Program Evaluation: Service Without Territory (SWOT)

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Introduction

- Across the country, acute care nurses are over extended due to staffing challenges, high volume of admissions and discharges, patient transports, and other episodic time consuming tasks.

- Over extension of nurses has been associated with missed nursing cares, suboptimal patient care, and patient safety problems such as failure to rescue and patient falls.

- In response to strained nursing resources created by growing inpatient census, the University of Iowa Hospitals and Clinics (UIHC) chose to implement Service Without Territory (SWOT) team in 2016.

Purpose

- The purpose of this project is to begin a longitudinal evaluation considering SWOT's impact upon selected indicators.
- Objective 1: Intermediate - Determine the changing patterns of SWOT utilization over time.
- Objective 2: Short Term - Understand current utilization barriers and facilitators related to SWOT team utilization.
- Objective 3: Long Term – Patient outcomes: Determine impact in nurse sensitive patient outcomes Rapid Responses, Code Blues, and patient falls.
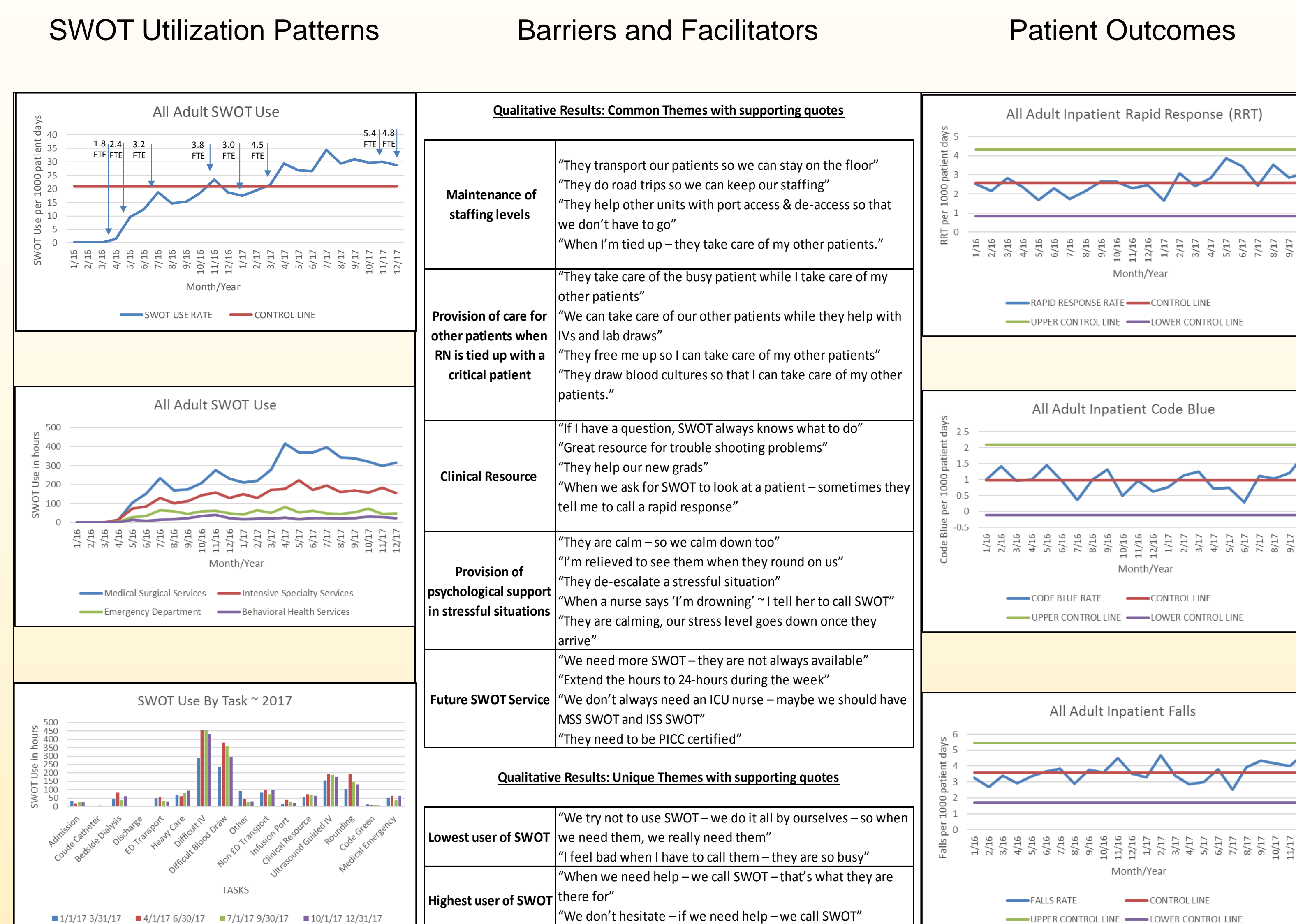
Methods

- Project was deemed not human subjects research
- UIHC All adult patients from January 2016-December 2017
- The analysis was completed using a mixed method approach:

Objective 1: A longitudinal analysis was completed to review SWOT utilization for every 1,000 patient days for a two year period.

Objective 2: Focus groups were conducted on a high and low SWOT utilization unit. Thematic analysis considered shared themes and differences.

Objective 3: Selected nurse sensitive patient outcomes were explored longitudinally for changes in patterns and sources of variation using control charts.

Outcomes

SWOT Utilization Patterns — Barriers and Facilitators — Patient Outcomes

Evaluation

- SWOT was utilized in all adult units and the emergency department, there are differences in the rate of use.
- The Medical Surgical Services division is consistently the largest SWOT user.
- The most frequent requests are difficult intravenous catheter insertion and blood draws.
- Both focus groups shared similar positive statements about the nursing support provided by SWOT.
- Using Realistic Evaluation as a frame work, the comments by the focus groups provided a context for how SWOT is used.
- The low utilization unit focus group conveyed a culture of independence "We try not to use SWOT – we do it all by ourselves – so when we need them, we really need them".
- Conversely, the high utilization unit conveyed a differential culture attitude toward SWOT, "We don't hesitate – if we need help – we call SWOT."
- The initial exploration of nurse sensitive patient outcomes suggests the processes are stable and predictable with common cause variation.

Conclusions

- The innovative SWOT program has provided support to nurses, other members of the health care team and patients; improving the practice environment.
- An improved practice environment aligns with the Institute of Medicine (IOM) recommendation to expand nurse opportunities to lead and diffuse collaborative improvement efforts.
- While there have been publications related to SWOT, the current evaluation using Realistic Evaluation will expand our knowledge of the context, the mechanism, and the outcomes.
- Dissemination will be accomplished by the following:
  - Manuscript: Journal of Nursing Administration (JONA)
  - Regional Poster presentation: Iowa Organization of Nurse Leaders (IONL)
  - National Poster presentation: Association of Nurse Executives (AONE)
- Sustainability and continued program development can improve SWOT's value to stabilize nurse workload, improve patient safety, and increase nurse satisfaction.
- Recommendations for future studies:
  - Most critical to explore is the unfulfilled request rate.
  - Future studies need to account for the increasing number of SWOT FTEs and any relationship to utilization pattern.

References

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Acknowledgements