

Shifting Our Models of Care Delivery

Lee Clark
Director Renal Program

Step Aside – Shifting our Staffing Models

- To examine national experiences with innovative models of HD care delivery
- To generate understanding and awareness of nursing practice roles within the interprofessional renal team
- To identify opportunities for alternate staffing models

Background & Purpose

- Background
 - Need to ensure we have adequate staff to deliver optimal, safe patient care
 - Need for a vigorous & sustainable workforce development model for dialysis services
- Purpose of Environmental Scan
 - Gain an understanding of current practices compared to comparators, identify potential models
 - Conduct environmental scan to identify national staffing practices; identify potential opportunities to address staffing challenges
- Scope
 - Comparison of facilities with similar care delivery programs

Future Trends

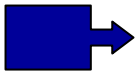
Demographics	<ul style="list-style-type: none"> • Increase in the number and complexity of aging patients with co-morbid chronic diseases • Increase in ethnic diversity - impacts care delivery including use of diversity services (exact impact yet to be determined)
Co-Morbidities	<ul style="list-style-type: none"> • Prevalence of causative illnesses including diabetes and cardiovascular disorders
Renal Nurses	<ul style="list-style-type: none"> • Expansion of in-centre, community and home based dialysis programs in keeping with current trends in chronic disease management towards self-care and self-management
Vacancies	<ul style="list-style-type: none"> • Shortage of registered nurses and other interdisciplinary team members, renal physicians and transplant surgeons
Overtime	<ul style="list-style-type: none"> • At status quo the overtime would continue to increase
Sicktime	<ul style="list-style-type: none"> • At status quo the sick time would continue to increase
Infectious Diseases	<ul style="list-style-type: none"> • Continuous emergence of new Infectious diseases – considerable impact on a high immuno- compromised population

Environmental Scan

Comparator Hospitals

- Southern Alberta Renal Program (SARP), Alberta
- Seven Oaks General Hospital, Manitoba
- Health Sciences Centre, Winnipeg, Manitoba
- St. Paul's Hospital, Saskatchewan
- Regina General Hospital, Saskatchewan
- London Health Sciences Centre, Ontario
- Soldiers Memorial, Ontario
- St. Michael's Hospital, Ontario
- St. Joseph's Health Centre, Ontario
- University Health Centre, Toronto

Comparator Practices

- Profile
- Patient population
- Capacity/occupancy
- Clinical and practice support
- Role responsibilities 
- Education and training
- Patient monitoring and measurement

Qualitative Findings & Comparator Practices

RN/RT/LPN Responsibility for Patient Care Duties

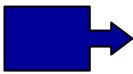
Hospital	Routine Clinical Care	Medication Administration	Cannulation	Blood Work	Access	Machine Set-up
Providence Health Care	RN	RN	RN	RN	VA Coord. & RN	RT
St Michael's, ONT	RN	RN	RN	RN		Tech
St. Joseph's, ONT	RN/NT	RN	RN/NT	RN	Vascular Access Coordinator	NRT
LHSC, ONT	RN / (pt care associate)	RN	RN	RN		Technologist
Orillia, ONT	RN/RPN	RN/RPN	RN/RPN	RN/RPN		RN/RPN
St Paul's, SKT	RN	RN	RN	RN		RN/DA
Qu'Appelle, SKT Regina Gen. Hosp.	RN/LPN	RN/LPN (Provides all except IV med)	RN/LPN	RN/LPN	dedicated RN	RN
Seven Oaks, MB	RN/LPN	RN/LPN	RN/LPN	RN/LPN	Part time RN	RN/LPN

Qualitative Findings & Comparator Practices

Responsibility for Non- Patient Care Duties

Hospital	Portering	Stocking	Registering Transferring	Processing Physician Orders	Machine Cleaning etc	Machine Repair etc
Providence Health Care	porter/ward aid	Porter/ward aid	Clerk	Clerk/RN	RT	BME
St Michael's, ONT	Tech Asst		Clerk	Clerk/RN	Tech (1:12 ratio. Also do daily workload measurement & CQI)	Technologist
St. Joseph's, ONT	Porter	USP (Unit Support Personnel)	Clerk	Clerk/RN	NRT/RN	Technologist
LHSC, ONT	Porter		Clerk	Clerk/RN	Dialysis Tech	BME
Orillia, ONT	Porter	RPN	Clerk	Clerk/RN	RPN	Dx Technologist
St Paul's, SKT	Dialysis Asst		Clerk	Clerk/RN	Dialysis Asst	BME
Qu'Appelle, SKT	Service aides	Service Aides	Clerk	Clerk/RN	Service Aides	BME
Seven Oaks, MB	Transport Worker	HCA	Clerk	Clerk/RN	HCA	Dx Technologist

Comparator Staffing Analysis

- In Centre vs Community
- Nursing skill mix
- Staff scheduling
- Response to OT/ST
- Practice trends 
- Creative solutions
- Challenges/strategies

Qualitative Findings – Trends in Comparator Practice



Hospital	Practice Trends
Providence Health Care	<ul style="list-style-type: none"> • Due to high incidence of patients with ARO's, introduced circulating RN to support direct care RN's in ARO Pod • Increase referrals to CDU's and Home dialysis therapies. Review of care model – NP role added
St Michael's, ONT	<ul style="list-style-type: none"> • Due to constant 100% occupancy no flexible staffing. All Renal nurses trained to do HD. • Commenced in-centre nocturnal program (24 pts) run by ward night shift nurses trained to do HD • Home nurse dialyzes 1-2 HD pts in home training room. Also ask ward nurses trained in HD to pick up shifts if renal unit short-staffed & supporting senior nurses through ACNP program. • Initiated dialysis assistant training course to advance knowledge of technicians assisting with pt. care
St. Joseph's, ONT	<ul style="list-style-type: none"> • Expanded utilization of needling technologists
LHSC, ONT	<ul style="list-style-type: none"> • Plan to look for inducting LPNs if RNs not available and utilizing LPNs where able to (College of Nurses Ontario has developed a guideline document on where RN & LPN can be used)
Orillia, ONT	<ul style="list-style-type: none"> • Currently RPNs assess stable patients, give IV medications to stable pts. Plans underway to enhance RPN scope of practice to include function of starting and stopping dialysis • Plans to increase PD. Change HD:PD ratio from 80:20 to 65:35
St Paul's/SHR, SKT	<ul style="list-style-type: none"> • Opening a 25 station urban community unit and developed a support staff functions by introducing a dialysis assistant role • Doing away with an overlap policy
Qu'Appelle, SKT	<ul style="list-style-type: none"> • Potentially could be coupled with another non-acute care attached site in Regina. Spoken about running Dialysis 24/7. However currently operate 6 18hr days/wk
Seven Oaks, MB	<ul style="list-style-type: none"> • Expanding facility and possibly dialyzing patients acutely in the hospital • Awaiting results of the "Improving Patient Outcomes Project" currently being trialed at HSC (Health Sciences Centre)

Summary – National Findings

- RN-based care (1RN:3 patients)
- Variation in role of renal technician – renal tech., NRT, technical assistants, dialysis assistants, health care aide
- Continued/Increasing use of LPN's and enhanced scope of practice
- Increasing focus on community, nocturnal and home dialysis services.

Creative Staffing Solutions

- Cross training nurses - hemodialysis
- Dialysis assistants (non clinical aspects of care)
- Nephrology (Needling) technologist
- LPN's in expanded role
- Vascular access coordinators
- Dialysis care technician (pt.related activities)
- Nurse Practitioners

Key Considerations – Nursing Staff Mix

- Define competencies of RN and LPN
- Practice expectations
- Regulated vs unregulated care providers
- Patient acuity, variability and complexity
- Nurse/system and patient outcomes

Step Aside

Acknowledgement:

- Providence Health Care
- Comparator Hospitals in Canada

