



Securing our future with a new staffing model

Background

The importance of nursing staff in the delivery of safe, quality care has long been recognized in every health care setting. We truly value and appreciate the skill, high-quality care, and dedication of the SFMH nursing staff.

We have been affected by the shortage of registered nurses (RNs) across the country—as baby boomers leave the workforce, graduating RNs are unable to fill the gaps. The solution for many hospitals has been a new, nursing staff mix model.

Over the years, SFMH has been proactive in our efforts to bring and maintain programs and services in our community. In the past, we have looked at new, creative models to bring services like hemodialysis, Ontario Breast Screening Program and, in the near future, hospice services to the community.

Did you know?

RPNs are working to full scope of practice in many Ontario hospital settings, for example:

- acute care at Toronto’s Sunnybrook Hospital
- dialysis, emergency room and operating room at Orillia Soldiers’ Memorial Hospital
- dialysis unit at Renfrew Victoria Hospital

Recruitment and retention challenges at SFMH

- Retirement
- Maternity leave
- Full-time/preferred positions elsewhere (urban settings)
- Physical stress and strain due to shortage of staff/workload

Did you know?

In Ontario, the average age of RNs is 49 years old? The shortfall of RNs is predicted to reach up to 60,000 in Canada by 2022.

Our response

Our latest efforts looking at new nurse staffing models will help to ensure that we can maintain our programs in a community that has been designated as both rural and isolated by the Ministry of Health and Long-Term Care. This includes:

- mixed staffing models used by peer hospitals
- the College of Nurses of Ontario staff mix framework and other evidence-based information
- discussions with ONA and OPSEU
- input from our staff, physicians and community.

Guided by RN and RPN Practice: The Client, the Nurse and the Environment (CNO, 2014), we will base a new model on the Three-Factor Framework:

1. Client health needs: complexity, predictability, risk
2. Nursing experience: ability to provide safe, competent care
3. Environment of our organization: system for patient care, stability and support.

Benefits of a mixed nursing staff model

FOR PATIENTS:

Nursing staff will be matched to the level of nursing care needed (based on stability, complexity, predictability and risk for negative outcomes) to enhance the quality and continuity of care for patients. It's a win-win situation—by increasing our nursing staff's professional practice, we strengthen the nursing team. That translates into better care for our patients!

FOR STAFF:

A change to our nursing staff model with clearly defined roles will increase job satisfaction and efficiency, allowing everyone to work at their full scope of practice. Overlap of roles and gaps in care will be eliminated and overall nursing work life will be improved.

FOR OUR HOSPITAL:

Nurse staffing model changes will lead to a stable nursing workforce and a healthy work environment.

Staffing Q&A

Q: Is budget a consideration in the decision?

A: The new model will not be based on any budget considerations – there is no financial issue at SFMH at this time.

Q: Will RN nursing positions be eliminated?

A: No cuts to the current staff complement are planned. Options being considered include the redistribution of RN positions and the addition of a Personal Support Worker role to optimize coverage in both our Emergency Department and our Medical Unit. With this new model, RN time dedicated to patient discharge planning could be increased.

Q: Will programs or beds be cut?

A: There are no plans to discontinue any services or reduce the number of beds.

Q: What is the meaning of “nursing staff mix”?

A: The combination of different categories and number of personnel providing direct and indirect nursing care to patients (i.e., RNs, RPNs, PSWs)

Q: What are the differences between nursing roles?

A: *Registered Nurse (RN):* RNs can care for patients with more complex needs, at risk for negative outcomes, or unpredictable situations.

Registered Practical Nurse (RPN): RPNs are suited to care for patients with less complex needs—patients with stable conditions and expected outcomes. Care provided includes patient assessment, medication delivery, IV starts, treatments, etc.

Personal Support Worker (PSW): PSWs provide direct bedside care such as bathing, dressing, feeding, etc.

Q: What is nursing scope of practice?

A: The range of activities that a professional group (e.g., registered nurse) is educated and authorized to perform.

Over the last few years we have been providing education and support for RPNs to improve their skill set and strengthen our team.

Q: When will changes take place?

A: Our goal is to implement a new staffing model in June 2015.

