

# **NURSE WELLBEING:**

## *AN ORGANIZATIONAL IMPERATIVE*

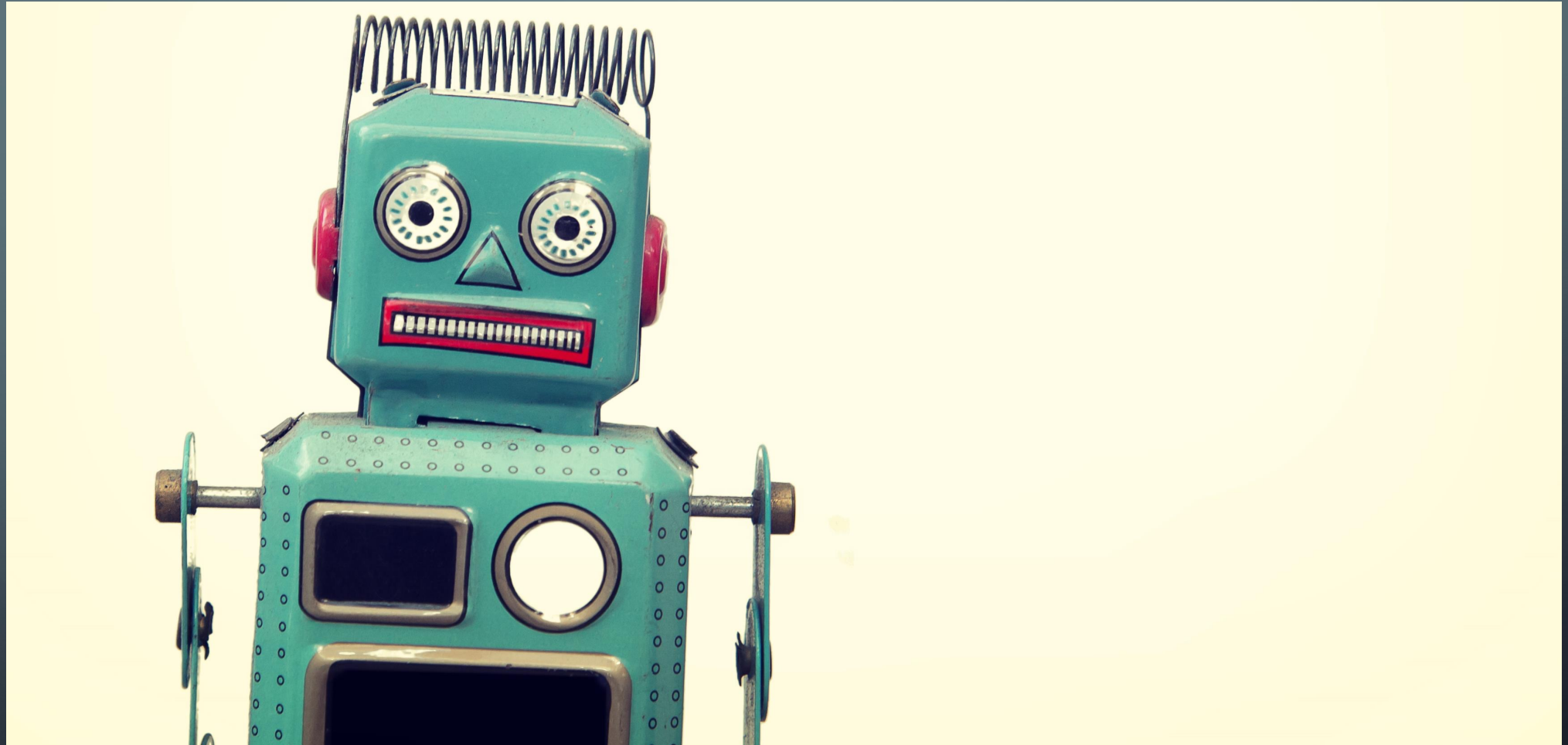
### REDUCING ADMINISTRATIVE BURDEN

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OREGON CENTER FOR NURSING

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# OBJECTIVES



Define administrative burden

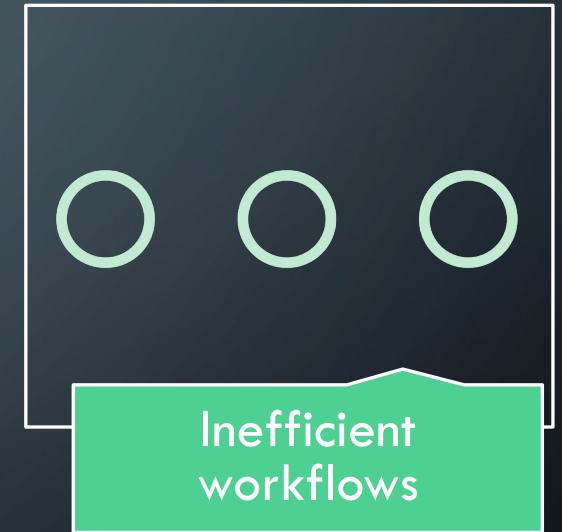
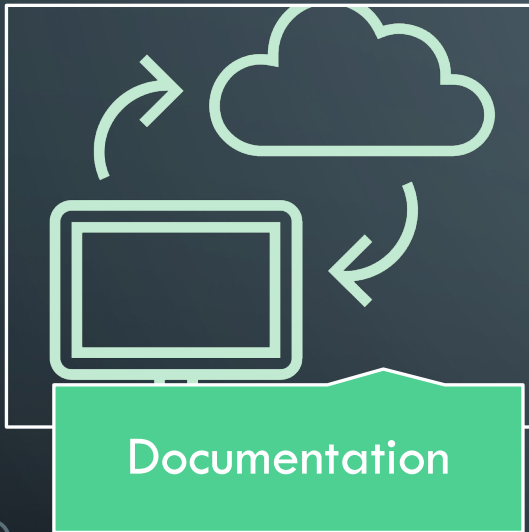


Discuss how administrative burden impacts fulfillment in work



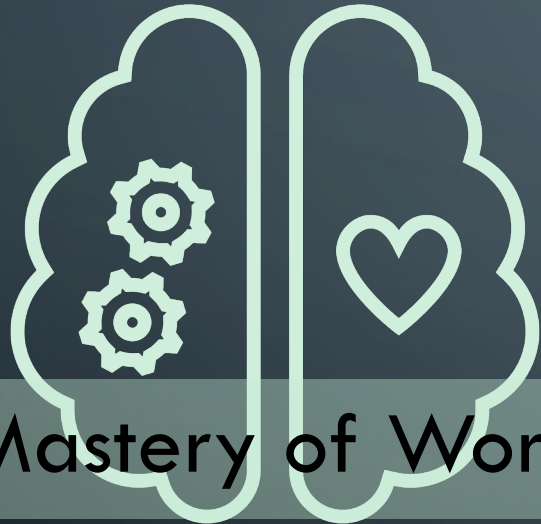
Identify ways organizations can engage nurses and improve efficiency of the work environment

# WHAT IS ADMINISTRATIVE BURDEN??





# FULFILLMENT IN WORK



Mastery of Work

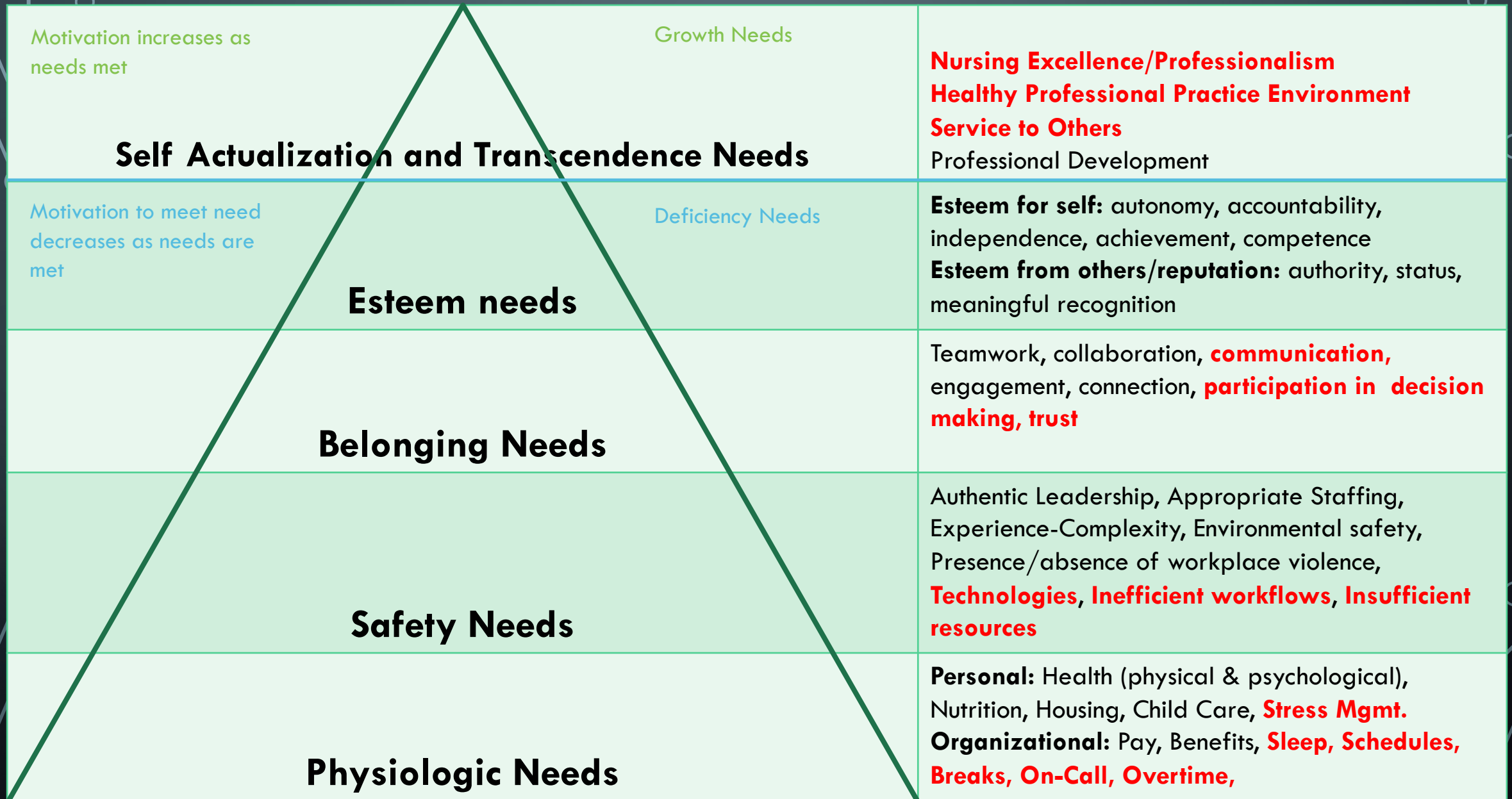


Autonomy



Purpose

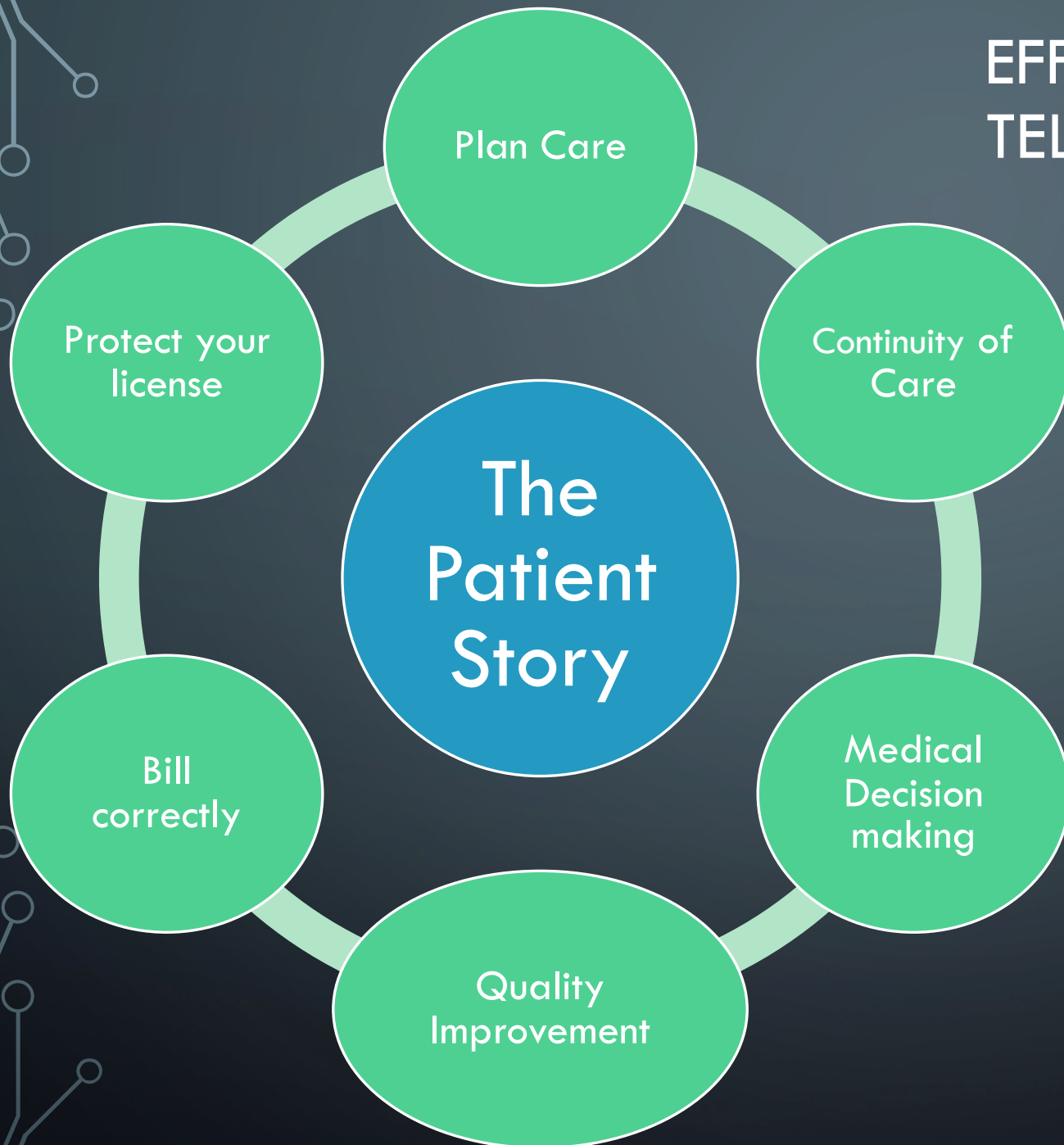
# The Nurse Leaders Adapted Hierarchy of Human Needs



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**5 WAYS TO REDUCE ADMINISTRATIVE  
BURDEN & INCREASE ENGAGEMENT**

# EFFECTIVE COMMUNICATION: TELLING THE PATIENT'S STORY



## **OSBN Requirements:**

The licensee shall document nursing practice in a:

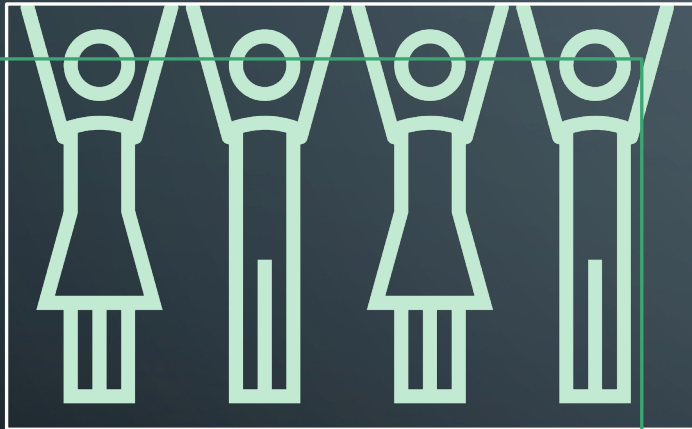
- ✓ Timely
- ✓ Accurate
- ✓ Complete- plan of care is updated

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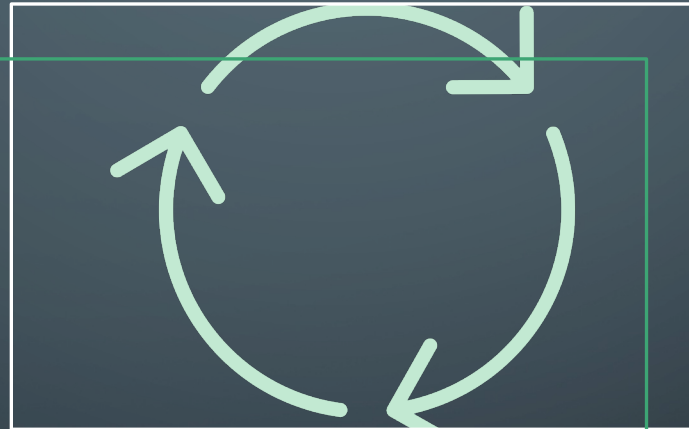


# HOW DO WE IMPROVE?

A CASE STUDY TO REDUCE DOCUMENTATION DURING TIMES OF CRISIS



People



Processes



Technology

# A CASE STUDY: REDUCING DOCUMENTATION IN TIMES OF CRISIS (AKA DISASTER DOCUMENTATION)

Disaster  
documentation policy  
developed/  
implemented August  
2021

Disaster  
Documentation  
implemented v1  
August 2021 -  
October 2021

December 2022:  
Crisis Staffing  
information published  
by Oregon Health  
Authority

January 2022:  
Requests to bring  
back disaster  
documentation by  
staff/leaders

Disaster  
documentation v2  
implemented  
December 2022 –  
March 2023

STEP 1:  
ASSESSMENT

IDENTIFY OPPORTUNITY / TRIGGER FOR CHANGE

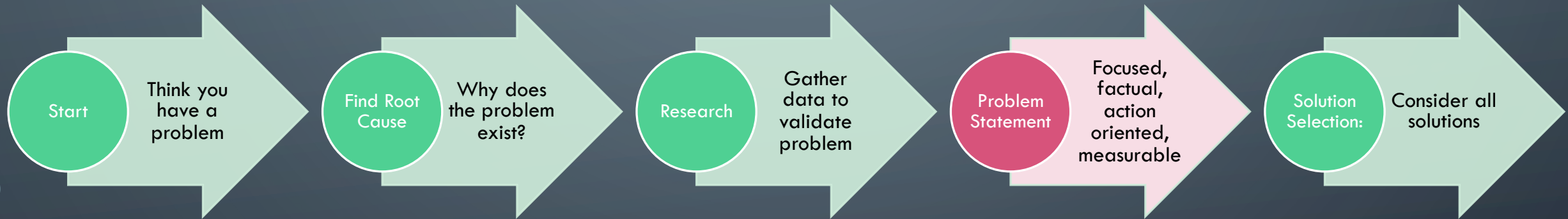
Identify  
opportunity

Gather  
data

Align  
strategy

# STEP 2: DEFINE THE PROBLEM & DESIRED OUTCOME

Is there really a problem and how do you know?



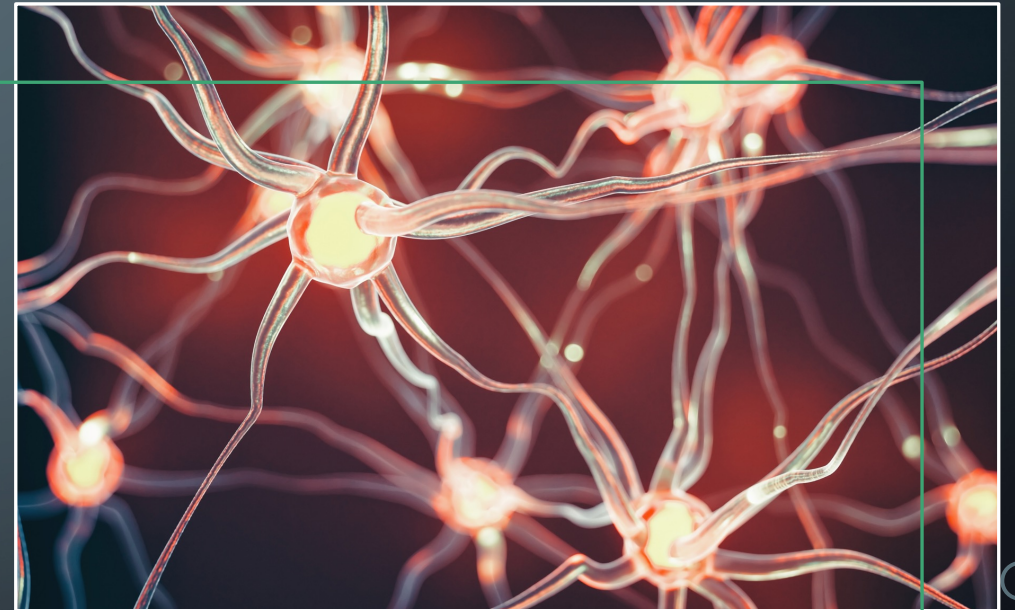


# STEP 3: PLAN

## *ENGAGE & SET A VISION*



Shared Governance



Innovate and Redesign



## STEP 4: IMPLEMENT INTERVENTIONS

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### CLINICAL EXCELLENCE DEPENDS ON OPERATIONAL EFFICIENCY



Strive for reliability



Optimize Policy, Procedures, and Workflows



Reduce extra clicks, pop ups, and unnecessary documentation



Remove duplicative tasks, visual clutter



Streamline inefficient workflows, automate processes



Optimize interoperability across digital platforms

# DISASTER DOCUMENTATION V1: AUGUST 2021-OCTOBER 2021

Department	Feb 2021	Sept 2021	Jan 2022
Critical Care	Flowsheets: 53 All: 127	Flowsheets: 52 All: 124	Flowsheets: 50 All: 122
Med/Surg	Flowsheets: 43 All: 146	Flowsheets: 38 All: 128	Flowsheets: 48 All: 140
FBC	Flowsheets: 39 All: 89	Flowsheets: 41 All: 96	Flowsheets: 37 All: 88
All Areas	Flowsheets: 40 All: 130	Flowsheets: 39 All: 123	Flowsheets: 42 All: 127

Flowsheets: minutes actively involved in flowsheets activity per shift  
All: active total time in patient's chart in minutes per shift



Disaster documentation policy developed/implemented August 2021

Disaster Documentation implemented v1 August 2021 - October 2021

December 2022: Crisis Staffing information published by Oregon Health Authority

January 2022: Requests to bring back disaster documentation by staff/leaders

Disaster documentation v2 implemented December 2022 – March 2023

#### ☐ Disaster or Crisis Charting in Effect

Disaster or Crisis Standards of Care are in effect for the following service lines:

- **ATRCM**: Med/Surg, Critical Care/IMCU, Boarder/Surge Locations
- **ARRMC**: Med Surg, Critical Care/IMCU/CSDU, IRC, Boarder/Surge Locations

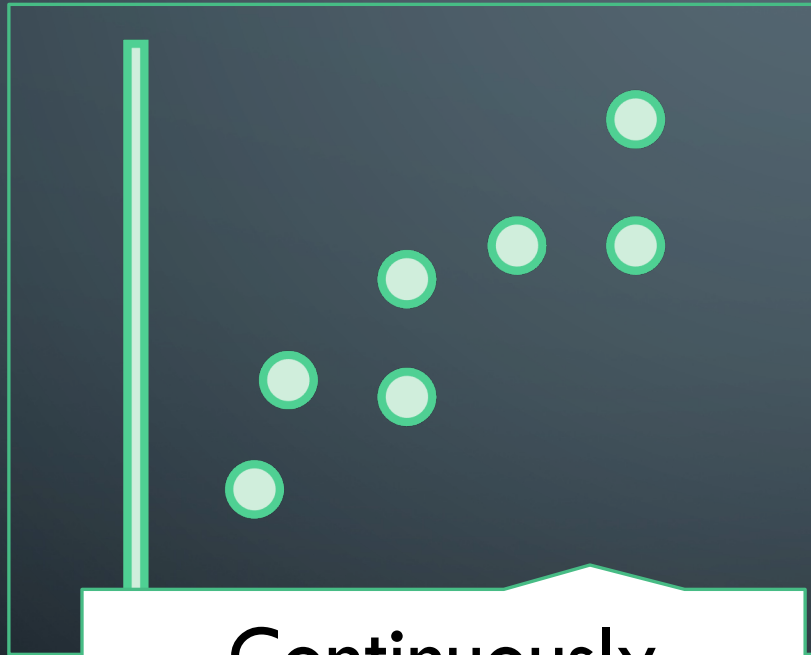
Please review [Asante Disaster Documentation Policy](#) for documentation requirements.

- [Med/Surg Fast Fact](#)
- [Critical Care Fast Facts](#)

# EPIC HEADER DURING DISASTER DOCUMENTATION V2



# STEP 5: EVALUATE INTERVENTIONS



**Continuously  
Improve**



**Celebrate  
Successes**

# SUCCESS FACTORS



Leader  
engagement



Consistency



Celebrate small  
wins



Shared  
governance

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