Registered Nurses' Union

Newfoundland & Labrador

Government Renewal Initiative Submission March 22, 2016

Submission Outline

Health Care Delivery in Newfoundland and Labrador

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Health Care Innovation Focal Points

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- Primary Health Care
- Access
- Recruitment and Retention

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Health Care Delivery in Newfoundland and Labrador

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Portrait of Population

Total Population in NL: 526,977

Rural Area Population in NL: 40.6%

Health Factors in NL (CIHI 2014):

- Lower life expectancy
- Higher rates of chronic illness, obesity, heavy drinking, smoking
- One of the oldest populations and aging the fastest
- Lowest rate of physical activity
- Highest hospital mortality ratio

Have higher expectations of health care system than from other public sector services (84%) or private sector services (79%)

Concerned about quality

- Most Canadians expect to use the system more than ever; 79% of Atlantic Canadians worry they'll fall through the cracks

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The System Today

- Population density
  - NL (1.4); SK (1.8); NB (10.5); YK (0.1).
- Health Care expenditure in provincial budgets
  - NL (38%) – in line with other provinces.
    Example: SK 38% (2014-15); NB 41% (2013-14).
- Interconnectivity of nursing Issues – can't fix 'one piece'
  - Workload, lack of relief, Overtime, sick leave, casualization
- Positive Change and Action is Needed Now

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The System Today

RNU – Public Survey Data (July 2015)

- 83% residents feel there are not enough registered nurses to provide quality care to patients.
- Only 30% of residents have a high level of confidence in the healthcare system.
- 79% of residents have high levels of concern about the elimination of positions and the impact they may have on the healthcare system.
- 35% feel the quality of healthcare in NL has gotten worse over the past 2 years

RNU – Member survey (February 2016)

- 66% of registered nurses say there are times in their workplace when patients are put at risk due to short staffing.

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Registered Nurse Workforce

- Per population: 1,150 RNs per 100,000 population (2014)
- “Newfoundland and Labrador has highest number of RNs per 100,000 people in Canada.” True, but must consider:
  - Poor health status
  - Higher patient acuity & complex cases
  - Vast geography and lowest population density in Canada excluding territories
- Average age: 42.8 years (2012)
- Gender: 95% female
- Employment (Jan. 2015)
  - Full-time – 3554; (71%)
  - Part-time – 581; (12%)
  - Casual – 890 (17%)

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Registered Nurse Workforce cont.

- Vacancies: 330 in Oct. 2015; 39 in Oct. 2012.
  - 232 external
    - 63% casual relief
- Supply:
  - 291 total Bachelor of Nursing Seats (2013)
- Demand:
  - Retirements:
    - 129 in 2014/15
    - looking at approx. 224 by 2022
  - Maternity Leaves
  - Expansion demand (predicted 0.6% growth)

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RHA Employee Counts

	Mar 2003	Dec 2009	Dec 2014
Registered Nurses (RNs)	4916	5502	5187
Licensed Practical Nurses (LPNs)	2701	2261	2042
Personal Care Attendants (PCAs)*	412	952	1384

*Unregulated care providers have tripled while regulated care providers have decreased

Future Demands?

- Aging population
- Poor health
- Increase in mental health challenges
- Increase in drug addictions
- Advancing treatments
- Renewed focus on primary health care
- High cost of drugs: need for national drug prescription program
- Program growth to meet new system demands

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Guiding Evidence

- Lower 30 day mortality rates were associated with hospitals that had a higher percentage of RNs, higher percentage of nurses prepared at BN level, higher nurse reported adequacy of staffing and resources. (Tourangeau, Doran, McGills Hall, O'Brien Pallas, Pringle, Cranley & Tu, 2006)

- Nurses work schedules influence patient outcomes. Odds of the occurrence of pneumonia deaths were 31% greater in hospitals where nurses reported schedules with long work hours and 24% more likely to occur when nurses had limited breaks between shift groupings. For patients with congestive heart failure the odds of mortality increased by 39% when nurses reported working while sick. (Trinkoff et al., 2011)

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Guiding Evidence

- Hospital staffing costs from adding extra nurses to increase nursing hours and reduce overtime are offset by having fewer return visits. There was a 45% reduction in the odds of an unplanned ER visit after discharge with an increase in RN hours per patient day of 0.71 hours. (Bobay, Yakusheva & Weiss, 2011)

- An increase by one RN per day was associated with decreased odds of hospital acquired pneumonia, unplanned extubation, respiratory failure and cardiac arrest in intensive care units and a lower risk of failure to rescue in surgical patients. (Kane, Shamliyan, Mueller, Duval & Wilt, 2007)

Guiding Evidence cont.

- Studies demonstrating that higher RN staffing levels have the potential to reduce hospital costs through improved patient outcomes, such as decreased rates of pressure ulcers and urinary tract infections and length of stay. (Door, Horn, & Smout, 2005; Titler et al., 2007)

- Patients in hospitals with high levels of nurse dissatisfaction and burnout reported lower levels of satisfaction with care. (Bauman et al., 2001)

Guiding Evidence cont.

Failure to rescue (Shever, 2011)

- Nursing care indicator of a death of a patient, usually believed to be related to a failure to observe, recognize or act on complications.
- Studies show that the number of times a nurse observes and assesses a patient in a day directly influences patient health outcomes: nurse surveillance.
- Nurse surveillance is contingent on the level of nursing staff.
- When nursing surveillance was performed an average of 12 times a day or greater, there was significant decrease in odds of experiencing failure to rescue. (Shever, 2011)

Guiding Evidence cont.

Financial Benefits of Improved Staffing

US Study (Bobay & Weiss, 2011):

- RN hours per patient day were higher: likelihood of a post-discharge ER visit lower.
- RN overtime lower: likelihood of post-discharge ER visit was lower.
- Researchers hypothesized higher RN hours allowed for better discharge planning and teaching and lower overtime hours reduced fatigue and improved care.
- The additional RN staffing costs were offset by the reduced costs of ER visits.

Guiding Evidence cont.

Financial Benefits of Improved Staffing

- A recent Canadian study on nurse turnover found that the mean turnover rate in the 41 hospital surveyed was 19.9%. Higher turnover is associated with lower job satisfaction; average cost of $25,000 per nurse. (O'Brien Pallas et al., 2010)

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Health Care Innovation Focal Points

One: Finding Efficiencies

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Finding Efficiencies

Supporting Data: Overtime:

- 2014/15 overtime cost over $14.5 million = every RN working on average 6.24 days overtime per year. This was up from 5.1 days the previous year but down from 7.4 days in 2011/12.
- RNU member survey 2016: most important issue facing RNs today is workload at 62%. Safe staffing was a close second at 59%
- Only 26% of Workers Compensation was relieved in 2014/15 a steady decline since 2011/12 when 35.1% of WC was relieved.
- 2014/15 - 45.3% of vacation was relieved. Up from 44.3 % the previous year.
- RNU member survey 2016 survey: 44% of members identified the inability to get leave as a major concern.

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Finding Efficiencies

Supporting Data: Absenteeism

- Sick leave: sick leave & relief cost approx. $33.5 million. On average in 2014/15 every RN (except casuals) took 16.5 days of sick leave per year. In 2014/15, just 67.3% of sick hours were relieved. Down from 72.9% the year prior.
- Less days relieved = working short = higher workload = high stress and burnout = increased sick leave.
- RNU member survey (2013) reasons for sick days:
  - Personal illness: 95%
  - Mental health day: 27.7%
  - Caring for children: 17.4%
  - Could not get annual leave: 14.2%
  - Role overload: 11.9%
  - Caring for other family members: 9.9%

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Finding Efficiencies

Recommendation 1: Conduct Nursing Core Staffing Review for acute care and long-term care

- Issue: exorbitant overtime costs to system, reports of high workloads, RN fatigue.
- Rationale: the last core staffing review was done in late ‘90s. Since then we have seen an increase in patient acuity, complexity, shorter hospital stays, and advances in diagnostics and treatments. Demands have gone up and we cannot say with certainty staffing levels have kept up with demand.
- Result: saving millions paying straight vs. overtime rates. Reduced sick leave and absenteeism-related costs. Improved quality of care. Improved morale. Improved patient outcomes.

Finding Efficiencies

Recommendation 2: Joint Union/Employer/Gov't effort to explore ways to improve relief

- Issue: inadequate relief = RN burnout, high sick leave and overtime.
- Rationale: in addition to correct core staffing that meets workload demand, must strike a balance of relief to minimize overtime but provide adequate relief to RNs. Concepts to explore:
  - Weekend workers in larger sites
  - Leave of short duration pilots
  - Benefit eligible casual worker
  - Provincial/regional float team
  - Reinstate float pools in larger sites
  - Casualization trends
- Result: reduce high cost associated with sick leave, overtime, decreased absenteeism, improve workplace morale, improve quality of care.

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Finding Efficiencies

Recommendation 3: Implement a “like for like” replacement policy

- Issue: replacing RNs with staff who cannot work the full RN scope of practice.
- Rationale: when an RN is missing due to unanticipated sick leave for example, that RN should only be replaced by another classification if no RN is available. Nurse staffing should be based on formal education qualifications and competencies. If patients require the care of a RN, its imperative to replace “like with like” to maximize quality of care, improve patient safety and minimize burden on remaining staff.
- Result: reduce risk of high cost errors or ‘misses’, uphold high standards of patient safety, reduce strain on all nursing staff.

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Finding Efficiencies

Recommendation 4: Minimize non-nursing duties for RNs

- Issue: RNs performing non-nursing tasks is costly.
- Rationale: as part of staffing review, a measurement tool should be used to determine how much time RNs spend on tasks that could be more efficiently and economically performed by the appropriate support staff. This tool already exists at Eastern Health – provincial coordinated expansion required.
- Result: reduce costly RN burnout/workload, maximize RN-patient care hours within a shift, maximize productivity, improved morale, improved care.

Finding Efficiencies

Recommendation 5: Fix the Ottawa Model of Nursing Care

- Issue: Ottawa Model of Nursing Care working ineffectively
- Rationale: the Ottawa Model has been implemented in all 4 RHAs. Principles of the model are sound, but the model 'in action' has not been effective or efficient in delivering nursing care. Priority areas that must be addressed to improve the model are:
  - Evaluation of what support staff must be put in place. Ex: ward clerks with increased training
  - Increased education and mentorship of RNs and LPNs on scope of practice expectations
  - Improved frontline leadership
  - Nurses educators must be allowed to fulfil their roles
  - Evaluation of model
- Result: reduce costly RN burnout/absenteeism, maximize RN-patient care hours within a shift, maximize productivity, improved morale, improved care.

Finding Efficiencies

Recommendation 6: Implement a Provincial Violence Prevention Strategy

- Issue: RNs and other health care workers are subject to violence in the workplace.
- Rationale: workplace violence is prevalent in health care. RNs have experienced abuse in the workplace.
  - Verbal (87%); Physical (51%); Other (25%).

  Unsafe workplaces leads to increased stress, injuries and absenteeism. Piecemeal approaches are not effective. Models in MB and NB being implemented.
- Result: safer workplaces, reduced injuries, stress and absenteeism.

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Finding Efficiencies

Recommendation 7: Implement provincial critical stress debriefing support strategy for health care workers

- Issue: workplace trauma causing undue stress.
- Rationale: Health care workers (HCWs) face traumatic events every day. There is increasing evidence that shows that HCWs, including RNs, experience PTSD. Manitoba: http://traumadoesntend.ca/
  - Can include:
    - Site/regional debriefing teams
    - Peer support program/train the trainer program
- Result: reduce burnout and absenteeism. Maximized productivity, improved morale, improved care.

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Health Care Innovation Focal Points

Two: Primary Care

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Primary Health Care

Recommendation 8: RN-led Primary Health Care Teams

- Issue: timely access to primary health care services.
- Rationale: compliments governments Primary Health Care Framework. Team should include RNs, Nurse Practitioners, Physicians, Social workers and other providers as required to meet population needs. Team led by RN who would act a patient navigator to ensure patient sees right provider to meet health needs.
- Result: improved wait times. Increase focus on health promotion and illness prevention, as well a chronic disease management.

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Primary Health Care

Recommendation 9: Review RN Staffing in Community Health to strengthen primary health care focus

- Issue: gap in community services due to inadequate number of RNs.
- Rationale: acuity and complexity have increased in the community setting. New programs have been added but staffing has not increased sufficiently. Community/Public Health RNs are instrumental to achieving governments Public Health Care focus. Are the right resources in place for our programs to be effective?
- Result: increased focus on health promotion, illness prevention and early detection. Decreased cost to system.

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Primary Health Care

Recommendation 10: Implement a School Registered Nurse Program

- Issue: lack of resources for early detection and intervention.
- Rationale: there is an increase in mental health issues, bullying, drug use and medical issues in school system. Education professionals are spending increasing amounts of time addressing health related issues.
- Result: early detection and intervention. Decreased costs to education and health systems.

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Health Care Innovation Focal Points

Three: Access

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Access

Recommendation 11: Increase use of Nurse Practitioners in the system

- Issue: timely access to health services.
- Rationale: we have just over 100 Nurse Practitioners practicing in the system in a variety of health care settings. Nurse Practitioners are a valuable resource to rural and urban communities, including those with no or limited access to GPs. Value has also been proven in acute care programs. Evaluation of the NP role has been positive.
- Result: improved timely access to health services. Decrease in wait times. Improved patient outcomes. Decreased costs.

Access

Recommendation 12: Nurse Practitioner & Registered Nurse Staffed Non–Urgent Care Clinics in Urban Centres

- Issue: non-urgent medical issues draining ER resources.
- Rationale: the public needs access to health services after hours and on the weekend. In many communities the only place this access can be obtained is through the emergency dept. Creating fast-track units have helped, however an additional support would be a similar clinic away from the acute care facility. Depending on the community size, clinics could be open ‘off hours’ like evenings and weekends.
- Result: decreased cost, decreased wait times, reduced congestion to ER and better access for medical needs that require immediate attention but not emergent.

Access

Recommendation 13: Increase use of Patient Navigators

- Issue: patients falling through the cracks is costly and not safe care.
- Rationale: patient Navigators were created in the Cancer Care Program as a result of the Cameron Inquiry. Their primary role is to communicate with and on behalf of the patient. Anecdotally this has been quite successful. It is a model that should be expanded to other programs within our health care system especially given the complexity of the system and the complexity of patients (age, chronic illness, etc.).
- Result: improved access and decreased cost.

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Access

Recommendation 14: Pass Midwifery Legislation

- Issue: inability to deliver quality Obstetric services across province.
- Rationale: midwives have expertise in normal pregnancy, birth and newborn care. Given the challenges recruiting and retaining Obstetricians, especially in smaller urban settings and northern communities, proceeding with Midwifery legislation quickly is important. As part of this legislation, experienced midwives that have previously practiced in NL, with different education backgrounds, must have the ability to challenge the program and be provided opportunities to upgrade their education to allow licensure in NL.
- Result: improved access, decreased travel for patients, decreased costs.

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Access

Recommendation 15: Advance E-Health Record System

- Issue: fragmented health records system.
- Rationale: currently there is duplication of services and fragmented communication as there is not one health record system accessible to all providers in the province.
- Result: improved service delivery, reduced duplication, increased efficiency, decreased costs.

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Health Care Innovation Focal Points

Four: Recruitment and Retention

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Recruitment and Retention

Recommendation 16: Establish Satellite School for BN Program in Grand Falls-Windsor

- Issue: Central Health is experiencing increased RN vacancies.
- Rationale: CH has had service reductions as a result of RN shortages. The lack of a School of Nursing in this region is a contributing factor to CHs inability to recruit RNs. Supply and demand projections indicate that our current supply may not meet our RN needs into the 2020's.
- Result: will require up front investment. However in the long term will decrease need for international recruitment, improve workplace morale, decrease vacancies, costly overtime, absenteeism and possible service reductions due to shortage of RNs.

Recruitment

Recommendation 17: Investigate re-establishing the Integrated Nursing Access Program

- Issue: high vacancy rates in Labrador-Grenfell, particularly coastal communities. High recruitment and turnover costs.
- Rationale: the Integrated Nursing Access program was discontinued. It had success in attracting students from Labrador and upon graduation some returned to their home communities.
- Result: improve recruitment and retention in Labrador.

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Recruitment

Recommendation 18: Consolidate Schools of Nursing

- Issue: administration of nursing education fragmented.
- Rationale: BN program is currently being delivered through a consortium agreement in three separate sites. Two schools come under the management of Regional Health Authorities. This was a recommendation in White Paper on Post Secondary Education (2005).
- Result: would put BN education on equal footing with other undergraduate degrees. Will require initial investment by government to move employees to MUN. Decreased administrative costs in the future and increased efficiency.

Conclusion

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Conclusion

- 18 Recommendations to improve the quality of care for patients, improve health outcomes, improve the quality of work life for Registered Nurses and other providers, and create savings in the system.
- RNU led/participating in various evidence driven initiatives
  - CFNU Research
  - Absenteeism work
  - Senior Joint Quality Worklife Committee
  - Regular membership research
  - Pilot project participation
- RNs are on the front lines 24 hours a day 7 days a week. We have the knowledge and expertise.
- Recommendations require initial investment to create long-term savings.
- It's time to think long-term and restructure both now and for the future.

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Resources

- Canadian Federation of Nurses Unions – Valuing Patient Safety
  https://nursesunions.ca/sites/default/files/valuing_patient_safety_web_may_2014.pdf

- Canadian Federation of Nurses Unions – Nursing Workload and Patient Care
  https://nursesunions.ca/sites/default/files/cfnu_workload_printed_version_pdf.pdf

- Canadian Institute for Health Information
  http://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/

- https://www.cihi.ca/en
- http://www.statcan.gc.ca/
- http://www.health.gov.nl.ca/health/shwp/pdf/employee_counts.pdf
- http://www.nbhc.ca/topics/expenditures#.VvBLrHn2aUk
- http://finance.gov.sk.ca/budget2014-15/2014-15SKProvincialBudget.pdf
- http://www.healthcarecan.ca/wp-content/uploads/2015/07/Report-on-Expectations-of-the-Health-Care-System.pdf
- RNU Member Research January 2016
- RNU Public Research July 2015
- RNU Member Research on Violence February 2011

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