



Optimizing RN/RPN Skill Mix in Acute Care Settings



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Acknowledgement

- Skill mix project 2009
- Validating the skill mix tool 2008-2009
- Publication:

Blastorah, M., Alvarado, K., Duhn, L., Flint, F., McGrath, P., VanDeVelde-Coke, S. (2010). Development and evaluation of an RN.RPN utilization toolkit. *Canadian Journal of Nursing Leadership*, 23 special issue.

- Link to website and tools: www.sunnybrook.ca
http://sunnybrook.ca/content/?page=Nursing_Practice



- Application of evidenced based research

Outcome:

- 3 General Internal Medicine units are now trialing one year of RPNs on days & evening shifts





Implementation of Pilot Project November 2010-November 2011

- Education of Leaders and RNs of RPNs expanded scope of practice
- College of Nurses Ontario(CNO) 3 units= 90 RN's educated over 5 sessions
- 5 sessions over 4 hours
- 90% of leaders and RNs 3 units



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Implementation of Pilot Project Continued

- Education from CNO: 3 Factor Framework
- Framework for decision making for assignments
- Leaders- change management on units
- RN accountability for making assignments in total patient care model
- Recruitment of RPNs
- Orientation



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Implementation of Pilot Project Continued

Recruitment

- Development RPN Role profile, competencies & skill sets**
- Interview panel composition: RN, PCM, HR & APN**
- Candidate – new RPN education program 2005 or later**



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Three Factor Framework

Nurse
Knowledge,
skill and
judgment



Environment
Support tools
Consultation
Stability of the
environment

Client
Acuity of care needs
Predictability of
outcomes
Risk of negative
outcomes



Challenges with Recruitment

- >100 applications received, 62 interviews set up, 10 declined and 52 interviews held , 8 hires in total
- Challenging to stay with original criteria- graduated 2005 or later

Orientation

- 6 corporate education days, 3 GIM orientation days and buddy shifts ranging (10-20 days)
- same as RN competencies, except CVAD, (PICC only) different populations in 3 units
- Ongoing support with assignment making, RN accountability



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Change Management

The 3 phases of Transition

- 1. Ending, Losing , Letting Go
- 2. The Neutral Zone
- 3. The New Beginning



W. Bridges (2003). Managing Transitions
Making the Most of Change.
<http://www.wmbridges.com/images/model.gif>



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Change Management

- Talking at unit staff meetings, daily huddles, one on one, orientation, email, D2 portal
- Time of ambiguity
- Meeting new Nurses, getting acquainted, trust building
- Nurses expressing need for a guideline

Unit C4, D4, D2

- Ending , Losing, Letting go
- Neutral Zone
- New beginning



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Staff Concerns- Initially

- RN job loss? Loss of RN line?
- How will the Nurses and Doctors know what RPN's can and can't do?
- Will they be able to manage independently because it's busy
- Policy gap, long term care advanced nursing competencies (ANC) very limited scope of practice
- GIMAPN task to develop acute care ANC for RPNs



Change Management

Unit level Transitions:

Communication through out process

Listening to concerns

Acting on concerns

Psychological realignment

Renewal



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Using the Three Factor Framework for Making RPN Assignment

TL/Charge Nurse Accountability: Screen Patient's Stability for RPN's Assignment

"Stability is established by an RN" (College of Nurses of Ontario, Entry to Practice Competencies RPN, p.13. 2010)

RPN's NOT Assigned to Patient's with:



- Unstable vitals lying outside of normal parameters
- Initiation (first 24 hours) of remote telemetry
- Diagnosis of TIA, Stroke patients admitted under 4 days
- Transfers within 24 hours from ICU/ER

Autonomy for RPN Assignment:



- PATIENT:**
- NOT complex
 - Moderately complex
 - Very complex
- ENVIRONMENT:**
- Unstable
 - Moderately stable
 - Stable
- NURSE:**
- Limited supports
 - Some supports
 - Many supports
- LEVEL OF AUTONOMY:**
- Fully independent
 - Partial collaboration with RN
 - Full collaborative model

(if weekend or evenings shift consider changing assignment if using full collaborative model)



1 Nurse Knowledge, Skill and Judgement:

QUESTIONS TO CONSIDER:

- Is the nurse a novice, advanced beginner, competent, proficient, expert? (Benner, P. (1984)).
- What is the level of knowledge, skill and judgment?
- Is an advanced competency required?
- What is the level of critical thinking?

2 Patient Complexity:

QUESTIONS TO CONSIDER:

- What is the predictability of negative outcome? Changing condition?
- Patient's vitals stable? Trach is mature or new? Chest tube – acute or chronic?
- CVAD for patient waiting long term care, remove device prior discharge?
- Blood transfusion for chronic anemia vs. acute GI bleed?
- Sub Q infusion with narcotics for patient with stable pain vs. unmanaged pain?
- Care plan in place for patient's new diagnosis?

3 Environment:

QUESTIONS TO CONSIDER:

- What shift are we planning for?
- Is there a policy and procedure to support the care of this patient?
- Is there an established care plan?
- Is consultation available?



Accountability

TL/Charge Nurse Accountability: Screen Patient's Stability for RPN's Assignment

**“Stability is established by an RN”
(College of Nurses of Ontario, Entry to Practice Competencies RPN, 2010).**



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Guidelines

- RPN's Not Assigned To: Patients with
- Unstable vitals lying outside of normal parameters
- Initiation (first 24 hrs) of remote telemetry
- Diagnosis of TIA, Stroke patients admitted under 4 days
- Transfers within 24hours from **ICU/ER**



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Autonomy for RPN Assignment

- **Patient** : NOT complex moderately complex or very complex
- **Environment** :unstable moderately stable stable
- **Nurse**: limited supports some supports many supports
- **Level of Autonomy**: fully Independent partial collaboration with RN full collaborative model
(if weekend or evenings shift
consider changing assignment
if using full collaborative model)



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Nurse Knowledge, Skill and Judgement

Questions to consider:

- Is the nurse a novice, advanced beginner, competent, proficient, expert ? (Benner, P. (1984).
- What is the level of knowledge, skill & judgment?
- Is an advanced competency required?
- What is the level of critical thinking ?



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Environment:

Questions to consider:

- What shift are we planning for?
- Is there a policy & procedure to support the care of this pt?
- Is there an established care plan?
- Is consultation available?



Patient Complexity

Questions to consider:

- What is the predictability of negative outcome? Changing condition?
- Patient 's vitals stable? Trach is mature or new? Chest tube – acute or chronic?
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Lessons Learned

- 2/8 RPN exited after orientation and a working period: 25% turn over
- post exit interview revealed lack of educational prep/experience for acute care setting prior to hire
- 3 factor framework is an excellent concept
- Challenging to apply in a fast pace environment
- Nurses preferred concrete guidelines
- Nursing care delivery model (primary care) challenges geographical assignments



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Lessons Learned

- Challenged with recruiting RPNs graduating from the new education program 2005 or later
- 3 month delay from education to the staff on units to the time of orientation of new RPN hires
- Moral: RPNs experienced personal frustrations similar to being a new Nurse or a new hire when needing to ask other RNs for help



Evaluation

Evaluation in progress: Did Nurse sensitive outcomes stay the same or get worse: indicators of quality of care

- Pain management
- Pt satisfaction/nurse satisfaction
- Wound management, prevalence & incidence pressure ulcers
- Safety reports
- Falls
- Medication errors
- Restraint use
- Assignment changes during shifts
(focus group)



Case Study #1

80 year old female, lives alone with no next of kin. Admitted with CVA off service to a renal floor. No care pathway available. Pt has mild cognitive deficits, is forgetful. Fallen once in hospital in BR, no injury.



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Case Study #1 Continued

- Today the pt's BP is elevated (systolic 220 mmHg). She has received one dose of an oral antihypertensive medication. Staffing on the unit includes a new RPN reassigned from outpatients department to cover the unit RPN who is on education leave. The RNs are regular unit staff and there are 3 students on the unit.

Do you assign the pt to an RN or an RPN?



Case Study #2

47 year old female admitted 3 days ago for an investigation of a lower GI bleed. She is scheduled for a possible colonoscopy and abdominal CT scan today. Her vital signs are stable ; she is alert and can perform self care. She has a history of depression and is on oral anti-depressant medication. Her husband is present and her sister who is a Nurse.



Case Study #2 Continued

There are pt information brochures about colonoscopy and the abdominal CT scan. An additional RN has been reassigned to the unit from a unit with a reduced census.

- Do you assign the pt to an RN or an RPN?



Case Study 1

Nurse: New RPN, RNs have 3 students

Environment: No Pathway available, plan for preventing future falls? No mention of consultation available, no next of kin, admitted to wrong floor/bed spaced

Client: mild cognitive deficits, unstable blood pressure

RN assignment

Case Study #2

Nurse: extra RN on unit

Environment: Sister and husband present, pt information brochures available

Client: self care, vitals stable, on medication for depression (not new), pt aware and can verbalize if condition changes

RPN assignment



Thank you !



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