

Mapping a Strategy for Success: *A Case Study in Nursing Engagement as a Strategic Imperative at a Comprehensive Stroke Center*

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Rush University Medical Center (Rush) is nationally recognized as a neurosciences center of excellence. The neuroscience programs at Rush offer treatment options for a broad and comprehensive spectrum of complex neurological diseases. Rush's significant investment and programs of clinical distinction in neurology and neurosurgery (collectively referred to as "neurosciences") did not occur

without a significant long-term strategic plan and organizational investment. Rush University Medical Center is a 700-bed academic medical center, located in the urban downtown area of Chicago, Illinois. Rush first achieved Magnet designation (American Nurses Credentialing Center) in 2002, and most recently achieved the fourth designation in 2016. Rush has a long history of caring for highly complex patients, and stakeholders throughout the organization were intent on leveraging Rush's established strengths to aid in the development of a neurosciences center of excellence. Toward this end, several tactics emerged—including plans to invest significantly in technology, infrastructure, physician resources, marketing and outreach, and business development (*Table 1*).

As the strategy matured, Rush began capturing more of the neurosciences market and became identified as both a regional and national leader in caring for complex neuroscience patients. The growth in volume was further associated with a significant increase in patients with higher levels of acuity. The initial strategic planning clearly identified the need for expert physicians, cutting-edge technology, and a robust network of referral hospitals. These investments were

prioritized at the institution, allowing for appropriate resource allocation for the growth in volume and acuity that was occurring. However, in retrospect, it did not address how the existing clinical nursing practices and leadership infrastructure would also need to evolve to meet the demands of a high-acuity, nationally recognized institute. The purpose of this article is to describe the efforts to improve the care and engagement in the neuroscience intensive care unit (NSICU)

Table 1. Rush University Medical Center Strategic Tactics for Neuroscience Service Line

<i>Infrastructure</i>	Dedicated neuroscience beds within the new patient care tower that was actively being built at Rush <ul style="list-style-type: none">• 28-Bed NSICU• 32-Bed dedicated stroke/neurology unit• Dedicated epilepsy monitoring unit Technology <ul style="list-style-type: none">• Computed tomography scanner geographically located within the NSICU Additional procedural areas <ul style="list-style-type: none">• Operating rooms• Interventional suites• Advanced imaging modalities
<i>Clinical resources</i>	Recruitment of expertly trained physicians <ul style="list-style-type: none">• Fellowship trained neuroscience intensive care physicians• Neurosurgery• Stroke• Telemedicine• Advanced practice providers• Clinical program investment<ul style="list-style-type: none">◦ The Joint Commission Comprehensive Stroke Center◦ Stroke-trained nurses◦ Stroke coordinator◦ Data abstraction
<i>Marketing, outreach, and development</i>	<ul style="list-style-type: none">• Targeted business growth at local community hospitals• Development of a transfer program• Legal and contractual relationships• Partnerships with a wide range of community-based hospitals across the region

NSICU, neurosciences intensive care unit.

and the impact of the changes on nursing engagement and quality metrics.

BACKGROUND

When Rush's neurosciences strategic plan was operationalized, the NSICU was approximately 12 beds. Over several years, the unit has grown to 28 beds and is the clinical home of a 24/7 neuro-critical care transfer program that accepts over 1000 transfers per year from dozens of referring hospitals. The rapid growth of volume and acuity in the neurosciences program required an equally rapid increase in nursing staff. As the number of beds expanded and acuity increased, the NSICU nursing team grew by approximately 40 full-time equivalents (FTEs) within just a few years, requiring us to source, hire, and orient over 40 trained nurses. Our leadership team employed our traditional practice of hiring nurses, put them through a standard unit-based preceptor-led orientation, and then released them to care for patients independently. As a result, the FTE count increased, and the unit was appropriately staffed by the numbers.

The traditional model of hiring, orienting, and releasing nurses to work independently had proven successful in less acute units, or in more general patient populations. However, for large volumes of nurses in a highly specialized patient population, this model inadequately prepared nurses to competently coordinate the care of critically ill neuroscience patients. To further complicate the scenario, the physician residency program was expanding, and the program implemented a 24/7 advanced practice provider team. Although both of these changes advanced the neurocritical care team's ability to care for patients, they did increase the responsibility of the bedside nurse in critically thinking and recognizing changes in patient conditions. At the same time, the ability to offer continuing education to existing staff was becoming increasingly less practical. As the team grew to 100 nursing FTEs, unit-based education became challenging to organize and implement without additional educational budgets and expertise to teach the courses. Additionally, nurses were working with new physicians and advanced practice providers, as well as new procedures and

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