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Team Nursing in the Emergency Department

A Medical/Surgical Nurse Extender Care Model

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Background

- COVID-19 Pandemic
- Complex Medical Patients
- Staffing Challenges



Literature Review Themes

- Nursing and unlicensed personnel vacancy rates
- Inadequate staffing and patient outcomes
- Job Satisfaction



Medical/Surgical Extender Staffing Plan

- Identify high-performing M/S RNs who have a desire to work in ED
- Identify the extender care model staffing assignments, roles, & responsibilities
- Provide staff training



Staffing Assignment

- “Gold” Pod: Staffed with 2 ED RNs and 2 M/S RNs
- Team 1
 - ED RN and M/S Extender to care for up to 6 patients
- Team 2
 - ED RN and M/S Extender to care for up to 6 patients
- ED Charge RN to assist with placing patients in the Gold Pod rooms



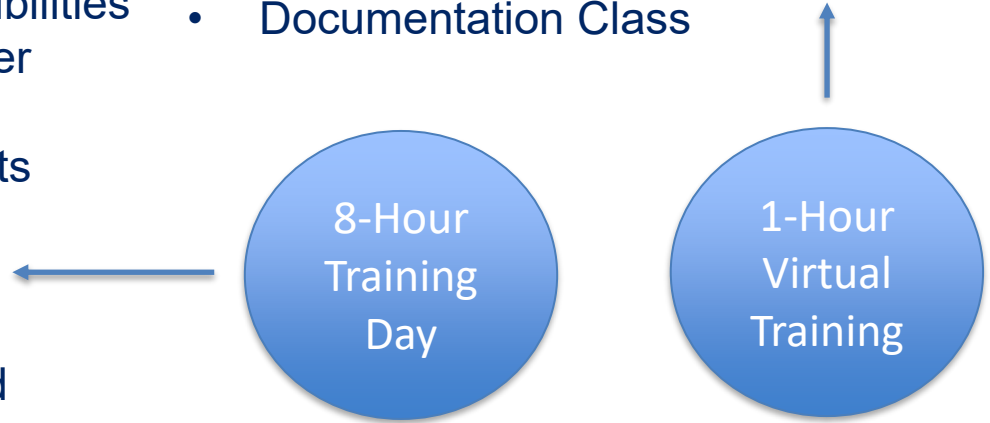
Staff Training

M/S Extender RNs

- General ED Workflow
- Overview of Triage Categories
- M/S Extender Roles & Responsibilities
- Staffing Pattern/Plan for Extender
- Documentation Class
- ED Documentation Requirements
- Common workups in the ED
- Code Overviews
- Behavioral Health Emergencies
- Violent Restraint Application and Documentation

Current ED Staff

- M/S Extender Roles & Responsibilities
- Staffing Pattern/Plan for Extender
- Documentation Class



Outcomes

- Overall, successful program
 - Increased staff satisfaction
 - M/S RNs transferred to ED full-time



Implications

- Potential for long-term implementation
- Potential recruitment opportunity
- Provides an immersion experience for M/S RNs in the ED before fully committing to transferring



Thank you

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Abstract

Background: The pandemic brought forth unprecedented staffing vacancies along with complex medical cases in the emergency department, both of which significantly impacted safe staffing levels. The high vacancy rates were attributed to early retirement, nurses leaving the profession, nurse burnout, and nurses leaving their home hospitals to take advantage of high-paying crisis travel nurse positions. The staffing shortages prompted the emergency department and nursing professional development leadership to explore alternate care delivery models.

Method: Team nursing was implemented in the department utilizing high-functioning medical/surgical nurse extenders. The medical/surgical nurses received training on emergency department workflow, a triage overview explaining acuity levels, their roles and responsibilities, the team nursing extender staffing model, a documentation class, and common workups. They also received an overview of complex codes often called in the emergency department, such as sepsis, STEMI, stroke, and stork codes. Due to the significant behavioral health population in the geographical region, they also received a significant overview of behavioral health emergencies and documentation requirements, including violent restraint application. The emergency department nurses also received training on the extender scope and how they would be utilized in the staffing model along with the emergency nurse.

Results: In August, 2021 three medical/surgical nurses received the emergency department workflow training and began working their full 36-hour per week schedule as an extender in the emergency department. Typically, an emergency nurse will have up to four patients in their assignment. The implementation of the extender staffing model allowed one emergency nurse to care for up to six patients with the medical/surgical nurse extender.

Conclusions: The extender staffing model was a success in the department and something the leadership is evaluating for long-term implementation. The three original medical/surgical nurses enjoyed their experience as extenders in the emergency department and within eight weeks transferred to the emergency department and attended the formal bridge program.