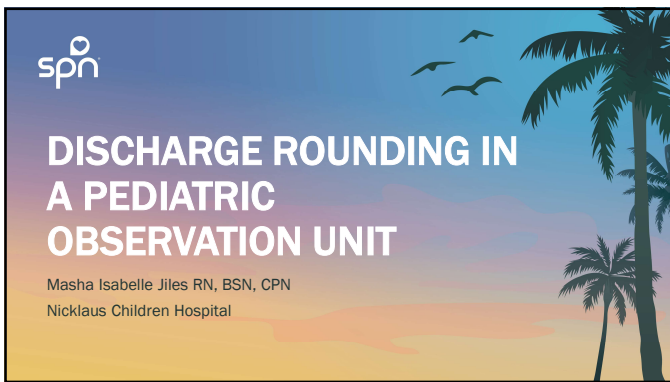





1



2

Our Observation unit 

We are a 14 beds unit; we transitioned into an observation unit about eight years ago.

Our nurse to patient's ratio is 1 RN per 5-6 patients depending on the acuity.

We have 2 clinical coordinators/charge nurse and many charge relief nurses

To facilitate our admissions and discharges we have 10 full time APRNs working both day and night shift.

Our goal is to increased the number of observation beds we have available to facilitate more inpatients admissions to the order units.

3

Exclusion criteria



The observation category carries a vast number of diagnoses that might not be suitable for the observation unit due to our nurse to patient's ratio. Hence the creation of the exclusion criteria. Patients with chief complaint of:

- Aggression
- Altered mental status including psychosis
- Headache (Increased Intracranial Pressure, CSF leak)
- Hypothermia
- Seizures
- Congenital cardiac disease, cystic fibrosis, diabetes, tracheostomy

4

Project background



After reviewing several patient charts, gaps were identified in the discharge of patients who left before noon. One area delaying discharges is nursing documentation. Some areas for improvement in nursing documentation are strict intake and output records, monitoring for desaturations, and noting changes in patients' status. Additionally, we recognized another opportunity related to delays in patient transportation and medication readiness.

5

Purpose



The overall purpose of this project is to ensure a smooth transition from admission to discharge and to address any obstacles that might cause a delay in the discharge. To determine patient discharge readiness upon rounding, accurate and efficient documentation is necessary.

6

Objective



To increase our charting compliance from 30% to 90% over the next 6 months. To improve our discharge before noon time, from 36% to 48% over the next 6 months.

7

Methodology



- 1- Nursing education via power point presentation and charting document reference on charting expectations.
- 2- Q shift chart review audit and real time feedback
- 3- Discharge readiness check list
- 4- Monthly documentation audit trend and discharge before noon percentage presented during staff meetings.

8

Methodology cont.

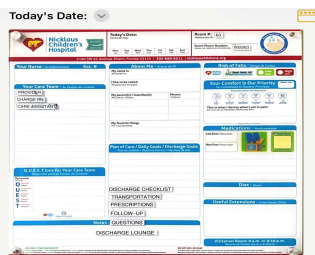


QRS SPECIFIC: Chart Reviews

PN Name: _____ Adult: _____
 Review Date: _____ Adult Date: _____ Discharge Date: _____
 Adult Nurse: _____

1. Did we document JOC upon admission?
2. Did we document all HAC education handoff VTEC (checklist on slide)?
3. Did we document all ESD on patient?
4. Did we document hand off between shifts?
5. Did we document pain reassessments on pain of 4 or greater?
6. Did we document the PRN as per policy?
7. Did we document assessments every 4 hours?
8. Did we document patient/guardian education every day?
9. Did we document 2000 assessment for babies 12 months and under?
10. Did we document falls assessment?
11. Did we document Braden skin assessment scale?
12. Did we document treatments every 2 hours?
13. Did we document medication needs daily?
14. Did we document NEWS/RS as per policy?

Reviewed by _____ RN/CC



9

Evaluation/outcome



- The success of this project depended greatly on the feedback and reminder provided to the nursing staff and understanding the objectives, the requirements of the observation unit documentation and the impact on the patient discharge time
- This project was successful in improving patient discharge outcome and the provider decision making at rounds to ensure the best patient outcome.
- Giving the staff real-time feedback and allowing them to correct discrepancies in charting provided clear expectation. The clinical leader performing the audits was seen as working together with the staff nurse to achieve a common goal

10

Outcome chart



Month	Charting (%)	Discharge (%)	Combined (%)
Month 1	34	44	39
Month 3	50	47	48.5
Month 6	64	48.7	56.35



11

References

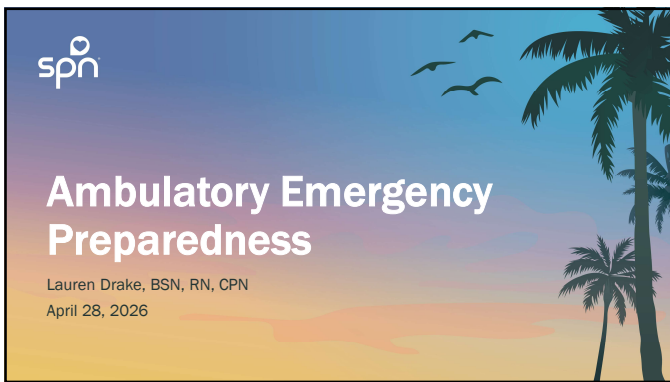


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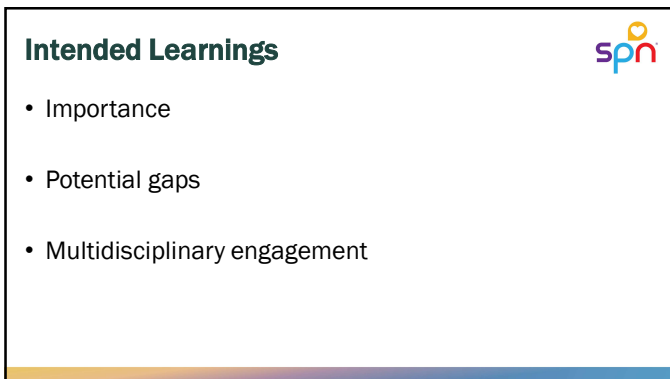
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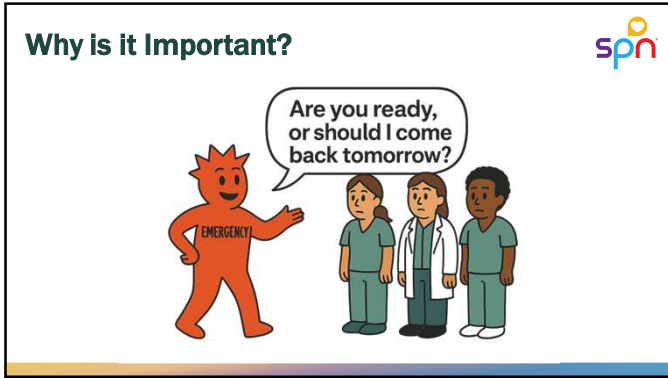
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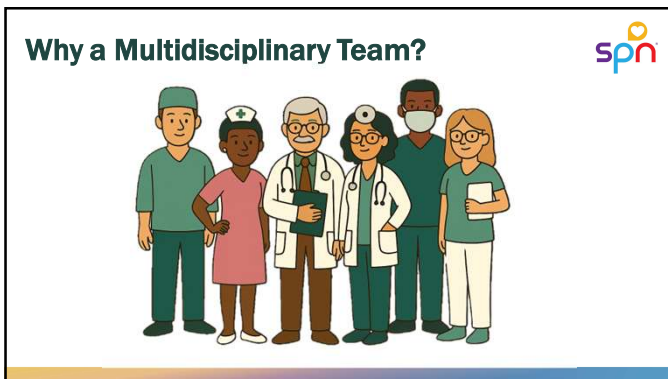
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16



17




18


Results 

- Barriers
- Feedback
- Research

19

	
57%	82%
Emergency policies and protocols	Without infant bag mask valve


20




Preparedness = Patient Safety

21

Questions?




E-mail: lauren.drake@duke.edu



References

22



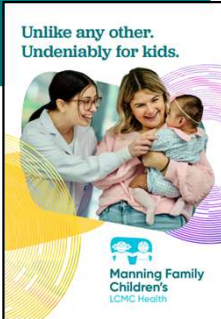

Ambulatory Professional Governance

Brooke Callahan, BSN, RN, PED-BC
Director, Specialty Practices

23

Agenda



- What is Professional Governance
- Importance
- Change in structure
- Outcomes
- Future state

24

Why Change to Professional Governance

“Successful Professional Governance requires patience, open-mindedness, transparency, humble inquiry, and active listening.”
(Start et al, 2024)





25

Cost of Disengagement


\$16.4 M

Borysenko, 2019




26

Governance Optimization



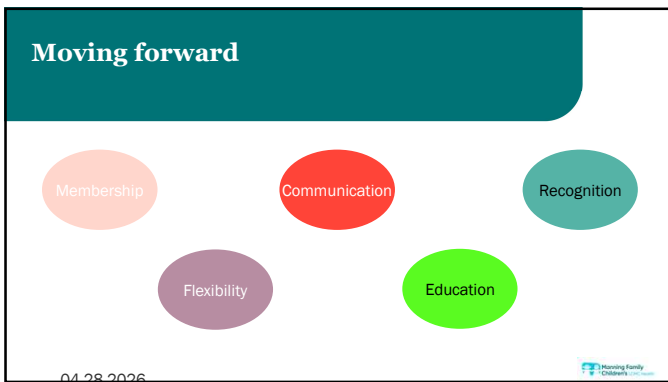
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graph LR; A[Unit Council] --> B[Change Needed]; B --> C[Professional Governance]
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27



31



32

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33



Questions?
Brooke.Callahan@lmcchealth.org



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