

The Redesign Endeavor

We followed the management engineering principle of asking the people who do the work to help redesign the work ([Hammer and Champy, 1994](#)). We asked the nursing staff, i.e., the doers, not the managers, on two units (orthopedic and cardiac surgery units) for their ideas on how to improve their work. The process began by an analysis of the work currently being done. Here we asked three specific questions:

- What is the outcome of this task/job, and is this outcome still viable in the present environment?
- How is the task currently being performed? Can it be done more simply or more efficiently?
- Who is currently performing the task? Is the task being performed by a person at an appropriate skill level?

Staff involved in the process brain-stormed while discussing all the individual jobs/tasks that they performed on a regular basis on the patient care units. This list of tasks covered a 12' X 12' wall and provided the framework from which we developed the subsequent steps.

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The team then reviewed each task to determine whether a license was required to perform the task. Copies of state regulations served as a guideline and resource in the review process.

The tasks that could be performed by unlicensed personnel were then sorted into clinical and non-clinical categories. This procedure led to creation of the patient care technician role (a clinical role) and the patient care service associate role (a guest services role). The patient care technician role includes specified nursing tasks that can be delegated by an RN to the technician, such as setting up of equipment, assisting patients with their activities of daily living , taking vital signs, and serving as another set of eyes for the nurses by noting changes in patient status. The patient care service associate is a multi-skilled worker who assists with, among other activities, transporting and discharging of patients, cleaning of patient rooms, and restocking of supplies.

Case study

Job redesign

Planning the redesign was a valuable experience for all staff. The task delineation and assignments step of the redesign endeavor was enlightening to the RNs since it revealed that much of their time previously had been consumed by activities in which they did not maximize either their professional education or their professional licensure. Task delineation and assignment of tasks also gave the staff nurses ownership in this redesign effort since these nurses ultimately determined what tasks were appropriately delegated to each level of service personnel.

In addition, nursing unit assistants became excited about the redesign because they saw growth potential for their own job functioning. Many employees who subsequently went through the Patient Care Technician Program commented about how much better prepared they felt to care for patients after completing the program. The patient care service associate became an integral part of the unit team, rather than operating from an outside department, such as Housekeeping. Perhaps, however, the most important outcome of this endeavor was that it started a team building process that is continuing today.

As a result of the redesign, the skill mix on the units decreased in the proportion of RNs to non-licensed personnel. Specifically, the skill mix went from 80:20 (RNs to nursing assistants) to 60:40 (RNs to patient care technicians/service associates). This mix allowed for an increase in the number of available nursing personnel (although a proportionally greater number of the personnel had lower education and were non-licensed) while keeping the budget neutral.

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