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Development of a Pediatric Hemodialysis Staffing Model to Prevent Adverse Events in the Pediatric Hemodialysis Unit

PURPOSE

According to the American Nurses Association (ANA), appropriate nurse staffing contributes to improved outcomes (ANA, 2015). The implementation of a staffing model was intended to reduce adverse events in the pediatric hemodialysis unit, thus improving patient outcomes.

BACKGROUND

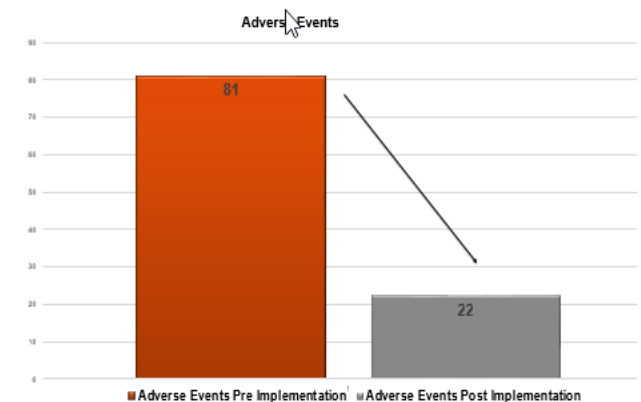
The resources associated with nurse staffing models specifically in dialysis facilities, has been correlated with patient outcomes. Mandatory and minimum staffing requirements in dialysis facilities have been a long-standing debatable topic. However, there is a lack of evidence staffing uniformly improves outcomes and reduces adverse events (Sochalski, 2008). Adverse events in a well know pediatric dialysis center were reviewed retrospectively to further understand root causes. After review and trending, staffing and staffing assignments were perceived to have a direct correlation with errors.

METHODOLOGY

The objective of the DNP project was to create and establish a staffing model in a pediatric dialysis center using a pediatric specific dialysis classification tool, staffing predictor tool, and staff scheduling template.

RESULTS

The volume and frequency of errors were evaluated and compared pre and post implementation of the staffing model. Reported errors decreased compared to pre-implementation. However, the implementation of the staffing model and associated assignments did not independently reduce errors. Additional factors contributed to adverse events.



IMPLICATIONS

The staffing model provided the foundation to assist with objective nurse staffing assignments. Literature supports the utilization of classification tools and staffing models to support staffing assignments. The staffing model assisted with reduction of adverse events, however, unpredictable