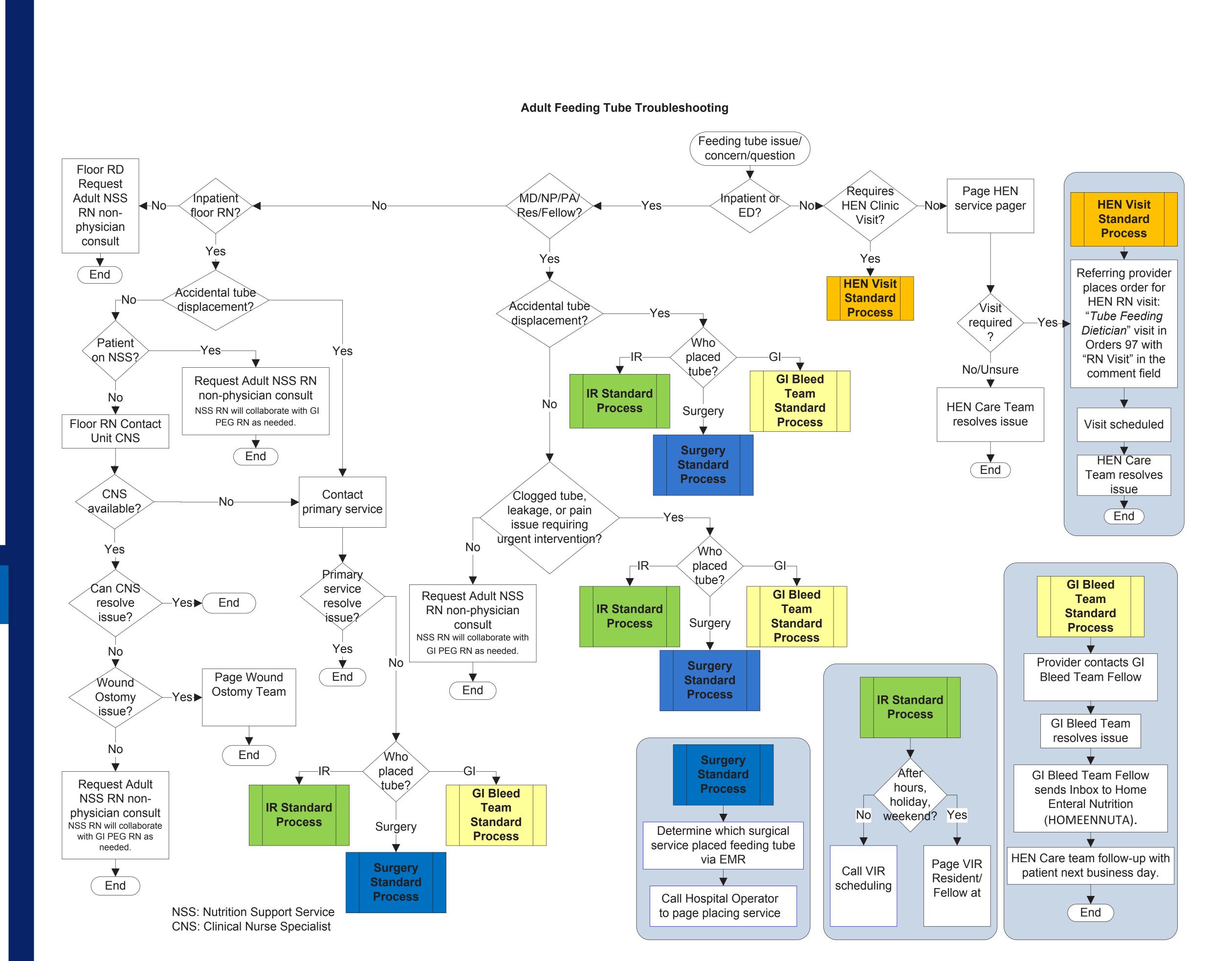
Figure 1 - Pre-Design **Enteral Tube RN**

Methods

The methods used to accomplish this redesign were:

- Patient satisfaction surveys.
- Plan, Do, Study, Act (PDSA) work groups to define scope of practice for Enteral Tube RN.
- A collaborative team involving the Home Enteral Nutrition Clinic (HEN), Nutrition Support Service (NSS) and the Enteral Tube RN with GI physician involvement for bedside consult
- The trouble shooting diagram (see figure #2)
- Reviewed the communication processes involving the Enteral Tube RN.

Figure 2 - Trouble Shooting Diagram

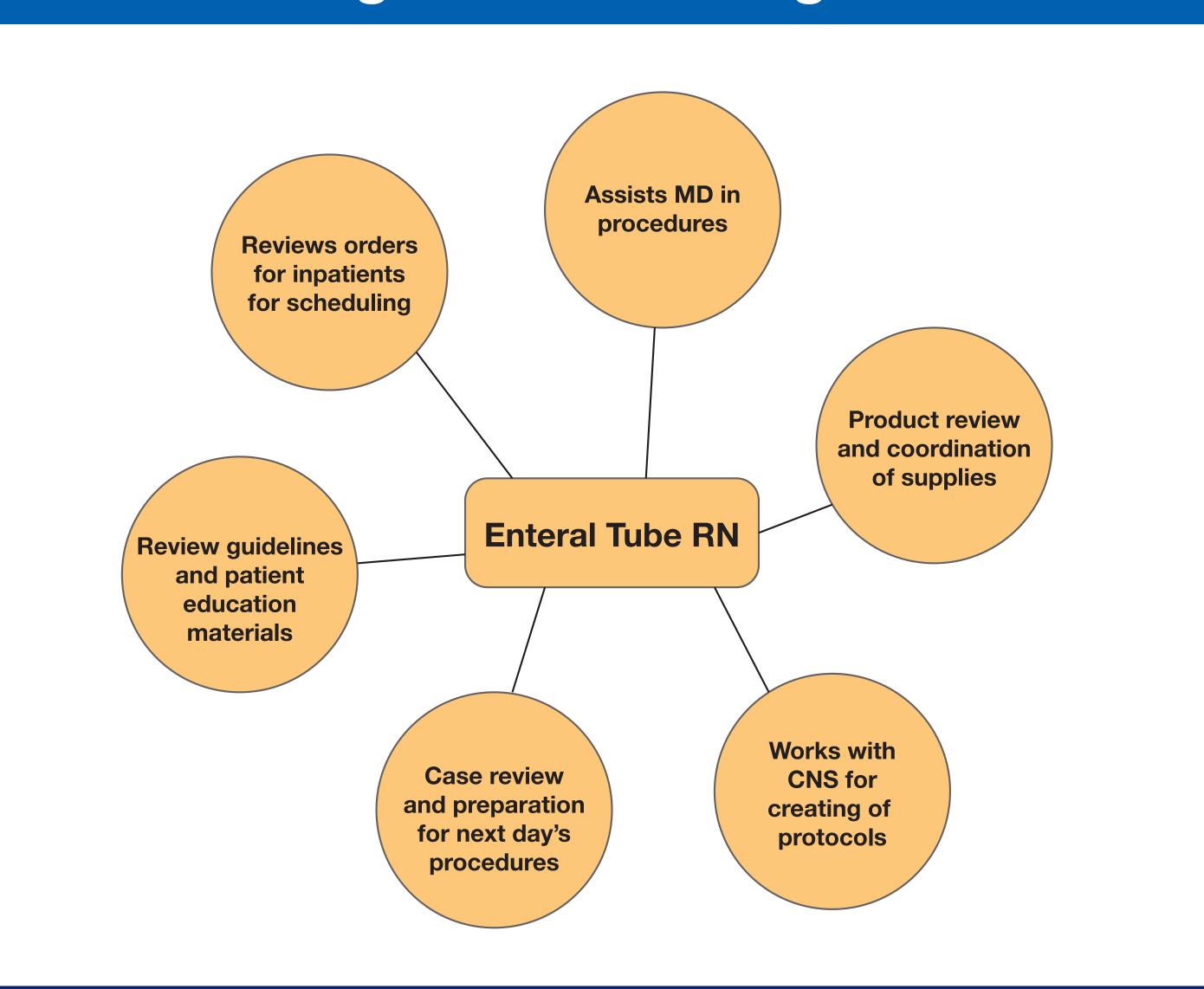


Results

and available on campus.

- Expanded FTE for practice demands.
- HEN, NSS, and bedside RNs now provide pre/ post procedure education
- HEN, NSS and Clinical Nurse Specialists preform consultations
- Trouble shooting algorithm has reduced procedural interruptions and delays by 85%
- Removal of the voicemail system & the Enteral Tube RN pager from the staff directory.
- Defining appropriate resources for inpatient and outpatient tube related concerns.
- Standardize documentation.
- Implemented procedure data log
- Sharing of knowledge with GI colleagues. Home Enteral Nutrition RN role.
- Increased work life balance of the Enteral tube RN

Figure 3 - Post-Design



Conclusions

In conclusion, the primary objective of the redesign to define and standardize the Enteral Tube RN role within the nurses' scope of practice was achieved. The secondary goal of increasing efficiency through utilization of resources and specialties already established and available on campus was meet. We have identified gaps for the provision of safe patient care and continue to address and learn from them to enhance the Enteral Tube Practice.

The redesigned role of the Enteral Tube RN was most effective in allowing the Enteral Tube RN's to have increased work life balance and job satisfaction. Patient interactions have become directed conversations with reduced duplication of work. Patients receive education in time to make informed decisions. Appropriate patient scheduling has reduced cancelations and rescheduled appointments. Patients experience a more focused interaction with the Enteral Tube RN without interruptions which enhances patient experience. Physician relations have strengthened; in addition team work on the unit has improved.

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