



March 2003

# Nursing

N E W S

## Special Edition

### Model of Nursing Clinical Practice (MoNCP)...

# A Buzz with Activity



## Paramount to Quality Patient Care



**Wendy Nicklin**

*Vice-President, Nursing*

**“The thorough process will ensure its effectiveness over time.”**

### Inside the Hive...

- ▶ The planning is done
- ▶ Implementation has begun
- ▶ The bees are buzzing...

Within the first year of the life of The Ottawa Hospital, the nurses from all practice domains identified the aligning to one model of clinical nursing practice as paramount to quality patient care. This top priority is now becoming reality.

As we enter this era of a shortage of nurses, we must take steps to ensure optimal retention and recruitment of nurses. This is key to our continuing ability to provide quality patient care to our community. In developing our model of clinical nursing practice, it was noted that research demonstrated that practice environments that promote the nurse’s autonomy, accountability and strong interdisciplinary teamwork lead to better patient outcomes and improved nurses satisfaction. Implementation of The Ottawa Hospital Model of Nursing Clinical Practice (MoNCP) allows us to build on this evidence and develop a practice environment that will benefit our patients, our nurses, and our health care team.

The thorough process, by which this model has been created based on nursing values and standards of the College of Nurses, will ensure its effectiveness over time. While change is difficult and disruptive, keeping our eye on the goal and vision for this change will ensure its successful implementation and ultimate desired impact on patient care.



*Wendy Nicklin*

## A few words from the CEO

I have followed the development and implementation of the new Model of Nursing Clinical Practice with great interest since the concept was first approved by Senior Management in the fall of 2000. My vision for The Ottawa Hospital is that we become a hospital of choice for nurses at every stage of their profession. I am confident that this new model will help us achieve this goal. Nurses, like other health professionals, want to work in environments where they can exercise the full range of their skills for the benefit of their patients and where they are constantly encouraged to learn and grow. With this new model, the profession of nursing at The Ottawa Hospital will take a significant step forward. I am very proud of all of the staff for their courage and their hard work to bring us to where we are today.

*Dr. Jack Kitts  
President and CEO*



## Weighing the Issues

By now, many of you have heard of the Model of Nursing Clinical Practice (MoNCP) being implemented across The Ottawa Hospital.

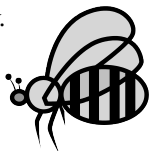
We are grateful to the many nurses and other health professionals who have for almost 2 years participated in creating this model and more recently its implementation plan. Some people have a very clear understanding of the MoNCP but many questions remain for people who are less familiar with this project. As a result, the MoNCP Implementation Steering Work Group has asked that a Special Edition of the Nursing News be published periodically to address often-asked questions and to update everyone with implementation.

This is the first in a series of Special Editions planned for you.



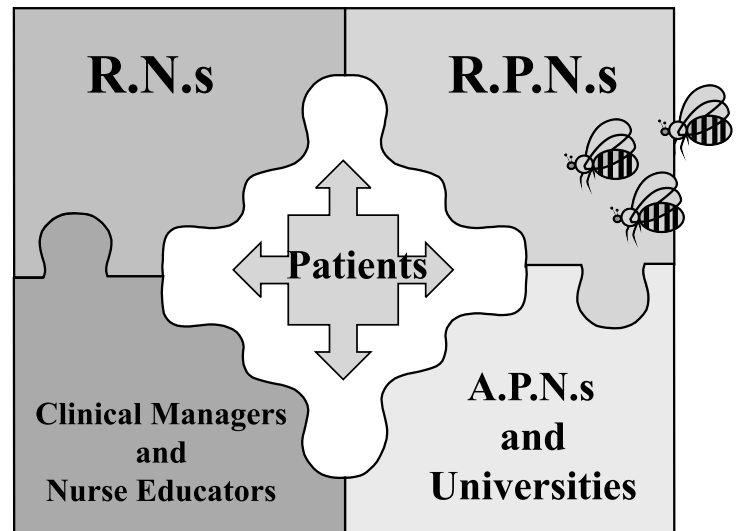
## Why did TOH develop a MoNCP?

The Canadian Nurses Association has projected a nursing shortage of 78,000 nurses by 2011 and 113,000 by 2016, which represents a 40% shortfall for the nursing work force. With these dramatic figures to guide us, TOH decided to review the recruitment and retention of its nursing staff. Simultaneously, the Clinical Nursing Practice Committee (CNCPC), made up of approximately 100 clinical nurses from all units across TOH, had identified, as one of its priorities, the need to standardize supports to nursing care delivery to ensure best clinical nursing practice. At TOH, we had five different models to organize Nursing Clinical Practice including Case Management, Functional Nursing, Primary Nursing, Team Nursing and Total Patient Care. As a result of the concerns regarding recruitment and retention and the need for standardization, a Model of Nursing Clinical Practice Work Group (MoNCP) was formed to study the various “models” of nursing care delivery being utilized locally, nationally and internationally.



## Who developed the Model?

Members of the MoNCP Work Group had representation from:

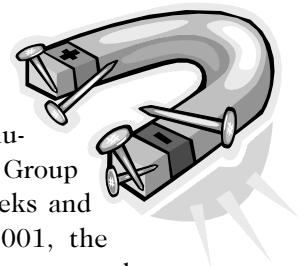


This group, supported and guided by the Chief of Nursing, the Coordinators of Nursing Clinical Practice and Nursing Research reviewed the various Models of Nursing Care delivery.

## How was the Model developed?

From October 2000 to January 2001, the MoNCP Work Group Committee met every two weeks and then from January to May 2001, the committee met every week. The pros and cons of each predominant model at TOH (Primary Nursing, Total Patient Care and Team Nursing) were explored. An extensive review of the literature was conducted to examine several different nursing care delivery models. The group also surveyed 22 Magnet Hospitals\* in the United States, (recognized for their ability to retain and recruit nursing staff). It was interesting to discover that they too were reviewing their Model of Nursing Care delivery. As well, 6 similar Academic Teaching Hospitals in Ontario were surveyed in regards to their models of nursing care delivery. Following this review, extensive discussion and debate took place within the MoNCP Work Group to resolve the issue of selecting one Model of Nursing Care Delivery for TOH.

The work group came to a conclusion that no one care delivery model was suitable nor flexible enough to be implemented for all units and that no one Model had all the desired elements the Group was looking for. The group reached a consensus decision to create TOH MoNCP\*.



After this decision was made, the committee:

- developed a set of guiding principles for the organization of nursing care delivery at TOH
- developed a process for consultation and feedback from the larger TOH organization regarding the guiding principles
- reviewed the impact the new Model of Care would have on each unit

It was at this stage that Senior Management endorsed the implementation of the MoNCP for TOH.

- \* Magnet Hospital = nurse autonomy and accountability, valuing nurse expertise, availability of expert advice increased nurse satisfaction and improved patient outcomes and multidisciplinary collaboration.
- \* The MoNCP Report is available for review on the All Public Folders/Departments/NPPD/T.O.H. Model of Nursing Clinical Practice).

## Implementation Steering Committee

An Implementation Steering Committee was then established to guide and coordinate the development of a plan for implementation of the Model of Nursing Clinical Practice.

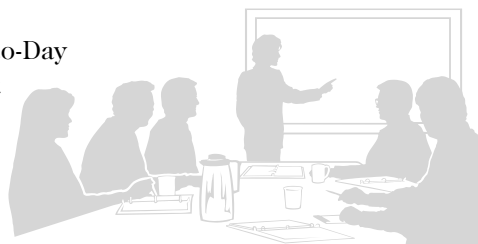
### Members of the Steering Committee

NAME	POSITION
Dr. Ginette Rodger	Chief of Nursing
Bernadette MacDonald	Clinical Director
Joanne Furletti	Clinical Manager
Dianne Mullaly-Haughian	Nurse Educator
Dianne Rossy	Advanced Practice Nurse
Sharon Cayen	Clinical Nurse, PACU, Chair, CNCPC
Carole St-Denis	Nurse Educator
Kelly Milne	Chief, Recreation Therapy and Occupational Therapy
Dr. Alison Duġan	Physician

In addition, 12 sub-groups were established to review the organizational impact of the implementation of the model.

These sub-groups examined issues related to:

- RN Scope of Practice
- RPN Scope of Practice
- Unregulated Care Provider
- Clerical Support
- Clinical Expert Assignment
- Staffing and Scheduling
- Clinical Manager Support
- Multidisciplinary
- Organizational Day-to-Day
- Educational Support
- Friesen Concept
- Human Resources

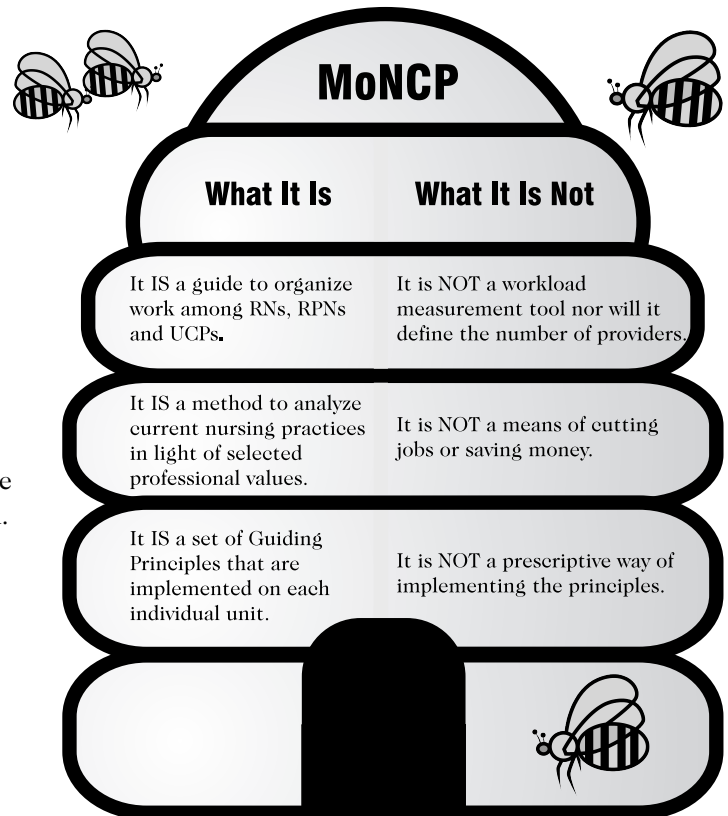


## What is the Model of Nursing Clinical Practice?

**“It is a guide to organize the delivery of nursing care among different categories of nursing personnel such as the Registered Nurse (RN), the Registered Practical Nurse (RPN) and Unregulated Care Provider (UCP). The model incorporates the expertise of each category of nursing personnel with consideration given to the values and beliefs of the organization.”**

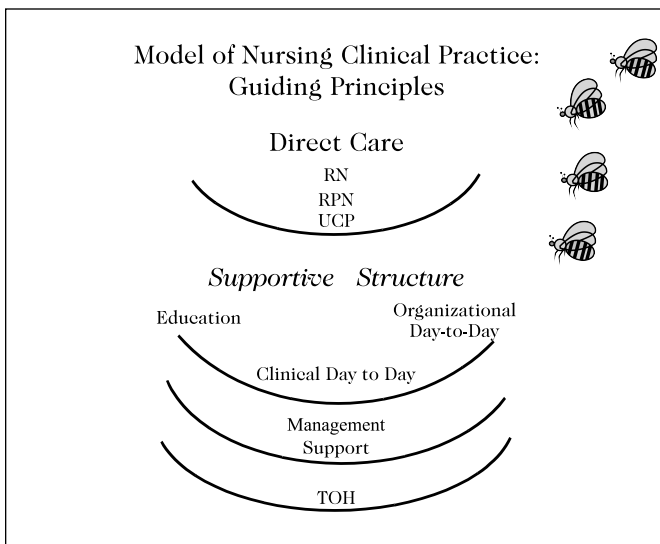


In fact, all professions that have different categories of personnel staff with different competencies need to have a model of practice. For example medicine has a Model for the organization of work among many levels of clinicians, residents and medical students.



## The Model is a set of guiding principles organized around:

- **Direct care:** principles focusing on the patient, family, nurse and the organization
- **Supportive structure:** positions that provide professional assistance day to day, primarily clinical, educational and administrative, to the RN or RPN as they deliver nursing care
- **Clinical day-to-day:** facilitates the novice nurse and values the clinical expertise of each staff member
- **Organizational day-to-day:** focuses on clerical support, departmental support such as material resources, hotel services, i.e. linen, housekeeping
- **Educational Support:** focuses on staff individual learning needs as well as the unit needs for orientation, policies and procedures, career counseling and professional development.
- **Management Support:** focuses on the immediate management support required by the direct care providers. In some instances, this may involve not only the Managers but also the Care Facilitator, project coordinator, etc.
- **TOH Support:** focuses on the organizational support required by Clinical Managers to fulfill their role.



## FREQUENTLY-ASKED QUESTIONS

### What will the Model of Nursing Clinical Practice do for the patients?

- Ensures that patients receive safe, competent care from the most appropriate nursing provider
- Promotes continuity by limiting the number of nurses assigned to an individual patient
- Ensures that patients and families are involved in decisions about care
- Ensures that patients and families receive open and timely communication

### What will the MoNCP do for the Nurses?

- Ensures professional autonomy and accountability
- Ensures efficient and effective nursing care within a multidisciplinary approach and Program Management Model
- Promotes continuity by limiting the number of nurses assigned to an individual patient
- Gives nurses the freedom to make decisions about care within his/her scope of practice with or on behalf of the patient and family
- Provides a framework of delivery of care that support his/her practice as self-regulating professionals

### What will the MoNCP do for the Multidisciplinary Team?

- Encourages communication between the persons most accountable and knowledgeable about the patients' care.
- Strengthens collaborative practice

### Was there any consultation during this process?

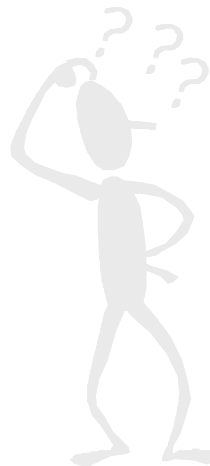
From October 2000 through June 2002, there was extensive consultation with a variety of stakeholders, which were all provided with a variety of opportunities for feedback including:

- Open Forums offered at all campuses during all shifts
- E-mail Consultation
- Extensive presentations at a variety of committee levels, i.e.: CNCPC, Senior Management, Medical Advisory Committee, Professional Advisory Committee
- Nursing Meetings with Clinical Directors, Clinical Managers, Nurse Educators, and APNs (Advanced Practice Nurse)

### How will the Model be implemented?

The implementation process is carried out in three phases over a period of three months.

Each phase takes approximately one month. This process involves a review of the Guiding Principles and the manner in which they will be implemented on each unit. This process of review includes discussion among Clinical Managers, Clinical Nurses, Educators and Multidisciplinary Team members.



## Who will support you during the Model implementation?

Three FACILITATORS have been hired to support the unit during the implementation of the Model of Nursing Clinical Practice.



Diane Courville,  
R.N.  
Ext. 1-9724  
Pager: 715-7491



Barb  
Kyd-Strickland,  
R.N.  
Ext. 1-6491  
Pager: 715-7492



Jennifer  
Wainman-  
McNaught, R.N.  
Ext. 1-8066  
Pager: 719-2216

## Which units have been implemented?

- **Implemented:**
  - Intensive Care Units
  - Emergency Departments
  - A 1 / Geriatric Assessment Unit
  - Geriatric Day Hospital
- **In Advanced Team phase:**
  - Operating Rooms
  - Obstetrics and Gynecology : seven clinics
  - Birthing Units

## An Additional Hive of Activity to Answer...



## How will we know, if the Model makes a difference?

A successful proposal was made to the Canadian Hospital Services Research Foundation (CHSRF) open grants competition for a 3-year longitudinal study on behalf of The University of Western Ontario School of Nursing and The Ottawa Hospital. The Study was approved by the ethics boards at both establishments and started in December 2002.

The purpose of this study is to determine the multi-level impact associated with adopting a new, common clinical practice model for nursing care across the recently merged campuses of The Ottawa Hospital (TOH).

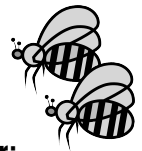
The research will be completed in conjunction with the "rollout" of the MoNCP. The intent of the research is to survey patients, nurses and multidisciplinary team members. At discharge or near discharge, patients will be asked to complete a 10-minute survey.

Nurses will be randomly selected to complete a 30-minute survey prior to implementation of the Model on their unit and then again in 12 months and 24 months post-implementation. In addition, multidisciplinary team members and nurses will be invited to participate in a scheduled interview that should take no longer than 30 minutes.

## The key questions being addressed are:

- 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 the quality of patient care?
- What is the impact of introducing the new practice model on organizational climate, at the unit and hospital (campus) levels?

## Researchers for this study



### Principal Investigator:

Dr. Michael S. Kerr, Ph.D., Assistant Professor, University of Western Ontario School of Nursing



### Co-Principal Investigator:

Dr. Ginette Lemire Rodger, R.N., Ph.D., Chief of Nursing for The Ottawa Hospital

### Co-investigators:

- Martine Meyrand Leclerc, R.N., MHA, Ph.D., Candidate University of Quebec in Outaouais
- Julie Gilbert, MSc., The Change Foundation
- Linda-Lee O'Brian Pallas, R.N., Ph.D., Professor, University of Toronto School of Nursing
- Heather Lashinger, R.N., Ph.D., Professor, University of Western Ontario School of Nursing
- Gail Hepburn, PhD., Associate Scientist and Manager of Workplace Studies, Institute for Work and Health
- Gale Murray, President and CEO, The Change Foundation

### TOH Project Research Coordinator:

Wendy Diegel, R.N., 613-798-5555, ext. 16349



## So the Hive is Alive... What's the Buzz?

### Sharon Charron, R.N., CNCPC Member

During the night shift on the weekend, we had noticed a change in the reports we were receiving with patients being transferred from emergency. The patient report had more information, the patient needs were being met and the information was more 'individualized'. We were very pleased with these changes because we were better able to prepare for the patient's arrival. We wondered what had brought about this change in reporting and learned that the emergency department had just implemented the Model of Nursing Clinical Practice!

### Dr. Assad, GAU Physician

"It's increased the continuity of patient care because when I asked the nurses about their patient, they know their patients well."

### Johane Bédard, Clinical Manager, ICU

#### *Positives about Implementation of the Model:*

- Allows for high level of autonomy
- Strength and commitment of the advance team
- High level of management support
- Highly motivated staff who adapt quickly to change
- MD - RN collaboration
- Recognition of clinical expertise

#### *Restraining forces:*

- Outdated performance appraisals and designation of clinical experts
- One more change!
- Future concern related to lack of charge person on the patient care levels
- High number of projects occurring simultaneously

### Michael Langill, R.N., B.Sc.N. CNCC Clinical Nurse Educator, ICU

One of the positive things about implementing the Model is that it provides a structured formal framework, which recognizes roles that had been seen only informally before. It also allows nurses an opportunity to reflect on their own practice and skill level through the use of the Self Assessment Tool which is based on Benner's novel: Novice to Expert. The biggest challenge we encountered during implementation was getting the nurses to understand that much of what the model proposed was already being done in ICU and that their individual roles would continue to be supported through managerial, clerical, clinical, and educational assistance.

### Teresa Lee, Clinical Manager, ICU

#### *Positives associated with implementation of the Model*

- the Model booklet by Riek Van den Berg was of great assistance as it:
  - identifies the guiding principles,
  - discusses the realities of implementation,
  - answers some of the staff's frequently-asked questions
- the guiding principles support the autonomy of the clinical nurses
- identification of clinical experts is being accomplished through the Performance Review process
- clinical experts provide support for novice and competent staff

#### *Challenges of the implementation process:*

- discussion is required among the multidisciplinary group to ensure an understanding and a comfort level for implementation
- delay in finalizing the Care Facilitator position
- lack of pre and post evaluation process
- delay in formal identification of Clinical Experts in a unit requiring the majority of staff to be at proficient to expert level in skill acquisition

### Kathi Cullen, Liaison Discharge Nurse, Emergency

Congratulations to all! The volunteers have noticed a change in our department. They state they have noticed the change in the last two months, since the introduction of the new Model of Nursing Care.

"The ER Nurses are much more relaxed and are more positive. On busy days, they are much less stressed. We are able to quickly identify each patient's own nurse to pass on information and to ask questions.

The whole ER is a more pleasant place to be and patients are happier, as well."

### Kelly Milne

#### **Chief of Recreation Therapy and Occupational Therapy**

The Model of Nursing Clinical Practice provides a terrific opportunity both from a professional and personal level for RNs and RPNs within The Ottawa Hospital, to assume the full scope of decision making for their patient assignment. This will only further strengthen the collaborative relationships between RNs/RPNs and other multidisciplinary team members in the provision of quality patient care. I believe, the opportunity to practice to one's full scope of practice will provide many rewarding experiences that will contribute to improved job satisfaction for RNs and RPNs.

**"Our moral responsibility is not to stop the future, but to shape it...to channel our destiny in humane directions and to ease the trauma of transition." (Toffler)**