

Defining and Promoting Ease of Practice

a report by

Donna L Mason, RN, MSc, CEN

President, Emergency Nurses Association (ENA)

'Ease of practice' is one of the Emergency Nurses Association's (ENA) 2007 priorities. You may be confused about what ease of practice encompasses and how it applies to you. The word 'ease' can refer to freedom from difficulty, hardship, effort, constraint, financial difficulty, or activity (work, strain, or responsibility). It can describe the condition of being comfortable or relieved (especially of being relieved of distress), or it can refer to a decrease in pain, discomfort, or intensity. At face value, these descriptions may seem contrary to the field of emergency nursing, which necessarily incorporates the stress and hard work intrinsic to emergency care. Nevertheless, the term really represents the aim of resolving some of the complicated issues the profession faces today, such as the nursing shortage, crowding, patient throughput, and

decreasing medical errors, have caused great concern in the emergency department (ED).

A number of organizations besides ENA are evaluating ease of practice issues in the context of the workplace environment. Two major reports released in 2003 addressed the challenges that beleaguer emergency nurses in the ED, such as crowding, nursing shortage, and patient flow. The Institute for Healthcare Improvement's (IHI) white paper 'Optimizing Patient

The problem lies in the fact that nursing turnover is very high, and that turnover compromises quality at an increased cost.

As healthcare providers we must find alternative care-delivery models and create an environment in which the input of nurses into the creation of these new models is both robust and valued.

boarding. Ease of practice could be attained by developing and implementing strategies to help solve these professional dilemmas.

Easing Patient Care

The simplest definition of ease of practice is transforming care at the bedside. Increasing levels of nursing turnover, which affect quality of care and cost, together with the importance of nursing diligence for

Flow: Moving Patients Smoothly Through Acute Care Settings' includes a specific area of focus on reducing waiting time for inpatient admission through the ED. The Institute of Medicine's (IOM) 'Keeping Patients Safe: Transforming the Work Environment of Nurses' identifies solutions to problems in hospital, nursing home, and other healthcare organization work environments that threaten patient safety through the effects on nursing care. The IOM linked the ability of nurses to monitor the care and symptoms of patients to improved clinical outcomes. The same report suggested that nursing diligence plays an important role in preventing hospital errors. The problem lies in the fact that nursing turnover is very high, and that turnover compromises quality at an increased cost.

These issues led to a call for an environment conducive to safe, reliable care that has a patient-centered focus where patients perceive increased value. A Robert Wood Johnson Foundation grant developed the concept of reducing the shortage in nurse staffing and improving the quality of nursing care by transforming the way in which care is delivered at the bedside.¹ A transformation started to build across the country, and a pilot project started in 2004 involving 13 facilities has resulted in greater recognition of the need to transform care at the bedside.

Calling for Standardization

We have a struggling healthcare system that is suffering from a pervasive nursing shortage. As healthcare providers we must find alternative care-



Donna L. Mason, RN, MSc, CEN, is President of the Emergency Nurses Association (ENA), the specialty nursing association serving the emergency nursing profession through research, publications, professional development, and injury prevention. Ms. Mason is also the Nurse Manager, Adult Emergency Services, at Vanderbilt University Medical Center, Nashville, Tennessee. In addition to her service on the board, she serves as Secretary and Government Affairs Chairperson of the Tennessee State Council and is Past President of the Middle

Tennessee chapter of ENA. She was the recipient of the 1997 Distinguished CEN Award. Ms. Mason is on the regional faculty of the American Heart Association (AHA) for Basic Life Support (BLS) and for Pediatric Advanced Life Support (PALS), an instructor and provider for Advanced Life Support (ALS), and an instructor for both Basic Trauma Life Support (BTLS) and Pediatric Trauma Life Support (PTLS). She is active in You Have The Power, a non-profit organization that works with victims of crime, and has served on their fundraising committee for four years.

delivery models and create an environment in which the input of nurses into the creation of these new models is both robust and valued.

The following are some of the findings and recommendations of the IOM and IHI reports, which are part of ENA's ease of practice focus.

- Long working hours pose one of the most serious threats to patient safety, because fatigue slows reaction time, decreases energy, diminishes attention to detail, and otherwise contributes to errors.²
- Healthcare organizations should involve nurse leaders in all levels of management, and solicit input from nursing staff on decisions about work design and implementation.²
- Healthcare organizations should dedicate financial resources to supporting nursing staff in the ongoing acquisition and maintenance of knowledge and skills.²
- Because the supply of nurses is currently thinly stretched, nurses must be supported by work processes, workspaces, hours, staffing practices, and a culture that defends better against errors and readily detects and mitigates errors when they occur.²
- While few hospital areas are designed to achieve optimal flow of patients, the ED, intensive care unit, and operating rooms, as well as their related pre- and post-care areas, tend to be major bottlenecks

because they are non-interchangeable resources. Reducing delays and unclogging bottlenecks depends on assessing and improving flow

Long working hours pose one of the most serious threats to patient safety, because fatigue slows reaction time, decreases energy, diminishes attention to detail, and otherwise contributes to errors.

between and among these departments and throughout the entire system, rather than focusing on isolated departments.³

How the Emergency Nurses Association Priorities Affect You

In 2007, *ENA Connection* includes focused articles on ENA's three clinical priorities in three-month increments:

- ease of practice (February, March, April);
- patient safety (May, June, August); and
- crowding (September, October, November).

Coverage includes facts, perspectives, and resources to help you sort through these urgent emergency nursing issues and encourage positive changes in your workplace. ■

Emergency Nurses Association and Ease of Practice

Some of ENA's efforts related to ease of practice are listed below.

- The ENA Guidelines for Emergency Department Nurse Staffing help ED managers and administrators calculate their staffing needs for safe, appropriate, and effective staffing in the ED.
- The ENA 2005 National Emergency Department Benchmark Guide, sponsored by Stryker, helps institutions compare their EDs with the latest national benchmarks on staffing, patient satisfaction, crowding, diversion, services, utilization, and ED demographics.
- ENA's Key Concepts in Emergency Department Management™ program provides ED managers with best practice fundamentals and cutting-edge information essential to successfully running an ED in the current healthcare environment.
- The ENA Workplace Violence Work Team was formed to promote a safe work environment for emergency nurses. The work team will

conduct a study of the incidence, recognition, and prevention of, as well as staff education and interventions in, ED workplace violence. Based on the findings, implications will be identified for practice, research, education, management, institutional policy, and public health policy, and the information will be disseminated to appropriate stakeholders.

- ENA continues to have a respected national voice in response to the Institute of Medicine's 2006 report, *The Future of Emergency Care in the US Health System*, with recommendations based on the emergency nurse having a pivotal role in the ED.
- The ENA Foundation (ENAF) added to its scholarship and grant offerings for education and research, including partnering with the Emergency Medicine Foundation (EMF) on the ENAF/EMF Team Research Grant on boarding and crowding (increased from \$20,000 to \$50,000), and increasing advanced-practice and doctoral scholarships to enhance the supply of qualified faculty.

1. Robert Wood Johnson Foundation, accessed December 22, 2006, from www.rwjf.org/portfolios/interestarea.jsp?iaid=137

2. Institute of Medicine, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, 2003, accessed December 22, 2006, from www.iom.edu

3. Institute for Healthcare Improvement, *Optimizing Patient Flow: Moving Patients Smoothly Through Acute Care Settings*, 2003, accessed December 22, 2006, from www.ihi.org