

Looking to the future:

Vitalité Health Network
nursing, toward an innovative
and promising future

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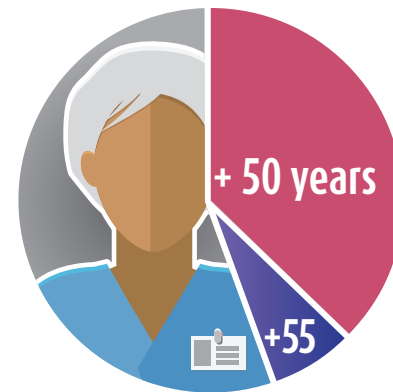
1 Background

For several years, we have seen an increasing shortage of nurses worldwide. Since Vitalité Health Network is not immune to this shortage, the lack of staff has significantly affected our capacity to deliver care. To compensate for these shortages, we have been forced to reduce our admission and service capacity in many of our facilities and to reduce the number of beds by approximately 150. With the reduced number of beds and the increased use of beds by patients waiting for placement in a nursing home, we must face bed occupancy rates over 100% on a daily basis. Access to nursing homes and lack of community support are major obstacles with an aging population and growing health care needs. The number of workers at retirement age is increasing as well. This staff shortage also has significant impacts on the turnover rate, workload of nursing staff and overtime hours, which are often necessary to offset the lack of staff. This scenario often brings nursing staff to the brink of professional burnout and creates dissatisfaction at work. We are aware of the size of the challenge that our staff must overcome. Despite everything, the patient is always at the centre of the actions and decisions of our nursing staff, who try to obtain the collaboration of families to support and comfort their loved ones. **We are extremely grateful that we can count on our staff, and we would like to sincerely thank them.**

In New Brunswick, **41% of nurses are over age 50¹**, **8% of the Network's nurses and licensed practical nurses are over the age of 55²** and approximately **15% of the Network's nurse and licensed practical nurse positions remain vacant**. As it is everywhere else, the nursing staff shortage is a very worrisome and alarming concern that is likely to worsen over the next few years. Since our model of care is currently comprised mainly of registered nurses and licensed practical nurses, we must do something, **and we must act now!**

This universal challenge is forcing us to quickly come up with a new model of care delivery so that we can continue to deliver optimal quality care to every patient and improve the quality of work life for nursing staff.

The purpose of this document is to identify the priority actions to take to ensure a future that will enable us to provide safe health care to the public and a healthy work environment to staff.



1 NBNA Annual Report, 2021

2 Vitalité Health Network, April 2022

Increasing workload, shortage of staff and reduction of admission capacity

- Worldwide staff shortage
- Aging population and workforce
 - Decrease in number of beds
 - Increase in patient acuity
- Limited access to nursing homes
 - Staff burnout
 - Dissatisfaction at work
 - COVID-19 pandemic

WHAT TO DO?

- Revision of how we deliver care
- Addition of workers to support teams
- Recruiting and retention program
- Efficient management of admissions and discharges
- Encouragement of mutual aid and support
 - Creation of conditions that support a healthy work place
 - Transformational leadership
 - Participation of families in care



To ensure the vision of an innovative and promising future in nursing at the Network, we will work on the following **principles** over the coming years:

- 1 Consultation, commitment and management structure;
- 2 Vision and mission of nursing;
- 3 Delivery of care model: collaborative care model;
- 4 Recruiting and retention;
- 5 Management of admissions and discharges;
- 6 Development of transformational leadership and succession plan.

2 Consultation, commitment and management structure

In large institutions such as ours, communication is a challenge, but it remains of utmost importance in difficult times. Effective communication provides the opportunity to consult and listen to people, to share information and to build relationships to increase team cohesion and commitment. The nursing management team is committed to improving the lines of communication with the teams to **work together toward a common goal**.

Over the last year, nursing management has held 26 meetings with nursing staff, physicians and managers to clearly identify current challenges, listen to those who wanted to share their ideas and try to implement solutions to mitigate irritants. These valuable exchanges helped us develop an action plan and implement several of the themes covered in this document. With respect to the direction that will be taken, the directors of the sectors are committed to continuing the meetings and regular visits with their manager and nursing staff, and the managers will meet with their employees on a regular basis to continue identifying challenges and to find solutions **together**.

A new management structure (Appendix A) will help facilitate communication and consultation through a variable decision-making and advisory level. This model fosters exchanges between management and experts in the field, which will facilitate centralized decision making, consultation, communication and involvement of the nursing staff. Moreover, a bulletin will be sent to the nursing staff monthly to provide an update on the following themes: initiatives and projects, recruiting and retention, quality assurance activities, follow-up on certain committees, such as the committee on the quality of work life, etc. A positive thought of the month will be chosen, and we will ask the teams to participate in this activity.

Effective communication helps increase commitment, teamwork and mutual support. These are the key ingredients for a pleasant work atmosphere and optimization of teamwork despite difficult times.



Together, we can do this!



3 Vision and mission of nursing

Who are we? What do we envision?

Our many consultations with staff and managers helped us quickly determine what our teams are seeking and envision as a direction. With the collaboration of directors and managers, we developed a vision and mission that reflect our values as a nursing team.

Here is the result:



MISSION: This describes the purpose of nursing. Committed to quality care for patients, their families and their community through excellence in leadership, practice, innovation and training.



VISION: This helps mobilize and motivate people to achieve a common goal. Leader in delivering quality care, in collaboration with the interdisciplinary team, the patient and their family, in a work environment that promotes positivism, personal and professional growth.

4 Care delivery model

During our exchanges with staff and managers over the past year, the shortage of registered nurses and licensed practical nurses was the topic of long discussions, and the addition of a patient care attendant to the care team was suggested many times. The length of the training program for a patient care attendant is from six months to one year. The possibility of recruitment is thus more achievable in the short term, but we have to be able to attract people so that they enroll in the program and highlight the urgent need to expand this category of employees.

4.1. Current care model

As we already mentioned, our **current** care model is comprised mainly of registered nurses and licensed practical nurses, a workforce that is becoming increasingly rare. In order to support patient care, we must revise the current care model and incorporate more support staff who will be able to work in collaboration with the registered nurses and licensed practical nurses.

4.2. Suggested care model

We worked jointly with Ann Rhéaume and Myriam Breau, researchers at Université de Moncton, to review the literature and choose a proven model that fits with the recommended concept, that is to add support staff. After carefully examining care models, we selected the Model of Care Initiative in Nova Scotia (2010) for its skill mix and project assessment components. The implementation of this model will allow us to add a PCA as a care provider, who will work in a triad with the registered nurse and licensed practical nurse. **This new care model will be called the “collaborative care model.”** With the Network’s research team, we are planning an analysis before and after the implementation of the new care model in order to identify the challenges, find solutions, monitor project development and even publish our research.

This new care model will be called the “collaborative care model.”



The new collaborative care model will take into account the following: the guiding principles recommended in March 2012 (Appendix B) by the Canadian Nurses Association (CNA), an organization that leads nursing practice in Canada; the Model of Care Initiative in Nova Scotia (MOCINS): Final Evaluation Report 2010, because this model of care reflects the proposed concept and it is supported by research that shows positive effects; Alberta Health Services Performance Review (2019), for which we were able to use the services of the same consultants (EY) that the Network used to guide its strategic planning.

Collaborative work between registered nurses and licensed practical nurses has been implemented in several sectors for a few years. With the triad of care concept, this principle will be strengthened. The model advocates the optimization of each person’s role and the addition of support workers. We will determine who will be the primary care provider or responsible for the patient based on the complexity and acuity of care. The patient care attendant will be added as an important member of the care team. Based on the sector’s needs, other practitioners could also be added to the model of care, such as doulas (obstetrics), aids, respiratory therapists, kinesiologists, etc. The involvement of the patient and family will also be important.

We will study each sector carefully in order to determine the appropriate skill mix and necessary patient care hours based on the typical patients in the sector. **This study will be conducted in two phases, because our ability to recruit nurses will be very limited in the next few years:**



Phase 1
2022-2023

- Study and implement the skill mix that fosters the triads and the average number of patient care hours as per the basic standard (e.g., 5.3 hours)
- Recruiting and **addition of patient care attendants or other practitioners**
- Implementation of **active offer concept**
- This exercise will allow us to deliver patient care using fewer hours of work by registered nurses and licensed practical nurses (reality during this shortage).



Phase 2
2024-2026

- Review of the skill mix that fosters the triads with the **addition of registered nurses and licensed practical nurses** based on the possibility of recruitment
- Achievement of the optimal number of patient care hours (for example, it would be possible to increase from 5.3 to 6 hours).

4.3. Concept of the active offer

In addition, a new principle of **purposeful hourly rounds** will support the new collaborative care model; in the triad, the patient care attendant will be assigned to this task. The goal of this principle is to reduce falls, pressure sores, the use of call bells and the unplanned comings and goings of staff to increase patient satisfaction and try to improve care planning. The round will be made hourly depending on the state of alertness of the patient and purposeful questions will be asked to assess the need to go to the toilet, the level of comfort/pain, change of position and the environment. In the absence of the patient care attendant, the other practitioners will be able to use the same principle.



4.4. Family as care partner

Many members of patients' families are ready and willing to support the care team to provide care to their loved ones. Care centred on the patient and the involvement of the family can improve patient and staff satisfaction, foster healing and improve care quality and outcomes. This concept will be developed in collaboration with a partner patient/family, staff, managers and the director of nursing.



5 Other items to consider for success

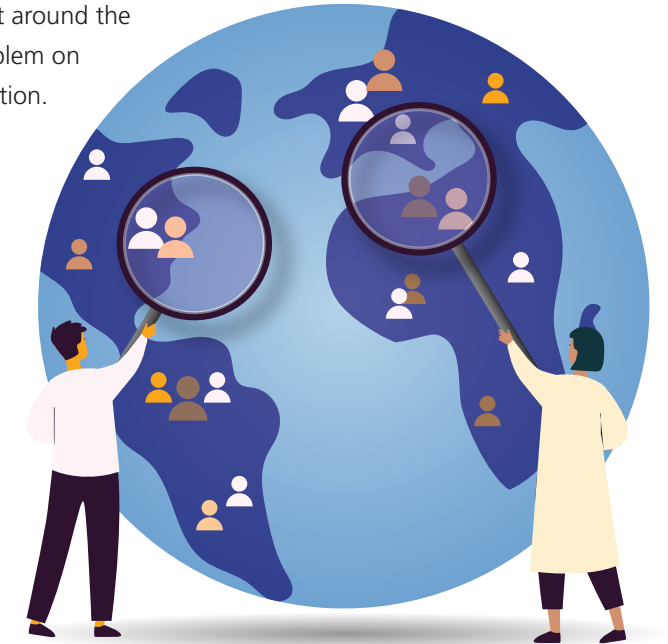
A change to the care model is one of many initiatives to get around the problem of a lack of nursing resources. To counter this problem on several levels, the items below must be taken into consideration.

5.1. Recruiting and retention

The nursing sector is actively participating, with human resources, in the recruiting and retention process. In addition, the nursing sector can take measures to support the HR plan and thereby help recruit and retain staff to reduce the current workforce shortage.

In the nursing sector, we can:

- Create a **positive workplace** to ensure retention of employees and attract students;
- Maximize opportunities to host **students (internship or preceptorship); welcome students with open arms;**
- Have a **good orientation and mentoring program;**
- Become an **ambassador: employee → recruiter;**
- Develop a project to **enhance the professional image;**
- Create a **recruiting and retention committee** for the nursing sector (April 2022);
- Create a **quality of work life committee** for the nursing sector (April 2022);
- Adjust the workload and foster **mutual support between teams – review the model of care;**
- Create an **advisory committee with nursing staff** (April 2022);
- Participate, with the human resources sector, in local, provincial and international **recruiting activities;**
- Support employees and students who come from away and **facilitate their integration;**
- **Hire patient care attendants** (training program).



**Recruiting and retention
is everyone's business!**

5.2. Bed management

Due to the current staff shortage, approximately 150 beds have had to be closed temporarily within the Network, which reduces admission capacity in our facilities. People are increasingly ill and hospitalization needs are rising. Patients in long-term care sectors are often kept in our hospitals due to a lack of services in the community or a reduced admission capacity in nursing homes, which is often related to staff shortage. As part of its new health plan, the government of New Brunswick will address some of these challenges over the next five years, but the Network must still review its hospital capacity, finding ways to reduce the length of stay, reduce the number of admissions and try to reduce the daily occupancy rate to less than 85% in order to deliver safe care despite the current staff shortage.

The very high occupancy rates in recent years and frequent overcrowding have directly affected the ability to deliver care, because staff often have too many patients, patients in corridors, overflowing emergency rooms, etc., and all this despite the limited nursing staff capacity. It has become very difficult, if not impossible, to close more beds and respond to the growing needs of patients.

The patients need us!

To achieve our objectives in relation to hospital capacity, we will work on various improvement projects with different partners:

- Patient who receives the right service in the right location and at the right time from the right caregiver;
- Management of length of stay;
- Management of admissions and discharges;
- Eldercare in the community;
- Co-management of admissions and discharges (physicians and nursing).



5.3. Development of transformational leadership and succession plan

The global COVID-19 pandemic and the staff shortage that has been affecting us for a few years and is forecast to be difficult for some time yet are putting the health care system to the test. Hospitals are not spared; they must be at the top of their game and able to deliver care to the sickest patients. The patients need us!

According to Yvon Chouinard, member of the Chartered Professionals in Human Resources (CPHR), executive coach and president of Isotope Conseil, there are three well known ways of reacting to an emergency situation: freeze, flight or fight.

We cannot give up; we must fight this important problem! More than ever, we will be required to work jointly with various partners, to maximize our communication processes and to promote commitment, resilience and mutual support to overcome this difficult test.

In order to support a health care system in difficulty, we will be forced to change how we see and deliver care as well. We will also have to bring out the strengths of our teams, create a healthy work atmosphere, support each other instead of creating division, and find innovative solutions **together**. **We will have to be part of the solution instead of part of the problem.** Our individual, professional and collective responsibilities as caregivers, leaders or physicians will be put to the test.

Whether as caregivers or managers, the leaders of today and tomorrow will have to join forces to seek solutions. Since many changes await us, the concept of change management and transformational leadership will need to be developed. Therefore, we are striving to empower managers and employees who wish to become managers, because the leadership function of head nurses is essential to foster changes and development, create a healthy work environment within teams, facilitate communication and inspire a positive vision of nursing. The involvement of directors, managers and caregivers will be an important vehicle to support change and transformation.



6 Conclusion

The nursing management leadership team is committed to the development and advancement of the nursing sector and their specialty sector. I would like to highlight their valuable contribution and their ongoing support. As Vice-President of Clinical Services, I am committed to working for patients, but also for and with the nursing staff! We must show our resilience in the face of this crisis and, seeing the outstanding work that our nursing staff performs every day, I am certain that **together, we will succeed!** A new year is upon us, and we must look to the future, **an innovative and promising future!**



“Coming together is a beginning;
 keeping together is progress;
working together is success.”

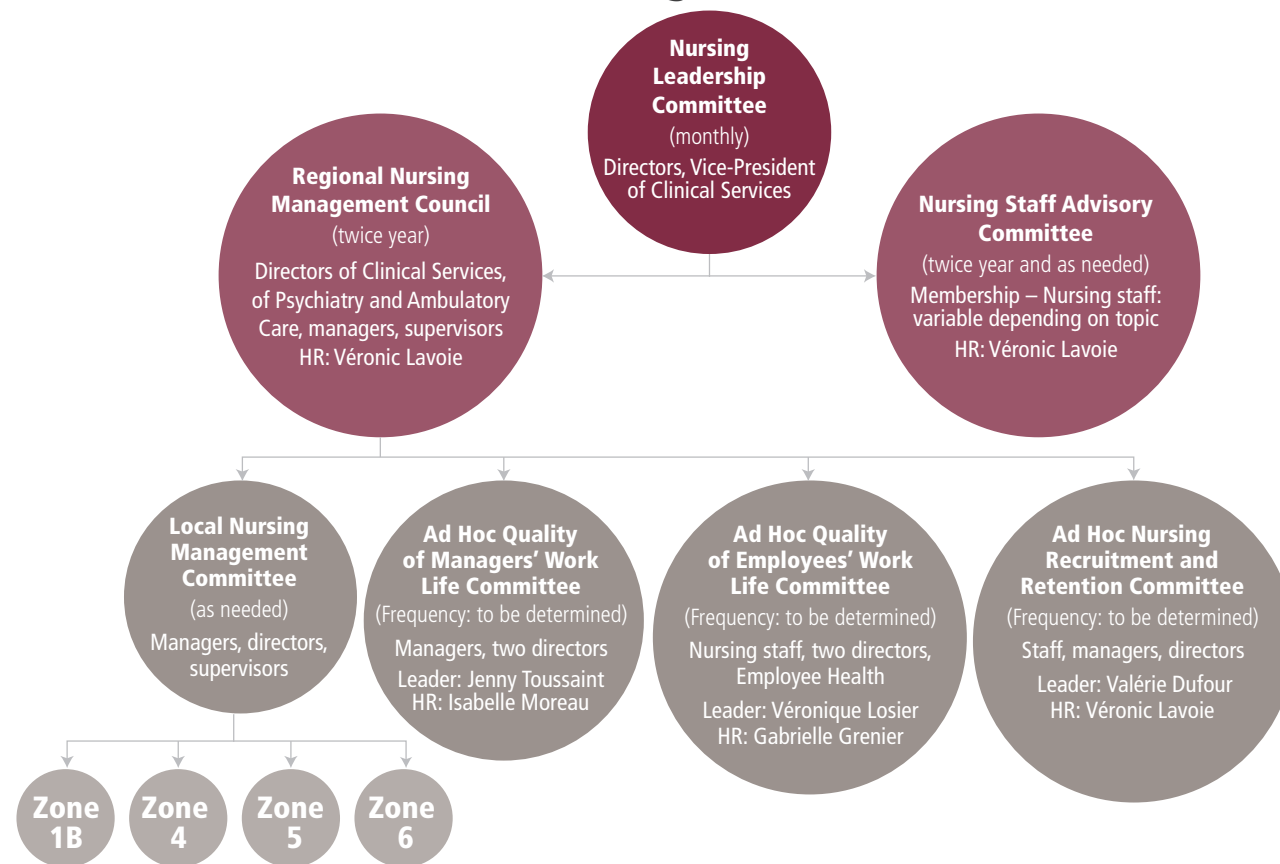
- Henry Ford

APPENDICES | BIBLIOGRAPHY

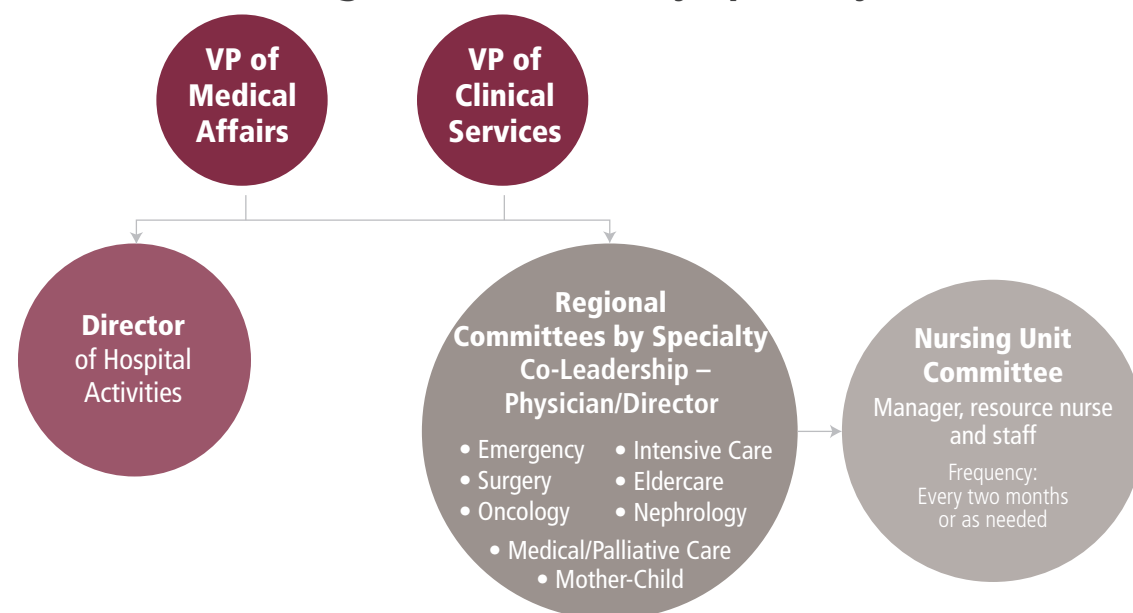


APPENDIX A

Nursing Structure



Regional Structure by Specialty



APPENDIX B

CNA-NURSING CARE DELIVERY MODELS: CANADIAN CONSENSUS ON GUIDING PRINCIPLES

A nursing care delivery model has been described as a structured approach for organizing and providing nursing care to clients, informed by values and beliefs³. Nursing care delivery models underpin decisions about many aspects of delivering nursing services.

Guiding principles of nursing care delivery models

1. Responding to the health-care needs of clients, families and communities is integral to the nursing care delivery model.
2. Staff competencies (knowledge, skills, abilities, attitudes) are part of the nursing care delivery model.
3. The nursing care delivery model reflects an organization's client population, best practices, professional standards and research evidence.
4. Front-line nursing staff and nursing management are engaged in decision-making about the nursing care delivery model.
5. The nursing care delivery model promotes quality and safe care, which is cost-effective and sustains the system.
6. Systematically collected data about client outcomes and nursing human resources inform decisions about the nursing care delivery model.
7. A formal plan for the nursing care delivery model, including communication and educational strategies, considers client and staff needs as well as the organizational mission.
8. Organizational structure and leadership across all levels support the nursing care delivery model.
9. Staff mix based on client care needs is a component of the nursing care delivery model.
10. Technology is a required component for implementing the nursing care delivery model.

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