

# Adopting a common nursing model across a recently merged multi-site hospital



# The Study Team:

## External to the Ottawa Hospital:

- Mickey Kerr UWO, IWH (Principal Investigator),
- Heather Laschinger - UWO (Co-Investigator),
- Gail Hepburn, - IWH (Co-Investigator),
- Martine Mayrand-Leclerc - UQO (Co-Investigator),
- Julie Gilbert, Gale Murray (The Change Foundation),
- Linda-Lee O'Brien-Pallas U of T (Co-Investigator),
- Dov Zohar (Israel Inst. Tech - Consultant)

## From within the Ottawa Hospital:

- Ginette Lemire-Rodger - (Co-Principal Investigator),
- Wendy Diegel - (Project Coordinator)

# Outline

1. Background
2. Conceptual/Theoretical Frameworks
3. Methods
4. Progress
5. Conclusion

# History

- Merger
- NPP Environment
- Chief of Nursing

*"need to standardize the delivery of nursing care is essential to ensure, efficient, consistent, effective care within a multidisciplinary approach and program management"*

# Model of Nursing Clinical Practice

## 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 concepts valued by the organization. ”

# Current Models at TOH

- Primary Nursing
- Total Patient Care
- Team Nursing
- Functional
- Case Management

# Where did the "new" model come from?

- An internal development team put together to determine if one could be used "off the shelf" or create a new one specific to TOH.
- Opted for developing new model with strong emphasis on "direct" nursing care, thus continuity of care as well as provision of clinical expertise are key features.
- Multidisciplinary team involved in model development but still some challenges faced when rolling out model in certain areas.

# Overall Advantages

Research suggests a Model of Care that ensures nurses are at full scope of practice and are autonomous in decision-making could

- Improve patient outcomes
  - ↓ mortality & morbidity
  - ↑ nurse job satisfaction
  - ↑ nursing efficiencies (orientation, mobility )
  - ↑ retention & recruitment
- Create environment recognizing expertise

# Consensus

Guiding Principles were developed:

- Direct Care
- Clinical Support
- Organizational
- Educational
- Management

# MoNCP

## (Model of Nursing Care Practice)

What it is ...	What it is not ...
A guide to organize work among RN's, RPN's and UCP's	NOT a workload measurement tool nor will it define number of providers
Method to analyze current nursing practices in light of selected professional values	NOT a means of cutting jobs or saving money
A set of <u>Guiding Principles</u> that are implemented on each unit	NOT a prescriptive way of doing things

# Key Questions Being Addressed:

- What is the impact of introducing the new practice model on nurse work stress and nurse well being?
- What is the impact of introducing the new practice model on quality of patient care?
- What is the impact of introducing the new practice model on organizational climate, at the unit and hospital (site) levels?

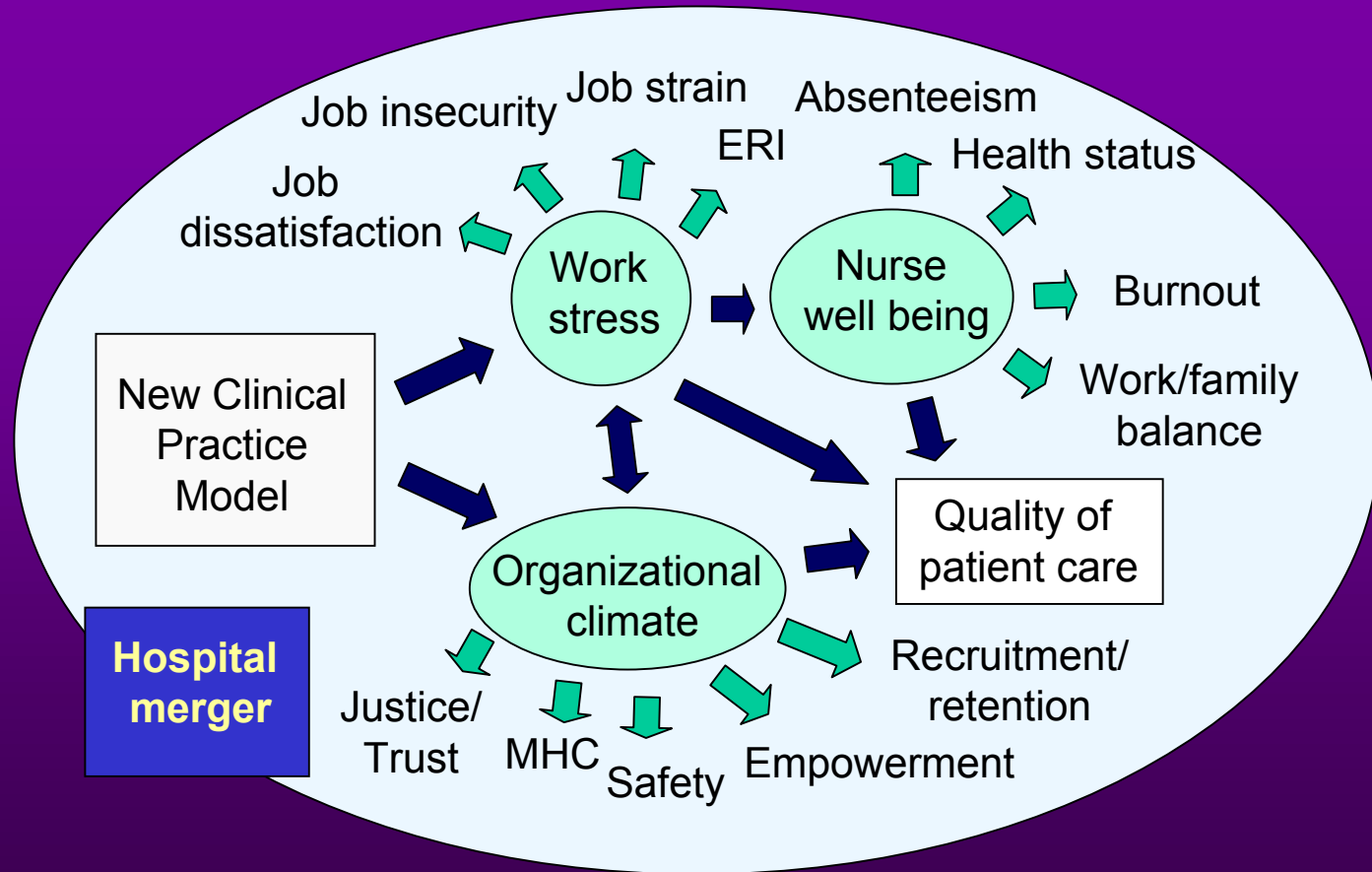
# Why Evaluate the Model?

- A major organizational change with potential to have impact at several levels
- "Natural experiment" provides exciting opportunity to conduct rigorous and critical longitudinal study that has not been done anywhere else
- Provide evidence-based guidance to other health care facilities pondering similar changes in their settings

# Purpose

- To determine the multilevel impact associated with adopting a new, common clinical practice model for nursing care across the recently merged campuses of The Ottawa Hospital (TOH).

# Conceptual Framework for Study Assessing the Impact of the Model



# Study Background - 1

- Nurse practice environment has been identified as a key contributor to nurse health and job satisfaction and may be a major contributor to quality of patient care.
- Most previous research has been one-time cross-sectional surveys, which suffer from the inability to draw firm evidence-based conclusions regarding the impact of change.

# Study Background - 2

- 3-year longitudinal study proposed to CHSRF Open grants competition last year
- Successful application fully funded, with start date in December of 2002
- Approved by ethics boards at both the University of Western Ontario and the Ottawa Hospital
- Project coordinator located at TOH

# Study Outline

Units get new practice model (“roll-out”)

Main  
evaluation

Focus  
Groups

All eligible nurses  
and min. 25 patients/unit

Purposive sample of nurses (1/3),  
physicians (1/3) and multidisciplinary  
staff (1/3) from across hospital

Self-  
reported

Baseline or Pre-Questionnaire

Baseline or Pre- Focus Groups

2 years of  
follow-up  
(not with  
patients)

Yr 1 Post-Questionnaire

Yr 1 Focus Group

Yr 2 Post-Questionnaire

Yr 2 Focus Group

# Eligibility to Participate:

- Full and Part-time Registered Nurses working at least 10 hours per week.
- Employed at the Ottawa Hospital for at least six months.
- At regular job (i.e. not on extended leave, special assignment, etc.).

# Study Participants were asked to:

## Main Study: (pre, post 1 yr, post 2 yr)

- Complete a self-administered questionnaire (~ 30 min.), returned via unit drop-box.

## Focus Groups: (pre, post 1 yr, post 2 yr)

- Participate in semi-structured focus groups to gather context.

## Patients: (different patients at three time points)

- Complete a self-administered questionnaire (~ 10 min.) mailed back to study.

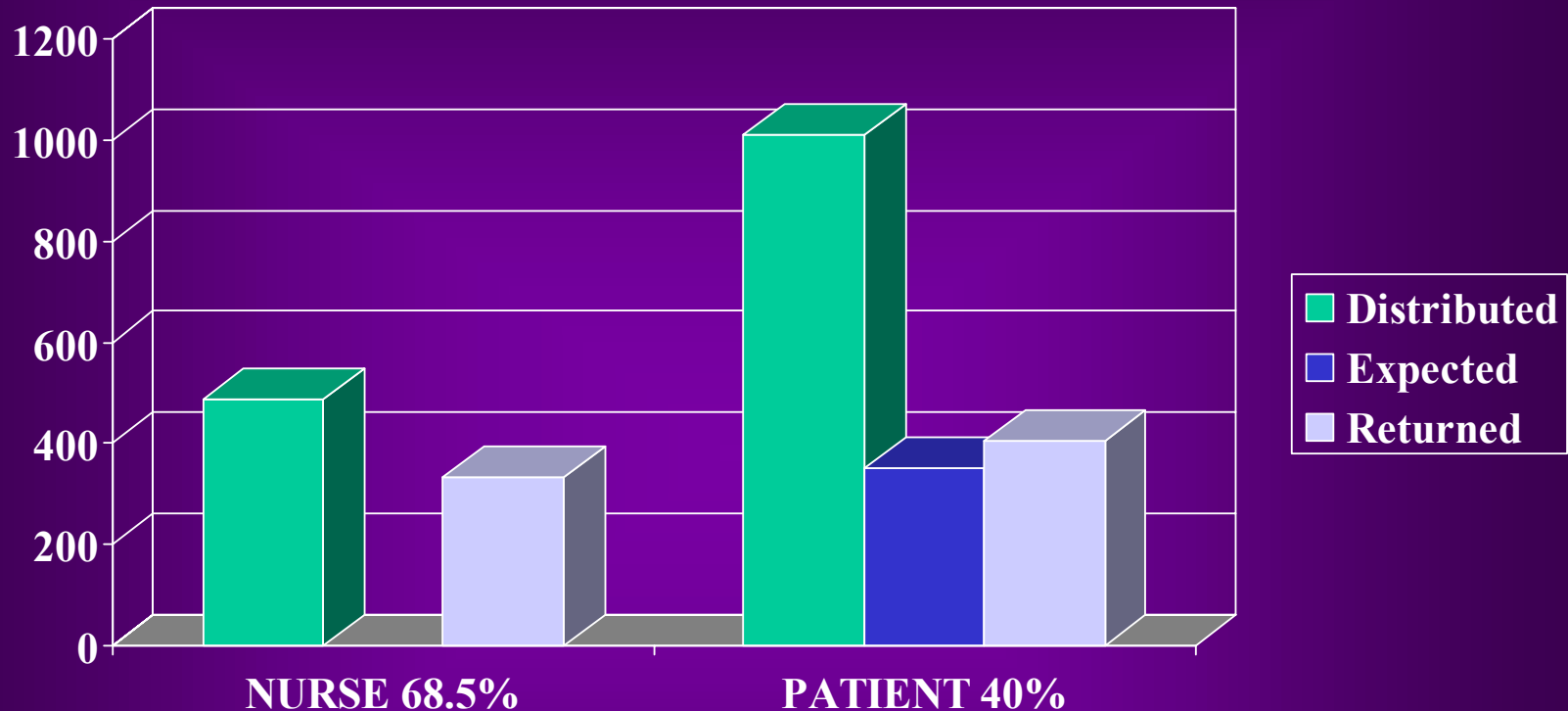
# Research Outcomes from Study:

- Identifying key factors affecting work life of nurses and determine if these were modified by introduction of model.
- Determining if any relationship exists between model implementation, work stress and patient satisfaction with care.
- Determining what organizational factors most affected by model implementation.
- Contributing to a better understanding of causal pathways between stress and health.

# Potential Outcomes to Nursing:

- Rigorous evaluation of major organizational change impacting on delivery of care.
- Possible contribution to development of more effective intervention strategies to improve work life and health of nurses.
- Potential to inform programs designed to assist in attraction and retention of nurses.
- Potential to inform other health care organizations about the process of change.

# Study Response to Date



## Notes:

1. We are rolling out Unit by Unit with the Implementation of the new Model of Nursing Clinical Practice, with about 50% of the organization covered so far
2. Almost completed the first year of a three year study

# The Study Procedures



- ☀ **NURSE QUESTIONNAIRE:**  
Delivered to the units during week one of the Preparatory stage of (MONCP) with a sealed drop box and picked up after a 2 week survey period.
- ☀ **PATIENT QUESTIONNAIRE:**  
Delivered to units with the nurse questionnaires and distributed to patients upon discharge to complete at home and return via SAE.
- ☀ **FOCUS GROUPS:**  
4 Focus Groups will be held each year at the 2 largest campuses. 1 group of 7 RN/RPN, two groups of 6 Physicians, and one group of 7 multidisciplinary health care professionals.

# What Have We Learned So Far?



- ✓ Confidentiality concerns = increased communication
- ✓ Response rates good so far
- ✓ Difficult to enroll physicians
- ✓ Research team flexibility essential for keeping up "natural experiments"
- ✓ Questions at in-service sessions for nurses indicate high level of interest in research.
- ✓ Very few calls to onsite co-PI with concerns about study

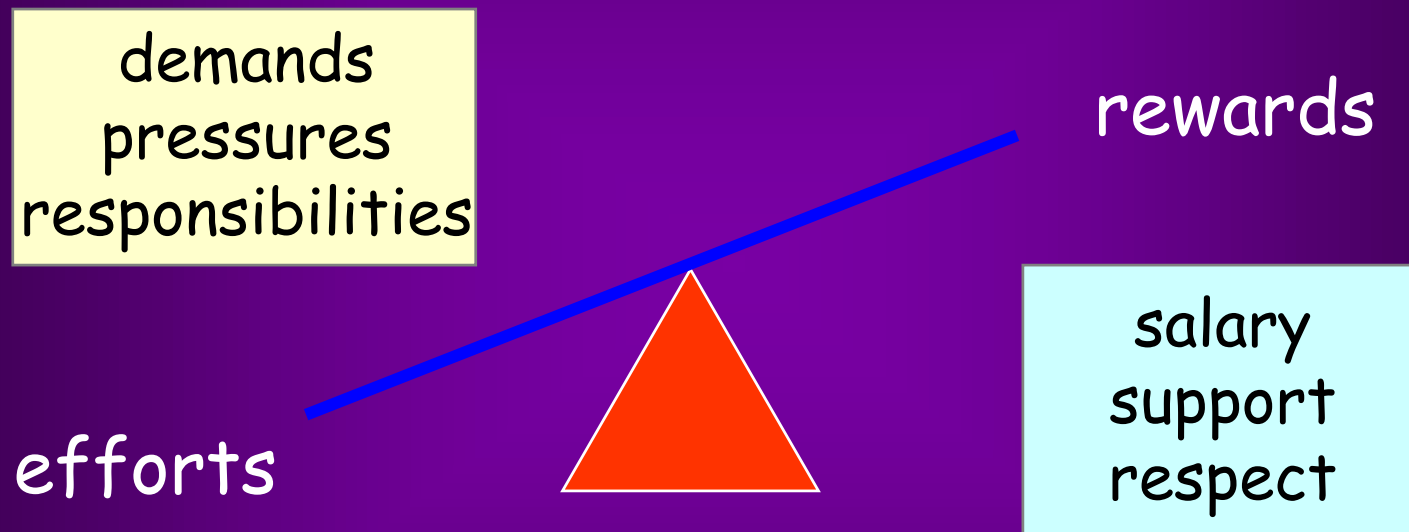
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# Siegrist's Effort-Reward Imbalance (ERI) Model



e.g. prospective German cohort study found ERI a key factor for IHD rates in blue collar workers