



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study was to document the change process when one facility underwent a Neonatal Intensive Care Unit (NICU) expansion, and study the impact on staff.

Leading Change During an Inpatient Critical Care Unit Expansion

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Key Concepts/Context

Acute care hospitals are changing rapidly to address economic and technologic advancements and meet community needs. The authors describe one medical center's use of Kotter's work on leading change to expand the neuroscience intensive care unit from 10 to 30 beds to meet community needs, improve hospital efficiencies, and increase bed capacity. Nurse satisfaction, retention, and other human resource-quality data that showed positive results are compared before and after the change.

Methods

This article discusses a single case study.

Sample

All registered nurses (RNs), RN assistant nurse managers, and medical assistants were invited to participate in the study. In 2006, 16% or 38% of nurse participants responded to the survey. In 2007, there were 22 participants, yielding a 44% return rate.

Setting

Harborview Medical Center is a 368-bed facility that serves the WAMI (Washington, Alaska, Montana, and Idaho) region for trauma.

Metrics and Measurement

Nurse satisfaction in the NICU was surveyed using a data collection tool adapted from the 2004 National Database of Nursing Quality Indicators RN Satisfaction Survey and the Calgary Work Life Satisfaction. Nurse turnover, sick time, and overtime data were also collected pre- and post-unit expansion.



DESIGN IMPLICATIONS

This study provides designers and healthcare leaders with information about important stages of change to consider prior to health facility renovation, expansion, or a new building project. The authors also provide suggested staff metrics to track.



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Confounding Variables

None were identified.

Findings

Satisfaction improved in every category surveyed; some improvements were very small, but some were quite dramatic. With the emphasis in the current healthcare environment on quality and safety, it is notable that all nurses surveyed agreed or strongly agreed that care given was safe and of high quality. Ninety percent of nurses surveyed agreed or strongly agreed that they were satisfied with their job, and 100% had no intentions of leaving HMC, up from 69% in 2006.

Only assistant nurse managers completed an additional survey on evaluation of change consisting of eight additional questions using a visual analog scale to rate their understanding of Kotter's eight change steps. The highest-rated change steps were belonging to a powerful guiding coalition, understanding and communicating vision, consolidating improvements, and institutionalizing new approaches. The lowest-rated change steps were creating a sense of urgency and planning for and creating short-term wins.

Surprisingly, during the height of the expansion and the most change occurring the turnover rate was the lowest.

Attendance, measured by sick time usage for core staff only, was tracked from 2006 to 2008. The average hours of sick time used per employee was 80 hours for 2006, 83 hours for 2007, and in 2008 data, though incomplete, it is currently at 67 hours. A significant increase in sick time use was not observed.

Overtime usage was trended annually, and a surprising spike was notable during 2007 -- up to 7,030 hours, compared with 5,200 hours in 2006. One may be able to conclude that additional staffing was required to accommodate for the increase in orienting of new staff. For 2008, the trend for the past nine months has been down considerably at 3,580 hours.

Limitations

As a case study, the results of the study have limited generalizability.