

The Impact of a Unit Clerk on Nurse Effectiveness in A Texas Long Term Care Facility

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Abstract

Funding was provided by the Institute for Quality Improvement in Long Term Health Care for placement of a ward clerk at a busy nursing unit in a Texas nursing home. The purpose of funding the study was to establish a demonstration study to determine if the placement of the ward clerk would effectively reduce the amount of time the charge nurse was required to allocate to various forms of paperwork. Staff/resident ratios are frequently below optimum in Texas nursing homes. Nursing task time dedicated to compliance with corporate, state, and federal regulations is time that detracts, appreciably, from resident care.

Detailed logs kept of nursing activities prior to placement of the ward clerk and after six months of the clerk's employment were compared for differences in utilization of time for the charge nurse. Types and frequencies of resident incidents were compared for the six-month time periods before and after the ward clerk was hired.

Comparison of figures revealed that the charge nurse was actually able to spend 62% more time with the residents and 60% more time involved with staff supervision than previously. A decrease in 28.6% of charting time was realized, as well as a 42% reduction in the amount of time the charge nurse was involved with phone calls. An overall reduction of 48.5% of total incidents was achieved during the period of time under study.

The Impact of a Unit Clerk on Nurse Effectiveness in A Texas Long Term Care Facility

Introduction

A paradox exists within the nursing home care delivery system. Nursing homes operate in order to provide care to infirm elderly clients. While nursing home managers strive to elevate the quality of care delivered and, thus, the quality of life for nursing home residents, the regulatory mechanisms which govern this care delivery system necessitate enormous amounts of documentation for proof of compliance with those regulations. The very individuals who have been trained to provide this care are buried under an incredibly burdensome “paperload.” The time requisite for managing this avalanche of paper draws nurses and, indeed, trained nursing assistants away from the clients they have chosen to serve. Nursing home staff place a large percentage of their work time into “paper compliance” rather than into direct patient care.

In order to minimize this burden on the nursing staff, funding was provided by the Institute for Quality Improvement in Long Term Health Care for placement of a ward clerk at a busy nursing unit in a Texas nursing home. Duties performed by a ward clerk would, hypothetically, allow the charge nurse more time for direct involvement with the residents.

The nursing home, Victoria Nursing and Rehabilitation Center (VNRC), is a 120 bed Medicaid certified facility in Victoria, Texas. Resident acuity mirrors that found in many Texas nursing facilities, with TILE levels ranging from TILE 211 to TILE 201. * The nursing staff on the selected nursing unit is stable. The charge nurse has worked in her position for five years; the Director of nursing, seven years; and a core of nursing assistants, two or more years.

*acronym for Texas Index Level of Effort - a documentation system for judging resident acuity and determining reimbursement levels.

Detailed logs were kept of specific amounts of time allotted by the charge nurse to the varied components of her work day. Time logs which were recorded prior to the presence of the ward clerk were analyzed and compared with time logs recorded after the ward clerk had been employed for six months. Certain duty categories showed minimal variation. Others, however, had surprising results.

Statement of the Problem

There is a preponderance of “bad press” in regard to the quality of life for nursing home residents. Concern expressed by families, providers, regulators, and residents over the issue of quality of care places a high priority on making positive changes.

Many elements enter into the complex equation which determine the actual quality of care delivered in a given nursing home on a given day. A major contributing factor relates to the caliber of the nursing staff; a factor which strengthens the nursing staff relates to the manner in which time is managed. If a disproportionate amount of time is relinquished by the nursing staff to paper work as opposed to time involved in direct “hands-on” resident care, it seems likely to surmise that quality of life for the residents may suffer.

The primary question posed by this project asks, “Does the charge nurse actually spend less time involved with paperwork when a unit secretary is present?” “What differences occur in actual duties performed by the charge nurse?” “Is there, in fact, a discernible difference in the quality of residents’ life?”

An extensive search of the available literature in the field of long term care/nursing homes yielded only one obscure reference to the utilization of ward clerks in nursing homes.

That publication listed, in the format of a job description, the duties which might be performed by a ward clerk. (Goldsmith, 1994)

Research methods

A unit secretary was added to the staff of a busy nursing unit at a 120-bed long term care facility in Victoria, Texas. The charge nurse on the unit under study was responsible for sixty (60) nursing home residents on her shift. The Director of Nursing categorized the duties generally performed by the charge nurse. The total time occupied by the charge nurse in performing the various tasks in each category was tabulated and logged for five days prior to the placement of the unit secretary on the unit. Units of time were broken into five-minute segments, so that a comprehensive portrait of actual time utilized could be presented. After the conclusion of six months of the unit's operation with the presence of the ward clerk, the time apportioned by the charge nurse to the specified categories was again tabulated for a week. Totals were established for each of the allotted categories, and an analysis was completed.

The Director of Nursing selected duties most frequently encountered by a charge nurse in completion of a "routine day" on the nursing unit. The categories which were individually logged (both before and after the arrival of the ward clerk) included:

1. Admission of a new resident
2. Transfer of a resident to or from the hospital, another facility, or another unit
3. Time spent with a physician through either phone contact or making rounds
4. Time spent with a family member
5. Time spent with a resident

6. Reporting to oncoming and off going nurse during shift change
7. General charting duties (transcription of orders, nurses' notes, nursing summaries)
8. Sending and receiving facsimile communications
9. Staff direction or communication
10. Treatments
11. Accuchecks
12. Respiratory treatments
13. Direction of nursing students
14. Incident reports and follow-up on incidents
15. Pharmacy or lab contact by phone
16. Stocking supplies

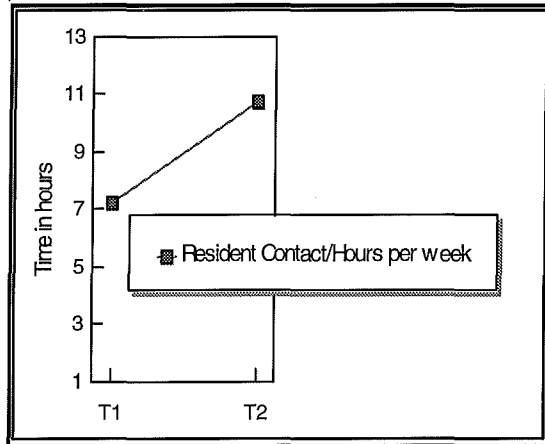
Victoria Nursing and Rehabilitation Center tracks incident reports by nursing unit, type and severity, type of treatment required, and type of occurrence. All incidents on the day shift (the shift on which the unit clerk worked) were compared with incidents occurring on that shift prior to the onset of the ward clerk position. Data were compared for the two six-month periods.

Analysis of Results

Time Analysis

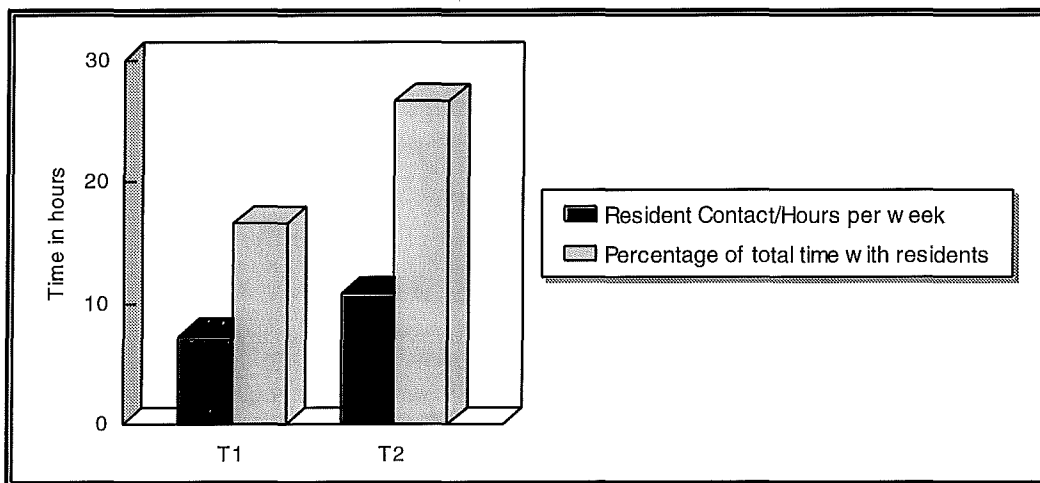
The fundamental question posed asks whether or not the charge nurse is actually able to spend more time with the residents. A time usage analysis of category 5, "Time spent with a resident," reveals a 47.5% increase in the amount of time the charge nurse was directly involved with her residents. (Figure 1)

Figure 1 Time Spent with Residents



If viewed from a perspective relative to the amount of time directly spent with residents compared to the total time worked in one week by the charge nurse, a 62% increase was realized. (Figure 2)

Figure 2 Charge Nurse Time with Residents



The presence of a ward clerk on the unit appears to have alleviated some of the paper work responsibilities of the charge nurse. Duties relegated to tasks involved in charting included

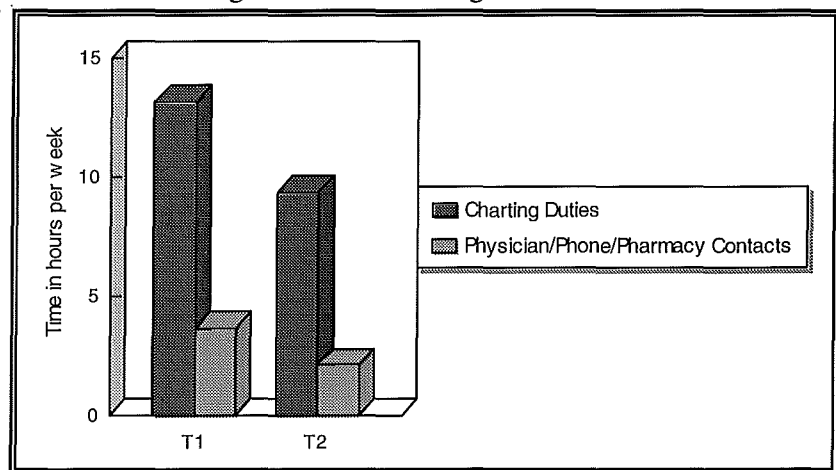
admissions, nursing notes, transcriptions, nursing summaries, and facsimile transmittals. An overall decrease of 28.6% of the charge nurse's time involved in charting occurred. It must be noted, however, that of the two time periods compared, only the initial time period included documentation pertaining to the admission process. If this factor is taken into account, an overall decrease of 27.8% would be realized. Because of the fact that an admission did not occur during the second time period, the 27.8% notation would constitute a more accurate reflection of a savings in charting time.

A 42% reduction of the nurse's time involved with telephone calls was noted after the addition of the ward clerk position. The time the nurse was on the phone related to receiving FAX transmittal from labs, placing medication orders, ordering supplies, and contacting physicians. No distinction was made in the data collection process as to whether physician contact was through rounds made on the unit with a physician or through conversations held by phone. Both occurrences are combined for comparison purposes. (Figure 3)

In analysis of the data, an unexpected outcome was recorded: The charge nurse was able to spend 60% more of her time

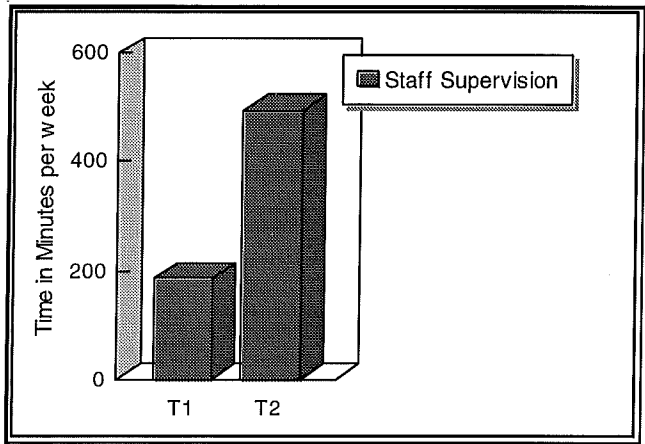
absorbed with direct staff supervision. When queried by the researcher as to whether or not the ancillary staff was more problematic during the second time period, the Director of Nursing provided assurance

Figure 3 Charting Duties



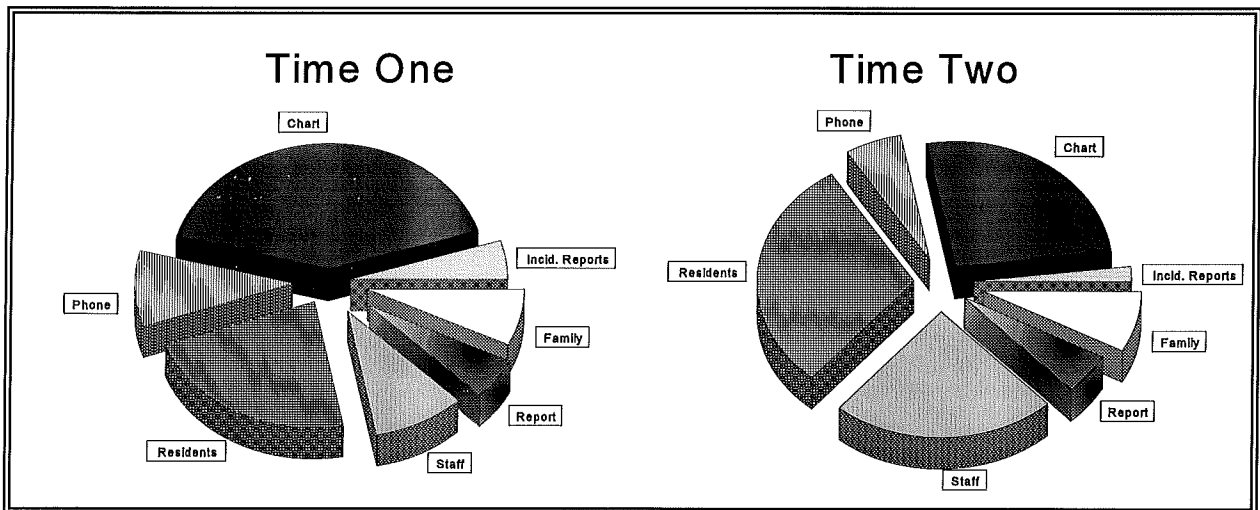
that staff difficulties were minimal. The consequences relative to resident quality issues of increased staff supervision can only be favorable for the residents. (Figure 4)

Figure 4 Charge Nurse Time with Ancillary Staff



For comparison purposes, the original duties were collapsed into similar groups. The subsequent groups were inspected and examined in regard to the total amount of time the charge nurse appropriated to each category. (Figure 5)

Figure 5 Total Time Utilization



Incident Reports

As mentioned previously, the Director of Nursing at VNRC compiles and maintains monthly logs of resident incident reports. Copies of these logs for the six-month period of time preceding the study and the six months period of time during the study were provided to the Institute. Data relevant to the shift and unit were extracted and were compared by category and disposition. An overall reduction of 48.5% of total incidents was achieved during the six months under study. During the second time period, no residents sustained injuries severe enough to warrant transfer to a hospital. Fewer falls (31.1%) were recorded during the second time interval. During the months of June and July 1995 a total of 26 falls occurred. Of those falls, one resident accounted for 18 falls. (In some instances, the psychological benefit to a resident of maintaining an ambulatory status outweighs the risk factor of frequent, noninjurious falls.) If this figure were to be removed from consideration, the reduction rate in falls would be 52%.

Abbreviated tables are provided for both time periods involved. (Table 1 and Table 2)

Table 1 Incident Log - 1994

	July	August	September	October	November	December	Totals
No injury	14	13	6	10	5	11	59
Skin tear	16	13	8	8	8	11	64
Bruise	2	3	4	3	5	3	20
Laceration	1	0	0	3	0	2	6
Fracture	0	0	0	1	1	0	2
Abrasion	1	0	0	2	2	1	6
Other	0	2	0	5	0	1	8
Total incidents	34	31	18	32	21	29	165
No treatment required	15	15	10	20	11	15	86
First Aid	19	16	8	12	10	14	79
Hospital	1	0	0	0	0	0	1
Fall	16	17	5	16	15	17	86
Transfer/Position	3	1	0	1	0	0	5

Table 2 Incident Log - 1995

	February	March	April	May	June	July	Totals
No injury	6	5	6	5	13	7	42
Skin tear	7	4	2	3	3	8	27
Bruise	0	0	1	2	1	0	4
Laceration	0	1	0	1	1	0	3
Fracture	0	0	0	0	0	0	0
Abrasion	0	0	3	0	0	1	4
Other	0	1	2	0	1	1	5
Total incidents	13	11	14	11	19	17	85
No treatment required	6	10	12	6	14	10	58
First Aid	7	7	2	3	6	10	35
Hospital	0	0	0	0	0	0	0
Fall	7	8	11	7	13	13	29
Transfer/Position	0	0	0	0	0	1	1

Discussion

Of the initial questions posed, definitive answers were obtained. The charge nurse did, in fact spend less time involved with paperwork when a unit secretary was present. She expended 28.6% less of her time over a five day-interval *after* the ward secretary was employed compared to a five-day interval *before* the ward clerk was hired. Although the charge nurse's overall responsibilities remained essentially the same, the time allotment among the categories of responsibility was shifted. More time was allocated to staff supervision and communication and resident interaction, and less time was apportioned to charting duties, telephone and FAX functions, and incident report documentation and follow-up. The total number of reported incidents was reduced by almost half.

Excerpts from a letter written by the charge nurse, Constance R. Sims, LVN, confirms the

quantitative findings: “The ward clerk, Engracie Schuck,alphabetized all of the papers that are utilized in everyday routine situations on Station I. This made forms easier and quicker to find. She filed papers in charts, Xeroxed papers, prepared papers for resident transfers to the hospital, prepared papers for residents’ doctors visits, assisted with escorting coherent residents to doctors, communicated with family members requesting information concerning their loved ones, took and delivered important messages and interacted with residents.”

“One of the most impressive things that Mrs. Schuck did was to ‘woman (man) the desk; while I made intense rounds with a state representative. This enabled me to make efficient rounds without being disturbed.”

“Some of the tasks I mention may sound trivial, however, when you work all of that into an everyday routine, it becomes quite stressful and very hectic. It would require much more time and paper in order to list every facet in which the ward clerk was utilized.”

Because the main focus of this study was directed at the amounts of *time* relegated to various nursing tasks, a change in quality of life cannot be quantifiably determined. It would seem logical, however to equate more of the nurse’s time spent with staff and residents to an elevation in the quality of care provided to nursing home residents. A charge nurse who is freed from some of the paperload can be more effective and less harried in dealing with families, residents, staff, physicians, and supervisors. This would, seemingly, translate to effecting quality issues. A charge nurse who can more effectively supervise and communicate with ancillary staff might, just possibly, offset some of the problems involving nurse aid turnover. The comparatively low cost of placing ward clerks in facilities could, in the long run, potentiate greater revenue gains to management through increased client satisfaction and reduced staff

turnover.

The joint efforts of VNRC and the Institute were, from the inception of the project, aimed at carrying out a demonstration project.* Admittedly, findings observed through placement of one ward clerk at one nursing unit in one nursing home is not conclusive. However, the observed time shifts and the apparent reduction of incidents lends credence to the option of further research on a larger scale.

Recommendations

In view of the findings based on a small-scale demonstration project, a full-scale research effort would seem to be in order. It would be beneficial to have a large sample of nursing facilities participate in a longitudinal study over a longer period of time. Comparative cost analyses of all fiscal areas impacted (or not impacted) could give managers a clear picture of the efficacy of ward clerk placement within facilities. In addition to use of a ward clerk on the day shift, utilization on the second and third shifts could also be explored. Comparative studies of nursing assistant time utilization might prove enlightening, also.

In addition to the factors examined in this project, other elements could be observed for changes. Positive changes might, conceivably, occur if occupational injuries, quality outcome indicators, or staff turnover were to be tracked. Constructive variations within any of these factor could highly benefit nursing home residents and staff, as well.

*In terms of Institute funding, a demonstration project occurs in one facility and has a small sample size. The primary goal of a demonstration project is to substantiate the need for further research or lend credibility to a concept.

References

Goldsmith, Set B. (1994). Essentials of long-term care administration, Aspen, Gaithersburg, Maryland.