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New Definition

Karen Zander RN, MS, CMAC, FAAN: Editor

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The Most Vulnerable Unit: Crisis on the Horizon

By Kathleen A. Bower, DNSc, RN, FAAN

Introduction

Most Vulnerable Units™ ... all hospitals have at least one. It is really no secret because, if asked, almost everyone within the hospital can tell you which one it is. Most Vulnerable Units (or MVUs) are easy to identify and have remarkably similar characteristics across all hospitals. They create ongoing stress, frustration, and concern at all levels of the organization. They are difficult to deal with and, in some cases, are not addressed until a full-blown crisis occurs.

Signs and Symptoms

Did a specific area in your organization come to mind as soon as you saw the term, "Most Vulnerable Unit"? Identification of both subjective and objective signs will help confirm the diagnosis. Some of the more common subjective symptoms of a MVU include:

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1. They require constant attention and intervention... they keep you up at night.
2. Physicians don't want to (or won't!) send their patients to this unit.
3. There is a high level of chaos and unrest surrounding the unit much of the time.
4. It is the most difficult unit for which to recruit and retain staff.

Subjective symptoms are usually supported by objective data, including:

1. Lower patient/family satisfaction scores.
2. Higher numbers of patient/family complaints.
3. Higher numbers of incident reports.
4. Higher numbers of patient readmissions.
5. More incidents of skin breakdown, pneumonia, and other nurse sensitive indicators.
6. Lower scores in quality indicators such as core measures.
7. Higer staff vacancy and turnover rates.
8. Lower staff satisfaction scores.

In addition to objective and subjective symptoms, Most Vulnerable Units frequently share common characteristics. There is a very heterogeneous mix of diagnoses with a large

continued on page 2

The Most Vulnerable Unit: Crisis on the Horizon

continued from page 1

number of physicians interacting with the unit, each writing very large numbers of orders per patient. Patients represent a unique mix of extremely long stays and very short stays Detailed attention to the long stay patients fades in the wake of the urgent needs of and activity surrounding new admissions as well as an inconsistent group of staff caring for them. Coordination of care for long stay patients is often limited to non-existent, often resulting in clinical and financial crises. In many situations, the unit has experienced frequent turnover of its leadership staff; it becomes the training ground for (or burial ground of) what feels like an endless progression of nurse managers. It is commonly the unit where large numbers of new nurses are hired, over and over again... Most are trying to find their way in their new world but become increasingly frustrated at the lack of organization and support on the unit. Their response is to put their time in and move on; sometimes without putting their time in. The level of vulnerability is exacerbated if staff associated with the unit, such as Case Managers and Social Workers, are also inexperienced or do not work well as a team due to their inexperience or skill deficits. These staff members will either be the key to keeping the patients' clinical picture together... or contribute to its demise.

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The consequence of these symptoms and characteristics is a vortex of issues and concerns that won't correct themselves or fade away on their own. Focused and consistent interventions are required to address the thorny issues presented by the Most Vulnerable Unit.

Causes and Solutions

Identifying Most Vulnerable Units is far easier than diagnosing the underlying causes and finding real and lasting solutions. Once a Most Vulnerable Unit is detected, a comprehensive diagnostic process should begin. The process includes reviewing data related to the unit as well as qualitative processes such as observation, interviews, and focus groups. The goal is to identify issues and barriers to providing the desired level of care in addition to barriers to effective team functioning. Finding immediate approaches to stabilizing the unit will be critical to long term success. Engaging the staff in the process is another crucial component. For maximum effectiveness, the approach must be one of fact finding versus blame, of honest inquiry versus "confirming suspicions".

The underlying issues may well have far reaching roots. Many questions must be answered including:

- Do the staffing level and mix fit the patient population; in other words, is the unit resourced appropriately?
- Is the organizational structure of the unit appropriate to its activity?
- Are supportive services... supportive?
- Do staff have the level of clinical knowledge and skills to address the needs of the patients on this unit? If not, how can an infusion of clinical expertise be rapidly brought to bear on this situation?
- Is the expertise and style of the manager effective vis-à-vis the nature of the unit and the various individuals with whom it interacts? Does the manager need coaching and mentoring to become more successful?
- Are the unit's systems and processes well designed and consistently reinforced? This includes communication systems, the process by which shift assignments are made, and inter-shift report.
- Have the social dynamics been addressed on the unit? Are norms of behavior explicit and mentored? Are subgroups destroying the unit's culture?

It is likely that many factors have contributed to the vulnerability of the unit and that a decline has occurred over time. This means that a multifaceted approach will be needed... and that it will take time and focus. It is imperative that problem solving be persistently pursued to avoid interrupted attention or lack of follow through that ultimately creates cynicism and increased frustration in staff.

Objectivity

In some situations the internal frustration level with the Most Vulnerable Unit reaches such a high level that the assessment is best performed by individuals external to the unit or even the organization. Internal staff may be distracted by other crises and demands, taking their focus away from understanding the dynamics of the Most Vulnerable Unit and guiding the development of creative

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and successful interventions. The Center for Case Management has designed a Most Vulnerable Unit Diagnostic service to support organizations in identifying issues underlying these troubled units and design individualized strategies to stabilize the unit, positioning it to regain excellence in care delivery and staff satisfaction. The same strategy can be used with units identified as high risk for becoming Most Vulnerable Units.

Summary

Turning around a Most Vulnerable Unit is essential to the overall well being of the organization. The vulnerability is not just for one unit—it influences the hospital as a whole. Creating the change requires focus, broadly based expertise, attention to standards and principles, a deep regard for the patients and staff associated with the unit, creativity, flexibility, collaboration and persistence. The end product—a unit in which everyone can have pride—is well worth the effort.