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 anesthetists, surgeons and allied health professionals.
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 2nd 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

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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
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