Introduction

- The Children's Hospital of Philadelphia (CHOP) Emergency Department (ED) Advanced Practice Provider (APP) group is made up of 35 APPs
- All APPs work a combination of day, evening and overnight shifts
- Approximately 63% of assigned shifts are "off shift" (evening, overnight, weekend)
- APP group staffs up to 17 shifts per day in the ED
- Securing coverage for “crisis call-outs” (unforeseen illness or life event) was extremely difficult and inefficient
- No streamlined method of communication: email, text messaging and phone calls were used interchangeably
- APPs were divided into 3 crisis groups and it was each group’s responsibility to cover a group member’s shift
- Call-outs were first sent to an individual’s crisis group
- If coverage was not found within the crisis group, then the entire APP group was contacted to try to secure coverage
- In many cases the shifts were covered by APPs NOT within the crisis group

Difficulty obtaining appropriate coverage and the responsibility to obtain one’s own coverage in times of crisis led to staff dissatisfaction with the current process.

Objective

Develop a standardized, easy to use and efficient method to notify APP group of a shift call-out and to secure shift coverage.

Methodology

- The ED Scheduling committee met monthly to discuss the current call out process and brainstorm methods for improvement
- A processes map of the previous and current call out process was created to identify barriers and to streamline the process
- A method for mass communication was identified as a solution to efficiently communicate with the group
- Various online applications were vetted for usability and functionality
- After trialing 5 smartphone applications (apps), the Doodle Poll application was selected as the best option due to cell phone app feature, email notification and usability
- A new scheduling shift call-out policy was created and vetted with the APP group and ED APP Manager prior to finalization
- Detailed instructions were created and disseminated to the APP group to ensure proper installation and use of the app prior to implementation

Results

Since implementation in 10/2019 until 01/2020 (4 months)
- 9 shift call outs: all communication via Doodle app
- Coverage secured for 6/9 callouts
  - No coverage secured for 1 (holiday weekend)
  - Partial shift coverage obtained for 2
- Coverage secured in an average of 71 minutes (range: 8-163 minutes)

Conclusion

APP crisis coverage was obtained more efficiently using the Doodle Poll. Incidentally, it was noted that there was an increase in coverage needs around the winter holidays. Going forward, this will be evaluated by ED APP leadership to determine any future policy changes. Due to this finding, the process has now been updated to include notifying ED APP leadership immediately anytime a need for crisis coverage is identified.

References

Practice Innovation

Advanced Practice Provider Callouts: A Crisis Coverage Solution

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Background: Our pediatric emergency department currently employees over 30 advanced practice providers who cover 15-17 shifts daily providing 24 hour coverage. Optimal staffing is required to meet patient care needs and maximize emergency department operations and flow. When an APP is unable to cover their assigned shift it leads to reduced staffing, anxiety and stress for other staff and difficulties identifying appropriate shift coverage. Previously staff members were each assigned to a crisis group. APPs in each crisis group were responsible for covering their group members in the event of a call out. With the rapid expansion of daily shift coverage and increased in overall APP staffing relying on crisis groups to obtain coverage was no longer effective. Due to inefficiencies surrounding crisis group coverage shifts were left uncovered, partially covered, or APPs currently working would be required to stay and additional 4 hours to maximize coverage. Identifying a leader to coordinate the callout became increasingly difficult while APP responsible for identifying coverage was often involved in patient care.

Aim: To streamline the ED APP callout process in an effort to identify coverage rapidly with fewer communication attempts via text, email and phone call.

Details: A core group of ED APPs met monthly to identify problems and discuss solutions. A process map of the current callout practice was created to identify barriers. We identified that multiple attempts were often made to find coverage with limited responses, there were no clear guidelines on how to escalate if coverage was not identified and crisis groups with their preferred means of communication were not frequently updated. Based on the process map, we identified that crisis groups and our current practice to obtain shift coverage were not effective. A new policy guiding APP staff on appropriate procedures in the event of a call out was drafted. Various application based communication platforms were trialed. The team ultimately decided to use Doodle Poll following a pilot given that the application best met the needs of the group.

Outcome: This new procedure has been used with a significant decreased in time from call out to identified coverage, a reduction in communication attempts, and increased staff satisfaction surrounding the callout process.