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**Abstract:** The article focuses on a study of nurses in three dozen medical and surgical units in U.S. hospitals. According to the study, nurses spend twice as much time away from the bedside than at it. Investigators collected data from 767 nurses at 17 health systems on how and where nurses spent their time, and how far they walked. Marilyn Chow, vice president of patient care services at Kaiser Permanente, claims that healthcare's dysfunction creates burdens for nurses, as does poorly designed technology.

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**STAFFING**

**In high demand**

**Nurses spend most time away from bedsides: study**

Anyone stuck in a hospital bed will tell you where nurses often aren't: nearby. Now there's a study to prove it. That nurses constantly roam halls, travel between hospital floors or spend shifts anchored to the nurse station has long frustrated hospital executives, patients and nurses themselves. "What you hear from patients is that they don't ever see the nurses," said Mary O'Leary, chief nursing officer of St. Helena (Calif.) Hospital and Health Center.

In fact, nurses spend twice as much time away from the bedside than at it, according to results of a technology-heavy study of three dozen medical and surgical units in U.S. hospitals.

The study's significance may not be its findings-which held no surprises for anyone familiar with a nurse's day-but rather for its methods and scope. Investigators collected data from 767 nurses at 17 health systems on how and where nurses spent their time, and how far they walked. The study outfitted nurses for one week with hand-held computers, four sensors to track movement, and an armband that recorded physiological responses for 23 hours each day. In all, the study culled nearly 21,900 hours of data.

The wealth of data may offer concrete evidence of what many already guessed, but chief nursing executives said findings should help identify tasks that create waste, inefficiency and costly, harmful errors. Weeding out key culprits could ease hospitals already-chronic demand for nurses and improve working conditions for the highly skilled and well-paid workers.

"We knew that the life of the working nurse had gotten extremely complicated," said Marilyn Chow, vice president of patient care services at Kaiser Permanente, who led the research with Ann Hendrich, vice president of clinical excellence operations for Ascension Health, the nation's largest private not-for-profit health system. Hendrich could not be reached for comment, an Ascension spokeswoman said.

Healthcare's dysfunction creates burdens for nurses, as does poorly designed technology, Chow said. The study even considered three floor plans to see whether hospital design could ease nurses' workload. Significantly, architecture made no difference in how much time nurses spent with patients, Chow said.

Instead, time with patients varied more among nurses who worked alongside each other than those who navigated different floor plans in different hospitals. "One likely explanation for these findings is that nurses' ability to organize their work and staffing assignments has greater impact ... than does physical space by itself," the researchers wrote in a paper expected to be published June 9 in the Permanente Journal.

"It's a reflection of how incredibly adaptable and flexible nurses are," Chow said. Nurses, like many others, modify personal routines to their surroundings, rather than vice versa, she said.

Maureen White, senior vice president and chief nurse executive for North Shore-Long Island Jewish Health System, Great Neck, N.Y., said results underscore the need for health systems to overhaul how hospitals deliver care to patients. Thirty nurses at Long Island

Jewish Medical Center, an 809-bed hospital in New Hyde Park, N.Y., participated in the study.

"It's coming out at an absolutely perfect time," White said of the findings. The nation's aging baby boomers are expected to strain an already anemic nurse workforce and create new shortages of other healthcare workers, she said. Hospitals must adapt in order to meet growing demand with fewer workers. White, who saw unpublished results that compared time spent on paper and electronic documentation, said the study shows that technology alone won't improve efficiency.

Results show nurses on a 10-hour shift spent roughly three and a half hours at the nurse station. Nurses spent close to three hours elsewhere on the unit-but outside patient rooms-or off the unit all together.

And as for time with patients? One hundred and seventy one minutes. Just shy of three hours.

Nurses' movements were tracked with multiple wireless devices on nurses' uniforms and receivers placed strategically around hospital units. Nurses wore more than one wireless tag after researchers discovered that a single signal could not keep pace with nurses' quick movements. The study logged distance as well as location. During a day shift, the average nurse walked 2.4 to 3.4 miles. Those who put in the most miles walked far enough to traverse the length of Manhattan and then double back to the Upper West Side for a cappuccino, about 20 miles.

Using hand-held computers, the study also tracked how much time nurses spend on typical tasks. Nursing and related jobs, such as documenting care or handing out medication, accounted for more than three-quarters of a workday.

Documentation was the most time-consuming task. Nurses spent two and a half hours logging patient information; coordinating care absorbed another 86 minutes; handing out medication required 72 minutes; direct patient care accounted for 81 minutes; and tracking vital signs took roughly 30 minutes.

Roughly a half-hour, or 36 minutes, was wasted on waiting, making deliveries or searching for and collecting items.

Personal time, teaching or nonclinical time spent with families and patients accounted for about another 70 minutes.

O'Leary, of St. Helena Hospital, which did not participate in the research, called the findings useful, though not surprising. She said she's well-aware of the demands that documenting patient care puts on nurses.

St. Helena converted to electronic health records two years ago, she said, but nurses' learning curve continues to slow documentation as new software programs are added. The 124-bed hospital deploys some computers on wheels to allow nurses to work closer to patients, she said. More time near patients may allow for better patient assessment and education, which is critical since patients spend less time in the hospital.

PHOTO (COLOR): Long Island Jewish Hospital registered nurse Julie Deninger enters data for the study into a PDA.

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By Melanie Evans

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