



*Healthy Care Team(s) +
Healthy Partnerships =
Healthy Communities*

Journey to RPNs Full Utilization of Practice

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Objectives

- Discuss the need for the change of scope of practice
- Describe the education plan development
- Chronicle our journey to full scope of practice
- Highlight our challenges and successes
- Identify our next steps



About Timmins and District Hospital (T&DH)

Timmins and District Hospital

- Located in Northeastern Ontario
- Level C hospital
- Serves the City of Timmins and the Cochrane District



- 161 Beds
- 850 Frontline Staff
- 70 Physicians
- 37 000 ER visits per year
- Services offered



WHY TAKE THE JOURNEY ?





- Recent grads entry to practice
- RPN preceptors started to decline preceptorships
- RN/RPN imbalance of workload
- Requests from RPNs to increase utilization



BARRIERS





- Many of RPNs in practice were educated in the certificate program
- The RPNs lacked the skills
- Relatively remote area
- One nursing school providing RN and RPN graduates
- One nursing school providing RPN graduates opened during our journey
- Technology



DRIVING FORCES

- RPNs willing to make the change were very positive
- Many of the RNs accepted the change
- Management supported the change





WHAT NEXT?





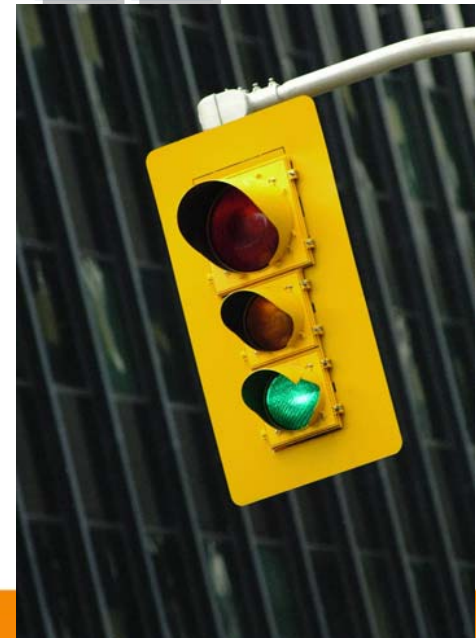
- Hospital administration
- Work towards an Interdisciplinary Team Model of Care
- Provide professional development opportunities
- Applied to Health Force Ontario for funding



- Plan to conduct a patient profiling exercise
- Requested Diane Martin, Executive Director of RPNAO to facilitate process
- Education plan developed, reviewed and supported by RPNAO
- New position would be created



Initiation





- T&DH was successful in securing funds
- Part time position was created and filled
- Courses brokered through the RPNAO
- Certification for completion of each course



- Diane Martin returned on March 2, 2009
- Meetings were held
- Partnership built between T&DH and Northern College of Arts and Technology (NCAAT)
- Traveled to North Bay General Hospital



- Medication refresher was taught with the course material from the RPNAO
- Rolled out medication administration on the surgical unit
- From the time of initiation of education to completion 5 months had lapsed
- Physical Assessment was offered next



- Intravenous Therapy was the last course offered over many months
- Curriculum brokered through the RPNAO
- Offered over 2 days
- 80% pass required on the test
- 10 mentored attempts required



- Staggered approach to IV meds
- Communications sent to all nursing units
- Competency checklist with a minimum of five admixtures mentored
- Over time, some became frustrated with the limited scope of practice



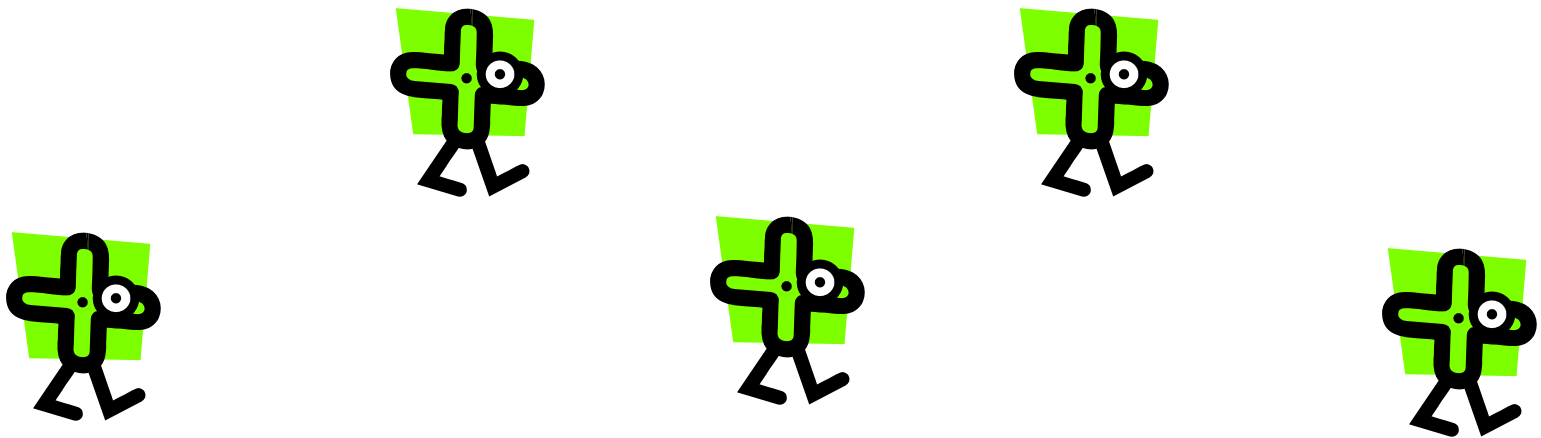
What would we change if
we had to do it again?



- Involve stakeholders more frequently
- Increase the amount of communication to all nurses
- Schedule nurses to attend the educational days
- Perform surveys before and after
- Involve PPAC more actively



The Positives

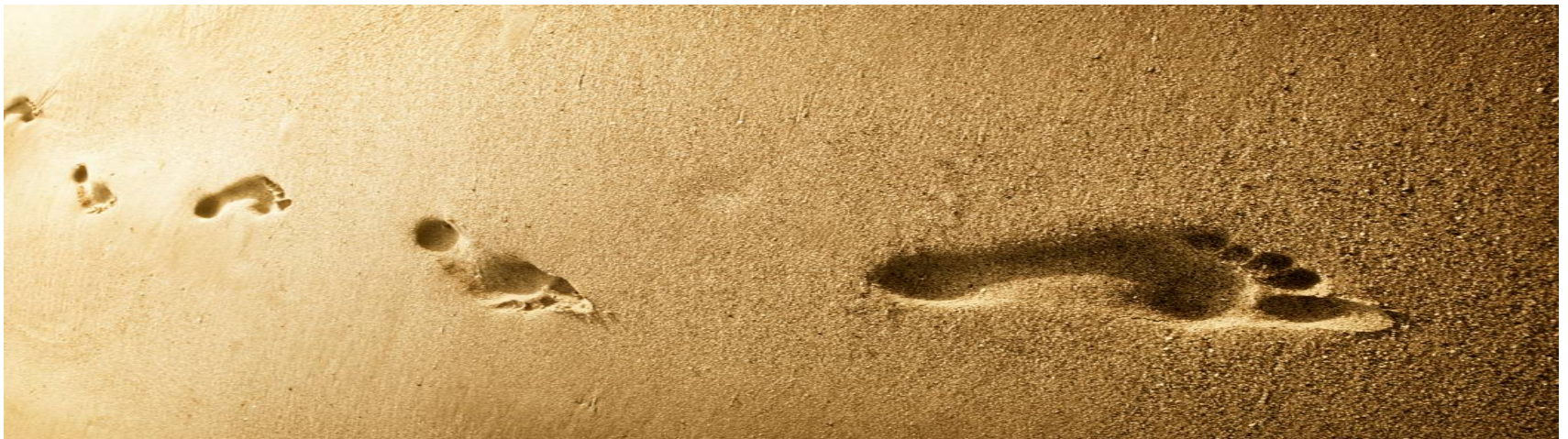




- Received funding
- Allowed for access to education
- Encouraged interest in education
- RNs became co-learners
- Nurses were more satisfied with their work
- Team members
- Improvement in Retention and Recruitment



Next Steps





- Increase utilization further by adding packing changes
- A needs assessment will need to be done prior to the addition of NG tubes
- Increasing Intravenous medication to include narcotics



Summary

- The education plan commenced in August of 2009 with medication administration over 5 months
- Physical assessment delivered in 5 months over a 13 month period
- Intravenous Therapy delivered over a 20 month period



Questions?





Thank you for the opportunity
to present our journey