

Building Capacity to Provide Clients with the Right Provider, with the Right Skill, at the Right Time



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Objectives

- Share findings on environmental scan and current literature on changes to scope of practice.
- Discuss issues around the scope of practice between RN and RPNs in home care.
- Share ParaMed's plan and lessons learned in providing the client with the right provider with the right skill at the right time.

ParaMed Home Health - Context

- Large, Canadian provider of exceptional quality Home Health Care services and Workplace Health and Wellness programs.
- Outcome-based approach to care.
- Focus on delivering healthier outcomes for clients.
- Accredited with Accreditation Canada.
- Have 24 home care centers in Ontario and Alberta.

Environmental Scan & Literature Review

- Scope of practice for RN and RPNs vary
- Shift from skills to risk assessment
 - Introduction of 3 factor framework to support the practice of working with clients who fall within their scope
- Difficulties in making decisions about who is best provider of care for home care client to ensure positive outcomes

Environmental Scan & Literature Review

- Increased focus on home health care
- Growing acuity and complexity of home care clients
- Home care budgets stretched
- Health human resource shortage

History

- RNs always admitted new clients
- RNs would transfer client to RPN when they decided the client was appropriate- many factors in making this decision
- RPNs not satisfied, client care not challenging
- Policies and procedures outdated

Issue/Problem

Uncertainty and confusion for everyone regarding the right provider with the right skill

Identified core problems

- Nurse Level
 - Confusion at what skills the RPN could/could not perform
 - Inconsistency in RPN skill base related to how long they had worked in home care and when they graduated
 - RPNs were not practicing to full scope of practice
- Client Level
 - need was not being met

Addressing the Problem

Vision

To maximize nursing utilization to a level that is reflective of the home health care environment ensuring that the scope can be managed safely and cost effectively, meets current needs and provides opportunities for growth and development for both the nurses and the organization

Addressing the Problem

Goals

- Ensure that quality client care is central
- Clearly identify the scope of each level of nursing

Goals (continued)

- Build relationships between home health nurses
- Provide the right nurse, at the right time and place, with the right skill
- Increase acceptance rate of new nursing referrals

Steps to Action

- **Project initiated with multiple phases**
 - Pilot Phase 1 (completed December 2008)
 - Implementation Phase 1 (completed December 2009)
 - Pilot Phase 2 (completed June 2009)
 - Implementation Phase 2 (start September 2010)
 - Pilot Phase 3 (early 2011)

Steps to Action

- Phase One
 - Identified new scope of practice for RPNs at ParaMed
 - » Prior Learning Assessment to determine an “Enhanced” RPN/LPN
 - » Initial Visit Education
 - » Implementation of new/revised policies

Steps to Action

Pilot completed first – at one centre

- **Percentage of RPNs eligible – 60%**
- **Acceptance Rate of Nursing Referrals**
 - Increased by 25%, some refusals existed
- **Attrition Rate**
 - Unchanged
- **RN/RPN Ratio**
 - Unchanged
- **High Risk Incidents**
 - None
- **Client Outcome Achievement**
 - Unchanged

Steps to Action

Implementation of Phase 1

Use of champions at each site supported by a Care and Service Manager and Clinical Practice Consultant

- Registered Nurses who applied for leadership role
- Received a full day of education
- Lead the initiative at their centre over a set period of time
- Tool Kit provided as a guide

Implementation of Phase 1 (cont'd)

Identifying the new RPN Enhanced Level

- Successfully meeting Prior Learning Assessment requirements – type of basic education i.e. certificate or diploma, continuing education course in Physical and Health Assessment, recent performance appraisal (satisfactory), in good standing with College of Nurses
- Demonstrating competency in wound irrigation / packing, IM injections, G-tube feeds and IV therapy

Implementation of Phase 1(cont'd)

Educating Staff

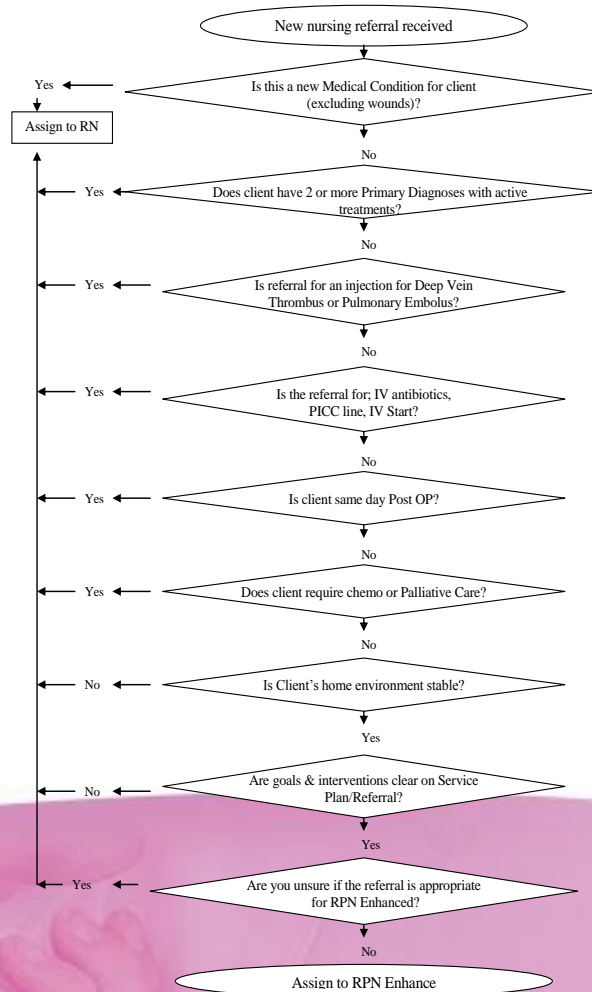
- RPN Enhanced for completing nursing history and admissions – review of procedure and documentation forms
- Introduction of revised policies to RN and RPNs
 - Inter-professional Collaborative Practice – key concepts of collaboration, communication and coordination
 - Determining the Appropriate Nursing Care Provider – use of 3 factor framework

Implementation of Phase 1 (Cont'd)

New Processes

- Use of Referral Review criteria
 - By RN Champion to determine clients who will be assigned to the RPN Enhanced.
 - Criteria developed based on 3 Factor Framework and to ensure client safety – use of a flow chart to guide decisions made

Implementation of Phase 1 (cont'd)



Implementation of Phase 1 (cont'd)

Determined clients **NOT** to be assigned to a RPN for the initial visit.

- There is **not enough information** included in the contractor's referral to make a decision whether the client is RPN appropriate.
- The client's condition is **unpredictable** and the client is at a significant risk for being in an **unstable** condition.
- The client is **very complex** and the **skills required are beyond the scope** of RPN practice
- There is a **risk of negative outcomes** because of the client's condition or the ordered treatments.

Implementation of Phase 1 (cont'd)

Based upon our current client mix, typical client referrals that might be applicable to assign to the RPN for initial visits could be:

- Wound care – delayed closure, pilonidal sinus, pressure ulcers
- Catheter Care – clients with retention, neurogenic bladders, post-op with clear pathways
- Prophylactic anti-coagulant injections – clients who will be undergoing surgery
- Insulin injections – stable diabetics who are unable to prepare / administer insulin
- Medication management – uncomplicated i.e. setting up a dossette
- Blood pressure checks – pregnancy hypertension

Implementation of Phase 1 (cont'd)

Assessment of RPN-ENH competency

- Co-visit by Champion and RPN-ENH to client when completing first admission to determine competency – check list completed and put on file

Education for Internal Staff

- Operations Manager, Coordinators and Supervisors
 - For after hours, processes developed with supervisor on-call

Sustainability

- Plans to sustain initiative for new hires and referral review
 - Supervisor and Co-ordinator accountabilities

Evaluation of Phase 1

- **Percentage of RPNs eligible** = 24.4% (less than pilot!)
- **Attrition Rate** - unchanged
- **Satisfaction of Nurses**
 - RNs felt job in jeopardy when RPN-ENH admitting clients, some did not understand responsibilities
 - RPNs enjoyed being primary nurse right from admission, felt some RNs did not understand the scope of practice

Evaluation of Phase 1

- **Acceptance Rates**

- Varied greatly – from an increase of 10% to unexpected decrease.
 - Reasons – work load of all level of nurses, referral more appropriate for RN, geography, not right skill set, no available time, some centres did not have the RPN-ENH.
 - CCAC restrictions – RN only for admissions

Evaluation of Phase 1

- Client Safety
 - Nursing cases can be assigned safely to meet client needs when developing the skills and maximize the scope of practice for RPNs

Phase 2

Pilot Recommendations for skill development

- Have the RPNs take a Physical and Health assessment course from a community college with the option of attending classes on site or with distance education. Receive a recognized certificate for transferability to other college courses.
- Keep skill development in-house rather than taking a course elsewhere – would need to develop education packages.

Phase 3

Pilot to commence next year

Work in Nursing Teams to promote collaboration, communication and feeling connected amongst all the nurses.

Promote a case load review by supervisors with the nurses to determine if clients can be transferred to alternate level of care provider – this will allow the RN and RPN-ENH to have the capacity to accept new referrals.

Next Steps

1. Start implementation for phase 2 and increase the numbers of RPN-ENH within the organization. Survey indicates an additional 62% are wanting to achieve the 'enhanced' status.
2. Decide if other 'added nursing skills' for the RPN-ENH – for e.g. PICC line care, administration of pre-mixed IV medications and initiating peripheral IVs, should be introduced to the RPN-ENH.

Thoughts or Questions!!



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