



Breakfast with the Chiefs
Investment as a deficit reduction strategy:
Getting to no vacancies in a global shortage
Dr. Mary Ferguson-Paré

20 April 2009



Objectives

The Compelling Case

The Response: Present 3 case studies

- Proactive HR planning and strategy
- Collaborative staffing models
- Innovation in service delivery



The Canadian Context

	Registered Nurses	Registered/ Licensed Practical Nurses	Registered Psychiatric Nurses
270,845 Regulated Nurses	77.8%	20.7%	1.6%
Employed Full-time	55.8%		
Employed Part-time	32.5%		
Employed Casual	10.8%		

The Canadian Context

- Nation-wide shortfall of nurses is predicted to reach 78,000 by 2011 and 113,000 by 2016
 - Insufficient number of new graduates (primary source of recruitment)
 - Turnover rate that is increasing because of
 - Retirements
 - Loss of new graduates (15 to 20% leave profession in first 3 years)



UHN Context

	Registered Nurses	Registered Practical Nurses	Total
Number of Regulated Nurses	3097*	83	3180
% of UHN Total Number of Regulated Nurses	97.4%	2.6%	100%

**2618 ONA Members; 479 non-ONA members*



UHN Context

	Employed Full-Time	Employed Part-Time
% of total number of RNs at UHN	71.3%	28.7% (11.3% part-time; 17.4% casual)
Proportion of worked hours by RNs	86.6%	13.4% (7.9% part-time; 5.5% casual)



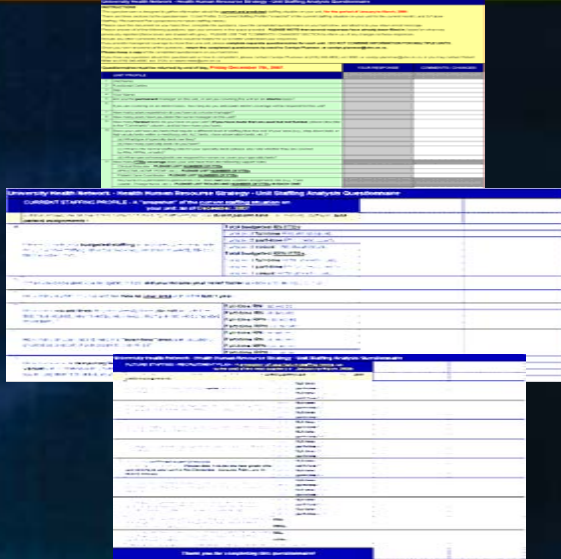
Background


- Needed data to support:
 - Research in progress.
 - Request for information from Senior Management and Quality Committee of the Board of Directors.
 - Hiring for New Graduate Guarantee (2006-2009).
 - Adequate staffing levels on units.

Background

- Existing Finance and HR Data
 - Lacking context of practice
 - Retrospective:
 - Not able to predict future vacancies.
 - Partial picture:
 - not able to identify areas with most urgent needs.

Evolution of the Tool





HUMAN RESOURCE STRATEGY UNIT STAFFING ANALYSIS QUESTIONNAIRE

There's always an answer... [Show Instructions](#)

Unit: Hemo-Eaton FCC: 713408611 Site: TGH Last Reported: Q4 2007 on 1/1/2008 By: Deloris Beech [Change Unit](#)

Unit: TRI FCC: 713408610 Site: TGH Last Reported: Q4 2007 on 1/1/2008 By: Deloris Beech

Note: For quick help, roll your mouse over any question or click on the question for full help text. Click a **Comment** link to show a particular comment input field or click **Show All / Hide All** to show / hide all comment input fields.

UNIT PROFILE

1	Unit Name:	TRI	Comment
2	Functional Centre:	713408610	Comment
3	Site:	TGH	Comment
4	Your Name:	Deloris Beech	Comment
5	Are you the permanent manager on this unit, or are you covering this unit on an interim basis?	Permanent	Comment
6	If you are covering on an interim basis, how long (in months) do you anticipate interim coverage will be required for this unit?	0	Comment
7	How many years experience do you have as a nurse manager?	0	Comment
8	How many years have you been the nurse manager on this unit?	0	Comment
9	How many funded beds do you have on your unit? (If you have beds that are used but not funded, please describe in the "Comments" column, and list how many you have)	6	Comment



Evolution of the Tool

- Enhancements currently underway:
 - Multidisciplinary users (e.g., Allied Health, Medical Imaging, Radiation Therapy Techs, Psychiatry, etc.).
 - Multiple job categories (e.g., Health Care Aides, Personal Support Workers, etc.).
 - Customization for various clinical settings (e.g., Ambulatory Care, Home Care, etc.).
 - Automated reporting functions.
- Future enhancements:
 - HR, finance, and payroll data.
 - Automated analysis functions.



STRATEGIC NURSING RESOURCE ANALYSIS

Reports and Trends

Report generated from data collected using nursesfortomorrow.ca.

SAMPLE - Unit RN Staffing Analysis
 SAMPLE - Planned Staffing Changes through September 2008

Site	FCC	Unit	Type	BUD_RN_FTE	Num_FT_RN	Num_PT_RN	Act_FT_RN_Debit	Act_PT_RN_Debit	Plan_FT_RN_Debit	Plan_PT_RN_Debit	Plan_FT_RN_Credit	Plan_PT_RN_Credit	FT Change	PT Change	Change	
AAA	712*1	Crit-A-1	Critical	7.8	6	8	0	0	0	0	0	1	0	0	7%	
AAA	712*2	IP-A-1	Inpatient	25.2	21	5	0	0	0	0	0	0	0	0	0%	
AAA	712*3	IP-A-2	Inpatient	23.8	19	4	0	0	1	0	1	0	0	0	0%	
AAA	712*4	IP-A-3	Inpatient	26.3	21	11	0	0	1	0	0	0	-1	0	-3%	
AAA	712*5	IP-A-4	Inpatient	21.9	18	4	0	0	0	0	1	0	1	0	4%	
AAA	712*6	IP-A-5	Inpatient	19.9	11	11	0	0	0	0	0	1	0	1	5%	
AAA	712*7	IP-A-6	Inpatient	42.8	31	16	0	0	0	0	2	0	2	0	4%	
AAA	712*8	IP-A-7	Inpatient	14.7	11	2	0	0	0	0	0	0	0	0	0%	
AAA	712*9	IP-A-8	Inpatient	0	11	0	0	0	0	0	0	0	0	0	0%	
AAA	713*1	OP-A-1	Outpatient	59.8	49	24	0	0	1	0	1	0	0	0	0%	
AAA	713*2	OP-A-2	Outpatient	7.1	7	5	0	0	0	0	0	0	0	0	0%	
AAA	713*3	OP-A-3	Outpatient	31.5	25	18	2	0	4	1	1	0	-5	-1	-15%	
AAA	713*4	OP-A-4	Outpatient	2.4	2	5	0	0	0	0	0	0	0	0	0%	
AAA	713*5	OP-A-5	Outpatient	9.5	7	13	0	0	3	1	0	0	-3	-1	-21%	
AAA Total				293	239	126	2	0	10	2	6	2	-6	0	-2%	
BBB	712*1	Crit-B-1	Critical	53.1	48	8	1	0	2	0	5	0	2	0	4%	
BBB	712*2	Crit-B-2	Critical	81.1	72	44	0	0	2	0	6	0	4	0	3%	
BBB	712*3	Crit-B-3	Critical	43.7	42	23	2	0	1	0	1	0	-2	0	-3%	
BBB	712*4	Crit-B-4	Critical	119	98	45	2	0	4	0	1	0	-5	0	-3%	
BBB	712*5	Crit-B-5	Critical	94.1	78	25	7	1	4	1	9	0	-2	-2	-4%	
BBB	712*6	Crit-B-6	Critical	21.9	20	8	0	0	3	0	2	1	-1	1	0%	
BBB	712*7	IP-B-1	Inpatient	36.8	39	9	0	0	0	0	1	0	1	0	2%	
BBB	712*8	IP-B-2	Inpatient	42.1	36	6	1	0	7	1	0	0	1	-1	0%	
BBB	712*9	IP-B-3	Inpatient	48.2	43	3	0	0	11	0	6	0	-5	0	-14%	
BBB	712*10	IP-B-4	Inpatient	28.4	25	7	0	0	0	0	0	0	0	0	0%	
BBB	712*11	IP-B-5	Inpatient	42.5	37	17	0	0	0	0	1	0	1	0	2%	
BBB	712*12	IP-B-6	Inpatient	36.3	27	12	0	0	0	0	2	0	2	0	5%	
BBB	712*13	IP-B-7	Inpatient	26.4	24	7	0	0	1	0	3	0	2	0	7%	
BBB	712*14	IP-B-8	Inpatient	37.1	34	8	0	0	0	0	1	0	1	0	2%	
BBB	712*15	IP-B-9	Inpatient	17.4	15	4	0	1	1	0	0	0	-1	-1	-11%	
BBB	712*16	IP-B-10	Inpatient	83.7	74	13	0	0	1	0	9	0	8	0	9%	
BBB	712*17	IP-B-11	Inpatient	31	26	16	0	0	2	0	1	0	-1	0	-3%	
BBB	712*18	IP-B-12	Inpatient	53.2	50	4	0	0	3	0	0	0	-3	0	-5%	
BBB	713*1	OP-B-1	Outpatient	22.5	17	8	1	1	2	0	1	0	-2	-1	-13%	
BBB	713*2	OP-B-2	Outpatient	2.9	2	2	0	0	0	0	0	0	0	0	0%	
BBB	713*3	OP-B-3	Outpatient	8.6	7	13	0	0	0	0	0	0	0	0	0%	
BBB	713*4	OP-B-4	Outpatient	40.7	34	15	0	0	0	0	0	0	0	0	0%	
BBB	713*5	OP-B-5	Outpatient	46.2	44	20	0	0	0	0	0	1	0	1	2%	
BBB	713*6	OP-B-6	Outpatient	3.8	4	1	0	0	0	0	0	0	0	0	0%	
BBB	713*7	OP-B-7	Outpatient	10.1	8	3	0	0	0	0	0	0	0	0	0%	
BBB	713*8	OP-B-8	Outpatient	5.3	5	5	0	0	0	0	0	0	0	0	0%	
BBB	713*9	OP-B-9	Outpatient	5.3	6	2	0	0	0	0	0	0	0	0	0%	
BBB	713*10	OP-B-10	Outpatient	2.9	3	0	0	0	0	0	0	0	0	0	0%	
BBB	713*11	OP-B-11	Outpatient	5.3	3	4	0	0	0	0	0	0	0	0	0%	
BBB Total				1049	921	331	14	3	44	2	58	2	0	-3	0%	
Total				1342.1	1160	457	16	3	54	4	64	4	0	-6	-3	

Shortfall 19



Reports and Trends

SAMPLE - Unit RN Staffing Analysis

SAMPLE - Planned Staffing Changes through September 2008

Site	FCC	Unit	Type	BUD_RN_FTE	Num_FT_RN	Num_PT_RN	Act_FT_RN_Debit	Act_PT_RN_Debit	Plan_FT_RN_Debit	Plan_PT_RN_Debit	Plan_FT_RN_Credit	Plan_PT_RN_Credit	FT Change	PT Change	Change
BBB	712*9	IP-B-3	Inpatient	48.2	43	3	0	0	11	0	6	0	-5	0	-11%

- Begin with current staffing levels.
- Offers comparison with budgeted FTE's.
- Predicted staff inputs.
- Predicted staff outputs.
- Result –
 - Net Staffing Shortfall/Surplus for next 3 months.



STRATEGIC NURSING RESOURCE ANALYSIS

Reports and Trends

Report generated from combined data collected using nursesfortomorrow.ca and General Ledger data.

Unit RN Staffing Analysis

SAMPLE - Unit Analysis Summary

YTD actuals and Planned Staffing Changes through September 2008

					Nurse Measure					Unit Measures			
FCC	Site	Unit	Interim Manager	Unit Type	Net Staff Change	% Change	Current Unfilled LOA's	% Novice	% Unit Novice	Avg. Occupancy	Sick Rate	OT Rate	Agency Rate
712*1	AAA	Crit-A-1	Permanent	Critical	1	7%	0	0%	10%	-	0.3%	0.9%	0.0%
712*2	AAA	IP-A-1	Permanent	Inpatient	0	0%	1	47%	0%	96.3%	5.9%	4.8%	0.0%
712*3	AAA	IP-A-2	Permanent	Inpatient	0	0%	0	26%	5%	91.8%	4.7%	6.7%	0.0%
712*4	AAA	IP-A-3	Permanent	Inpatient	-1	-3%	0	22%	9%	94.0%	6.5%	3.1%	0.0%
712*5	AAA	IP-A-4	Permanent	Inpatient	1	4%	0	26%	24%	94.4%	4.9%	3.7%	0.0%
712*6	AAA	IP-A-5	Permanent	Inpatient	1	5%	0	14%	21%	88.7%	3.9%	2.7%	1.0%
712*7	AAA	IP-A-6	Permanent	Inpatient	2	4%	0	19%	3%	84.0%	4.1%	0.8%	0.3%
712*8	AAA	IP-A-7	Permanent	Inpatient	0	0%	0	13%	10%	102.2%	3.6%	6.1%	0.0%
712*9	AAA	IP-A-8	Permanent	Inpatient	0	0%	0	100%	67%	*	178.2%	20.0%	0.0%
713*1	AAA	OP-A-1	Permanent	Outpatient	0	0%	0	0%	16%	*	5.6%	3.9%	0.0%
713*2	AAA	OP-A-2	Permanent	Outpatient	0	0%	0	0%	0%	*	1.2%	10.3%	0.0%
713*3	AAA	OP-A-3	Permanent	Outpatient	-6	-15%	0	17%	23%	*	4.4%	1.4%	0.0%
713*4	AAA	OP-A-4	Permanent	Outpatient	0	0%	0	0%	0%	*	14.5%	5.7%	0.0%
713*5	AAA	OP-A-5	Permanent	Outpatient	-4	-21%	1	22%	67%	*	8.9%	0.9%	0.0%
712*1	BBB	Crit-B-1	Permanent	Critical	2	4%	4	4%	16%	70.5%	3.9%	2.9%	0.8%
712*2	BBB	Crit-B-2	Permanent	Critical	4	3%	2	12%	34%	93.1%	3.4%	7.6%	1.9%
712*3	BBB	Crit-B-3	Permanent	Critical	-2	-3%	3	27%	35%	*	4.8%	4.9%	8.1%
712*4	BBB	Crit-B-4	Permanent	Critical	-5	-3%	10	5%	17%	94.6%	11.2%	10.2%	4.3%
712*5	BBB	Crit-B-5	Permanent	Critical	-4	-4%	7	35%	10%	*	4.9%	1.8%	0.0%
712*6	BBB	Crit-B-6	Permanent	Critical	0	0%	1	6%	9%	*	4.4%	2.4%	0.0%
712*7	BBB	IP-B-1	Permanent	Inpatient	1	2%	4	23%	19%	84.9%	3.8%	10.0%	1.0%
712*8	BBB	IP-B-2	Permanent	Inpatient	0	0%	1	40%	36%	87.8%	6.4%	5.4%	0.2%
712*9	BBB	IP-B-3	Permanent	Inpatient	-5	-11%	3	37%	0%	98.1%	5.8%	2.2%	2.8%
712*10	BBB	IP-B-4	Permanent	Inpatient	0	0%	0	42%	20%	96.6%	6.1%	4.7%	5.0%
712*11	BBB	IP-B-5	Permanent	Inpatient	1	2%	0	14%	32%	93.5%	4.3%	4.9%	2.9%
712*12	BBB	IP-B-6	Permanent	Inpatient	2	5%	0	13%	0%	89.8%	4.0%	3.8%	0.0%
712*13	BBB	IP-B-7	Permanent	Inpatient	2	7%	0	15%	10%	84.0%	5.6%	1.1%	0.4%
712*14	BBB	IP-B-8	Permanent	Inpatient	1	2%	0	16%	14%	82.2%	6.2%	0.9%	0.1%
712*15	BBB	IP-B-9	Permanent	Inpatient	-2	-11%	0	0%	6%	84.9%	7.0%	0.5%	0.0%
712*16	BBB	IP-B-10	Permanent	Inpatient	8	9%	12	50%	14%	99.5%	4.8%	5.3%	0.7%
712*17	BBB	IP-B-11	Permanent	Inpatient	-1	-3%	0	3%	0%	87.0%	5.9%	1.4%	0.0%
712*18	BBB	IP-B-12	Permanent	Inpatient	-3	-5%	0	31%	19%	81.7%	8.8%	1.9%	1.5%
713*1	BBB	OP-B-1	Permanent	Outpatient	-3	-13%	2	0%	14%	*	4.2%	6.8%	0.0%
713*2	BBB	OP-B-2	Permanent	Outpatient	0	0%	0	0%	0%	*	3.0%	0.6%	0.0%
713*3	BBB	OP-B-3	Permanent	Outpatient	0	0%	0	0%	0%	*	8.5%	0.5%	0.0%
713*4	BBB	OP-B-4	Permanent	Outpatient	0	0%	2	7%	0%	*	4.3%	2.9%	0.0%
713*5	BBB	OP-B-5	Permanent	Outpatient	1	2%	0	7%	0%	*	5.3%	0.6%	0.0%
713*6	BBB	OP-B-6	Permanent	Outpatient	0	0%	0	0%	0%	*	0.0%	4.1%	0.0%
713*7	BBB	OP-B-7	Permanent	Outpatient	0	0%	0	0%	0%	*	2.9%	2.7%	0.0%
713*8	BBB	OP-B-8	Permanent	Outpatient	0	0%	0	0%	0%	*	1.4%	2.5%	0.0%
713*9	BBB	OP-B-9	Permanent	Outpatient	0	0%	0	0%	17%	*	1.8%	0.0%	0.0%
713*10	BBB	OP-B-10	Permanent	Outpatient	0	0%	0	0%	0%	*	2.7%	4.3%	0.0%
713*11	BBB	OP-B-11	Permanent	Outpatient	0	0%	1	0%	14%	*	2.2%	1.1%	0.0%

Reports and Trends

Unit RN Staffing Analysis

SAMPLE - Unit Analysis Summary

YTD actuals and Planned Staffing Changes through September 2008

FCC	Site	Unit	Interim Manager	Unit Type	Nurse Measure					Unit Measures			
					Net Staff Change	% Change	Current Unfilled LOA's	% Novice	% Unit Novice	Avg. Occupancy	Sick Rate	OT Rate	Agency Rate
712*9	BBB	IP-B-3	Permanent	Inpatient	-5	-11%	3	37%	0%	98.1%	5.8%	2.2%	2.8%

Unit demographic determinants:

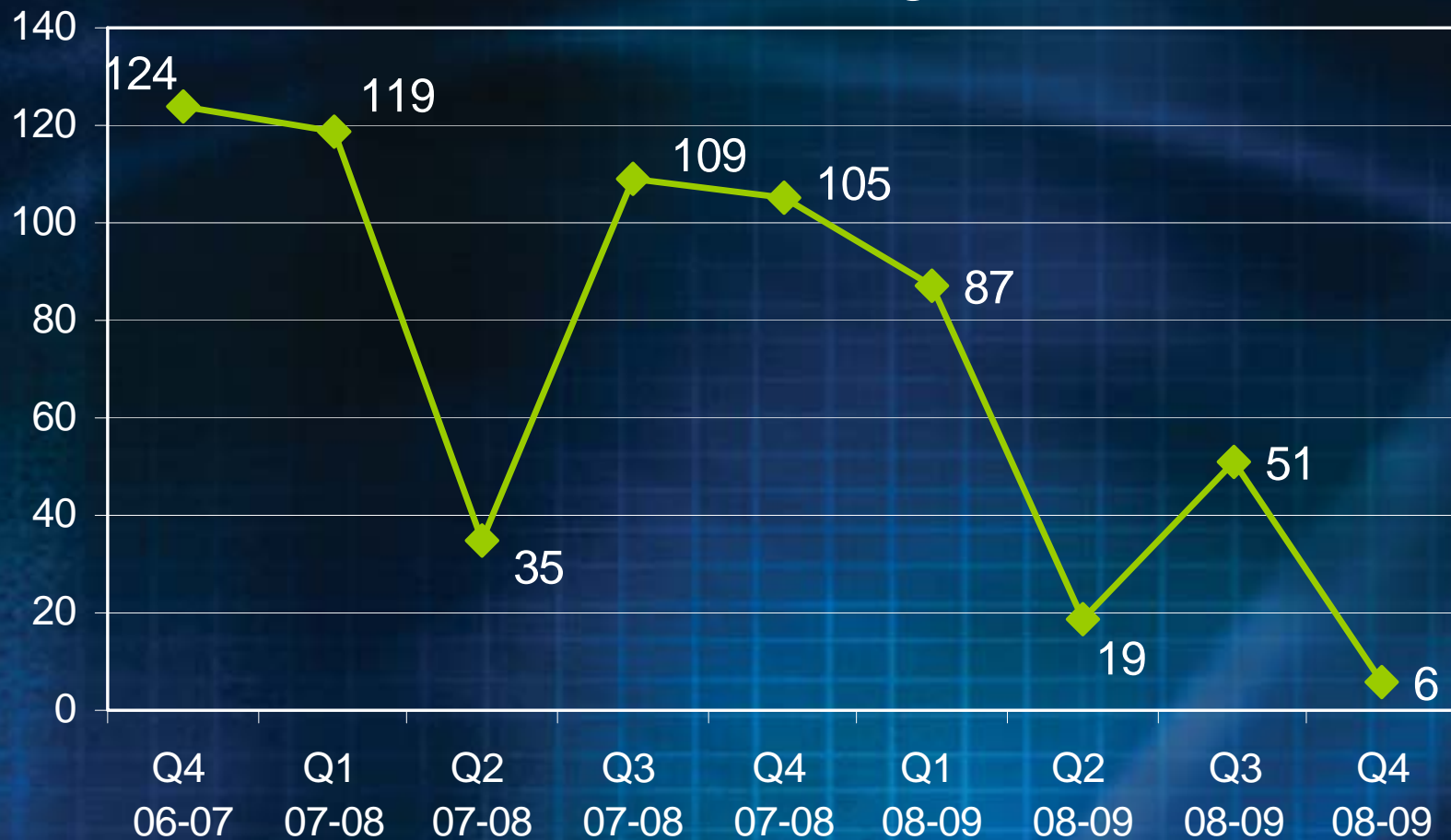
- Proportion of nurses novice to unit.
- Proportion of nurses novice to profession.
- Unfilled LOAs.
- Management.

Unit performance measures:

- Average occupancy and comparison with budget.
- Sick time as a proportion of productive hours.
- Overtime as a proportion of productive hours.
- Agency hours as a proportion of productive hours.

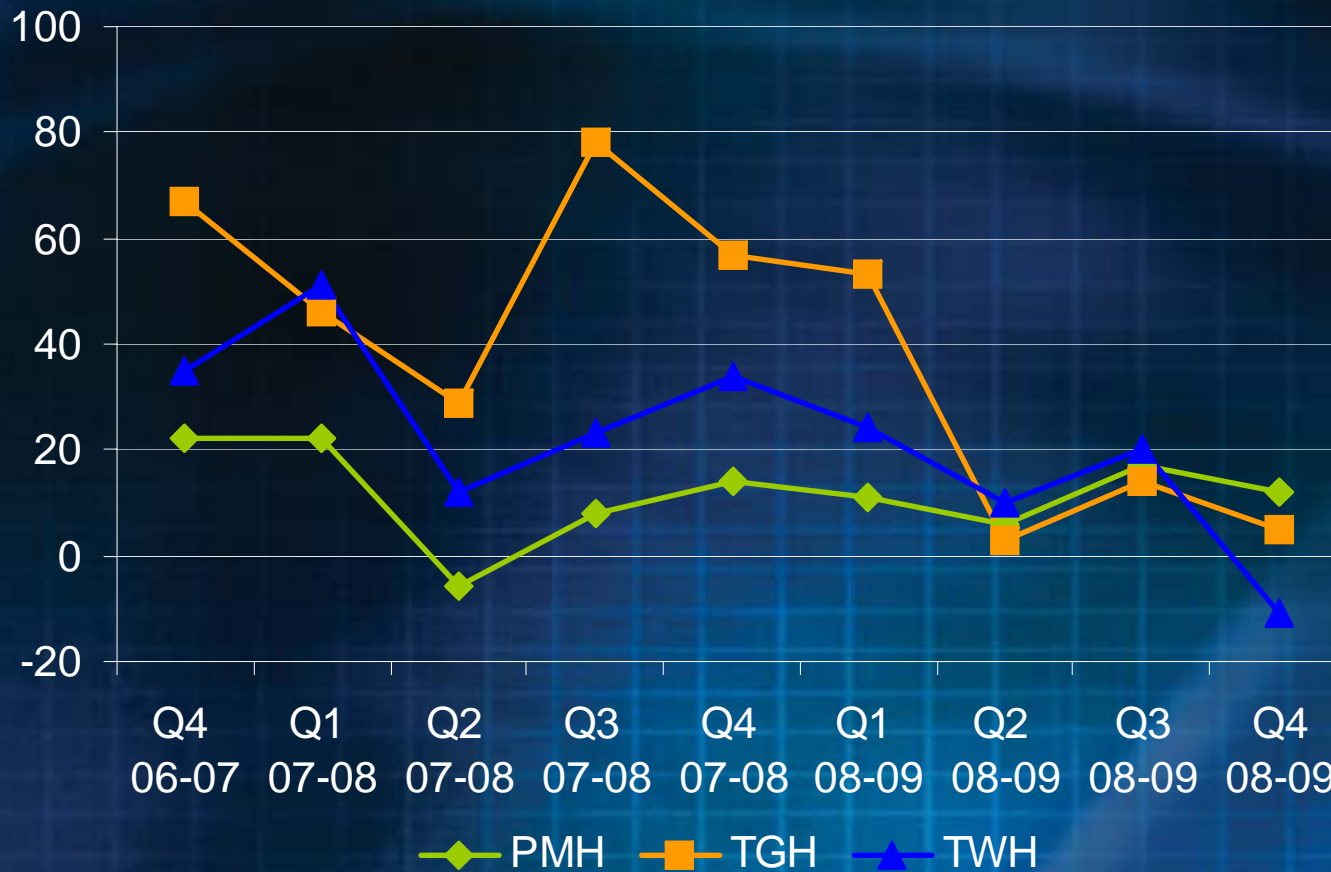
Reports and Trends

Net Predicted Nursing Shortfall



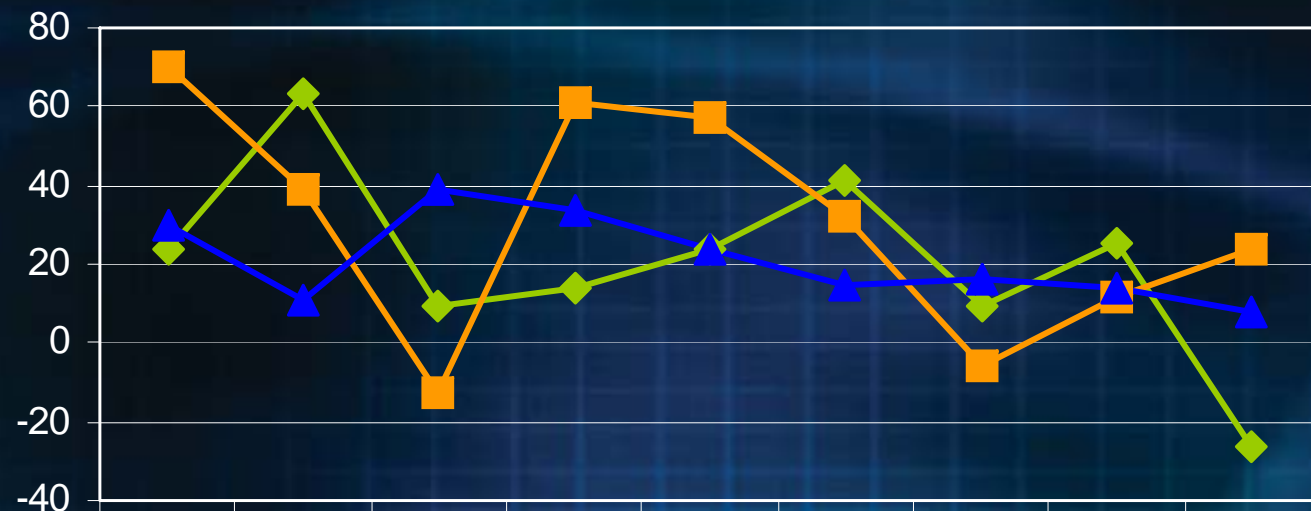
Reports and Trends

Net Predicted Nursing Shortfall by Site



Reports and Trends

Net Predicted Nursing Shortfall by Unit Type

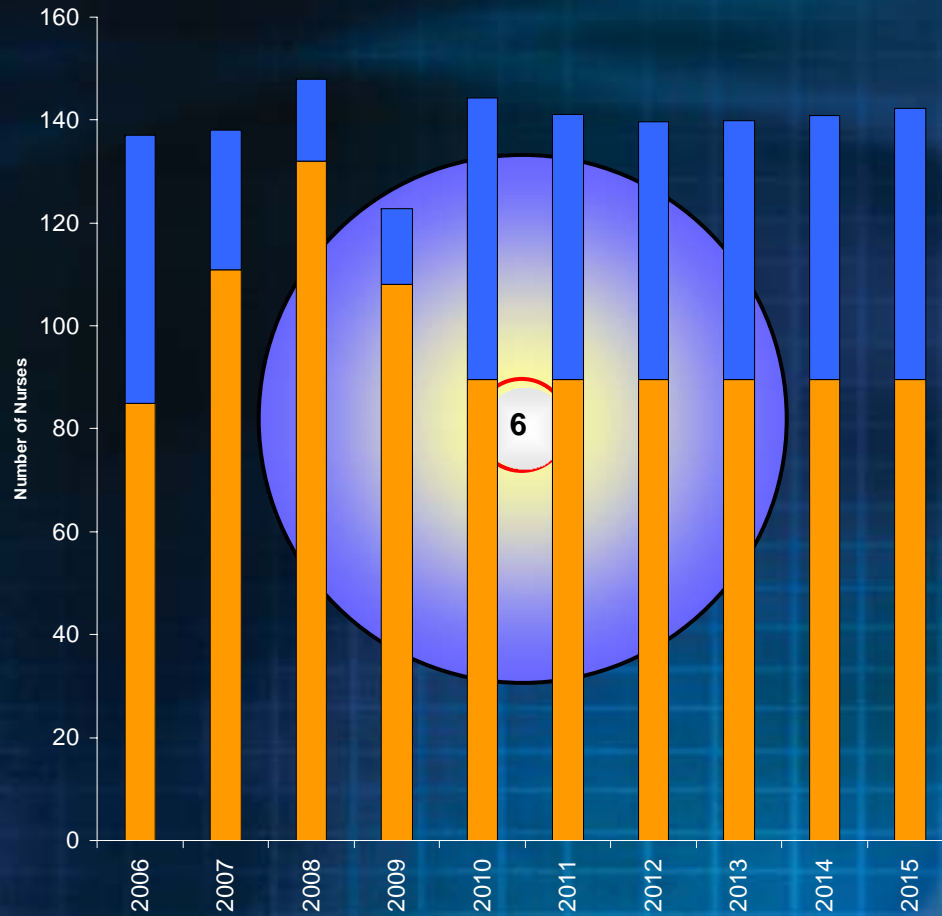


	Dec-06	Mar-07	Jun-07	Sep-07	Dec-07	Mar-08	Jun-08	Sep-08	Dec-08
◆ Critical	24	63	9	14	24	41	9	25	-26
■ Inpatient	70	39	-13	61	57	32	-6	12	24
▲ Outpatient	30	11	39	34	24	15	16	14	8



Reports and Trends

Q4 2006/2007 = 124
 Q1 2007/2008 = 119
 Q2 2007/2008 = 35
 Q3 2007/2008 = 109
 Q4 2007/2008 = 105
 Q1 2008/2009 = 87
 Q2 2008/2009 = 19
 Q3 2008/2009 = 51



Current State vs. Initial State

■ Predicted Shortfall
 ■ Other Departures
 ■ Retirements

Reports and Trends

Sick Time as a Percentage of Total Productive Hours



Reports and Trends

Overtime as a Percentage of Total Productive Hours



Reports and Trends

Agency Use as a Percentage of Total Productive Hours



Utilization – Unit Level

- Nurse managers use the tool to:
 - Reflect on all aspects of their current and future staffing needs simultaneously.
 - Keep on top of staffing issues.
 - Support for proactive hiring decisions and strategies.
 - Respond to requests for information that they receive on a regular basis.
 - Communicate information about their units at the appropriate levels.



Utilization – Program Level

- Programs use the tool to support:
 - Proactive hiring decisions and strategies.
 - Strategic placement of resources throughout the organization:
 - Hiring of additional Clinical Educators to support units with high volumes of new graduate nurses.
 - Nursing Resource Team (NRT) services.
 - Critical care recruitment.

Utilization – Senior Leadership

- Nursing Leadership and Senior Management use the reports to:
 - Assist in strategic HHR allocation decisions and targeted recruitment.
 - Provide updates to the Quality Committee of the Board of Directors, outlining high-level results from the analysis and providing rationale for resource allocation decisions and future strategies.
 - Maximize use of new graduate and late career funding from Healthforce Ontario.
 - Test innovative retention strategies (James Bay partnership, international practice opportunities for all staff, ICU 80-20 mentoring project, career path movement).

Partnerships

- Existing Partnerships
 - James Bay (through Health Canada and the Ontario Ministry of Health and Long-term Care).
 - Saskatchewan Health – Saskatoon Health Region.
- Emerging Partnerships
 - Saskatchewan Health – Province of Saskatchewan.
 - Nursing Secretariat – Ontario Ministry of Health and Long Term Care.
 - Huron Perth Healthcare Alliance.

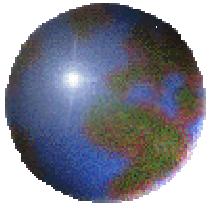


Opportunities

- Be the industry leader in proactive nursing resource analysis and management
- Maintain an edge
 - Research hospital with an academic focus that draws and retains nurses
 - Best of Nursing Initiative
 - Continue pursuing new grads, take advantage of new grad funding, and send the right message to nurses, to the organization, and to the government
- Retain a high retention environment
 - e.g., OT and agency reduction, professional development innovation projects, etc.

Collaboration to change the landscape of nursing:

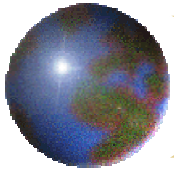
Global Practice



Dr. Mary Ferguson-Pare, RN, PhD, CHE
*Vice President, Professional Affairs and
Chief Nurse Executive
University Health Network*

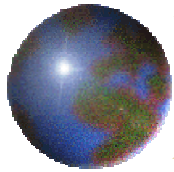


University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital



Beginning and Overview





THE NURSING CHANNEL
"there is no sweeter sound than the voice of nursing"

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Programs

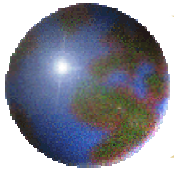
- The James Bay Experience**
Travel with Mary Ferguson-Fark to the far northern regions of Ontario to explore remote environments and meet the health care providers who work in the James Bay coastal communities.
- Humanbecoming 80-20**
Stories are a powerful way to understand the experience of others and teach us about another's situation while at the same time they affect us emotionally. (Enjoy the Nurses' Stories Project.)
- The Virtual Nursing Unit**
Profiling the University Health Network's unique Nursing Resource Team (NRT). Told in three components: introduction, working on the nursing units and how they stay connected.
- Celebrating Our History**
In this program viewers are invited to learn about history of nursing through an intimate look at Toronto Western Hospital Schools of Nursing (1890-1974).
- Get Wiggly With It**
Learn how an initiative led by cardiovascular intensive care nurses inspired an entire hospital, resulting in University Health Network's most successful grassroots fundraising campaign.
- Come and See... Kariibu, Tanzania**
Join Maria Lippa, APRN, as she travels to Tanzania to learn about palliative care in a local hospital, work in the community and share her knowledge and experience with nursing colleagues.
- Journey of Discovery**
Follow Dr. Mary Ferguson-Fark, chief nurse executive of UHN on her three month sabbatical across the globe. In her travels, Mary observes innovations in nursing service delivery.
- Patient-Centred Care... What It Means To Us**
Nine individuals, including a registered nurse, senior chaplain and the chief information officer of University Health Network, share the personal meaning that patient-centred care has for them.
- Celebrating Our History**
In this program viewers are invited to learn about history of nursing through an intimate look at Toronto General Hospital's training school for nurses.
- Patient-Centred Care In A Crisis Situation**
Learn how changing the way the care is delivered in a crisis situation can affect the outcomes for both a family and nursing staff. Relive the final hours that affected the lives of a family.

THE JAMES BAY EXPERIENCE
A Global Practice Project and Beyond...

Home
Background
First Visit North

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University Health Network (*UHN*)



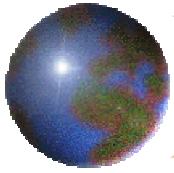
Toronto General Hospital



Toronto Western Hospital



Princess Margaret Hospital



Weeneebayko Health Ahtuskaywin (WHA)



JBGH-Attawapiskat



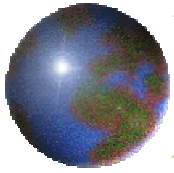
JBGH-Fort Albany



JBGH-Moosonee Clinic



Weeneebayko Health Ahtuskaywin



Building Interest and Capacity

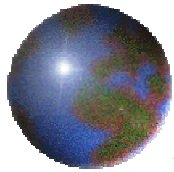


- ❖ Ontario MoH<C funded Health Human Resources demonstration project
- ❖ Retention & Recruitment: best practice environment
- ❖ Knowledge Networking
- ❖ Unit Resource Analysis Tool: test in external setting
- ❖ E-learning: expand audience



Ontario

| HealthForceOntario



Implementation Process

Marketing methodology

- Career Mobility
- Knowledge Networking
- Personal Growth

Attention Adventurous Nurses at UHN!

Have you ever had the desire to try something unique?
Do you wish to rejuvenate your nursing career?

A UHN supported nursing in the North experience may just be for YOU!

UHN is proud to collaborate with our remote nursing hospital organizations Weeneebayko Health Ahtuskaywin (Moose Factory), and James Bay General Hospital (Moosinee, Fort Albany and Attawapiskat sites) to foster collaboration, knowledge exchange and an enriched experience!



UHN News
A weekly publication for and about University Health Network

Volume 12, Number 14 | April 7, 2008

Nursing beyond UHN's walls

At UHN, we always talk about the great things that happen here: Award-winning research, clinical expertise, and our knack for providing the best Patient-Centered Care. Sometimes, we get to talk about great things that happen to us elsewhere.

In conjunction with the Weeneebayko Health Ahtuskaywin (WHA) and James Bay General Hospital (JBG), UHN is offering nurses the opportunity to participate in a unique exchange that will not only help spread our knowledge and expertise to the far reaches of northern Ontario, but will allow us to learn a thing or two as well.



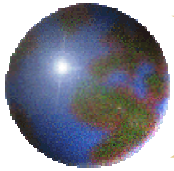
Funded by the Ministry of Health and Long-Term Care, the initiative gives UHN nurses a remote nursing experience for four weeks. Each month, two to four nurses travel to the region surrounding the Hudson Bay and James Bay to work with the WHA and JBG, supplementing the existing nursing

resources in the area. The program will continue until March 31, 2009.

"The teamwork amongst nurses working in the remote north is truly inspiring," explains Baba Zarin, Project Manager for Global Practice at UHN. "Their ability to offer health care services in such a location shows a strong sense of both professionalism and resourcefulness."

The exchange provides the opportunity to experience nursing in a completely different and challenging environment—working in an area with far fewer resources than Toronto (plus \$18 milk) while continuing to provide exemplary care.

Cont'd inside



Implementation Process

HOME :: HOSPITALS & ASSOCIATES :: DEPARTMENTS :: EDUCATION :: RESEARCH :: DIRECTORY SITE MAP :: HELP

Corporate Intranet

VIRTUAL LIBRARY MANAGEMENT TOOLS CLINICAL TOOLS POLICIES ONLINE FORMS E-MAIL FILE PORTAL


Departments A - Z
Clinics A - Z
Program Groupings

Financial Services
Human Resources
Infection Control
Legal Affairs
Medical Affairs
Nursing
Nutrition
Occ Health & Safety
Patient Relations
Public Affairs
Risk Management
SMS

NURSING

Global Practice - The James Bay Experience

UHN is proud to offer nursing experiences at remote hospitals such as Weeneebayko Health Ahtuskaywin (Moose Factory), and James Bay General Hospital (Moosonee, Fort Albany and Attawapiskat sites).



The Ministry of Health will fund this project for one year, with the aim to foster collaboration, knowledge exchange and an enriched experience for UHN nursing staff wishing to spend four weeks working in the remote north as well as for remote nurses to learn about our organization.

Placement Description

- [The James Bay Hospitals - Overview](#)
- [James Bay General - Attawapiskat](#)
- [James Bay General - Fort Albany](#)
- [James Bay General - Moosonee](#)
- [Weeneebayko General Hospital - Moose Factory](#)

Education

- [First Nations Clinical Practice Guideline - Adults](#)
- [First Nations Clinical Practice Guideline - Pediatrics](#)
- [Added Nursing Skills](#)
- [ACLS Certification/Recertification](#)
- [Articles of Interest](#)
- [Video - Sharing Tebweewin](#)

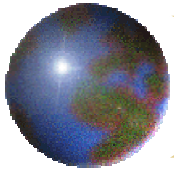
General Information

- [How Do I Apply?](#)
- [Placement Schedule](#)
- [Transportation](#)
- [Frequently Asked Questions](#)
- [Alexandrea's Reflections on Fort Albany](#)
- [Jennifer's Reflections on Attawapiskat](#)

MFP TV Episodes

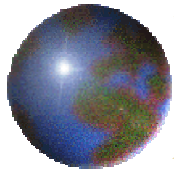
- [On Location - Brian Linklater - December 5, 2008](#)
- [On Location - David Fox - August 8, 2008](#)
- [On Location - Nursing Forum - May 16, 2008](#)
- [Special Bulletin - February 4, 2008](#)





Implementation Process

- Staff Recruitment
- Logistics of placement
 - Travel and Accommodation
 - Financials
 - Skill competency
 - Support systems
 - Return to urban practice setting



HOME :: HOSPITALS & ASSOCIATES :: DEPARTMENTS :: EDUCATION :: RESEARCH :: DIRECTORY SITE MAP :: HELP

Corporate Intranet

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Occ Health & Safety
Patient Relations
Public Affairs
Risk Management
SIMS

NURSING eLearning

eLearning involves using a computer and the Internet to learn new things. Access to courses, quizzes and other information is available through the eLearning Centre 24-hours, 7-days a week - whenever you need it! To use the eLearning Centre, you will need a computer with Internet access, your user id and password.

Getting Started

- [Launch the eLearning Centre](#)
- [How to Log In](#)

Other

- [Administrators](#)
- [Committees](#)
- [Request New Courses](#)
- [Privacy Information](#)
- [Physician Blended Learning](#)

Help

- [Frequently asked questions](#)
- [Other Issues](#)

Call for eLearning Course Development Proposals

- [Submit a Proposal](#)

Tech Support & Password Reset
Customer Care Centre 14-4357

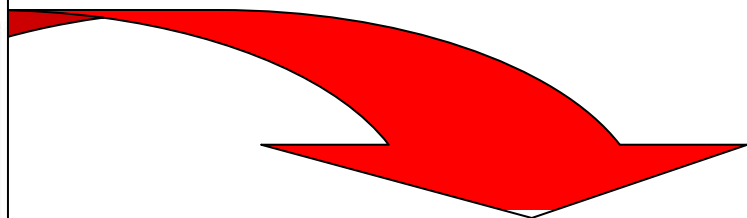
eLearning Inquiries
Email: elearning@uhn.on.ca

How To Log In
Training ID = UHN + your employee ID# (eg. UHN123456)

Password
Click [here](#) the HELP

Back Nursing Main Page

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Point of Care - Urinalysis Testing - Introduction & Objectives



EXIT

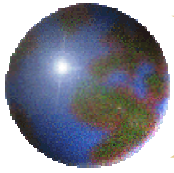
Hello and welcome, my name in Uhni.

This eLearning module will provide you with detailed instructions on how to perform Urinalysis Testing.

By the end of the module you will be able to:

- Demonstrate Proficiency in Patient Preparation
- Understand your Responsibilities in the Urinalysis Testing Process
- Conduct Urinalysis Testing and Interpret Results
- Adhere to Quality Control Protocol
- Understand the limitations of the Testing Process
- Understand Repeat Testing and when to contact the Laboratory



PROACTIVE HUMAN RESOURCE MANAGEMENT

“ An Innovative Approach to Proactive Human Resource Management ”

Nurses For Tomorrow is a collaborative venture supported by Nursing at the University Health Network. For more information please visit us.

Email: info@nursesfortomorrow.ca
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STRATEGIC NURSING RESOURCE ANALYSIS TOOL

An Innovative Approach to Proactive Health Human Resource Management

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Associate Professor of Nursing
lfortin@utoronto.ca

Strategic Nursing Resource Analysis

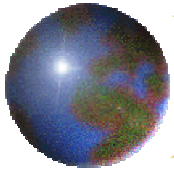
There's always an answer...
We'll find it.

Please login with your assigned userid and password

Userid

Password

<http://www.nursesfortomorrow.ca>



Outcomes Evaluation

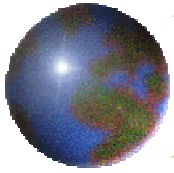
Quantitative Data

- Retention & Recruitment indicators
- Nurse Resource Analysis Tool data

Qualitative Data

- Journal excerpts
- Debrief sessions





Outcomes Evaluation-Quantitative *(UHN)*

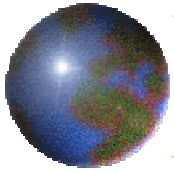
✿ UHN perspective

▣ E-learning development

- Growth in service depth: topics & technologies

▣ Financial savings:

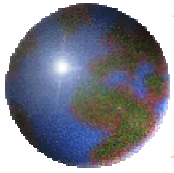
- Retention and Recruitment
- Fill paid LOA with unit part-time and casual staff
- Will monitor Overtime and Sick time trends



Outcomes Evaluation-Qualitative *(UHN)*

- ❁ 13 debrief interviews/surveys
- ❁ Themes of 8 open ended questions:
 - ❑ Orientation
 - ❑ Skills acquisition/certification
 - ❑ Placement Highlights
 - ❑ Placement Challenges
 - ❑ Consideration of return placement



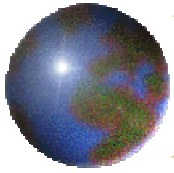


Outcomes Evaluation-Qualitative *(WHA)*

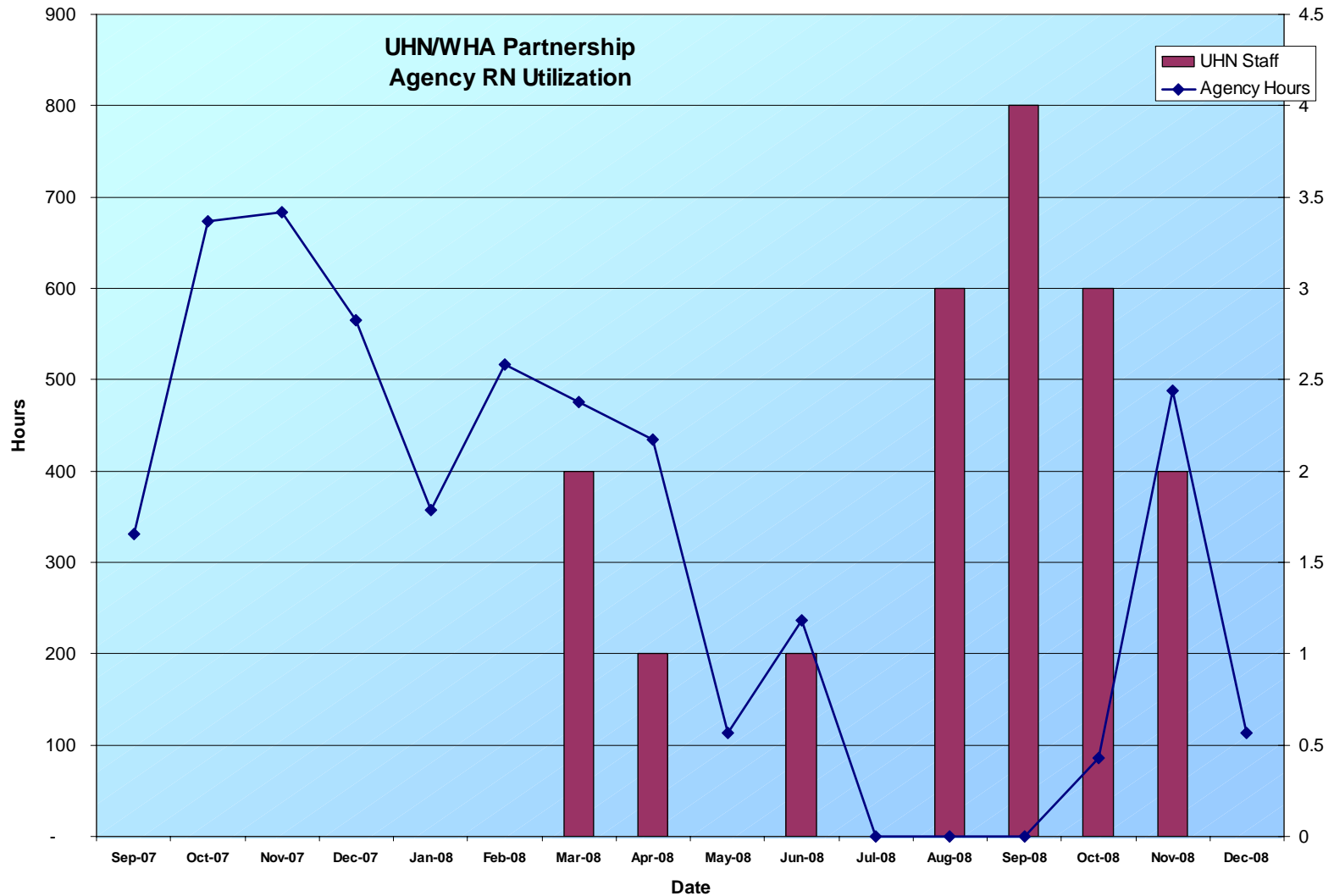
- ✚ 7 urban placement experiences
- ✚ Overall themes:
 - ▣ Skills acquisition/certification
 - ▣ Environment
 - ▣ Placement Highlights
 - ▣ Placement Challenges
 - ▣ Marketing of program

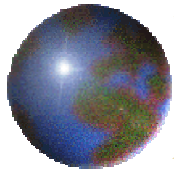


Interview with WHA nurse Brian Linklater



Evaluation-Quantitative (WHA)





Profiling Success

Nursing

Program links Toronto, James Bay nurses

Toronto nurses humbled by demands placed on their colleagues in the Far North

BY NORM TOLLINSKY

A demonstration project headed under HealthForceOntario's health human resources strategy is allowing nurses from opposite ends of the province to work in each other's shoes.

Operating since March, the ongoing partnership between Toronto's University Health Network, the Western Ontario Health Authority and James Bay General Hospital has introduced approximately 20 nurses from one of the busiest and best equipped hospitals in the province to some of the challenges and hardships of health-care delivery in First Nations communities 2,000 kilometres away.

The project has also allowed training staff and administrators from James Bay communities to visit UHN sites in downtown Toronto, share knowledge resources and participate in learning experiences.

Jennifer Taylor, a UHN nurse who spent four weeks at the James Bay General Hospital site in Attawapiskat in March, was "humbled" by the demands placed on nurses working in the province's Far North.

On her first day in Attawapiskat, she was assigned to her one new role as colleague if there was a doctor that week. Physically, she soon learned, generally didn't win that Mooseose from Monday to Thursday "if there wasn't a snowstorm and if the plane could fly."

Nurses in Attawapiskat are forced by circumstances to work with much more autonomy and with a much broader scope of practice, observed Taylor as RN with years of emergency department experience.

"They have a phenomenal broad knowledge base and function pretty much as physicians," delivering babies, starting and carting.

"One evening I was staying with a plastic arm learning how to suture when the ambulance came in with a man with 10 or 12 infected lacerations," recalled Taylor. "There was no time. We just had to get in there and, with another nurse, we sutured him up."

Taylor found the Cree people to be "very polite, warm and kind." When the time came to head back north, "They didn't say a lot, but the hugs said it all."

Hardships

Not surprisingly, she also experienced some of the hardships often on the James Bay coast. Unable or unwilling to drink the community's tap water, she went to the general store and handed over a \$20 bill for a case of water that would normally cost \$250 in Toronto, only to discover that the price in Attawapiskat was 147. A bag of apples the size of golf balls was \$10. By the end of the four weeks, she had shed 10 pounds.

Although Attawapiskat is officially dry,

alcohol still finds its way into the community through a thriving black market. Gas sniffing continues to be a problem and girls as young as 14 are having babies. By the time they're 25, it's not unusual for them to have six or seven children, said Taylor.

"There are these beautiful young girls with nothing to do."

Substandard housing conditions are also a problem with up to 25 people living in a two-bedroom construction trailer in some cases.

Because the hospital has limited diagnostic equipment and no lab, staff depend on air transportation to Mooseose and larger urban hospitals.

"I work in the Cadillac of hospitals and we have everything we want," said Taylor. "Up



Jennifer Taylor, a registered nurse at Toronto's University Health Network, with children in Attawapiskat.

"Staff who have returned are truly impressed and inspired by their colleagues in the North and how they're able to practice to their full scope."

-Barba Zarnin, project manager, global practice, University Health Network

there, if you need a CT scan, you have to be sent out." Taking blood is not a problem, but in Attawapiskat, nurses have to spend before sending it off to Mooseose for analysis.

"If someone comes into Emergency with chest pain in Toronto, we'd automatically take blood and send it off to the lab to look at the electrolytes and cardiac enzymes. I'd have the results in an hour, but, up there, if someone comes into the hospital on a Friday after the airplane has gone out, it's not going to go anywhere until Monday."

Elisa Zarnin, who oversees for UHN, said "staff who have truly impressed and inspired colleagues in the North and by no means in their full scope."

The partnership, she said, provides UHN nurses experience, while also augmenting in James Bay communities.

Zarnin hopes that it will lead to a new group of nurses who work in less remote communities.

"It would be less expensive and through agencies," she said.

The exchange program was Dr. Mary Ferguson-Patt, the president and chief nursing executive, awarded community through Bay region during her term as Registrar of Nurses Association.

www.uhn.ca
www.jbgh.ca
www.hk.ca

North East LHIN

e-Bulletin

Week of October 24 2008, Volume 2, Number 21

Insightful excerpts from the journal of a nurse working in Attawapiskat

In March-April of this year, Jennifer Taylor of the University Health Network spent several weeks along the James Bay Coast in the remote community of Attawapiskat. Jennifer kindly agreed to share her insightful journal entries with NE LHIN readers. Read on and learn more about the trials and tribulations of providing health care in a cold and isolated community, warmed by warm loving people.



Northern exposure

Eye-opening experience on shores of James Bay pushed nurses to limit

May 30, 2008
JENNIFER BROWN
SPECIAL TO THE STAR

For nurses in a big-city hospital, the pace is fast; the care is specialized and they often don't see each patient for more than a few minutes.

But for four weeks in March, Toronto General Hospital nurses Jennifer Taylor and Marie Johnson got an eye-opening taste of what life is like for nurses working in small Northern Ontario communities.



JENNIFER TAYLOR AND MARIE JOHNSON

Jennifer Taylor and Marie Johnson, two Toronto general nurses who spent a month working at a clinic in Attawapiskat, an isolated First Nations town of 2,700 near the shores of James Bay. (The hospital

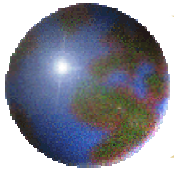
"The nurses perform quite an expanded role there — they wear so many hats," says Taylor, a Toronto General Hospital nurse who spent a month working at a clinic in Attawapiskat, an isolated First Nations town of 2,700 near the shores of James Bay. (The hospital

TIPLEX

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Future Expansions and Growth

⊕ Internal collaborations:

- ⊞ UHN Allied Health department
- ⊞ Continuing Education Initiatives
- ⊞ Remote Professional Development Projects

⊕ External adjunct collaborations:

- ⊞ Centre for Addictions and Mental Health (CAMH)
- ⊞ Mount Sinai Hospital: Obstetrics nurse certification
- ⊞ Health Canada: Kashechewan, Peewanuk
- ⊞ University of Toronto: First Nations Program



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Long Term Care Mobile Emergency Program

Current System

1. Limited LTCH options & resources push '911' calls for transfer to ED



2. Resident anxiety & inefficiency due to travel to hospital



3. Added health risks associated with long ED waits



4. Assessment, care & potential risk of hospital stay



5. Complex discharge planning to go home



6. Added anxiety & resources to get home



7. Potential gap in communication & care needs



More Effective Care

1. On site or phone assessment and care within LTCHs



2. ED transfers averted or facilitated when required

3. Enhanced nursing capacity, knowledge & IP communication



University Health Network

ED / ALC Issues

- Improving ED / LTCH partnership effectiveness and efficacy
- Reducing anxiety and clinical risks for LTCH residents and family members requiring hospital services
- Building nursing capacity and inter-professional partnership
- Advancing nursing and medical knowledge transfer within acute care and long term care sectors
- Creating innovative nursing recruitment and retention strategies



LTCH Partners

	Home	Beds
Phase One	Castleview Towers	456
	Kensington Gardens	350
	Fudger House	250
	Leisureworld St. George	238
	Belmont House	140
	Vermont Square	130
	Christie Gardens	88
Phase Two	Lincoln Place	218
	O'Neill Centre	162
	Fairview Nursing Home	108
	Hellenic Home	81
	Maynard Nursing Home	77
	Total	2298



University Health Network

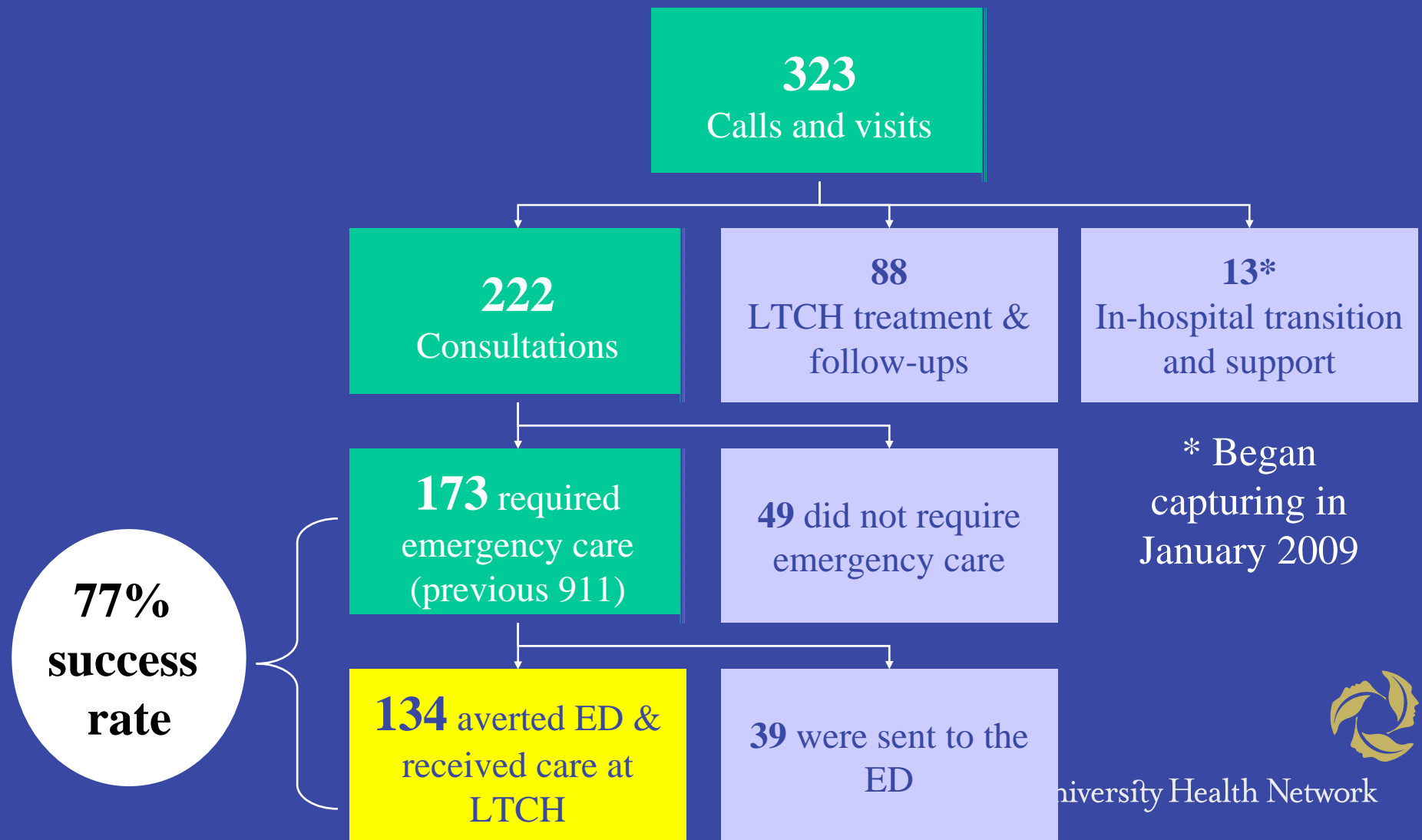
Top Five Requests For Consultations*

- Hydration
 - Tube Problems
 - Pain
 - Infection
 - Breathing Concerns
-
- * 70% of total requests



Project Results

(October 2008 to February 2009)



Ambulance Transfers

Home	4th quarter 2007	4th quarter 2008	Percent change
Christie Gardens	34	26	-24%
Castleview Towers	106	86	-19%
Kensington Gardens	47	40	-15%
St. George Leisureworld	81	72	-11%
Vermont Square	30	28	-7%
Fudger House	61	63	3%
Belmont House	9	15	67%
Total	368	330	-10%



The Model Saves Money

Cost	Mobile Consultation	ED Visit
Clinical	\$410	\$324
Transportation	\$53	\$265
Total	\$463	\$589

- The cost of a visit with the Mobile Team is \$126 (21%) less than an ED visit



Key Success Factors

- Partnerships
 - Affiliation Agreements
 - Union MOU
 - LTCH physician concern about liability
 - Compliance Advisor Support re: access to High Intensity Needs funding
 - Transport issues
 - Developing hospital ED aversion strategies
- Service Delivery
 - Value of the right staff
 - Equipment ownership
 - Non-integrated electronic documentation systems
 - Access during LTCH outbreaks
 - Openness to revise model



LTCH Directors of Care Say....

- Advancing quality of life for LTC Residents
- Reducing ED visits and wait times
- Promoting continuity of care
- Fostering collaborative relationships and enhanced communication between LTCH and TWH
- Encouraging problem solving and critical thinking among LTCH staff



Sustaining the Achievements

- Proven to reduce ED visits from LTCHs
- Direct impact on growing LTCH nursing capacity and knowledge
- Provides acute care interventions in LTCHs
- Demonstrates strong interprofessional collaboration and cross-sector acceptance
- Praised as a “Leading Practice” by Accreditation Canada



Return on Investments

- Maximizing fulltime employment
- Straight time replacement
- Reduced sick time costs/keeping overtime low
- Reduced agency costs
- Reduced “ED visit” cost
- Reduced EMS transfer cost
- Recruitment draw/retention strategy
- Reduced turnover costs
- No vacancies

