Abstract: The staff of one Pennsylvania hospital revamps the admission process by targeting health histories and creating a designated admission nurse role. [Nurs Manage 2005:36(6):44-47]

Historically, hospital admission assessment processes are fragmented, time consuming, and a source of patient and staff dissatisfaction. At The Washington Hospital, Washington, Pa., we’ve validated these findings through customer feedback, literature searches, affiliate surveys, and a time study of our staff nurses. Due to the high priority of this issue and its impact on staffing, we created a process improvement team to investigate our facility’s admission process.

Getting started
We formed our Admission Assessment Process Improvement Team and established a charter that identified organizational goals and strategies, process boundaries, improvement targets and measures, available resources, constraints, time frames, and team strategies. Staff nurses from medical-surgical, critical care, outpatient services, emergency department, behavioral health units, case management, information systems, and education comprised the team, which also included nurse managers. One such manager

Profile of an admission nurse

Ease patient volume and bolster staff satisfaction by filling this position.

By Sandra L. Hlipala, RN,C, MSN, NHA, Kathleen A. Meyer, RN, BSN, Tammie Oliverio Wallace, RN, BSN, and Judy A. Zaremba, RN,C, MSN

LINDA HELTON

istorically, hospital admission assessment processes are fragmented, time consuming, and a source of patient and staff dissatisfaction. At The Washington Hospital, Washington, Pa., we’ve validated these findings through customer feedback, literature searches, affiliate surveys, and a time study of our staff nurses. Due to the high priority of this issue and its impact on staffing, we created a process improvement team to investigate our facility’s admission process.

Getting started
We formed our Admission Assessment Process Improvement Team and established a charter that identified organizational goals and strategies, process boundaries, improvement targets and measures, available resources, constraints, time frames, and team strategies. Staff nurses from medical-surgical, critical care, outpatient services, emergency department, behavioral health units, case management, information systems, and education comprised the team, which also included nurse managers. One such manager

Profile of an admission nurse

Ease patient volume and bolster staff satisfaction by filling this position.

By Sandra L. Hlipala, RN,C, MSN, NHA, Kathleen A. Meyer, RN, BSN, Tammie Oliverio Wallace, RN, BSN, and Judy A. Zaremba, RN,C, MSN

LINDA HELTON

istorically, hospital admission assessment processes are fragmented, time consuming, and a source of patient and staff dissatisfaction. At The Washington Hospital, Washington, Pa., we’ve validated these findings through customer feedback, literature searches, affiliate surveys, and a time study of our staff nurses. Due to the high priority of this issue and its impact on staffing, we created a process improvement team to investigate our facility’s admission process.

Getting started
We formed our Admission Assessment Process Improvement Team and established a charter that identified organizational goals and strategies, process boundaries, improvement targets and measures, available resources, constraints, time frames, and team strategies. Staff nurses from medical-surgical, critical care, outpatient services, emergency department, behavioral health units, case management, information systems, and education comprised the team, which also included nurse managers. One such manager
worked as the team facilitator, and the vice president of patient care services served as the process owner. The team worked through a seven-step process to complete its charter.

The team identified an action plan, which included time frames, to complete the charter. Identified activities included:

♦ analysis of positive and negative aspects of the current admission assessment process
♦ research, including literature reviews, surveys, and time studies
♦ creation of a flow chart of current admission processes (scheduled and unscheduled)
♦ identification of the ideal admission assessment process
♦ drafting of components of the new admission assessment process
♦ comparative time analysis for completion of outpatient/inpatient admission assessment process
♦ identification of measures and monitors
♦ creation of an education plan
♦ drafting of an implementation plan.

After working through its blueprint, the team targeted two components to enhance and improve the hospital’s admission assessment process: health history and an admission nurse.

1. **Health history**: The Washington Hospital uses a computerized clinical documentation system. Staff enters the health history into the system during a preprocedure phone call and provides preoperative education to patients upon pre-registration. The data remain accessible to healthcare providers as needed and can be expanded upon when the patient arrives for services. A health assessment worksheet is produced in the appropriate clinical area upon registration, which contains all stored patient information. Once printed, this document is placed in the patient’s chart.

   The health history retains key data
elements online for easy access and provides inpatient and outpatient staff the capability of entering the history into the system as it’s collected. Information is entered once and updated only as changes occur. As a result, the data gathering process is more standardized and streamlined, with the use of one tool for data collection.

2. Admission nurse: Patient admission assessment data serves as the springboard from which we refine diagnoses, establish care plans, and anticipate discharge needs. Nurses, by virtue of their knowledge base and license, are at the front line of our hospital’s admission assessment process. To facilitate efficiency of the process, we developed the admission nurse position. This individual initiates and completes the health history and assessment process while promoting customer satisfaction. He or she expedites patient admission, increases accountability for information sharing, prevents fragmentation of unit staff, limits the need for overtime, and decreases dissension among staff due to increased workload.

With implementation of the health history and the admission nurse, time saved for the staff nurse was projected to be 20 to 40 minutes per admission; actual survey results showed a time savings of 30 to 60 minutes per admission. Studies also determined that the peak period for admissions was 11:30 a.m. to 8 p.m. Therefore, during this time, admission nurses remained available to complete the majority of all admissions. More than 9,640 patients were admitted from May 2000 to September 2001. The admission nurse completed 9,255, which was 96% of these admissions and 57% of all admissions in a 24-hour period—representing a time savings to staff nurses of between 4,628 and 9,255 hours. When comparing these hours to salary costs, this translates into $100,659 and $201,296.

In addition, this position yields a significant cost savings in overtime—$64,000 per year. The overtime, directly related to admissions at The Washington Hospital, is now 93% less than it was prior to implementation of the admission nurse. Complete elimination of overtime isn’t realistic due to emergency situations. In addition, implementation of the admission nurse position has eliminated 1.2 registered nurse full-time equivalents (FTEs), resulting in a cost savings of $54,288. Further, increasing the number of admission nurse FTEs has enhanced high-volume OR days and patient flow through the ED. This addition has positively impacted patient flow to the inpatient units.

Reaping rewards
During a JCAHO survey of The Washington Hospital, standard PE.1 (assessment of the patient’s physical, psychological, and social status) was found to be in compli-
The positive state of the patient was directly attributed to the implementation of the admission nurse position. In addition, closed chart reviews, which are utilized as a tool for monitoring compliance with JCAHO standards, have demonstrated a 98% to 100% compliance average upon initiation of the position.

The new admission process allows providers to develop a higher level of competency and efficiency in the admission process and data entry. In addition, the quality of information makes for better patient care. As a result, the time that was diverted from the registered nurse’s patient assignment is now returned to the bedside.

Postimplementation staff nurse surveys conducted at 6- and 18-month intervals yielded a 95% satisfaction rate with the process. Admission assessment process problems are common to all healthcare organizations. Allowances originally made by individual units at The Washington Hospital to offset the time spent on patient admissions weren’t cost or time effective. Feedback obtained after implementation of the health history and the admission nurse includes numerous tangible and intangible benefits to the hospital and the community. Given the current national nursing shortage and the increased workload of the bedside nurse, we’ve found the admission nurse position to be a staff nurse satisfier and a successful recruitment tool. These components are in alignment with our facility’s mission to provide high-quality healthcare service to residents of Washington County and surrounding service areas.

ABOUT THE AUTHORS
At The Washington Hospital, Sandra L. Hlipala is director of ortho-neurosciences, Kathleen A. Meyer is manager of the acute rehabilitation unit, Tammie Oliverio Wallace is a staff nurse on the medical-surgical telemetry unit, and Judy A. Zaremba is an education specialist.