

# SAFETY IN NUMBERS: Evaluation of Workload Scoring Pilot

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#### **PURPOSE**

Development of a tool to evaluate a workload scoring (WLS) and nurse assignment wizard (NAW) pilot simulation at Cincinnati Children's Hospital Medical Center (CCHMC).

# **THEORY**

- Diffusion of Innovations theoryframework of questions used for the evaluation tool. Rogers (1995)
- Lewin's Change theory (Lewin, 1951).
- Ethical consideration: beneficence and nonmaleficence and distributive justice. (American Nurses Association, 2015).
- Theory of Human Caring is also applicable based on caring for end users and those affected by the innovation e.g., patients, family, and staff. Watson (2015)

# **EVALUATION/OUTCOMES**

- Questionnaire responses will be formatted into pie graphs
- Negative responses require follow up to resolve.
- Positive responses inform future questions
- Successful outcome will be affirmed by end user responses that parallel project objectives
- Question evaluation helps determine tool modification.
- Responses to questionnaire will be used to drive improvements to usability and end user experience of WLS and NAW tools

### RECOMMENDATIONS

- Evaluation should be considered at project inception
- End users should be involved during all phases of a project
- Relevance to nursing informatics: use theory to create a robust evaluation tool that incorporates multiple methods
- Properly identifying what needs to be evaluated prior to developing interventions (pilot programs) exposes incompatibilities for rectification, thus enhancing feasibility

## **BACKGROUND/LITERATURE REVIEW**

- Upgrade to CCHMC EHR to eliminate redundant charting and automate an acuity scoring process: workload scoring (WLS) and nurse assignment wizard (NAW)
- WLS: When workload scores are generated in the electronic health record, they are then available for charge nurses/management to make daily assignments based on predetermined acuity thresholds.
- WLS can then be communicated to Nursing Assignment Wizard (NAW) for creation of daily nursing assignments.
- Evaluation methods from literature review: self-report questionnaire (SRQ), behavioral markers and global rating scale. (Santomauro, Hill, McCurdie, and McGlashan (2020)

# PROJECT DESCRIPTION & METHODS

Iterative self-report questionnaire

- Designed to measure usability, validity, and acceptance of WLS/NAW
- Used to resolve gaps identified during the pilot and produce data for evaluation
- Flexible, needs to provide quantitative and qualitative data, formative & summative assessments (Santomauro et al., 2020).
- Question format: yes/no & explain, multiple choice, open text
- Bi-weekly collaboration meetings

## CONCLUSION

- •Acceleration of change in healthcare is being driven by digitalization.
- •Frequent advancements engender system updates require strategic planning.
- •Evaluating user responses to system trials is imperative
- •Identification of flexible evaluation tool should be considered at project inception by leadership.
- •End users need to be involved from the onset to provide perspective and better inform all phases of the project, including evaluation.
- •Failure to include an evaluation tool can corrupt outcomes, requiring planners to work backwards to fix problems
- •Findings indicate additional research is needed to develop more evidenced based best practice evaluation strategies.

#### **EVALUATION TOOL**

Workload Scoring Pilot Evaluation

1. Do you believe the pilot addressed all concerns regarding workload scoring (WLS) implementation?

o No If no please explain

2. What concerns need to be addressed before WLS can be implemented?

<Open text field>

3. Have the pilot scoring totals been comparable to the existing scoring method?

o Yes o No

If no, please explain:

4. Have WLS totals been higher or lower?

o Higher o Lower

Totals have been the same

5. Are the WLS threshold parameters reflective of patient workload and acuity?

o Identical

o Very close o Moderately

Somewhat
 Not at all

6. Are the assignments more balanced because of WLS?

o Yes o No Why or why not?

7. Are the assignments more balanced because of Nursing Assignment Wizard?

o No

Why or why not?

8. How difficult was it for staff to learn/use Nursing Assignment Wizard?

9. Have you noticed any impact (positive or negative) to bedside nurses? What (if any) feedback have they given?

10. Any additional comments or suggestions?

