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Accountable care brings nurses back to bedside

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Background: Unit 4A, and the Medical Surveillance Unit (MSU) in Regina, Saskatchewan are the first two units to implement the Accountable Care Unit (ACU) model in Canada. Unit 4A is an acute care family medicine unit whereas MSU provides an intermediate level of patient care. Both units are supported by Hospitalists physician teams and began implementation of the ACU model in early 2016. Nurses experienced significant transformation through engagement, meaning, and mastery of nursing competency. The initial purpose of the research was to examine the effects of the ACU implementation on hospital length of stay (LOS), 30-day readmission, mortality, and patient complaints. Additionally, nursing morale was examined via changes in sick time, overtime, and staff turnover.

Methods: Measures of LOS, mortality, and 30-day readmission, were obtained from the Health Records Department. Patient complaints, sick time, overtime, and staff turnover counts, were collated by the respective hospital departments.

Results: Results revealed statistically significant reductions for length of stay ($p<0.05$) on the MSU and 4A with no change in mortality or readmission. Reductions in patient complaints, staff sick time, overtime, and turnover, were achieved consistently across both the MSU and 4A.

Conclusion: The ACU model leads not only to important improvements in hospital-system and clinical outcomes, but also impacts nursing satisfaction and engagement. The replication of this team-based model of providing patient care has experienced such success, it is being replicated provincially and has attracted interest from across Canada.