



Nursing and Inter-professional Models of Care: Critical Transformation Initiatives Towards Realizing Excellence

StuderGroup
What's *Right* in Health Care Conference
Chicago, Illinois – October 20, 2011



- Definition and Background
- Model of Nursing Clinical Practice© (MoNCP©)
- MoNCP© Outcomes and Challenges
- Inter-Professional Model of Patient Care© (IPMPC©)
- IPMPC© Outcomes and Challenges



TOH Multi-Disciplinary Context

TOH supports the practice of over 7,500 health professionals:

- 4,000 nurses (RNs and RPNs)
- 1,159 physicians
- 181 physiotherapists
- 85 occupational therapists
- 131 social workers
- 36 psychologists
- 31 speech language pathologists
- 10 audiologists
- 163 respiratory therapists
- 91 radiotherapy technicians
- 105 pharmacists
- Other disciplines such as laboratory technicians, recreation therapists, pastoral care, physicists and other professionals





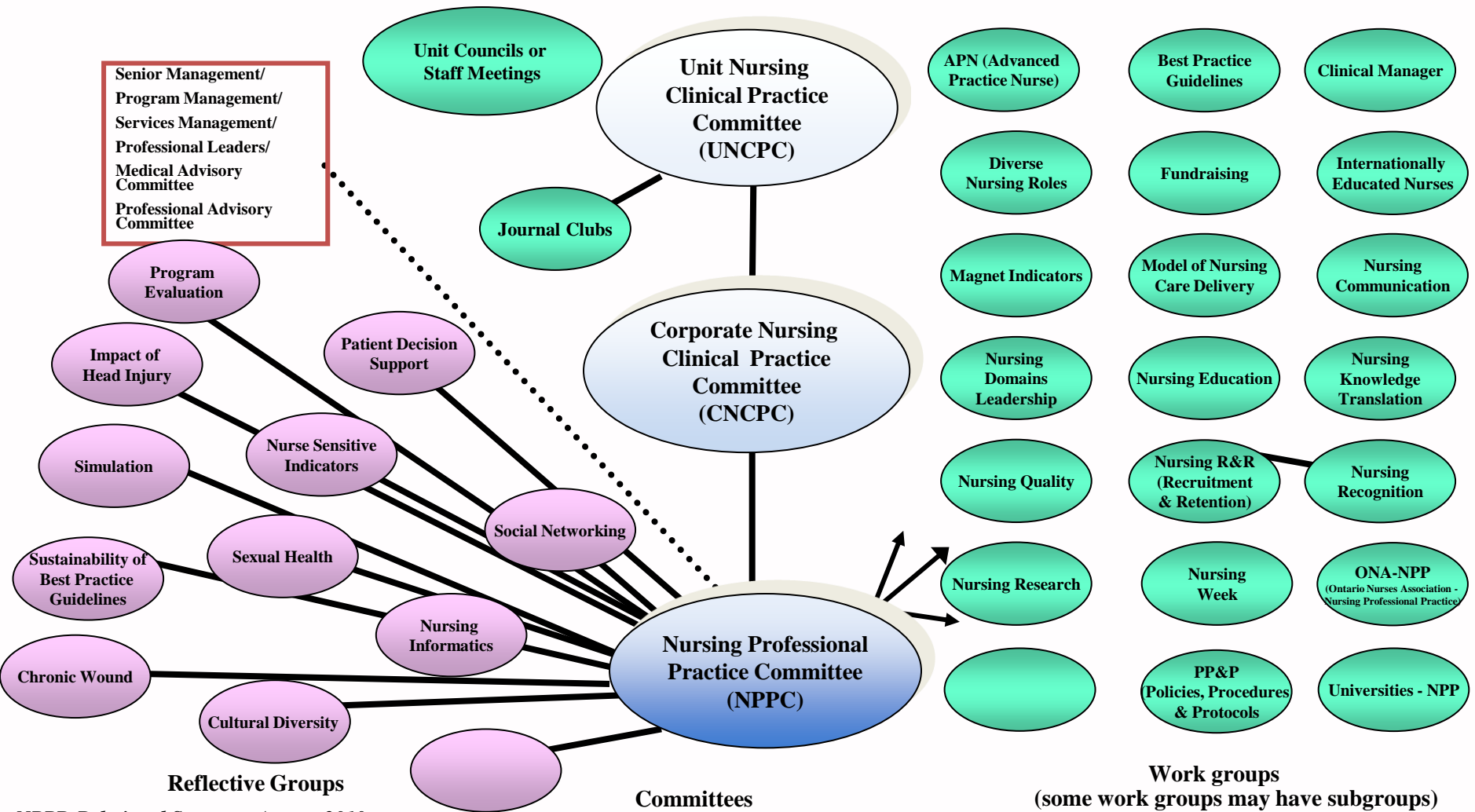
- Merger of 6 different organizations into one
- Increased dissatisfaction of nurses and other health professionals
- Decreased recruitment and retention
- Need for re-engineering
- Critical transformation in clinical care



Critical Transformation in Clinical Care

1. Nursing Professional Practice Model
2. Model of Nursing Clinical Practice©
(MoNCP©)
3. Professional Practice Model
4. Inter-Professional Model of Patient
Care© (IPMPC©)

TOH Nursing Professional Practice Relational Structure

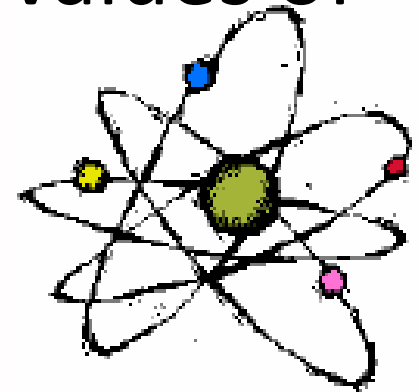


NPPD Relational Structure August 2010



MoNCP© Definition

- “A guide to organize the delivery of nursing care among different categories of nursing personnel such as RN, RPN, & UCP, taking into account their competencies and the values of the organization”.





HOW?

- Review of models at TOH and literature
- Review of Magnet Hospitals
- Review of Benchmark Hospitals
- Review of research literature
 - Patient outcomes
 - Nurse satisfaction
 - Organizational impact

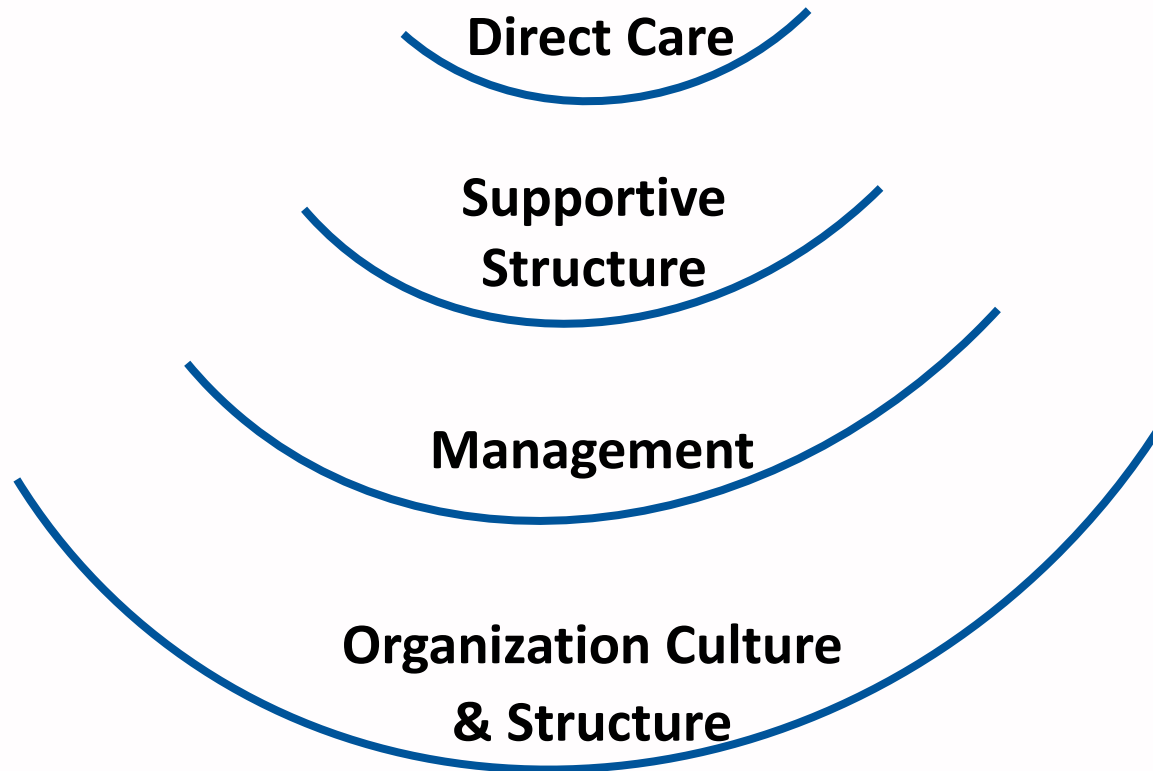


WHAT?

TOH MoNCP® Guiding Principles



Guiding Principles

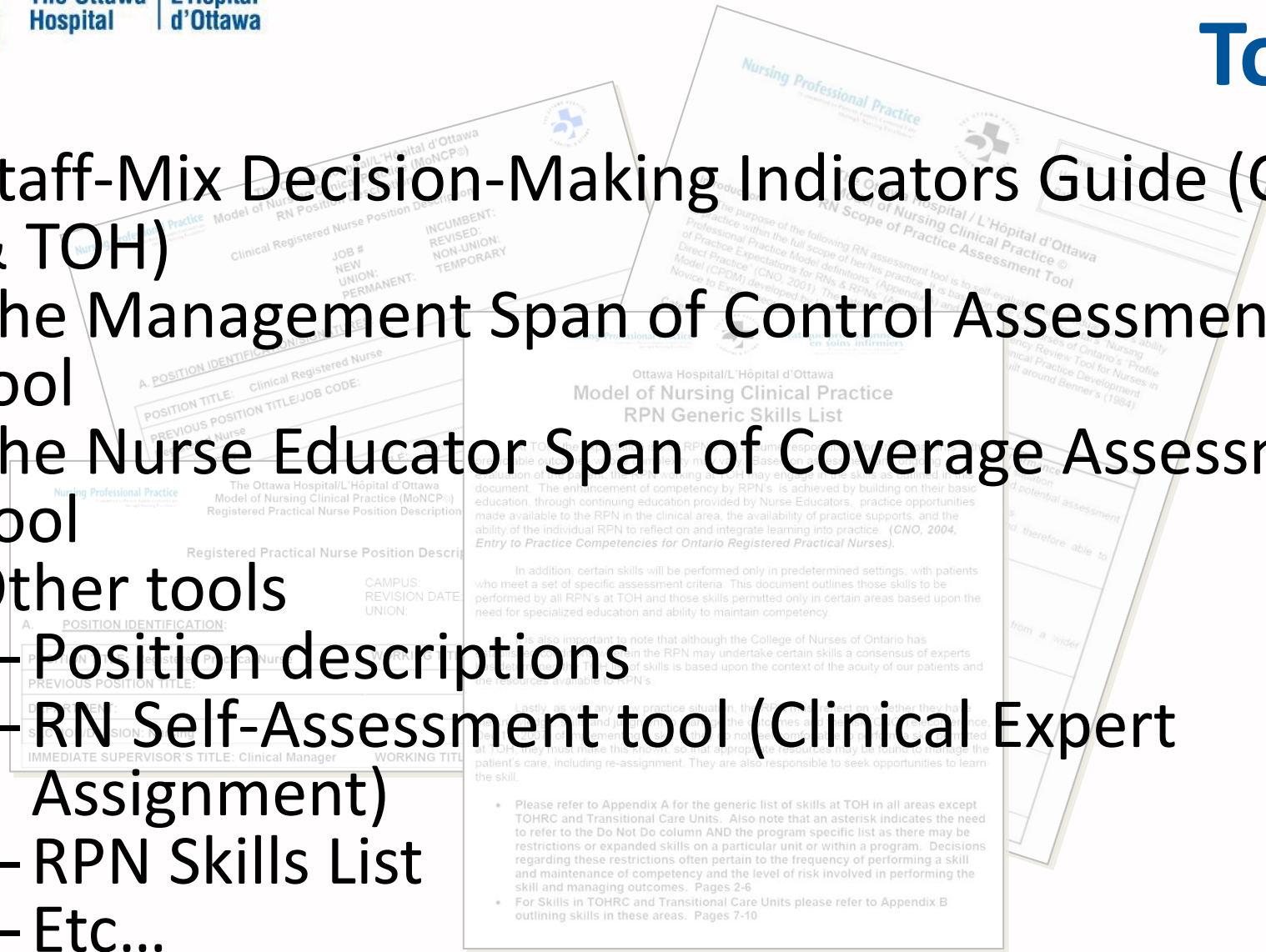




Major Concepts

- Full scope of practice
- Autonomy
- Accountability
- Continuity of care
- Patient / family involvement in decision-making

- Staff-Mix Decision-Making Indicators Guide (CNO & TOH)
- The Management Span of Control Assessment tool
- The Nurse Educator Span of Coverage Assessment Tool
- Other tools
 - Position descriptions
 - RN Self-Assessment tool (Clinical Expert Assignment)
 - RPN Skills List
 - Etc...





Outcomes

Longitudinal Study

- **Title:** Adopting a common nursing practice model across a recently merged multi-site hospital: the impact on nurse well-being, organizational climate and quality of patient care.
- **Source of Funding:** The three-year longitudinal study was funded by an open grant from the Canadian Health Services Research Foundation (CHSRF)



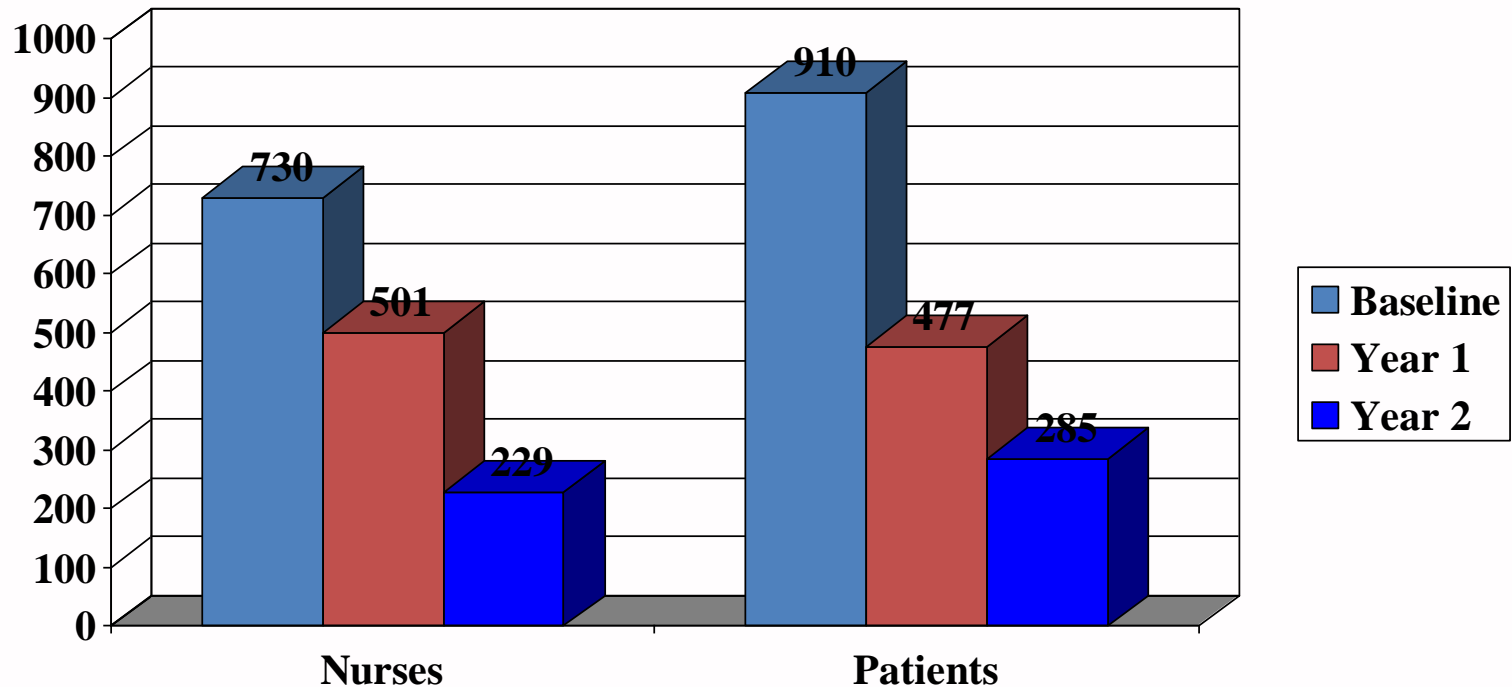
Framework





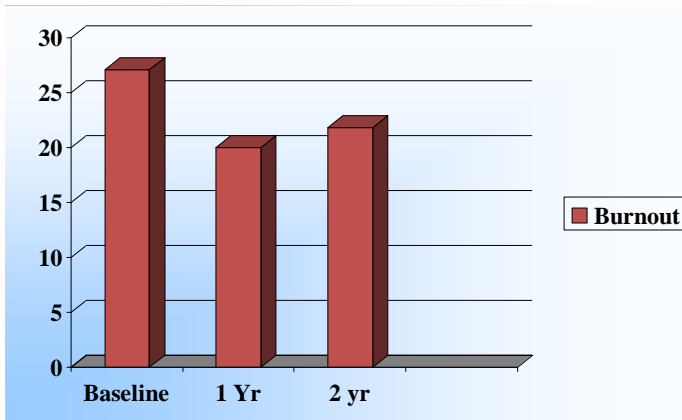
Results of Longitudinal Study

- Survey responses



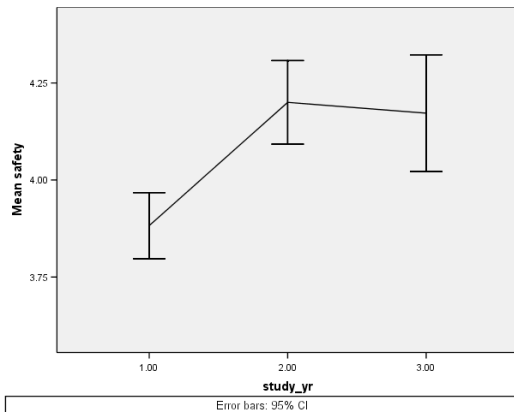


Nurse Well Being - Burnout



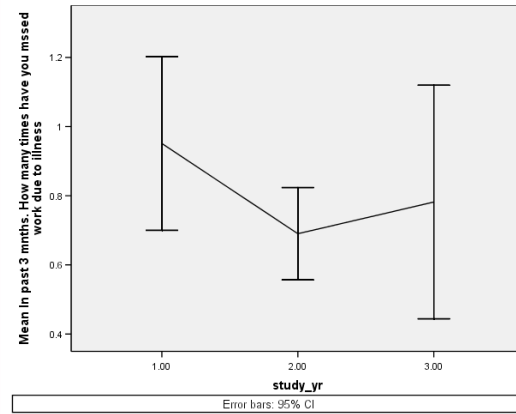
Proportion of nurses reporting “high” burnout (Overall summary score above 50 for CBI, by year of study)

Organizational Climate – Safety Climate



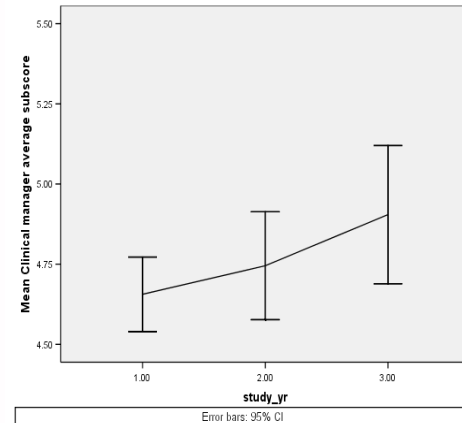
Plot of overall mean patient safety climate score – by year of study, best score = 7

Nurse Well Being – Absenteeism



Plot of overall mean number of shifts missed in past three months due to illness – by year of study

Organizational Climate – Justice



Plot of overall mean clinical manager justice score – by year of study, best score = 7

- 14 indicators were surveyed pertaining to Nurse, and Organizational Outcomes
- 10 indicators (**burnout, work stress, work-family conflict, nurse empowerment, nurse/MD relations, nurse autonomy, nurse control over practice, organizational support, safety climate, organizational justice**) showed significant improvement from baseline in year 1 post-implementation.

Indicators (Cont'd)

- 3 of the 10 indicators (**work-family conflict**, **safety climate** and **organizational justice**) still showed significant change 2 years later
- 10 indicators remained an improvement from baseline.
- One indicator (**Physical health**) showed a decline into years 1 and 2.



Additional Results

- ↓ Vacancy rate (13% to 2.9%)
- ↓ Turnover rate (10% to 5.7%)
- ↑ Nurse Satisfaction (by 14%)
- ↑ Interest in continuing education
- ↑ Publications and presentations
- ↑ Leadership building
- 11 partners in 4 provinces

Sustainability

- Sheer size of our organization (more than 4100 nurses)
- Changes in leadership roles
- Ensuring MoNCP is well understood by all in organization
- Follow-up...follow-up...follow-up, from implementation to review
- Keeping up with requests for information re MoNCP©
- Marketing both internally and externally
- Limited resources



Professional Practice Model

PATIENT & FAMILY

CLINICAL : EDUCATION : RESEARCH

QUALITY : ACCOUNTABILITY : COLLABORATION

MISSION : VISION : VALUES

HEALTH : HEALTHCARE

Professional Practice

Work in Progress

Infrastructure

Role of Chief

Implementation with each program

Generic Organizational Model

RT, PT/OT, SLP, AUD, SW PSY, Dietetics
DI & Pharmacy reorganized

Elements of Professional Practice

3 priorities selected

Processes

Core Contribution

Completed

PAC Revision

Completed

TOH Inter-professional Model of Patient Care

Implementation

Outcome

Improve quality & Patient safety

Monitoring elements of Professional Practice

Collaborative Practice & Seamless Care

Research in progress

Improve efficiency & effectiveness

Evaluation framework for each program



- Increased need to strengthen professional practice and inter-professional collaboration (TOH Board and Senior Management)
- Top 10% in North America
- Acute shortage impact
- Federal and Provincial health agenda
- Increased accountability

Guiding Principles

- 10 guiding principles related to care environment and community linkages
- 12 guiding principles related to inter-professional team work

- Review of literature
- Review of Benchmark Hospitals
- Focus Groups:
5 teams of patients/families



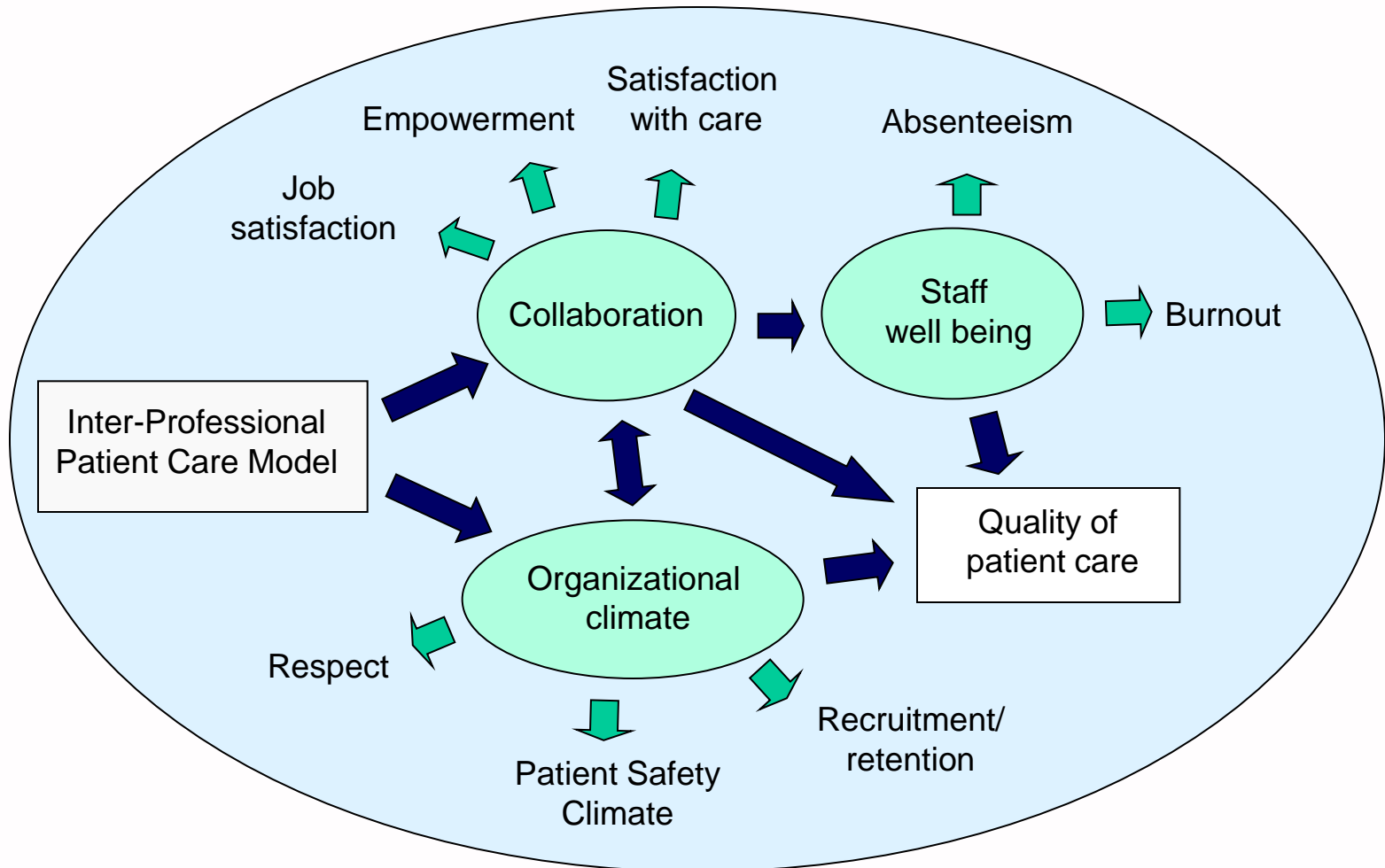
What is TOH IPMPC©?

TOH IPMPC© is a guide to organize the delivery of patient care among health professionals from different disciplines, taking into account their competencies, collaborative patient-centred practice and TOH's strategic directions.



IPMPC© Teams in progress

- 64 Teams in Phase 3 (Implementation)
- 30 Teams in Phase 2 (Advance Team)
- 1 Teams in Phase 1 (Preparatory Phase)
- 8 Teams to be implemented



- 74 teams (of 84) have completed baseline surveys
- 16 teams (of 24) have completed 6-month post implementation surveys
- 5 teams (of 8) has completed 12-month post implementation survey

TOH IPMPC© Survey Response (as of June 2011)			
	Total # surveys returned	Total # surveys distributed	% response rate
Staff	2240	4531	49%
Patients	701	1885	37%
TOTAL	2941	6416	46%



- Inter-Professional Care Workshop (IPMPC©)
- Communicating Effectively Workshop (IPMPC©)
- Collaboration Workshop (IPMPC©)
- Teamwork Workshop (IPMPC©)
- Effective Meetings & Decision-Making Workshop (IPMPC©)
- “Education in a Minute” Modules (IPMPC©)
- Inter-Professional Advocate Network (IPAN)

- Delays in REB approval for the study
- Competing corporate priorities
- Temporary nature of the seconded dedicated positions
- Funding (due to the longitudinal nature of the transformation)
- Database challenges



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