

Title:

Team Assist: Implementation of an Admission, Discharge, Transfer Team

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Session Title:

Evidence-Based Practice Posters Session 1

Keywords:

Burnout, Nursing Workload and Teamwork

References:

Berkow, S., Vonderhaar, K., Stewart, J., Virkstis, K., and Terry, A. (2014). Analyzing staffing

trade-offs on acute care hospital units. *Journal of Nursing Administration*, 44(10), 507-

516. doi: 10.1097/NNA.0000000000000109

Jennings, B. M., Sandelowski, M., Boshamer, C. C., & Higgins, M. K. (2013). Turning over

patient turnover: An ethnographic study of admissions, discharges, and transfers.

Research in Nursing & Health, 36(6), 554-566. doi: 10.1002/nur.21565

Kelly, L., Runge, J., & Spencer, C. (2015). Predictors of compassion fatigue and compassion

satisfaction in acute care nurses. *Journal of Nursing Scholarship*, 47(6), 522-528. doi:

10.1111/jnu.12162

Abstract Summary:

As patients are frequently admitted and discharged, nursing staff experience increased workload that can lead to burnout, decreased quality, and employee turnover. The purpose of this session is to describe the process utilized to implement an admission, discharge, transfer (ADT) team in an effort to ensure high, quality patient care.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the importance of an admission, discharge, transfer (ADT) team.	The presenter will discuss the background and significance of an ADT team including nursing burnout, quality of patient care, and impact on healthcare organizations.

The learner will be able to employ methods used to initiate the admission, discharge, transfer (ADT) team.	The presenter will explain the process utilized to initiate the ADT team with the use of Lewin's Change Model.
The learner will be able to discuss the evidence to use to advance an admission, discharge, transfer (ADT) team.	Results and implications for practice will be discussed, including nursing satisfaction results.

Abstract Text:

Patient care in an acute care facility is multifaceted and affected by many factors. Admissions, discharges, and transfers add an additional layer of complexity for nurses when multiple patients are admitted or discharged simultaneously. In addition to these episodic tasks, the complexity of the patient mix provides opportunities for the nurses to become overwhelmed with providing safe and competent care. It is of utmost importance to support nursing satisfaction in an effort to ensure safe, high quality care. Without proper support, periods of increased workload can lead to lower quality outcomes as well as nursing dissatisfaction. As quality and safety are continuously emphasized, it is vital nurses receive support during these periods of increased workload (Berkow, Vonderhaar, Stewart, Virkstis, & Terry, 2014). Particularly for bedside nurses, multiple admissions, discharges, transfers, and complex patient care add to the intricacy of nursing workload. These periods of increased workload, or situational workload, can lead to less than optimal patient outcomes as well as nursing dissatisfaction. Often times, even having a fully staffed unit does not meet the needs for situational workload. Patient turnover, which includes admissions and discharges, impacts workload as well as quality outcomes (Jennings, Sandelowski, & Higgins, 2013). Programs and processes need to be identified and tested to achieve optimal care for the acute care patients.

For a bedside nurse, admissions and discharges take a great deal of time to complete. When nurses become overwhelmed with multiple admissions and discharges, quality care can become more difficult to achieve. As nurses struggle to manage their time to care for all patients, resources must be provided to help ensure high quality care. According to Kelly, Runge, and Spencer (2015), high nursing workload contributes to nurses' dissatisfaction leading to staff turnover. Nursing satisfaction could be increased while situational workload is decreased resulting in safe, high quality outcomes through the implementation of an admission/discharge/transfer (ADT) team.

Many organizations are faced with the difficulty of adding additional staff due to budget constraints. With this in mind, a 402 bed acute care hospital in West Texas initiated a "Team Assist" program. Clinical educators and directors would serve as ADT team members in an effort to use current staffing resources. Using Lewin's Change Model, the team was initiated in September 2014. A combination of three educators and directors signed up each day to serve on the ADT team, with a requirement of once weekly participation to ensure adequate assistance was available. When the team was needed, the charge nurse would notify the operator and house supervisor who would then alert the team. The program has been in place for two years and continues to serve as a much needed resource.

This session will provide a dialogue concerning the challenges and opportunities encountered within the initiation and management of the "Team Assist" program. A discussion of the resources and evidence required for reaching the desired outcome will be presented so that participants can build on the experiences encountered.