Changing the Clinical Nursing Staffing Model of Care in a Satellite Hemodialysis Unit through Engagement, Leadership, Partnerships and Collaboration

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CHATHAM-KENT Health Alliance

Ontario Nurses’ Association
Chatham-Kent Health Alliance (CKHA) is a 200+ bed community hospital equipped with state-of-the-art facilities and technologies. Formed in 1998, CKHA is committed to core service excellence, top-flight operational performance and to becoming a facility of choice in Southwestern Ontario. With campuses in Chatham and Wallaceburg, CKHA is designated a schedule one facility under the Ministry of Health and Long Term Care and cares for tens of thousands of inpatients, outpatients and emergency patients annually.

91% PATIENT SATISFACTION RATE

www.ckha.on.ca
DIALYSIS AT CKHA

- Chronic Kidney Disease (CKD)
- Goals of ORN
- Organization of Regional Renal Program
- Description of CKHA Satellite Dialysis Unit

Dialysis team with Dick (patient) & Nellie (family)
DITL (DAY IN THE LIFE)

Trish W
Registered Nurse, Diaysis

Chatham-Kent Health Alliance
CKHA STRATEGIC DRIVERS OF CHANGE

- Patient Experience
- Safe, high-quality patient care
- Practice Excellence
- Value-based decision making
- Program Performance
- Setting the bar
- Advancing innovation & knowledge
SYSTEM DRIVERS OF CHANGE

► Patient based funding system

► Expansion of CKHA Satellite Dialysis Unit

► Quality Based Procedures for CKD
DRIVERS OF CHANGE

• Service variances – varying models of care in regional and satellite units:
  • London Health Sciences Centre
  • Orillia Soldiers’ Memorial Hospital
  • Peterborough Regional Hospital
  • Sault Area Hospital
  • Grand River Hospital

• Cost variances – previous and new agreements
  • CKHA subsidization
  • Health system funding reform
  • Quality based procedure funding
  • Operating plan
CRITICAL SUCCESS FACTORS

- Engagement
- Leadership
- Partnership
- Collaboration
OUR CKHA JOURNEY

• 2011
  • Expansion
• 2012...
• 2013
  • Staff vacancy – optimal timing
  • Engagement of partners – notification of bargaining units
  • Targeted timelines – Sept 2013
LEADERSHIP

• LHSC request for consideration
• LHSC Professional Practice expertise
• LHSC implementation plan
• College of Nurses of Ontario –
  • Utilization of RNs and RPNs
    (including the 3 factor framework)
• CKHA Professional Practice Team
• ONA Independent Assessment Committee reports
  (including ONA Patient Assessment tool)
ENGAGEMENT

• Bargaining units
• Implementation task team
• Project charter
• Implementation plan
THE PARTNERSHIP STORY

• ONA
  • Grievance
  • Professional responsibility concerns
• Christian Labour Association of Canada (CLAC)
THE PARTNERSHIP STORY

• Professional Practice expertise
THE PARTNERSHIP STORY

• Change management
  • Meetings with CKHA
  • Meetings with ONA staff
• Review of Independent Assessment Committee reports
• Presence at Implementation Task Team meetings
THE PARTNERSHIP STORY

TOOLS

• ONA/Hospital Professional Responsibility Workload Report Form (PRWRF)
• Patient assessment tool and process
• Employee Assistance Program
• Formal and ongoing evaluation
EVALUATION

- Phase 1
- Patient level data
  - Chart & form audit;
  - 548 forms; 88% completion rate
  - 92% RPN
- System level data
  - Data report
  - 87 hours RN; 7.5 hr RPN meetings
  - Cost reductions as expected

<table>
<thead>
<tr>
<th>Patient Level Data</th>
<th>92%</th>
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<tbody>
<tr>
<td>% of patients able to have RPN as Most responsible nurse (audit of tools)</td>
<td>92%</td>
</tr>
<tr>
<td>Number of patients transferred from RPN to RN</td>
<td>0</td>
</tr>
<tr>
<td>Baseline: Number of patient transfers to ED post treatment (July – September 2013)</td>
<td>NA</td>
</tr>
<tr>
<td>Number of patient transfers to ED post treatment (October – December 2013)</td>
<td>1</td>
</tr>
<tr>
<td>Baseline: Number of patient consults to LHSC documented in chart (July – September 2013)</td>
<td>NA</td>
</tr>
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</tbody>
</table>

| System Level evaluation (August – December, 2013) | yes |
| Evidence of assessment tool use | yes |
| Evidence of policy for tool use | yes |
| Number of professional responsibility workload forms submitted | 87 |
| Number of RN hours in implementation meetings | 87 |
| Number of RPN hours in implementation meetings | 7.5 |
| Number of implementation meetings | 10 |
| Average results on orientation training re-tests conducted at LHSC | NA |
| Number of job descriptions revised | 5 |
| Cost per patient treatment | $164.54 |
| Cost per patient treatment + clinic visit | $80.18 |
| RN hours per patient treatment | 2.41 |
| RN hours per patient treatment + clinic visit | 1.17 |
| RPN hours per patient treatment | 0 |
| RPN hours per patient treatment + clinic visit | 0 |
| Number of education hours of RN | 0 |
| Number of education hours of RPN | 225 |

Chatham-Kent Health Alliance
EVALUATION

• Initial state: What was it like to be the first RPN in this new model of care?

• Brenda Fysh, RPN (formerly in Dialysis)
EVALUATION

• Initial state: What are some words of wisdom for an RPN coming into this new model of care?

• Brenda Fysh, RPN (formerly in Dialysis)
EVALUATION

Satisfied with implementation plan approach.

Dissatisfied with tools provided: Ax and manual.

Dissatisfied with sustainability and on-unit working culture.
EVALUATION

• **Survey results: What was done well?**
  
  “the training provided by LHSC...I appreciated the Resource Nurse feeling it was important for the new RPNs to have more on hands experience, on site, and with our clientele”
  
  “I feel the staff members involved in the implementation task team was of great benefit to the roll out”
  
  “Having nurse as a manager”
  
  “Providing staff with EAP support session”
  
  “Very pleased to have the bargaining unit (ONA) at the meetings”
  
  “the initiation of the assessment tool”
EVALUATION

- **Survey results: What could be done differently?**
- “less negativity towards new nursing roles (grieving process was evident)”
- “I am disappointed that two RNs have been laid off”
- “Honest communication”
- “RN staff were labeled as bullies...but no feedback was asked of us to get our side of the story”
- “…do not understand why no other satellites have adopted this initiative under LHSC umbrella…”
- “more transparency about what was happening in the beginning”
- “evaluating and having open discussions prior to the decisions being made”
EVALUATION

- Brian VanDooren, Christian Labour Association of Canada says,

  “I think it’s worth recognizing that changing the staffing mix of a unit was difficult for everyone involved, and for many people scary as well. There were mistakes, and there was emotional trauma. However, by being intentional about the process, and by including the staff in discussions, the transition was dramatically better than it could have been. I think the dramatic improvements that you now see in the department’s dynamics are a direct result of the process we followed.”
CURRENT STATE EVALUATION

• (August 2014)
• 9/54 patients evaluated over period of March - July
• Forms 47% complete
• Documentation of evidence (accuracy) 88%
• Patient complexity increased during RX 18%
• Documentation of interventions to stabilize 71% complete
• Appropriateness of intervention 100%
• Evidence of escalation or to Emergency Dept. 0%
• Patient can be cared for by RPN 13%
• Only 17% of patients were assessed to have clinical needs requiring an RN
• Need to consider process change re frequency, i.e., by exception
EVALUATION

• Current state: What’s it like working as an RPN in this new model?

Patti Coveny, RPN (2 months later)
EVALUATION

• Current state: What are some words of wisdom for an RPN considering working in this model of care?

Patti Coveny, RPN (2 months later)
COLLABORATION

- Common purpose
- Start small & build
- Build on strengths
- Engagement
- Balance roles
- Provide training & other supports
- Share accountability
KEY LEARNINGS

• Leadership:
  • Going is toughest in beginning of any change process
  • Communication
  • Process & Culture change
  • Impact of nurse-patient dyad

• Engagement
  • Engagement of all levels - early
  • Inter-professional teamwork

• Partnership
  • Change management
  • Tools

• Collaboration
  • Ongoing needs and support
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QUESTIONS?