

***Re-examining a Nursing Staffing Model Review***  
**to enable and support safe, professional practice in a cost  
efficient manner**



2006

*The Journey Begins*

# Hotel Dieu Hospital, Kingston

- Ambulatory teaching hospital for Kingston and Southwestern Ontario
- Affiliated with Queen's University and St Lawrence College
- Provide expert care to more than 500,000 people in the region



# Department of PeriAnesthesia Nursing at HDH

- Our department includes Day Surgery, PACU, Phase 2 recovery and EPAC (<23hour stay) units
- Our patient population includes Adult and Pediatric patients for a variety of surgical procedures including Ophthalmology, Dental, Orthopedics, General Surgery, ENT and Plastics



# PeriAnesthesia Nursing Staff

- The PeriAnesthesia Nursing Department at HDH has an RN/RPN staffing mix which encompasses: patient care, advocacy, education, consultative, research, management and administration roles. Our practice is guided by CNO, OPANA and NAPANC standards.
- The PeriAnesthesia Nurse is key to patient care delivery, utilizing skills of assessment, diagnosis, treatment and evaluation of actual or potential physical/psycho~social issues that may occur as a result of anesthesia or sedation and surgical interventions
- We work closely with an interdisciplinary team of anesthesiologists, surgeons and allied health professionals



# The Nursing Staffing Model Review ~ a brief history

- Prior to 2006, HDH PeriAnesthesia was staffed entirely by RN's  
Day Surgery Department served as an admission/discharge area for all general surgery and local patients.  
Phase 2 served as an admission/discharge area for all ophthalmology patients
- In March of 2006 2 part time RPNs(certificate) were hired in Phase 2 area, with scope of practice limited to discharge of standard cataract procedure patients only
- 2008 saw an increase in the # of OR's per day and difficulty recruiting RN staff.

Based on intuition and sound leadership skills of manager Mary McKay and charge nurse Lori Gencarelli, a full time RPN was added to the schedule to allow flexibility to staff PACU appropriately with RN's.

RPN's began admitting & discharging eye patients and as additional staff in EPACU when required but still with a limited scope of practice

- In September 2008, a corporate initiative, evolved from the OMHLTC's identified need for long range health human resource planning, developed tools to carry out a **HDH Nursing Staffing Model Review Project (NSMR)**
- The NSMR incorporated assessment of areas within the **CNO 3 factor framework** (nurse, client, environment) to support nursing staff mix decision making. Using a Patient Care Needs Assessment tool, retrospective chart reviews were completed for 3 consecutive days in Day Surgery and Phase 2 and 2 days in EPACU.
- It allowed for: determination of the right care provider to safely meet the patient/family care needs; opportunity to increase nurses' job satisfaction by allowing each category to practice within their full scope; and also had inherent fiscal benefits
- The 2008 NSMR was carried out in collaboration with the PeriAnesthesia core leadership team (manager, charge nurse, clinical educator (Loretta Jarrell) ) and approved by the CNE, PPL and Program Director

➤ **The 2008 NSMR demonstrated:**

DSU – an RN/RPN staffing model was appropriate

Phase 2 – an RN/RPN staffing model was appropriate

EPACU – an RN/RPN staffing model was appropriate, however RPN's were not yet working within their full scope in this area

➤ **Changes were made to the Master Rotation to reflect the NSMR results:**

RPN staffing increased to 1 full time and 4 part time RPN's

RN FTE 15.05 and RPN FTE 3.05

➤ **By June of 2009** all RPN's had been provided with additional education in:

IV Establishment

Glucometer

Intermittent (Intraoperative) Intrathecal Analgesia/Anesthesia patient care monitoring following complete receding of Sensory & Motor Block

IV Regulation

Medication Administration (all routes including IV above drip chamber),

PCA-IV

Blood Administration

Care of MH Susceptible Patients

Care of OSA patients

## 2008 – 2010

- Process was changed to a one~entry / one~discharge model:  
All patients were admitted through DSU unit  
All patients were discharged home through Phase 2 (those requiring longer post~op stays go to EPACU)
- May 2009 HDH started the Short Stay Total Joint Replacement Program. Business case supported 3 scheduled RPN shifts in EPACU
- All RPNs had received additional education required and were working at full scope of practice. Minimum requirements for hiring became Diploma RPN
- Successful integration of RPNs as 2<sup>nd</sup> nurse on day shifts in EPACU
- Continuing ↑ # of OR's per day → ↑ RN staffing requirements for PACU
- As a result of above changes and advancements in RPN scope of practice, a review of the NSMR was warranted. The same process and tools were used as in the 2008 review.

## The 2010 NSMR demonstrated:

- RN/RPN staffing model appropriate in DSU/Phase 2/EPACU
- RPN may be alone on units for break coverage as alternative consultative resources are readily available on day shifts
- RPN may be alone in EPACU when alternative consultative resources are readily available
- Process and results were again supported by the CNE, PPL and Program Director

## January 2011:

- Successful replacement of 1 RN Thursday 2300-0700 shift with 1 RPN

## Pending May 31 2011:

- Replacement of 1 RN Wednesday 2300-0700 shift with 1 RPN

## Difficulties encountered in expansion of RPN role

- Cultural shift for many of the RNs who were used to working with all RN staff
  - fear of RN job loss
  - concern of RN responsibility for RPNs care/decision making etc
  - lack of knowledge of expanded roles of Diploma prepared RPNs
  - lack of knowledge of CNO 3 factor framework
- RPN dissatisfaction at being unable to utilize skills and practice to full scope

## How we dealt with staff concerns

- Listened
- Provided education sessions based on premise that when understanding of each nurses role is enhanced, respect for each nurses contribution is also increased
- Addressed concerns by outlining NSMR process
- Reviewed CNO 3 factor framework and provided PeriAnesthesia practice related scenarios
- Reviewed CNO (2009) Practice Guideline: Utilization of RNs and RPNs, stressing that **RPNs are INDEPENDENT PRACTITIONERS ACCOUNTABLE FOR THEIR OWN ACTIONS AND DECISIONS** and that Nurses ARE NOT accountable for what other health care professions do, or for what they are not informed about

# Staffing Impact

2005: All RN Staff

Date	Full Time RPNs	Part time RPNs	RN FTE	RPN FTE
2006		2	16.05	0.80
2007		2	16.05	1.00
Feb 2008	1	2	15.45	1.85
Oct 2008	1	4	15.05	3.05
July 2009	1	4	14.40	3.20
Sept 2009	2	3	14.40	3.40
Sept 2010	2	4	14.20	3.60
Jan 2011	2	4	14.40	3.80
June 2011	2	4	14.40	4.00

# How we're doing !!!!

- Staff are settling in to new scheduling mix well and overall satisfaction has increased
- Ongoing commitment is required – by all staff members and leaders at HDH

Philosophically speaking – be it Ancient or Modern Greek!!



Our core leadership group share a participatory and collaborative leadership role, which we believe was the key to influencing attitude and practice that has led to the success of this initiative.

*Thank YOU !!* [beattit@hdh.kari.net](mailto:beattit@hdh.kari.net)  
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