

A Structured Approach to Determining Nursing Staff Mix

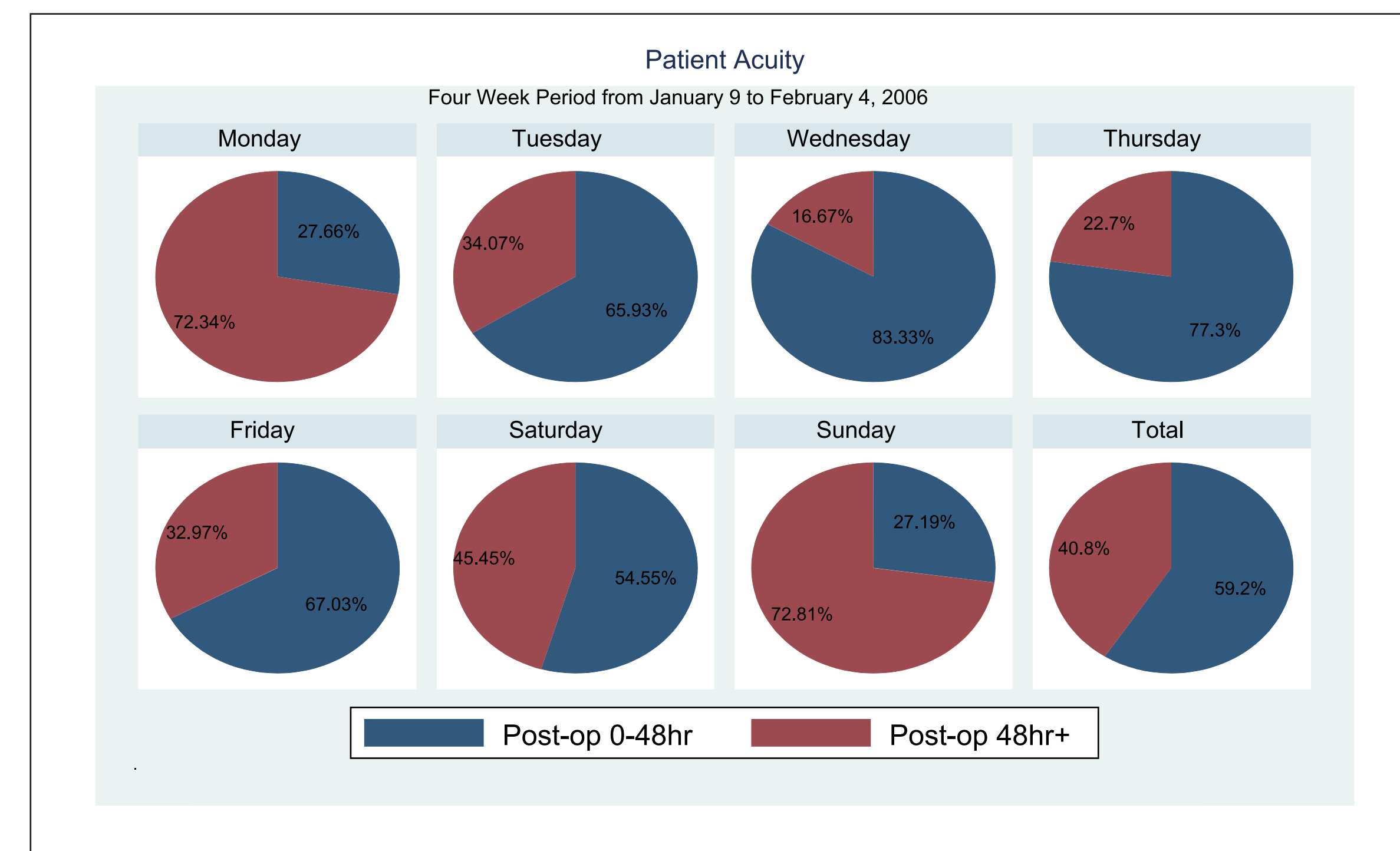
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INTRODUCTION

- Appropriate utilization of different categories of health care providers in each unique practice setting is key to efficiently providing quality patient care
- RNs and RPNs expressed concerns about utilizing their full scope of practice and adapting care processes as changes in surgical case mix and pain management practices accelerated

Program Structure and Process Changes

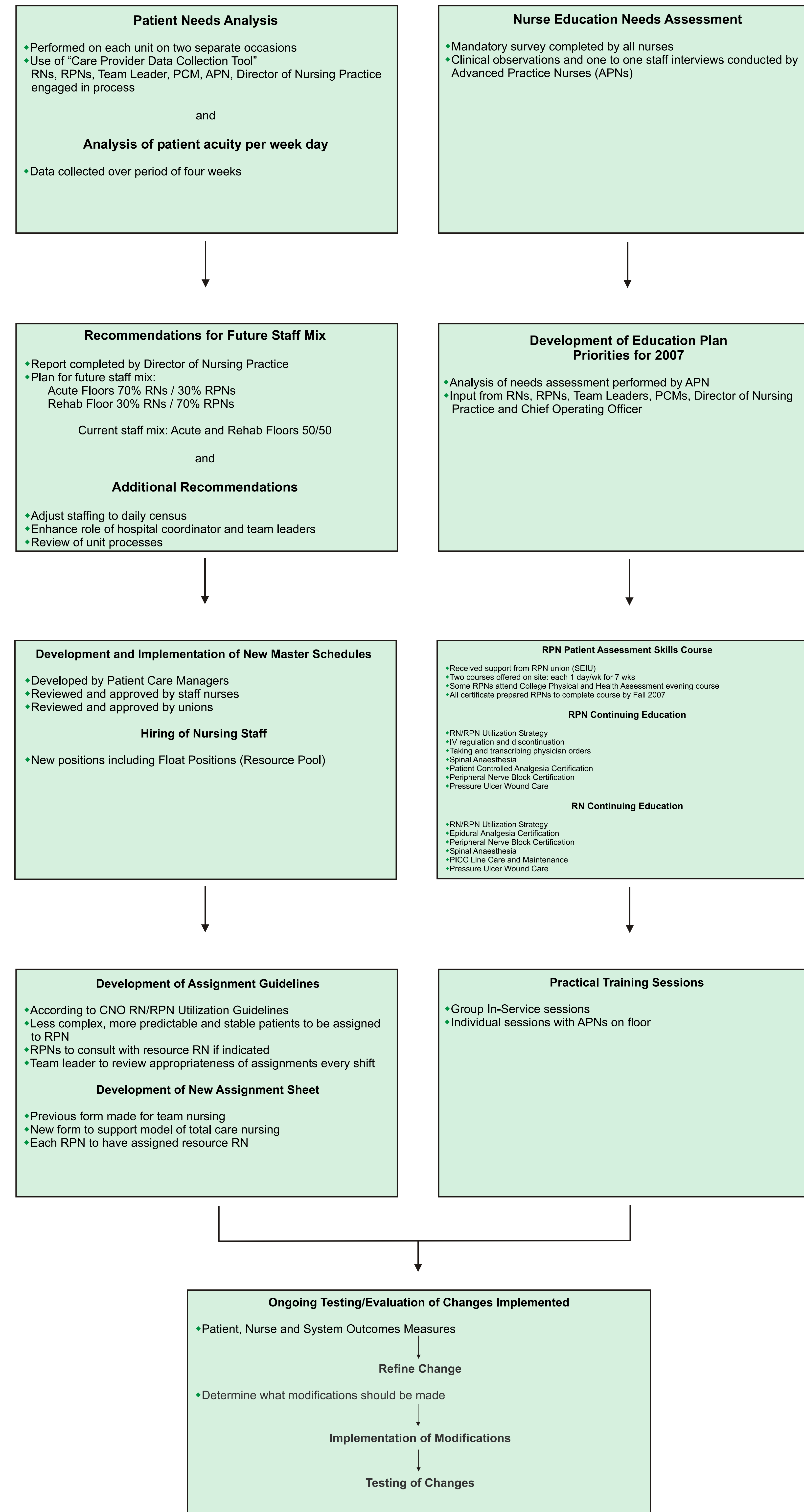
- Change in surgical case mix
- Recent designation as a "Centre of Excellence for Total Hip and Knee Replacement"
- Participation in Ontario's Total Joint Network Strategy to decrease wait times for lower extremity joint replacement surgery
- Decreased Length of Stay (LOS) to 4.5 days for 75% of patients being discharged home
- Discharge to short-term rehabilitation unit or external rehab on Post-op Day 3 versus Day 7
- New Anaesthesia and Pain Management Practices (Spinal versus General Anaesthesia, Epidural Analgesia, Peripheral Nerve Blocks)
- High percentage of 0-48hr post-op patients Tuesday to Friday (see chart)
- Average daily turnover of beds: up to 30%
- Great variations of patient census (Wed to Sat = 60+; Sun to Tue = 30+)



Structure and Process Changes Related to Nursing Staff

- Guiding Principles Established: Nursing Leaders discussed and agreed that process would be open and transparent and that staff would be engaged at all stages of the project. Special attention was paid to issues and concerns in order to limit gossip and fear
- Staff Mix: review of percentage of Registered Nurses (RN) and Registered Practical Nurses (RPNs) needed according to altered patient acuity and census
- Employee Ratios and Compliment: full-time, part-time and casual staff needed to balance fluctuating patient census and acuity
- Changes in workload: accurate measurement through updating of work load measurement tool (GRASP)
- Total Patient Care Model (primary nursing): change from previous Team Nursing Model (task oriented)
- RN & RPN Utilization Strategy: implementation of College of Nurses of Ontario (CNO) practice guidelines
- Scope of practice: nurses (RNs and RPNs) to work to full scope of practice to meet patient needs and program objectives
- Competencies: nurses need additional education to meet competency requirements
- Education: recent change in duration of nursing education (RN, 4 year university degree, RPN 2 year diploma). Different levels of education and experience in current workforce. Education needs to be assessed and education to be provided for RNs and RPNs to support both from Novice to Expert within their respective scope of practice

METHODS



OUTCOME MEASURES

Patient Outcomes

- Patient Satisfaction - Quarterly NRC/Picker Survey
- Length of Stay & Rate of Discharge Home versus Rehab
 - Quarterly Reports reviewed by multidisciplinary team
- Quality of Care as indicated by Morbidity, Mortality, Readmissions
 - As identified through chart audits and analysis of reports
 - Regular multidisciplinary morbidity and mortality rounds
- Patient Safety as indicated by Incident Reports
 - Increased reporting of incidents and near misses
 - Implementation of several patient safety initiatives

Nurse Outcomes

- Quality of nursing work life as indicated by:
 - Overtime; Absenteeism; Injury/illness; Nursing staff turnover
- Nurse satisfaction measured by:
 - Yearly anonymous nurse satisfaction survey
- Optimal use of competencies
 - RNs and RPNs all to work to full scope of practice
 - Ongoing evaluation of nurses' current practice and progress to date
- Practice according to College of Nurses of Ontario (CNO) and Sunnybrook standards
 - Nursing Standard Chart Reviews
- Improved participation in continuing professional development
 - 80% of employed RPNs successfully completed Assessment Course
 - 90% of employed RNs completed required certifications
 - 10% of RNs completed CNA orthopaedic certification exam



Some of the RPN's who have completed the assessment course

System Outcomes

- Stable nursing workforce
 - Variety of nurse recruitment and retention strategies
- Sustainable Costs
 - Increased cost related to increased RN positions and creation of RN and RPN resource team positions
- Appropriate availability and use of nursing tools and technology
 - Update and purchase of new equipment
 - Training of all nurses for use of email, workload measurement tool (GRASP) and electronic patient record (EPR)
- Healthy work environment
 - Collaborative practice amongst RNs and RPNs

Future Plan and Recommendations

- Change Management: Ongoing testing and evaluation of changes implemented
 - Use of evidence base quality improvement model (Rapid cycle model: PDSA Plan, Do, Study, Act) as a systematic method to guide process
- Adequate availability of Human Resources to implement and sustain new strategy
 - Increase of non-nursing support staff positions (unit assistants, unit secretaries)
 - Re-evaluation of RN and RPN schedules
- Maintaining effective communication
 - Use of effective communication strategies to strengthen the collaboration between RNs and RPNs
 - Nursing Leaders actively engage and attend to the opinions of staff nurses and each other