The purpose of this project was to improve the communication from nurses (RN) to certified nursing assistants (CNA) at the beginning of each shift. This was done to improve not only patient safety, but also satisfaction for the patients as well as the RNs and CNAs. The patient population included orthopedic patients as well as surgical and medical populations. This unit prides itself on upholding the mission to help manage their care and recover from procedures so they can return to their baseline abilities.

Background
- The majority of cares missed during shift change occur due to improper, or a complete lack of delegation from the RNs (Magnussen et al., 2014).
- Nursing indicators such as pressure ulcers, falls and catheter–associated urinary tract infections (CAUTI) have been found to decrease after hospital units implement standardized handoff details among staff (Starrer et al., 2014).
- Delegation is a skill and process that requires constant education as the scope of practice will likely have differences than from what nurses may have learned in their schooling (Puskur et al., 2017).
- The adult learners do not retain information through lectures or online modules, but rather through hands on simulation and one-on-one coaching (Speed et al., 2015).
- Positive reinforcement has been found to decrease errors from caregivers in a hospital setting by up to 72% (Ferrachi et al., 2016).
- One study found positive reinforcement among staff increased screening tool use from 38% compliance to 97% within nine weeks (Brown, 2016).

Evaluation
- Three major themes were developed through interviews about delegation process: Satisfaction, Missed cares and Understanding of delegation.
- A survey was developed surrounding these themes involving three questions
- Surveys were distributed to all staff, with staff identifying as either an RN or CNA.

Analysis and Findings
- Each survey question asked the participants to answer their understanding based on a 0-5 scale, 5 being the highest, and the average was taken.
- The questions asked how satisfied you were with the current delegation process, how many missed cares occur each shift and what your confidence in understanding what can be delegated is.
- Results from the survey (n=25; 5 CNAs, 20 RNs)

Literature Review
- These surveys indicated that there was a lack of satisfaction from both patients and staff in regards to communication.
- All staff also felt cares were being missed as well as a gap in understanding what can be delegated.

Process
- Education was developed from the survey results and included the policies used procedures for delegation in Aurora’s policy guide.
- One-on-one education was done with staff to re-establish the delegation guidelines as well as map out specific tasks that can, and should be delegated.
- Staff was encouraged to find their RN or CNA within the first hour and a half of the shift to communicate patients plan of care.
- Reminders were placed around the unit on computer screens to initiate this conversation.
- Prizes were given when staff communicated during rounding from “Delegation Appreciation Basin”.

Post-intervention HCAHPS
- Three months since implementation was tracked.
- Same RN communication percentile rank was used.

Conclusions
- Education along with positive reinforcement showed to increase staff satisfaction as well as increased the communication with patients.
- Limitations of this study include:
  - Small sample size for surveys and short time frame for implementation.
  - Staff turnover during project initiation.
  - HCAHPS reporting structure changing.
  - Bedside shift report began at same time for RNs.
- Recommendations for future improvement include:
  - Make delegation education a part of every staff members orientation.
  - Investigate nursing sensitive indicators before and after, such as falls, CAUTI and pressure injuries.
  - Create a checklist for RNs to sign after delegation rounds to track compliance.

Post-Implementation Staff Survey
- The same staff survey was distributed two months after the project initiation.
- Return surveys participation was lower than the previous one (n=20, 6 CNAs, 14 RNs).
- CNA satisfaction almost doubled, as well as a decrease in perceived missed by half.
- The CNA understanding also improved, although this was all a very small sample size.
- RN satisfaction increased slightly, with a slight increase in perceived missed cares.

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References