

Urgent Care Staffing Assignments

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Executive Summary: Urgent Care Staffing Assignments

Project Key Findings

- Assigned staffing roles can increase efficiency, reduce wait times, and increase staff satisfaction.
- This project also found that consistent staffing numbers are required to ensure necessary roles are filled
- Communication with and feedback from staff are necessary to identify the most beneficial and efficient staffing patterns.

Background

This quality improvement project was conducted at an urgent care clinic to address inefficiencies in workload distribution and patient wait times. The clinic operates with four providers, supported by clinical staff, a radiological technologist (RT), and a charge nurse. The primary objective was to evaluate various staffing assignments to optimize clinic efficiency and enhance staff satisfaction.

Problem Statement

Clinical tasks were previously completed ad hoc, leading to inconsistent workload distribution and extended patient wait times. Staff reported dissatisfaction due to the inequitable distribution of work.

Methodology

The project involved three distinct phases of staffing pattern changes:

1. Phase 1: Each clinical staff member was assigned to one provider. The RT and charge nurse were responsible for the point-of-care lab (POC). This setup resulted in longer patient wait times and did not meet the project's goals.

2. Phase 2: Clinical staff were organized into pods of two providers. One staff member assisted both pods, another was assigned to three-hour intake blocks, the RT covered POC, and the charge nurse assisted the pods. This phase did not improve wait times and was unpopular among staff.
3. Phase 3: The final phase involved assigning one clinical staff member to the POC, the others rotating through one-hour intake blocks, and the RT and charge nurse providing additional support. Tasks were completed in an ad hoc manner. This configuration decreased patient wait times and was generally preferred by the staff.

Results

The final staffing pattern led to the most significant reduction in patient wait times and increased staff satisfaction. Staff feedback indicated a preference for shorter intake blocks.

Strengths and Limitations

This project benefitted from clinic staff and management who were open to trialing new operational methods. The staff and management were willing to provide honest feedback during each phase.

Limitations to this project included upper management reducing staffing numbers and initiating system-wide Plan-Do-Study-Act (PDSA) projects concurrently, which took priority.

Conclusions

The project demonstrated that assigning clinical roles based on structured patterns can enhance clinic efficiency, reduce patient wait times, and improve staff satisfaction. The findings suggest that consistent staffing numbers are crucial for sustaining these improvements. Implementing such changes can potentially reduce staff burnout and improve overall clinic performance.

Recommendations

Future implementations should ensure consistent staffing levels and consider further staffing pattern refinement. Ongoing monitoring and feedback from staff are essential to maintain and improve efficiency. Additionally, clear communication and support from upper management are vital for the success of such initiatives.