Root Cause Analysis: Staffing Issues

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“I Pledge”
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Root cause analysis “…is a powerful tool used to improve systems, mitigate harm, and prevent recurrence of adverse events without directing individual blame” (Ewen & Bucher, 2013, p. 435). One must remember “…It is the cause of the error, not the error, which must be corrected to prevent recurrence” (Ewen & Bucher, 2013, p. 439). A fishbone diagram represents the causes that have led to the issue. It shows different types of causes. Causes can include anything environmental, personnel, or any equipment involved. This paper will discuss issues in staffing on a labor and delivery unit.

Staffing on any hospital unit can be a serious problem and the nursing shortage happening country-wide only negatively impacts this particular matter. By the year 2025, it is estimated that the shortage of registered nurses will exceed half a million (MacKusick & Minick, 2010).

Currently the labor and delivery unit is undergoing a shortage in staffing. There are various reasons as to why this is a major problem. The biggest reason is people are unhappy. The last registered nurse hire was December of 2013. There have been rumors circulating for a while that this is due to the budget. This is very frustrating to many individuals especially nurses. They feel as though administration is valuing money over patient care and outcomes as well as nurse burnout. Not having the equipment the nurses need is irritating, especially if this is continuous. Often, when the patient is transferred to the post-partum room after a cesarean, the nurse never has the equipment or supplies she needs to care for the patient. This includes an IV pump, dinamap, and a sequential compression device. Vital signs, fluids, and preventing blood clots are crucial after major surgery. Therefore, this involves the nurse having to search in various places throughout the unit when remaining at the bedside with the patient should be top
priority. Having to take equipment/supplies from other rooms or searching for the nurse who has the patient in that room waste valuable time.

Environmental factors play a big role in leading to staffing problems. Recently, two nurses resigned due to schedule conflict. Childcare is problematic for some people and management was unable to work with these particular nurses. Therefore, they had to do what was best for them and their family and take on another job that was flexible for them. Another environmental factor that causes a staffing shortage is the high intensity of the job. Emergencies can happen in a split second and one must be able to act assertively and efficiently. Many interventions are required and team collaboration is necessary. Anxiety levels tend to rise and others tend to become snippy and short with each other. Amer states the importance of prioritizing when exchanging information (2014, p.165). Once the environment becomes calm, the primary nurse is responsible for all the charting, while continuing to provide care for the patient. Nurses have reported that it is difficult to leave the job behind once they clock out and go home. Even at home, work encompasses their mind, especially if their shift was hectic. Often, they ponder whether or not they forgot to chart something. The labor and delivery unit has a mass text system. This is a way to send out a text message to everyone requesting help for the unit if it is critical. Due to the shortage of nurses, nurses are receiving the text quite often. The nurses have expressed that it is difficult to enjoy a day off from work when the text message comes through as well as the inability for sufficient resting. “Scholars have recognized emotional or mental fatigue, coupled with physical fatigue, may be representative of the syndrome of burnout” (MacKusick & Minick, 2010, p. 339).

Personnel factors also cause the problem of staffing. Currently, it is a requirement for nurses at the birthplace to float to other units in the hospital who are in critical need. The nurse
will perform patient care tasks or sit with a patient who requires a sitter. Initially, floating was an option. Therefore, nurses had the option to pick up hours if desired. A few months ago, an e-mail was sent out to the birthplace unit stating that it was mandatory for nurses to float until the rest of the hospital finished orientation for the new hired nurses. The nurses were actually told not to ask any questions about floating. Nurses are responsible for communication among patients, doctors, pharmacy, lab, and other departments throughout the hospital. Lack of communication is another issue that falls under the personnel category. Some nurses are not at ease during their travels to work due to not knowing whether or not it is their turn to float off the unit. The problem is nurses are not encouraged to ask questions. Lastly, the nurses feel unappreciated at times. An occasional thank you would be much appreciative.

Policy/procedures is another area leading to staffing concerns. For the first time in five and half years, the mandatory call has exceeded sixteen hours per schedule. Currently, the call stands at twenty hours. It is safe to say that all the nurses on the unit are unhappy about this especially since it is summer and their children are out of school. Nurses who work longer than eight hours are less careful when verifying the correct drug, dose, and route of a medication (Amer, 2013, p. 11). The labor and delivery unit tries to follow AWHONN (Association of Women’s Health, Obstetric and Neonatal Nurses) guidelines for staffing. Nurses are often feeling “unsafe” with their patient assignments. AWHONN recommends one nurse to one patient if the patient is receiving Oxytocin for an induction or augmentation. Every fifteen minutes a fetal heart rate needs to be assessed. If this is unable to happen for whatever reason, AWHONN’s guidelines states that the Oxytocin infusion be discontinued for the time being. If there is insufficient staffing for the unit, an elective induction needs to be placed on hold ("Guide for Professional Registered Nurse Staffing for Perinatal Units," 2010). For this particular unit, it is
unheard of for Oxytocin to be discontinued due to limited staffing. Fetal demises and patients on magnesium are also supposed to be one to one. There was an unfortunate incident not too long ago where the unit was very short-staffed. Two patients arrived on the unit at the same time. They both delivered within the first ten minutes of arriving to the birthplace. The first delivery was accompanied by two ER nurses. The second delivery was a fetal demise and unfortunately the patient delivered in triage without a nurse or physician present.

Poor staffing for any unit can lead to negative patient outcomes. “State-mandated safe-staffing ratios are necessary to ensure the safety of patients and nurses. Adequate nurse staffing is key to patient care and nurse retention, while inadequate staffing endangers patients and drives nurses from their profession” ("Safe-Staffing ratios: benefiting nurses and patients," 2016, para 1). Nurses working long hours can lead to health problems such as musculoskeletal disorders, high blood pressure, and depression. A sufficient amount of research proves that safely staffing a unit is cost-effective and reduces turnover rates ("Safe-Staffing ratios: benefiting nurses and patients," 2016).
ROOT CAUSE ANALYSIS: STAFFING ISSUES

Staffing Issues

- Equipment
  - Searching for equipment/supplies
  - No enough supplies or equipment

- Environment
  - High intensity
  - Life situations

- Policy/Procedure
  - Increased call time
  - Standards for staffing

- Personnel
  - Floating to the floor
  - Limited communication to the nurses
References


