COMPS: Creative Options for a Meaningful Competency Program for Staff

Lynn Jansky MSN, RN-BC
Larissa Morgenthalu MSN, RN-BC

Middlesex Hospital
The Down and Dirty of Competency Redesign: a Toolkit for Professional Development Specialists

Lynn Jansky MSN, RN-BC & Larissa Morgenthal MSN, RN-BC
Middlesex Hospital, Middletown, CT

BACKGROUND
• Due to the ever-changing healthcare environment, Professional Development Specialists (PDSs) are challenged to provide more dynamic, meaningful, and effective ongoing competency assessment programs.

LITERATURE REVIEW
• Ongoing competency assessment should reflect high-risk, critical care, ornbranchn skills.
• Competency selection should change annually.
• Select validation methods that best reflect the competency.
• Utilize employee-centered verification processes.
• Use competencies to identify improvements.

PURPOSE AND OBJECTIVES
To design an employee-centered competency process where staff will receive a choice of methods to complete selected competencies.

JOURNEY TO A NEW MODEL
Obtained buy-in & support for new model
Collaborated with:
• Professional Development Director
• Managers for determination of competency topics
Consulted with:
• Subject matter experts to identify issues
Designed & Developed:
• Competency statements
• Appropriate methods for integration
• Criteria for competency performance
• Guidelines and unit-specific

EMPLOYEE RESPONSIBILITY
• Print materials from website for selected method
• Perform competency assessment(s)
• Complete assessment(s)

OUTCOMES ACHIEVED
• More dynamic, meaningful & flexible program
• Improved individual accountability
• Increased staff satisfaction
• Decreased costs
• Aligned with literature recommendations

CHANGING YOUR MODEL?
Important aspects to consider:
• Obtain leadership support
• Decide methodology (ie, LMS vs written test)
• Decide on comparison tracking process
• Determine process for follow-up, if needed

Contact Information
Lynn Jansky MSN, RN-BC
Middlesex Hospital
Middletown, CT
lynn.jansky@middlesexhospital.org

© 2020 Middlesex Hospital
www.middlesexhospital.org
Objectives

- Discuss challenges of competency fair model
- Develop a competency program which promotes individual accountability and impacts quality initiatives
- Determine key strategies for successful implementation of a new competency model
Competency Fairs

Pros:

- One stop shopping
- Allowed for non-competency needs to be part of the day
- Set fair dates
- Easy tracking process
Competency Fairs

Cons:
- Resource intensive
- More of passive process
- Going through the motions to get signed off
- Not really a meaningful process
- One-size-fits-all
Our Vision

- Promote individual accountability
- Develop meaningful competency process
- Meet individual styles by offering various methods
- Align with recommendations from literature
- Achieve cost-savings
- Improve staff satisfaction
Our Journey

- Leadership buy-in
- Competency vs education
- Educator learning curve
- Pilot
Donna Wright
# Our New Model

<table>
<thead>
<tr>
<th>Fair Competency Model</th>
<th>Accountability-Based Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>One method of verification</td>
<td>Multiple methods</td>
</tr>
<tr>
<td>Competency Fair Days (set dates)</td>
<td>Flexible timeframe</td>
</tr>
<tr>
<td>Passive process</td>
<td>Active learning</td>
</tr>
<tr>
<td>Expensive</td>
<td>Cost savings achievable</td>
</tr>
</tbody>
</table>
Methods Utilized

- Test
- Case study
- Evidence of daily work
- Return demonstration
- Chart audits
- Exemplar
- Discussion groups
- Mock events
Collaborated with managers on competency topics
Consulted with content experts
Devised competency statements
Decided appropriate methods of verification
Designed content and completion criteria
Welcome to the Competencies 2016 Site!

This site contains all of the information that you will need to complete your 2016 competencies. This competency model allows you to choose methods that fit you best. Keep reading for more information on how to navigate your way through this site!

Please note: employees hired after January 1st, 2016 are not required to complete this year's competencies.

Frequently asked Questions:
If you are new to this competency model process you may want to start here with our Frequently Asked Questions (FAQ's)

Where do I begin?
PCT's: click on the 'PCTs start here' link on the left navigator bar and follow the steps.
RN's: click on the 'RN's start here' link on the left navigator bar and follow the steps.
Welcome to the RN competency page!

Please follow these steps to help you complete the requirements.

**Step 1:**
Print the cover sheet below.

**RN Cover sheet**

**Step 2:**
Read through the cover sheet and identify which competencies your unit is required to complete. Keep the cover sheet as your guide.

**Step 3:**
Click on each of your required competencies on the left navigator bar. Follow the steps outlined in those sections.

**Step 4:**
Print the materials for each of the competencies and complete the requirements.

**Step 5:**
Keep your completed work in a folder. Hand in to your Professional Development Specialist or Nurse Manager when appropriate.

**Step 6:**
Click on 'RN evaluation of competencies' on left navigator bar and give us your feedback. Thank you!

**Deadline for completion of competencies:** April 30th, 2016
## Competencies for RNs 2016

Once **all required competencies** are complete (with evidence) submit to your Professional Development Specialist or Nurse Manager. Please **DO NOT** send through interoffice mail.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Required Competencies</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Department</strong></td>
<td>Chest Tubes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Transfusion OR Skin Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telemetry &amp; Alarms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manual Defibrillation, Synchronized Cardioversion &amp; External Pacing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Port Access</td>
<td></td>
</tr>
<tr>
<td><strong>North 2 Telemetry, North 2 Observation &amp; RN Float Pool</strong></td>
<td>Managing the Aggressive Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest Tubes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Transfusion OR Skin Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telemetry &amp; Alarms</td>
<td></td>
</tr>
<tr>
<td><strong>Critical Care Unit &amp; Intermediate Care Unit</strong></td>
<td>Managing the Aggressive Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest Tubes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Transfusion OR Skin Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telemetry &amp; Alarms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CAPD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manual Defibrillation, Synchronized Cardioversion &amp; External Pacing</td>
<td></td>
</tr>
<tr>
<td><strong>North 4 (South 5) &amp; South 6</strong></td>
<td>Managing the Aggressive Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest Tubes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Transfusion OR Skin Assessment</td>
<td></td>
</tr>
<tr>
<td><strong>South 4 &amp; South 7</strong></td>
<td>Managing the Aggressive Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest Tubes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Transfusion OR Skin Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aspira</td>
<td></td>
</tr>
</tbody>
</table>

### North 6
- Managing the Aggressive Patient
- Chest Tubes
- Blood Transfusion OR Skin Assessment
- CAPD
- Manual Defibrillation, Synchronized Cardioversion & External Pacing

### North 7
- Managing the Aggressive Patient
- Skin Assessment

### Outpatient Infusion Center
- Managing the Aggressive Patient

### Interventional Radiology & Cardiac Cath Lab
- Managing the Aggressive Patient
- Blood Transfusion
- Telemetry & Alarms
- Aspira
- Manual Defibrillation, Synchronized Cardioversion & External Pacing

### Clinical Resource Nurses
- Managing the Aggressive Patient
- Chest Tubes
- Blood Transfusion
- Telemetry & Alarms
- Aspira
- CAPD
- Manual Defibrillation, Synchronized Cardioversion & External Pacing
- Port Access

### Nursing Supervisors
- Managing the Aggressive Patient
- Blood Transfusion
Welcome to the Aggressive Patient Competency!

Please follow these steps to help you complete this requirement.

**Step 1:**
The reference materials you’ll need to complete this competency are:

1) Preventing Workplace Violence education module (click here for Workplace Violence education module)
2) Patient case video #1 (scroll down to the bottom of this page)
3) Patient case video #2 (scroll down to the bottom of this page)
4) Patient case video #3 (scroll down to the bottom of this page)
5) Policy RGT-10 CVH/MH Admission and Transfer Procedures (click here for policy)

**Step 2:**
Out of the 2 methods that we have created for you, choose one method that meets your learning style the best. The method options are:

1) case study
2) test

**Step 3:**
Once you have determined the method that you would like to complete, choose the hyperlink below to open up the the required information.

Aggressive patient - Case Study
Aggressive patient - Test

**Step 4:**
Print the material and complete the requirement.

**Step 5:**
Keep your completed work in a folder together with your other competencies. Hand in when all competencies have been completed.

(Please DO NOT send through interoffice mail - we don't want it getting lost!)

**Step 6:**
When all your competencies are completed, don't forget to complete the competency evaluation form. We value your input!
# 2016 Competency: Managing Aggressive Patient for RNs & PCTs

**Method: Test**

Name ___________________________  Unit ____________

For RN/PCT to complete:

<table>
<thead>
<tr>
<th>Test</th>
<th>Learner Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have located, read and used the following resources to answer the questions to this test.</td>
<td>RN/PCT Signature</td>
</tr>
<tr>
<td>Preventing Workplace Violence education module</td>
<td>Date</td>
</tr>
<tr>
<td>Watch patient case video #1</td>
<td></td>
</tr>
<tr>
<td>Watch patient case video #2</td>
<td></td>
</tr>
<tr>
<td>Watch patient case video #3</td>
<td></td>
</tr>
<tr>
<td>Policy RGT-10 CVH/MH Admission and Transfer Procedures</td>
<td></td>
</tr>
</tbody>
</table>

For Professional Development Specialist (PDS) or designee to complete:

<table>
<thead>
<tr>
<th>Test</th>
<th>PDS/designee Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A score of 85% is necessary to meet this competency.</td>
<td>Meets criteria</td>
</tr>
<tr>
<td>Test score:</td>
<td>Does not meet criteria</td>
</tr>
<tr>
<td></td>
<td>PDS/designee Signature</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>
2016 Competency - Managing Aggressive Patient for RNs & PCTs

Method: Test

North 7 RNs & PCTs: please do not answer questions #5 and #12

1. One important way to keep yourself safe is to identify escalating behavior. The STAMP acronym can be used to help you remember the warning signs of escalating violence. STAMP stands for:
   - S: ______________________
   - T: ______________________
   - A: ______________________
   - M: ______________________
   - P: ______________________

2. Which of the following statements and/or techniques is an example of ineffective communication?
   a. “So what you are saying...” (i.e. use repetition to show that you are listening
   b. Use a softer voice if the person begins to raise their voice
   c. Give clear, simple, and concrete directions
   d. If the patient becomes aggressive, ask them to “Calm down”

3. You walk into your patient’s room and she states “It’s about time you showed up! I’m...ing call bell forever to get some help!” The most appropriate way for you to respond is:
   a. Place your hand on her shoulder to reassure her you’re there to help
   b. Avoid eye contact
   c. Control your emotions and do not become angry
   d. Stay within 3 feet of the patient to demonstrate that you aren’t afraid of the...

4. If a person becomes physically aggressive, which of the following are appropriate responses (check all that apply):
   a. Do NOT confront the person if possible
   b. Attempt to get the patient back in bed
   c. Loudly scream or yell STOP!
   d. Maintain awareness and get help
   e. Place yourself in one of the corners of the patient’s room
   f. Ask a stronger co-worker to come into the room
   g. Stop co-workers from entering an unsafe area
   h. Divert, Escape and Defend yourself
   i. Call 55 and report a Dr. Strong

Questions from Patient Scenario: Raymond James

Mr Raymond James is a 37 year old male patient with a history of a Traumatic Brain Injury (TBI) 8 years ago (from a motor vehicle accident). He lives in a group home and at baseline he is non-verbal, moans and groans. He was admitted 48 hours ago for a small bowel obstruction, and had abdominal surgery. He ambulates safely and his vital signs are stable.

Please watch Video #1 and #2 to answer Questions 7 & 8.
Video #1 will allow you to view the full interaction between the staff member and Raymond James.
Video #2 allows you to view Raymond James’ interaction with his nurse from his perspective.

7. List 3 specific examples of Raymond James’ escalating behavior that you observed in the videos.
   1. ______________________
   2. ______________________
   3. ______________________

8. Please list 8 actions, behaviors and/or personal attire choices that the RN demonstrated which contributed to the patient’s escalating behavior and increased danger to the caregiver (consider personal safety, patient care, and environmental interventions):
   1. ______________________
   2. ______________________
   3. ______________________
   4. ______________________
f. Chest tubes

Welcome to the Chest Tube Competency

Please follow these steps to help you complete this requirement.

Step 1:
The reference materials you’ll need to complete this competency are:

1) Evidence Based Clinical Guidelines on the Nursing Management of Chest Tubes (located on the intranet)
2) Med-Surg Education website (Click here to be directed to education website)

Step 2:
Out of the two methods that we have created for you, choose one method that meets your learning style the best. The method options are:

(1) test
(2) evidence of daily work

Step 3:
Once you have determined the method that you would like to complete, choose the hyperlink below to open up the the required information on that method.

(1) Test
(2) Evidence of Daily Work

Step 4:
Print the material and complete the requirement.

Step 5:
Keep your completed work in a folder together with your other competencies. Hand in when all competencies have been completed. (Please DO NOT send through interoffice mail - we don’t want it getting lost!)

Step 6:
When all your competencies are completed, don’t forget to complete the competency evaluation form. We value your input!
# 2016 Competency: Chest Tubes

**Method: Evidence of Daily Work**

**Name_________________________**

**Unit_________________________**

<table>
<thead>
<tr>
<th>Prior to Evidence of Daily Work</th>
<th>Learner Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have located &amp; read the following resources to help prepare me to complete this competency:</td>
<td>________________________</td>
</tr>
<tr>
<td>☐ Evidence Based Clinical Guidelines on the Nursing Management of Chest Tubes (located on the Intranet)</td>
<td>RN Signature</td>
</tr>
<tr>
<td>☐ Med-Surg Education website (if available to you)</td>
<td>________________________</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

**For validator to complete:**

<table>
<thead>
<tr>
<th>Evidence of Daily Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Demonstrates appropriate setup, connection, and management of the chest tube system:</td>
</tr>
<tr>
<td>☐ RN locates Chest Tube Evidence Based Clinical Guidelines on intranet</td>
</tr>
<tr>
<td>☐ RN demonstrates proper setup of a chest tube (CT) system (if applicable)</td>
</tr>
<tr>
<td>☐ RN verbalizes purpose of CT for their patient</td>
</tr>
<tr>
<td>☐ RN states purpose of each of the three CT chambers</td>
</tr>
<tr>
<td>☐ RN maintains appropriate care of the 3 chambers</td>
</tr>
<tr>
<td>☐ RN verbalizes appropriate assessments when caring for a patient with a CT</td>
</tr>
<tr>
<td>☐ RN verbalizes required documentation regarding CT</td>
</tr>
<tr>
<td>☐ RN verbalized appropriate steps if CT becomes dislodged</td>
</tr>
<tr>
<td>☐ RN verbalizes assessments/indication to call MD</td>
</tr>
<tr>
<td>☐ Proper boudoir equipment is located in room</td>
</tr>
<tr>
<td>☐ RN verbalizes necessary travel requirements</td>
</tr>
</tbody>
</table>

*Validators include: Lynn Jansky, Rob Blewitt, Mike Hiscock, Deb Smith*

**Professional Development Specialist or designated validator**

☐ Meets criteria  ☐ Does not meet criteria

---

**Validator Signature_________________________**

**Date of Observation_________________________**
d. Blood transfusion

Welcome to the Blood Transfusion Competency!

Please follow these steps to help you complete the requirements.

***** Please note that you will choose EITHER the Blood Transfusion or the Skin competency (you are NOT required to do both) *****

Step 1:
The reference material you'll need to complete this competency is:

1) MH Policy PTC 4.1 - Transfusion of Blood and Blood Component Therapy
2) Guide for blood transfusion chart audit (click here for guide)

Step 2:
If you have chosen the Blood Transfusion competency, there is only one method option:
(1) chart audits of Blood transfusions

Step 3:
Click the hyperlink below to open up the required information on that method.

Blood transfusion - chart audits

Step 4:
Print the material and complete the requirements.

Step 5:
Keep your completed work in a folder together with your other competencies. Hand in when all competencies have been completed.
(Please DO NOT send through interoffice mail - we don't want it getting lost!)
2016 Competency: Blood Transfusion for RNs

Method: Chart Audit

Name: _______________________________  Unit: ________________

For RN to complete:

<table>
<thead>
<tr>
<th>Chart Audits</th>
<th>Learner Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete accurate audits of Packed Red Blood Cell transfusions for 2 charts (please select 2 from the below options):</td>
<td></td>
</tr>
<tr>
<td>MR 988798 (issued 11/25/15 at 22:12)</td>
<td></td>
</tr>
<tr>
<td>MR 237771 (issued 11/27/15 at 21:51)</td>
<td></td>
</tr>
<tr>
<td>MR 692921 (issued 10/7/15 at 9:49)</td>
<td></td>
</tr>
<tr>
<td>MR 950354 (issued 10/6/15 at 10:57)</td>
<td></td>
</tr>
<tr>
<td>MR 109581 (issued 11/16/15 at 01:16)</td>
<td></td>
</tr>
<tr>
<td>If the chart is of a friend or relative, do not audit that chart, and select another one to audit.</td>
<td></td>
</tr>
</tbody>
</table>

*** Please be sure audits are accurate. If inaccurate, additional audits will be required. ***

Middlesex Hospital - Nursing – Multi-Medical Record Audit Form

Blood Transfusion Audit Tool

Please indicate Y or N (for yes or no) in the boxes below.

<table>
<thead>
<tr>
<th>MR#</th>
<th>Informed Consent in chart &amp; Verified on Pink Sheet</th>
<th>Physician Order Verified</th>
<th>Blood collection verified &amp; signed with 2 RN signatures</th>
<th>Transfusion Start and Completion signed documented with date &amp; time</th>
<th>Answer to Question Patient had a reaction (Circled Y or N)</th>
<th>Baseline vital signs are documented (TPR-BP)</th>
<th>IV site monitored, rate of infusion verified and no reaction observed during transfusion</th>
<th>Vital signs are documented 15 mins. from start of tx</th>
<th>Vital signs are documented at end of transfusion</th>
<th>Transfusion completed within 4 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Meets criteria □  Does not meet criteria □

Professional Development Specialist/designee signature: ____________________________

Date: ____________________________
Staff Responsibility

Choose and complete one method for each competency

Collect all evidence

Submit evidence once **ALL** competencies are completed
Correcting & Tracking

- Spreadsheet with unit rosters
- Track competencies as they are received
- Inbox
- Correct
- File
- Track in Healthstream
GOAL
2016 Staff Satisfaction

This is a meaningful process for competencies (RN responses)

![Bar chart showing responses to the statement: Strongly disagree (0), Disagree (6), Neutral (32), Agree (52), Strongly agree (41).]
2016 Staff Satisfaction

This is a meaningful process for competencies (PCT responses)
What They Liked

- Self-paced, self-directed
- No need to come in on their day off
- Flexibility of choices for validation of knowledge/skills
- "I really learned stuff! Love the format! Thank you!"
- "Was helpful/encouraged me to review our policies"
- "It was more meaningful to me than just going table to table and checking off a list"
What They Liked

“I remembered/retained more information using this format”

“The ‘fair’ method tended to be too ‘social’ at times and did not hold staff members as accountable for their own learning”

“Learned much using the blood transfusion CQI exercise--saw what the QA people see and how to complete the blood transfusion documentation correctly”

"The ‘old way’, i.e. the repetitive nature of previous comp fairs needed a major revamping and this was a very creative and effective way of achieving this"
What They Didn’t Like

- The majority of responses had **NO** suggestions for improvement
- “I merely preferred the fair method because it was like ‘one-stop shopping’”
- "Would prefer to have Healthstream tests instead of printing things out on paper”
- “Too many different sites to access”
- “Missed the social outing with co-workers”
Quality Patient Outcomes From Heparin Competency

<table>
<thead>
<tr>
<th>Error Type</th>
<th>Pre-competency *</th>
<th>Post-competency **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose vs. rate</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Initiation dose max rate</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Baseline PTT not drawn</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Critical high titration</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Incorrect D/C of drip</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Initiation bolus not given</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Documentation of bolus</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D/C of drip pre-procedure</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Titration bolus not given</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bolus given in error</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Drip titrated per baseline PTT</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total number of RN errors</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

65% reduction of total number of RN errors

*Pre-competency: 1/2014 – 10/2014
**Post-competency – 8/2015 – 1/31/2016
Data extracted from medication safety reports
Quality Outcomes

Rates:

- Pre-competency: 3.04 errors / 100 orders
- Post-competency: 1.44 errors / 100 orders

Nurses were 2.11 times more likely to make a heparin error prior to completing the heparin competency using the new model
## Financial Impact

<table>
<thead>
<tr>
<th></th>
<th>Fair Model</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Med/Surg (169 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Validator Hours</td>
<td>262</td>
<td>0</td>
</tr>
<tr>
<td>Paid Time to Complete per RN (hours)</td>
<td>2.5</td>
<td>0 - 1.5</td>
</tr>
<tr>
<td><strong>ED (113 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Validator Hours</td>
<td>375</td>
<td>0</td>
</tr>
<tr>
<td>Paid Time to Complete per RN (hours)</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Critical Care (76 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Validator Hours</td>
<td>108</td>
<td>0</td>
</tr>
<tr>
<td>Paid Time to Complete per RN (hours)</td>
<td>4</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>
# Estimated Financial Impact

<table>
<thead>
<tr>
<th></th>
<th>Fair Model</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Med/Surg (169 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validator Cost</td>
<td>$9,170.00</td>
<td>0</td>
</tr>
<tr>
<td>Total Cost of RN Time to Complete</td>
<td>$14,787.00</td>
<td>$5,915.00</td>
</tr>
<tr>
<td>Replacement Time</td>
<td>$14,787.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>ED (113 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validator Cost</td>
<td>$13,125.00</td>
<td>0</td>
</tr>
<tr>
<td>Total Cost of RN Time to Complete</td>
<td>$11,865.00</td>
<td>$1,977.50</td>
</tr>
<tr>
<td>Replacement Time</td>
<td>$11,865.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>Critical Care (76 RNs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validator Cost</td>
<td>$3,780.00</td>
<td>0</td>
</tr>
<tr>
<td>Total Cost of RN Time to Complete</td>
<td>$10,640.00</td>
<td>$5,320.00</td>
</tr>
<tr>
<td>Replacement Time</td>
<td>$10,640.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$100,659.00</td>
<td>$13,212.50</td>
</tr>
</tbody>
</table>

Net Savings of $87,446
Outcomes

- Increased individual accountability
- More meaningful process
- Cost effective
- Positive patient outcomes
- Increased staff satisfaction
Thank You

 ifdef has any questions please feel free to contact us

Lynn Jansky MSN, RN-BC
lynn.jansky@midhosp.org
860-358-6689

Larissa Morgenthau MSN, RN-BC
larissa.morgenthau@midhosp.org
860-358-4211
References


