

Click to Start

RN/RPN Utilization Toolkit Project

Demonstration Projects in Nursing
HHR Planning

Staff Mix
Decision-Making:
Engaging Frontline Nurses

NLN Conference

March 26, 2009

Frances Flint, RN, MN

Farah Khan, RN, BScN, MN(student)

Margaret Blastorah, RN, PhD(c)

Nancy Fletcher, RN, BScN, MEd

The Partners



Generously funded by the Nursing
Secretariat, Ontario Ministry of
Health and Long-Term Care

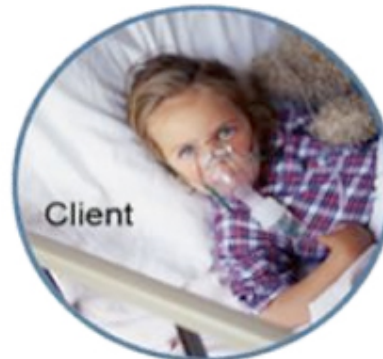


Ontario | HealthForceOntario

Presentation Overview

- Background of HHR demonstration project
- Project purpose and objectives
- Toolkit
- Engagement of frontline staff
- Outcomes and evaluation
- Lessons learned
- Next steps

CNO 3-Factor Framework



Background to Project

- HHR demonstration project funded by Nursing Secretariat
- 5 teaching hospitals and 2 community hospitals
- Previous experience with tools/process for staff mix decision-making
- CNO three-factor framework
- Literature review – lack of published tested tools
- RPN curriculum change
- Fiscal environment

Project Purpose and Objectives

Purpose:

Develop and test tools and a decision making process that would support nursing staff mix decisions as guided by the CNO three-factor framework on the utilization of RNs and RPNs

Objectives:

- Assess reliability, validity & feasibility of the Patient Care Needs Assessment (PCNA) tool
- Assess validity & feasibility of the Unit Environment Profile (UEP) tool
- Describe process through which nurses use these tools in formulating nursing staff-mix decisions
- Identify critical success factors and lessons learned regarding application of the PCNA tool, the UEP, and a review process that is designed to inform nurse staffing-mix decision-making.

Guiding Principles

- Building on strengths of project team members
- Participative leadership processes
- Shared governance (fully engage front-line staff nurses)
- Enhance quality of care through full scope of practice
- Scholarly approach

RN/RPN Utilization Tool-Kit

- Comprehensive package
- 4 essential components designed to work together:
 - Patient Care Needs Assessment (PCNA) tool
 - Unit Environment Profile (UEP) tool
 - Consensus-based unit review
 - Decision-making process

Patient Care Needs Assessment Tool

Patient Care Needs Assessment Tool

Date: YY/MM/DD	Patient # <input type="text"/> <input type="text"/>	Reviewer Initials: <input type="text"/> <input type="text"/>
----------------	---	--

1. What issue(s) are important to this patient's care that currently need(s) to be addressed?			
2. Vital Signs:	Yes	No	Comments:
a. Have the patient's vital signs been within the following criteria ¹ over the last 24 hour period? <ul style="list-style-type: none"> - Respiratory Rate is between 8 and 30 breaths per minute. - O₂ Saturations are greater than 90% on less than 50% O₂ or 6L/min. - Systolic Blood Pressure is between 90 and 200 mmHg with no more than 40 mmHg decrease. - Heart Rate is between 40 and 130 beats per minute. 	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are the patient's vital signs within the expected range for this patient's condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
c. How often does the patient need to have his/her vital signs checked?	Q2H <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> OTHER: <input type="text"/>		
3. Level of consciousness:	Yes	No	Comments:
a. Is the patient's current level of consciousness within expected range for her/his condition?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the patient currently experiencing fluctuations in level of consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
4. Does the patient require increased monitoring for development of complications? (For example, you are worried about the health of this patient and are keeping a close eye on him/her)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
5. Has the patient been experiencing acute confusion/agitation requiring ongoing assessment and treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
6. Does the patient's condition require increased assessment and adjustment in the plan of care? (For example, due to pain, fluctuating lab results, persistent fever, loss & grief, fluctuating mood, blood glucose is not well controlled)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:

Patient Care Needs Assessment Tool

Patient Care Needs Assessment Tool

7. Does the patient require interventions/treatments that will have an immediate systemic effect, which may create an urgent or emergent situation? (For example, new IV treatment, Heparin infusion therapy, chemo therapy, high alert drug treatment, first-time blood transfusion)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
8. In the last 48 hours, has the patient had an unexpected health event or crisis? (For example, severe or acute episode requiring immediate intervention such as a sudden drop in blood pressure, O2 saturation level, blood glucose, fall)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
9. Do the patient and/or family have complex support needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
10. Are the patient and/or family facing complex decisions that require coordination/collaboration with multiple team members?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
11. Overall, how stable is this patient?	Very Stable		Very Unstable
	1	2	3 4 5 6
12. Overall, how complex is this patient?	Less Complex		Highly Complex
	1	2	3 4 5 6
13. Overall, how predictable is this patient?	Highly Predictable		Less Predictable
	1	2	3 4 5 6
14. Overall, how at risk is this patient for negative outcomes?	Less Risk		High Risk
	1	2	3 4 5 6

¹Critical Care Secretariat, Ontario Ministry of Health and Long-Term Care [MOHLTC]. (2007). *Ontario's critical care strategy: Implementation of critical care response teams (CCRTs) in Ontario hospitals – Year one*. Retrieved April 7, 2008 from http://www.health.gov.on.ca/english/providers/program/critical_care/docs/ccs_ccrt_rp_01_20070101.pdf

Unit Environment Profile Tool

UNIT ENVIRONMENT PROFILE TOOL

VARIABLE	DESCRIPTION	DATA	
Nursing Staff	How many RNs (total FTE's) work on this unit?		
	How many RPNs (total FTE's) work on this unit?		
	Number of Full-Time/Part-Time/Casual Nursing Staff (total number of individuals, not FTE's)		
Budgeted Skill Mix	Number of Unregulated Patient Care Providers (total FTE's)		
Experience of Staff Nurses	Number of Staff Nurses registered with College of Nurses Ontario for less than 3 years		
	Number of RNs with less than 1 year experience working on the unit		
	Number of RPNs with less than 1 year experience working on the unit		
	Number of unit Staff Nurses 55 and over		
Educational Preparation of Nurses	Number of Certificate RPNs		
	Number of Diploma RNs/RPNs		
	Number of Degree RNs		
	Number of Masters Prepared RNs		
	Number of Nurses with Specialty Certificates (e.g. CNA certification, gerontology certificate, critical care certificate, etc)		
Characteristics of Unit	Average Length of stay		
Description of Support on Unit	Manager	Yes	No
	Other unit-based nursing leader support (e.g. Educator, APN)	Yes	No
	Other nursing leader support on consultative basis	Yes	No
	Access to Rapid Response Team	Yes	No
	Access to other allied health support (Specify roles)		
	In-charge/Team leader without assignment (day shift)	Yes	No
	Number of medical teams on the unit		
	Any clinical Associates, or Physician assistant role?	Yes	No
	Do you have nursing students on the unit? If so, what times of the year and what year of nursing?		
	Other nursing roles on the unit		
Occupancy	Average occupancy year to date		

Unit Environment Profile Tool

	Number of budgeted beds	
Nurse-patient ratio	Average # of patients per nurse on each shift 7 days a week	
Policies, Procedures, and Guidelines	Access to policies and procedures relevant to practice area	Yes No
	Care pathways/protocols/plans of care specific to patient population(s) on unit (includes medical directives if appropriate)	Yes No
	Standardized assessment tools specific to patient population(s) on unit	None
		Some Policies/Protocols Exist Policies/Protocols available for most situations/populations
Unanticipated events	Number of infectious disease outbreaks in past 3 months	
	Number of Code Blue calls in past 3 months	
	Number of calls to Rapid Response Team in last 3 months	
	Total number of transfers to ICU in the last 12 months	
Sick Time	Average sick rate (sick hours as percentage of productive hours)	
Overtime	Average OT hours as percentage of productive hours	
Agency Use	Average Agency hours as percentage of productive hours	
Staff Turnover	Percentage of unit staff nurse turnover over the past year (internal and external)	
Admissions	Average number of admissions and transfers in (per day, evening, night)	
Composition of Patients	How many different CMGs are cared for on this unit?	1 to 5
		5 to 10
		Greater than 10
		Please Explain:
Other Unit Factors	Are there other events that are not specifically related to the complexity of an individual patient, that would impact unit environmental complexity?	

Drawn upon work of Linda O'Brien-Pallas (University of Toronto) on environmental complexity.

Unit Review Process

- Consensus-based
- Unit-based review team:
 - Patient's nurse
 - Team leader/Charge nurse
 - Advanced Practice Nurse/clinical educator
 - Manager
- External facilitators
 - Nursing leaders from outside unit
- Each patient's care needs assessed
- Agreement on response to each item through discussion
- For implementation of tool-kit:
 - Determine appropriate category of nurse for each patient
 - Repeat unit review as necessary to ensure adequate data

Staff-Mix Decision-Making Process

- Review of:
 - Summarized PCNA data
 - UEP data
- Integration of information:
 - PCNA and UEP data
 - Distribution of patients across levels of stability, complexity, predictability, risk
 - Workload associated with these patients
 - Mitigating factors (e.g. relocation of unit)
 - Unit de-briefing meetings

Engaging Frontline Staff



Preparation for Unit Reviews

- Staffing up
 - Replacement of nurses
 - Demonstrated support for and enabled full staff nurse participation in reviews
- Stakeholder engagement and commitment
 - Visible and genuine CNE support
 - Initial workshop
 - Assisted unit leaders to champion project
 - Emailed tools & met with leaders in advance

Communicate!



- Advance communication and discussion with unit staff and leadership
 - Myth-busting
 - Clarification of purpose
 - RN and RPN scope of practice
- Explain tool and process prior to review day
- Liaise with team leader in advance
- Multiple modes (e.g. formal, informal, oral, written)

Facilitating the Review Process

- Setting the context (preamble)
- Facilitation
- Respectful engagement with participants
- Attention to subtle cues and processes
- Real-time and post-review feedback
- Lead reviewer completed end of day summary sheet

- Provide refreshments!

Outcomes and Accomplishments

- 2069 patient reviews
- Approximately 600 nurses participated
- 36 units
- All 7 sites met their obligations
- Support for reliability and validity of PCNA tool
 - Internal consistency reliability
 - Face and content validity
 - Convergent validity
- Further developed UEP tool

Evaluation of Review Participants' Experience

Multi-modal process:

- PCNA opinion questionnaire
- Questionnaire for nursing leaders
- Focus groups
- De-briefing meetings with unit leaders
- Anecdotal feedback

Summary of Staff Nurse Participant Feedback About the Process

- Staff nurses valued the opportunity to:
 - Participate in a research study about their work
 - Discuss what they knew about their patients' nursing care needs
 - Be recognized for their “knowledge work”
 - Engage in meaningful discussions about nursing
- Some concern or discomfort about:
 - Being judged or evaluated
 - Feeling intimidated by the large group and presence of nursing leaders
 - “Real” purpose of the project
 - Job security

Staff Nurse Feedback about PCNA Tool

- Comprehensive and user-friendly
- Detailed feedback about individual questions (what worked, what was unclear...)
- Initial questions lead to final ratings on stability, complexity, predictability and risk
- Subjectivity of questions balanced by consensus approach
- Captures something different than workload
- Possible gaps in capturing some elements (e.g. psychosocial and emotional needs)
- Definitions helpful

Lessons Learned

- What it takes to make a project like this happen
- Challenges in staff mix decision-making
- Review process – what helped and what hindered the process
- PCNA and UEP tools
- Importance of PCNA Companion Guide
- Potential benefits and applications of tool-kit

Next Steps

- Cross-unit analysis with outcomes
- Application of tools for staff mix decision making
- Publication
- Further testing and refinement of tools
- Opportunities to integrate this work with other projects (e.g. Nursing Dashboard)

Thank You!