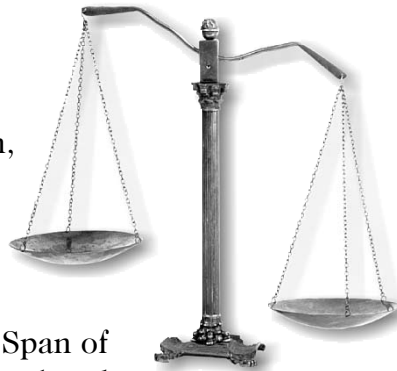


## Model of Nursing Care Work Group:

# Weighing the Issues

The final report has been presented to Wendy Nicklin, Vice-President Nursing, and approved by Senior Management for its implementation in the next year. The work on the Span of Control for Managers is completed thanks to the Management Work Group. The guiding principles to aid the decision on whether there is a need for a position to facilitate “organizational day-to-day support” are completed. The principles include the breadth of the span of control of the manager, the complexity of the “patient thru-put” and the multi-site responsibilities for the manager. The Education Work Group has completed the Span of Coverage for Educators and is currently testing the tool. The final report and the final guiding principles, which constitute TOH Model, have been sent to each unit/service and are also available at any of the Nursing Professional Practice offices.



### Inside this issue...

- ▶ The Ontario Nurses Association Newly Ratified Central Agreement
- ▶ The Patient Restraints Minimization Act
- ▶ Explanation of the New Corporate Sitter Policy...

#### Model of Nursing Care Work Group

- ▶ Ginette Rodger • [grodger@ottawahospital.on.ca](mailto:grodger@ottawahospital.on.ca)

#### Communication Work Group

- Co-Chairs:
- ▶ Valerie Wilkie • Ext. 16235
  - ▶ Susan Phillips • Ext. 12957

#### Nursing Quality Improvement Work Group

- Co-Chairs:
- ▶ Marlene Mackey • Ext. 16979
  - ▶ Susan Draper • Ext. 78440

#### Nursing Informatics Reflective Group

- Contact Person:
- ▶ Barbara Blair • Ext. 82497

#### Nursing Research Work Group

- Co-Chairs:
- ▶ Martine Leclerc • Ext. 16349
  - ▶ Sharon Brez • Ext. 13038

#### Nursing Policy, Procedure, Protocol Work Group

- Co-chairs:
- ▶ Alanna Keenan • Ext. 78971
  - ▶ Barbara Blair • Ext. 82157

#### Nursing Professional Practice Committee

- Chair:
- ▶ Ginette Rodger • Chief of Nursing • [grodger@ottawahospital.on.ca](mailto:grodger@ottawahospital.on.ca)

#### Nursing Week Work Group

- Co-chairs:
- ▶ Wendy Pearson • 731-1310
  - ▶ Ginette Rodger • [grodger@ottawahospital.on.ca](mailto:grodger@ottawahospital.on.ca)

#### ONA Local 83

- Contact:
- ▶ 722-9852 • [ottawahospitallocal83@sympatico.ca](mailto:ottawahospitallocal83@sympatico.ca)

#### Corporate Nursing Clinical Practice Committee

- Co-Chairs:
- ▶ Marlene Mackey • Ext. 16979
  - ▶ Sharon Coeyn • [scayen@ottawahospital.on.ca](mailto:scayen@ottawahospital.on.ca)

#### Recruitment, Retention, Recognition Work Groups

- Co-chairs:
- ▶ Cheryl-Anne Smith • Ext. 17894
  - ▶ Angie Cameron

#### Education Work Group

- Contact Person:
- ▶ Evelyn Kerr • Ext. 78439

#### Management Work Group

- Co-Chairs:
- ▶ Robin Morash • Ext. 14853
  - ▶ Linda Panther • 731-8192

#### Advanced Practice Nurse Work Group

- Co-Chairs:
- ▶ Cathy DeGrasse • Ext. 18759
  - ▶ Sharon Brez • Ext. 1303

## The Nursing Quality Improvement Work Group

# A Guiding Light for Excellence in Nursing Practice at TOH...



Promoting patient safety at TOH is a primary focus for the Nursing QI subgroup that is nearing completion of their work on the Corporate Fall Prevention Program. As falls are a major cause of injury in hospitals, this program has been designed to heighten staff awareness and implement multidimensional fall prevention interventions.

The program package includes the following: policy /procedure, decision tree, fall risk assessment tool,

patient handout, evaluation tool, staff education strategies and recommendations. All patients are to be offered universal fall prevention interventions and a Fall Risk Assessment Form is to be completed on all patients 65 years or older, or those deemed at risk. High-risk patients should receive additional interventions. It is hoped that this program will assist in reducing the frequency of falls and adverse patient outcomes.

## Nursing Research

### *Inquiring Minds at Work*

The Ottawa Hospital-Nursing Research Financial Support Awards

- ▶ Are you a Nurse at the Ottawa Hospital?
- ▶ Who has a research related project in mind?
- ▶ Do you need money to move this project forward?

Will this research contribute to or enhance nursing practice and quality of patient/family care at TOH?

The Nursing Professional Practice Department is offering awards up to \$1,000 from The Ottawa Hospital Nursing Research Fund for a:

- ▶ Proposal development
- ▶ Study/Implementation
- ▶ Dissemination of findings

Application form and guidelines available from:

- ▶ Nursing Education Department
- ▶ NPP Department
- ▶ Centre of Excellence
- ▶ Nursing Research Program Co-ordinator

Application Deadline: May 15 2002

Next application deadline: October 1st 2002

**Inquiring  
Minds  
at work**

## *Computing e-nursing @ TOH*

# The Nursing Informatics Reflective Group

This group continues to meet and discuss issues related to Information Technology and their association to nursing. At the last meeting, members of the committee discussed an excellent book entitled "Computers for Nursing: Informatics for the New Millennium" by Saba & McCormick. It offers a wealth of knowledge and is available on loan from the Library at the Riverside Campus.

## *The Nursing Week Work Group*

# Signalling Events for Nursing Week 2002

"Nurses always there for you – 24/7" is the theme selected for this week of celebrations. The dedicated and innovative colleagues who comprise this dynamic work group chose it. This group has also created an exciting program keeping some of the features appreciated in the past and adding a nostalgia day to complete the week. Watch for a Special Edition of *Nursing News*, which will herald the events for the week!

## Recruitment, Retention and Recognition Workgroup

# Seeking and Keeping Treasures

▶ The vacancy rate for Nursing positions at TOH hit a new low of 2.85% (ninety six) in January 2002

- From April to December 2001

there were 196 external hires

- 24% were casual, down from 31%

- 21% were full-time, up from 19%

- Full-time nursing positions increased to 44.2%, from 42.48% in the previous year

▶ Forty-one units responded to the Retention Survey conducted in the fall 2001.

- The top ten issues are currently being addressed.

- Recommendations are being updated for report in early spring.



## Add some panache to your CV!

The Nursing Professional Practice Communication Workgroup is seeking Volunteer Project Managers for the following positions:

### Internal Nursing Communication – Responsibilities:

- ▶ Recommend ways to improve corporate nursing communication
- ▶ Coordinate the Nursing Communication Network

### External Nursing Communication/Media Liaison – Responsibilities:

- ▶ Monitor Nursing Information in the media
- ▶ Identify strategies to follow up

### Communication Skills Development – Responsibilities:

- ▶ Identify educational needs/priorities re communication
- ▶ Network to encourage development of educational opportunities

### The Project Manager – General Responsibilities:

- ▶ Assemble and lead a project team
- ▶ Attend quarterly meetings of the NPP Communication Work Group

### Qualifications:

- ▶ R.N. or R.P.N.
- ▶ Desire to gain experience in project management

### Please apply in writing to:

Susan Phillips / Valerie Wilkie

C/O Nursing Professional Practice

Civic Campus – 1st Floor, Paterson Education Centre

## Profiling Advanced Practice Nurses

### Sharon Brez, RN, BScN, MA(Ed), CDE: Endocrinology and Metabolism



Within TOH, Sharon is responsible for integrating advanced clinical practice, research, education, consultation, and management skills to improve care and outcomes for individuals and families living with a variety of endocrine conditions. She provides both in and outpatient consultation services for all disciplines. At present, her energies are focused on the care of diabetics who face unique or challenging clinical problems and self-care needs. Sharon collaborates with Clinical Teams to develop new programs, policies, procedures or educational resources which support improved diabetes care, and assists in identifying program efficiencies. Current projects include working with L&D, Riverside PAU/SDCU and the Civic Campus

Orthopedic Program.

Utilizing and undertaking research is a key element of advanced practice nursing. Sharon co-chairs the Nursing Research Work Group and is a member of the Research Ethics Board. She has presented her research both nationally and internationally. She has also published in peer-reviewed professional journals.

Locally, Sharon teaches in the undergraduate, nurse practitioner and Masters nursing programs at the University of Ottawa. Regionally, she is actively involved in establishing the diabetes education program in Hawkesbury. Provincially, Sharon has participated as a member of the expert panel developing Diabetes Foot Care Best Practice Guidelines for RNAO and the Ontario MHLTC.

## From the Desk of the Chief of Nursing



**Ginette L. Rodger**  
*Chief, Nursing*

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**“We must  
reposition the  
profession for the  
years to come.”**

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As part of the \$26 million reductions at TOH, effective April 1, 2002 the Nursing Professional Practice Department will lose 30% of its staff. As this small team provides support to 3600 registered nurses and registered practical nurses, we have been revising and planning next year's activities in the hope that 2003 will bring additional support for all. There is no doubt that the NPP team remains committed to the vision you have given us: “Commitment to patient-centered care through nursing excellence.”

Over the last few months our main activities have been directed at planning the implementation of the Model of Clinical Nursing Practice. To all, thank you for your support, help, advice and questioning. This is the way that complex change unfolds in a healthy professional environment. Although change is not easy, we must reposition the profession for the years to come, within a new work environment that

will be driven by knowledge and a possible severe shortage of nursing professionals; we must learn from research and plan for the future. This is our challenge! As I write this news, I want to say a special thank you to the more than 90 nurses and other health professionals involved in the thirteen sub-groups, planning for a smooth implementation of this model. Beginning in April, we will roll out TOH Model progressively. If you and your colleagues are interested in being part of the initial roll-out or in discussing it with members of the Steering Group, please let us know.

*Dr. Ginette Lemire Rodger, RN*  
*Chief of Nursing*

# Putting the Pieces of the Puzzle Together

## *The Corporate Nursing Clinical Practice Committee (CNCPC)*

This dynamic committee meets monthly to discuss nursing issues at TOH. If your unit does not have a rep, please consider participating. The CNCPC demonstrates how nurses can make a difference in practice! The sub-committees of this work group have been very busy working to improve many aspects of clinical practice for nurses at TOH.

### **Patient/Family Centered Care**

- ▶ Working on the final mock up of the Patient Passport

### **Standardization of Policies, Procedures and Protocols**

- ▶ Received approval of the latex and ethical issues PPP
- ▶ Work is progressing on Trach Care
- ▶ Currently reviewing the feeding policy

### **Documentation/Legal Issues/Phone Advice/Nursing History**

- ▶ The nursing history form is very near completion
- ▶ Work is progressing on occupational exposure and confidentiality of identification of repeat violent offenders
- ▶ A documentation tool for the provision of telephone advice is currently being piloted

### **Multidisciplinary Team and Impacts on RN**

- ▶ Work continues on housekeeping issues
- ▶ The pharmacy Pyxis system is on hold for budgetary reasons

- ▶ OT and PT representatives will be invited to future meetings

### **After Hours – Role of Nurses/Cinderella Syndrome**

- ▶ Continuing to sort out portering and communication issues

### **Equipment Problems**

- ▶ Working on the linen issue
- ▶ Developing a list of who to contact for equipment problems

### **Violence / Abuse in the Workplace (from patients and co-workers)**

- ▶ The Violence Questionnaire is near completion and will be distributed soon

### **The Image of the Nurse (morale, attitude and dress code)**

- ▶ Developing a survey for feedback about morale, job satisfaction and uniform policy
- ▶ Motivational speakers and unit councils have improved morale on some wards
- ▶ Continuing with literature searches



## **Nursing News**

### **Editor:**

MICHELINE JAWORSKI  
R.N. B.A. B.ED.

### **Coordinator:**

DEBBIE FERRAR  
R.N. B.Sc.N.

The *Nursing News* is a quarterly corporate newsletter written by nurses for nurses at The Ottawa Hospital to:

- ▶ inform nurses of new programs and processes, upcoming events, and new trends in Nursing in regards to patient care, education and research
- ▶ recognize individual nurses or groups of nurses for specific accomplishments including quality improvement initiatives, research projects, educational achievements, publications as well as presentations at internal and external conferences
- ▶ promote camaraderie amongst nurses throughout The Ottawa Hospital
- ▶ provide a venue for feedback on issues as appropriate.

### **Future Nursing News Deadlines:**

#### **Submission:**

- ▶ April 19 for *Nursing News* June 7 Issue
- ▶ July 26 for *Nursing News* September 6 Issue

The Nursing Communication Work Group is seeking interested individuals as:

- ▶ **Editors**
- ▶ **Coordinator**
- ▶ **Campus Liaison Officer**

If you are interested, please contact:  
[dferrar@ottawahospital.on.ca](mailto:dferrar@ottawahospital.on.ca)

## **Organ and Tissue Donor Awareness Month will be upon us shortly...**

It is not enough to sign an Organ/Tissue Donor Card; you must also talk about your wishes with your loved ones. We should all know this, but, like so many unanswered questions concerning organ donation we don't. The Organ and Tissue Donation Program Coordinators offer information sessions for all Ottawa Hospital staff and community associations. They will speak to any size group and even provide evening sessions. If interested in booking a presentation, call or send an e-mail to:

*Lucie Forget or Eleanor Holmgren*  
*Organ/Tissue Donor Coordinators for TOH*

## Greetings from **Wendy**



**Wendy Nicklin**

*Civic Campus Operating Officer,  
Vice-President – Nursing*

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**“We will  
successfully  
implement our  
own model.”**

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Having spent over a year developing our Model of Clinical Nursing Practice, the time has arrived to move forward with implementation. This is an exciting and important phase of Nursing Professional Practice at The Ottawa Hospital. While change is stressful and challenging, the goal we are journeying towards has well documented proven benefits to patient care, the health care team, and to professional practice. Despite the fact that we may encounter bumps along the way, to maintain the status quo is not an option. It is critical that we position ourselves for the future with a model of nursing care which will truly increase our ability to retain our nurses (you) through enhanced autonomy and provision of an environment which is supportive and enabling for true professional practice. Involvement of our health care team colleagues throughout this course of action is integral to the success of this process. By working together, to develop and

put in place an implementation strategy that is sound, patient care will ultimately be improved.

I wish to personally thank all of the clinical nurses, nurse educators, clinical managers, advanced practice nurses, clinical directors and all other nursing colleagues who have given so much of their time, energy and expertise to this #1 priority. This implementation process is just beginning and our skills will truly be exercised as we roll out this model. I have every confidence that under the direction of Ginette Rodger we will successfully implement our own model. Over time, this process will prove invaluable in enhancing the quality of patient care as well as nursing job satisfaction and retention. This is a living example of true commitment to nursing professional practice. We are in this together and together we will move forward.

Thanks to all of you.

*Wendy Nicklin*

# The SMP Committee Instigates a Safety Initiative for IV Potassium Chloride...

TOH's Safe Medication Practices (SMP) Committee is a multidisciplinary group of healthcare professionals committed to ensuring a safe medication system for patients. This group identifies opportunities to improve the medication administration system in order to prevent errors. The SMP Committee has recommended the removal of all concentrated potassium chloride (KCl) vials from most patient care areas. This initiative is supported by strong recommendations from the Institute for Safe Medication Practices Canada. There are numerous reports in the literature of adverse drug events involving IV KCl concentrates, which have resulted in devastating consequences. As a result, TOH Pharmacy and Therapeutics Committee and the Medical Advisory Committee have approved this recommendation.

## Revisions:

- ▶ SPD will supply premixed litre infusions of KCl in various types of IV solutions.
- ▶ Premixed bags of infrequently used solutions will be available from Pharmacy and the night cupboard.
- ▶ Physician's orders for non-standard KCL solutions will automatically be replaced with the standard premixed concentrations by nursing staff .
- ▶ The IV rate ordered will not be changed by pharmacy or nursing.
- ▶ The SMP and the Pharmacy and Therapeutics Committee are currently developing a policy on maximum concentration of KCL for peripheral and central venous access as well as a maximum rate of infusion.
- ▶ A fact sheet about this patient safety initiative will be distributed.

*The Nursing Policy, Procedure, Protocol Work Group Update:*

## Three "Peas" in a Corporate Pod...



The NPPWG has approved seven more policies, procedures or protocols, bringing the total to eleven. These are being prepared for distribution to the Corporate Nursing PPP Manuals. Each clinical area will receive a paper copy. Electronic copies are available to all managers and educators through the Public Folders of the Outlook email system.

A formalized mechanism for practitioner feedback has been put in place for all draft procedures. A representative sample of nurses will be asked to complete the feedback form, indicating whether the procedure is clear, easy to follow and recommendations for approval.

## *Education Work Group Update*

# Committed to Lifelong Learning

Educators across all campuses are now trialling The Educators' Span of Coverage tool. The Corporate Nurse Educator Professional Development Day, which focused on creating the best educational environment for nursing staff, was informative and

stimulating. Creating a plan of action based on the themes arising from the day will be discussed at the next meeting. The Corporate Education Programs are continuing with very good attendance and have wonderful evaluations.

## Highlights

# The Ontario Nurses Association Newly Ratified Central Agreement

Submitted by Wendy Pearson RN

Local Co-ordinator / Bargaining Unit President ONA Local 83 – The Ottawa Hospital

- ▶ Nurses of Ontario will again be the best paid in Canada
  - Top salary for a FT nurse will be \$33.75/hr. by April 1, 2003
- ▶ There will be a nominal increase in premium rates effective April 2003
- ▶ Vacation Changes:
  - Six weeks vacation starting at 22 years rather than 23 years of service
  - Five days vacation added as a lump sum at the 30th and 35th anniversary date
- ▶ Benefit Changes:
  - Retiring FT time nurses will now have the option to buy their benefits from the employer
- Effective April 1, 2002 Vision Care will increase to \$200 every 24 months
- ▶ Other improvements:
  - Maternity leave (benefits and seniority)
  - Bereavement leave – grandparent of spouse added to previous provision with 1 day provision for aunts, uncles, nieces and nephews
  - Issues related to R&R were addressed with a modicum of success
- ▶ Disappointments:
  - Negotiation of paid professional leave days was designated to Local Contract deliberations

## Discharge Preparation Clinical Pathway Successful Pilot...

Developed by a multidisciplinary group to facilitate discharge preparation and documentation, this tool is introduced either by the admitting nurse as part of the admission assessment process or by the PAU nurse.

The pathway lists indicators that could delay discharge and gives the nurse authority to initiate non-medical consults as required. This pathway has been piloted at the Civic and General campuses on two surgical units, two medical units and one PAU, with positive results and reviews. Revisions based on feedback are complete and it is now ready for further piloting. We anticipate dissemination to other in-patient units later this spring.

**Questions: contact: Donna Leafloor (16151).**

## NPPC: Creating Support for a Professional Practice Environment Nursing Professional Practice Committee Update

The Co-Chairs of the 12 Work Groups reported on progress made and all expressed the need to review their strategic plan for the next year. In light of the reduced resources in Nursing Professional Practice, adjustments need to be made as to what can be reasonably accomplished every three months. These alterations should not curtail our commitment to the Nursing Vision.



## Summary

# The Patient Restraints Minimization Act – Bill 85 – Passed in June 2001

This legislation will change the way health care providers use restraints on patients:

- ▶ Bill 85 ensures patient autonomy.
- ▶ Whenever possible, alternatives to restraints should be tried.
- ▶ Includes obtaining mandatory consent from either the patient or their substitute decision-maker prior to using restraints.
- ▶ For the first time, patients will be able to refuse restraints altogether.

The Nursing Quality Work Group is nearing completion of a Corporate Multidisciplinary Least Restraint Program. It is to be followed for all patients except Mental Health Patients who follow the Mental Health Act 1996. This program emphasizes personal autonomy and quality of life. It defines physical, chemical and environmental restraints that can be used when a patient is at risk of causing bodily harm to themselves or to others.

Corporate Multidisciplinary Least Restraint Program Policy:

- ▶ Senior staff supports front line health care workers in a least restraint environment.
- ▶ All appropriate alternatives are to be explored before a restraint is to be used.
- ▶ In the event that alternatives have not been successful in eliminating or reducing risk factors, the least restrictive type of restraint is to be used as a last resort and the restraint will be applied for the shortest period of time.
- ▶ Changes to “ordering” practices with physical restraints include no PRN orders.
- ▶ If a restraint is required, it needs to be ordered specific to type and duration.
- ▶ A physician or registered nurse can order a restraint – exception: 4 or 5 point restraint where a physician must order
- ▶ Non-approved restraints are to be converted to approved ones.
- ▶ Jacket and home-made restraints are not on the approved product list.

## Thought Provoking Quote:

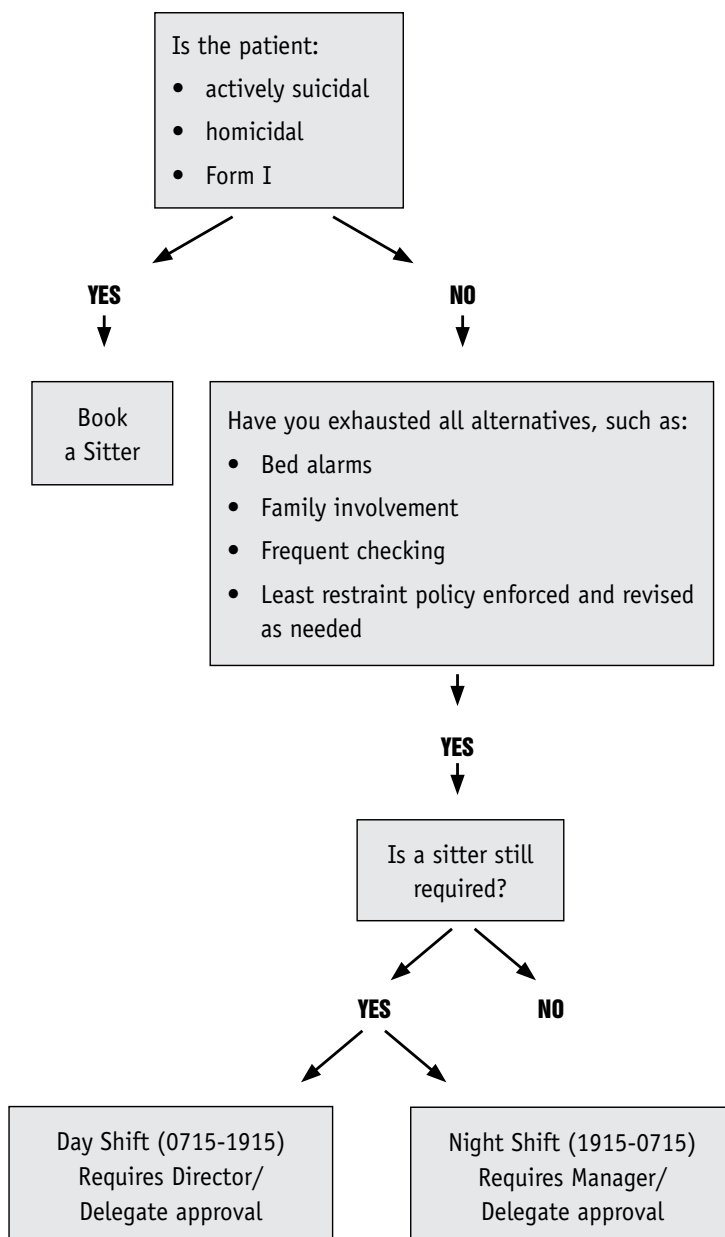
“We are continually faced by great opportunities brilliantly disguised as insoluble problems.”

*(author unknown)*

# Decision-Tree for Use of Sitters

Patients must first meet the following criteria in order to be considered for a sitter:

- their behaviour is out of control – i.e. increased motor activity; impulsive with lack of judgement; inability to tolerate environmental stimuli; faulty sense of reality resulting in hitting out or running away.
- they are at risk for injury – i.e. unsteady gait as well as cognitive deficit resulting in inability to understand or remember instructions; agitation, pulling at lines.



## Explanation of the New Corporate Sitter Policy...

As part of The Ottawa Hospital's objective to reduce its operating deficit, Senior Management requested that the use of sitters be examined. In 2000–2001, the hospital paid 106,404 hours for sitters with a resulting cost of \$1,436,454.00. It was projected that these hours would increase over the next fiscal year if measures were not taken to curb usage. After consultation with managers and direct care providers, it was realized that the hospital couldn't entirely eliminate the use of sitters but there were opportunities to increase efficiencies. As a result, a decision tree has been created that clarifies the appropriate assignment of sitters to a patient. From 0700–1900, sitters will no longer be funded unless approved by the responsible Clinical Director or delegate. This does not include psychiatric patients who may be a danger to themselves or others because of their condition. The decision tree has been approved by MAC and Senior Management and is currently being utilized on the units. Our thanks are extended to all staff and managers who are making this new initiative successful.

**For any questions please contact: Maureen Taylor-Greenly, Clinical Director, Medicine, 78687.**