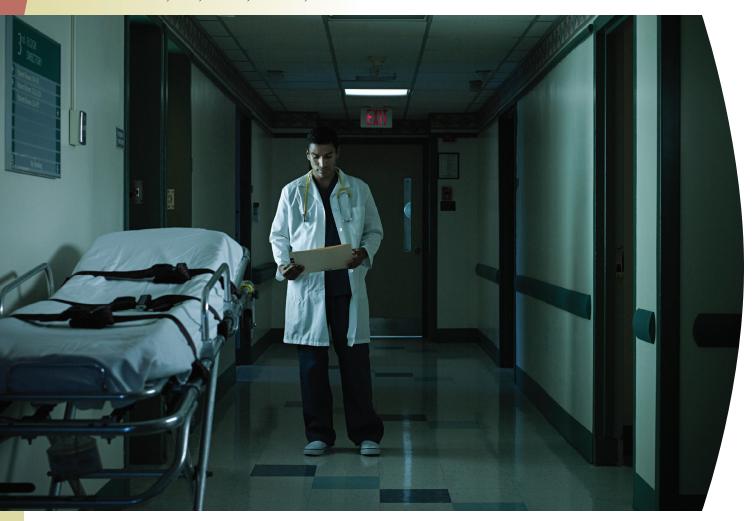# Creating a 24/7 Model for Patient–Family-Centered Care

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A major challenge for hospitals is ensuring consistent and standardized patient care across all shifts. In particular, evenings and nights are of concern because most patients are admitted to hospitals during those hours. In 2009, Yale-New Haven Hospital (Y-NHH), a 948-licensed-bed university teaching organization, embarked on a journey to establish a 24/7 leadership model to enhance the culture of safety, provide seamless care delivery, and comply with performance standards. Although care delivery was multidisciplinary and provided a full range of services and coverage from 7 a.m. to 3 p.m., after those prime hours, many departments, nursing included, scaled back resources. Thus, full clinical and managerial coverage was in fact only available one-third of the time, whereas two-thirds of the time, patients and staff were working with fewer resources while caring for the same volume and acuity of patient populations.

Recognizing the urgency and complexity of this problem, the Y-NHH chief nursing officer (CNO) and senior vice president for patient services, P. Sue Fitzsimons, and the president, Richard D'Aquila, sponsored the work to drive a patient–family-centered model of care and establish a leadership structure operational 24/7. The intent was to support the work of the bedside nurse with resources to augment problem solving, address education and practice issues, and increase collaboration and teamwork among all departments and practitioners.

ENGAGING STAFF

Effective change is based on building trust and understanding the work of staff at the bedside, as well as exhibiting a genuine interest in their opinions and the challenges faced on a daily basis. On the basis of that premise, an expert in performance improvement met with multiple staff focus groups that incorporated over 300 frontline nurses. The purpose of the focus group was to hear the voices of the nurses as related to the importance of a new model and to review the evidence indicating that extended periods with reduced staffing levels and resources indicated the need for enhanced and focused leadership engagement. This will ultimately drive improvements in healthcare quality and safety, and reduce patient harm.[1] This process allowed for participation and recommendations that led to the evolution from the off-shift administrator (OSA) to a new model with an off-shift executive (OSE) and off-shift nurse leader (OSNL), designed to influence the patient–family-centered care model. The key components of this model consisted of redesign of leadership roles, as well as the initiation of a culture of 24/7accountability.

In conjunction with multidisciplinary hospital leadership, staff participated in workout sessions focused on role redesign. The plan was to ensure that new leadership roles would address the critical issues faced by off-shift staff, as well as provide practice support. A goal was to provide consistent operations support for both administrative and clinical concerns, as well as full accountability to patients, their families, and staff. The emphasis was to provide high-quality, competent leadership on all shifts.

This was followed by direct work observations of the existing OSA leadership role. The observations were conducted around the clock and concentrated on workflow rather than on individual performance. It was clear from these observations that the majority of OSA time was spent in "fix-it" mode rather than defect reduction and process improvement. In fact, 80% of the OSA time was consumed with staff scheduling and bed placement for patients.

Recommendations from the observers:
1. Decrease non–value-added time
   - Reduce time spent staffing the inpatient units on the off shifts
   - Reduce time spent placing patients
   - Reduce time spent searching for equipment
   - Reduce office time through improved automation/technology
   - Eliminate redundancy and variation in processes (ie, workarounds)
2. Increase value-added time
   - Promote institutional shared goals
   - Focus on patients and their families
   - Focus on teamwork
3. Increase training for staff
   - Perform needs assessment
   - Enhance off-shift employee training
   - Influence patient safety and quality outcomes
4. Increase active management time
   - Create productive huddles and visibility
   - Create a platform to provide data/reports for decisions
   - Provide consistent follow up to issues/barriers
   - Improve communication regarding closure to issues/barriers

Leadership engagement with frontline staff provided the opportunity to think through new approaches, redefine successes, and effectively mobilize staff and leaders to adapt to the continually changing healthcare environment and promote innovation. If Y-NHH was to "compete on value," then there was a need to improve outcomes, patient safety, and service, with attention to elimination of waste and redundancy. A compelling case for off-shift leadership redesign was made, with a redistribution of existing resources to create a new model that transitioned to a value-based system.

Finally, it became clear that the budget assigned to the OSA role could be better utilized to introduce roles that would be more effective in supporting the bedside nurse. Division of accountabilities would ensure that the bedside nurse could renew focus on the patient–family-centered care model. The timeline and 4 new separate and distinct roles consisted of the following:
1. A clinical bed manager with 24/7 accountability was introduced from September 2009 through June 2010.
2. 24/7 centralized staffing and scheduling department leaders were identified in a continuous transition.
3. OSE was positioned July 3, 2010.
4. OSNL was positioned July 3, 2010.

The clinical bed manager was to be accountable for placing the right patient in the right bed the first time.[2] The centralized staffing and scheduling department managed staffing issues and decisions. This article focuses primarily on the institutional core values and the implementation and charge given to the global administrative role of the OSE and the clinical role of the OSNL as transformational leaders supporting the work of the bedside nurse. Yale-New Haven Hospital believes that high-reliability organizations exhibit certain tenets in their core values, as described in the Yale-New Haven Health System institutional vision, mission, and values (*Figure 1*).

RECRUITMENT STRATEGY

"Successful organizations understand that employee experience drives patient experience and compassionate care; believe that supporting caregivers is essential to preserving their compassion; and incorporate compassionate care prac-