How to Tame a Dragon: Implementing a New Nursing Model in a Busy Hospital-Based Hemodialysis Unit to Improve Communication, Patient Care and Safety

Lora J. Jensen, Clinical Nurse Educator, RN, MSN-NP(F), CNeph(C), St. Paul’s Hospital Renal Program (Hemodialysis Unit), Vancouver, British Columbia
Leilani L. Ocampo, Clinical Nurse Educator, RN, BSN, St. Paul’s Hospital Renal Program (Hemodialysis Unit), Vancouver, British Columbia
Luisito M. Sera Josep, Clinical Nurse Educator, RN, CNeph(C), St. Paul’s Hospital Renal Program (Hemodialysis Unit), Vancouver, British Columbia

Our increasingly busy hospital-based hemodialysis unit was becoming an unruly dragon with its increasing patient numbers and acuity, large staff size, frequent incident reports, poor communication, lack of accountability, team work and patient care plans, and inconsistent patient care and follow-up. Due to the large patient and staff numbers and their variable shifts it was impractical to implement true primary nursing. In order to tame this ruthless dragon our unit implemented a modified primary nursing model. This new model assigns each part-time and full-time registered nurse (approximately 69 RNs) to four chronic patients (total of approximately 261 patients) for whom they are responsible to perform a detailed chart review and audit every six weeks. Benefits of our new nursing model are already evident. In a recent survey, two months after implementation, respondents have confirmed early detection of errors/omissions, timelier follow-up of laboratory results, and improved communication across the health care team.

Abstract selected for presentation at ANNA's 42nd National Symposium, Boston, MA, 2011