

Project Name: Staffing Transition in Residential Care Project ID: 1025		Approved By: <hr/>
Project Sponsor: Betty Ann Busse	Project Managers: Wendy Carmichael / Bev Holman	Approved Date: August 19, 2002

Business Goals and Objectives

- Introduce a staffing mix model in Fraser Valley residential facilities which relies on minimal but adequate RN presence while expanding the use of LPN's qualified to practice at Full Scope for cost savings of --

By April 1, 2003:	\$ 320,000
By April 1, 2004:	\$ 320,000
By April 1, 2005:	\$ 318,645
Total:	\$ 958,645

Outcome Measurement Plan – Indicator

- 1) **Change in staff mix maintains quality of care** as evidenced by no significant increase in:

- Medication errors
- Aggressive resident behaviors
- Resident falls with injury
- Nosocomial infection rate
- Skin breakdown.

How Indicator will be measured – These indicators will be measured by routine collection of information at each project site by Infection Control Nurses and by routine completion of the ENCON Reports.

- 2) **Full utilization of each professional's competencies** as evidenced by:

- Opportunity to fully use skills and abilities
- Self-fulfillment in the job
- Ability to establish and maintain therapeutic nurse-patient relationships
- Increased control over scope of practice and work place.

How Indicator will be measured – Measurement tools to be determined in collaboration with Learning and Development.

- 3) **Change in staff mix allows for ongoing, excellence in provision of care in resident-centered environments** as evidenced by resident/family satisfaction in the following areas:

- Involvement in planning of care
- Having providers who do not treat them as an inconvenience, but show a personal interest in them and treat them fairly
- Seeing predictably dependable, consistent, and accurate performance
- Getting timely responses with problem resolution
- Reduced number of general complaints.

How Indicator will be measured – A mix of measurement tools is under consideration, including Focus Groups, satisfaction surveys, and reports of complaints received by Facilities. Tools to be determined in collaboration with Managers, Directors, Client Representative and Communications.

Project Objectives

- Create and implement plan for staffing transition at Mission ECU, MSA ECU, Fraser Hope Lodge, Chilliwack ECU and Heritage Village (467 residents)
- Develop a communication plan as basis for positive engagement of staff
- Right staff in place to assure cost-effective and safe resident care
- Commit \$ 958,645 to the FHA Recovery Plan by fiscal year 2005/06.

Constraints, Assumptions, Critical Success Factors, key things this project will not deliver

Constraints:

- Approximately 60 FTE of LPN qualified to practice at Full Scope are required for the 5 sites committed to this project. There is no immediate source for obtaining these personnel from within present resources.
- Competing demands for LPN within FHA and all other Health Authorities in BC.
- Attrition rate of RNs will not facilitate conversion of FTE to LPN's within the required timeframe. Displacement of RNs will likely be required.

Assumptions:

- This significant shift in staffing requires support and buy-in from employees at all levels.
- Effective and safe introduction of this model of staffing requires a period of transition of up to three years to allow for retention of skilled/experienced staff as well as investment of education in current employees suitable to upgrade to LPN Full Scope of Practice.
- Residents, families, staff, advocates, unions and the media will scrutinize the process.
- Employees (not displaced) may be lost to other employment opportunities during this process.

Critical Success Factors:

- Project Management – Joint leadership at Director level plus site leadership by the manager of each residential facility involved.
- FHA Communications – dedicated support for external/internal communications involving a variety of modalities
- Internal Communications Strategies – establishment of strategies to support, counsel, educate and follow-up with staff, their union representative and residents and their families.
- FHA Residential Facility Managers will follow consistent leadership approaches based on The Theory for Change Management
- Human Resources support from each of the following areas:
 - Recruitment and Workforce Planning
 - Labour relations e.g. displacements, application of Bill 29, adherence to contracts, and facilitating opportunities for employees within FHA.
 - Classification and Benefits
 - Learning and Development
 - Workplace Safety and Wellness
- 60 LPN's capable of practicing at full scope competencies in place by April 1st, 2005
- Financial resources available to maintain adequate number of nurses capable of ensuring quality resident care and safety. Need resources for 24 hour/day RN coverage in each care setting (initial budget deficit recovery savings did not allow for this requirement). RNs roles include assessment and monitoring of changing status of residents, lead in development of the care plan and determine residents' need for more complex health care¹. LPNs are not licensed to provide care to medically unstable residents².
- Adequate number of "nurses" (RN/LPN) who are capable of functioning as leaders for direct care team in order to provide safe resident care and minimize risk management and liability issues.

¹ RNABC July 2002, Registered Nurses Working in a Licensed Practical Nurse Role

² CLPNBC October 1999, Appropriate Utilization of Licensed Practical Nurses

Key Things This Project Will Not Deliver:

- Will not address changes to the philosophical approach or environment in which care will be provided.

<u>Risk</u>	<u>Strategy</u>	<u>Contingency</u>
Inadequate availability of LPNs capable of practicing at full scope.	External recruitment. Develop project over 3 years instead of 2.	National & International
Feasibility of acquiring LPN resources within identified timeframe	Upgrading/education for current FHA LPNs to full scope.	Offer funding to educational institutions to increase LPN spaces.
Escalation of negative responses from staff, unions, residents and their families	Provide individual ongoing support. Foster Open Door approach. Proactive communication with key stakeholders.	Communicate, consult, seek involvement and buy-in to support changes by stakeholders.
Potential changes to Labour Code and Employment Standards Act will affect HR procedures.	When available, review the language and content changes, and develop strategies as appropriate, in liaison with HEABC.	To be developed by Human Resources.
Adequate financial resources available to support educational programs/upgrades for FHA LPNs.	In conjunction with other programs negotiate best pricing for required education programs.	Hire only LPNs who have education and experience to practice at Full Scope within residential care context.
Salary adjustments for LPNs will be greater than those for RNs thus reducing anticipated savings.	Monitor salary adjustments for LPNs versus RNs and identify potential shortfall in savings.	Reduce staffing levels or available residential care beds.

Workplan

Activity	Key Considerations	Responsible	Estimated Completion Date
Identify the attainable financial targets and assign to cost centres.	Key Stakeholders – Finance. Review methodology for FTE costing and allocation of expected savings.	Wendy Carmichael Bev Holman Len Mitchell	End of August
Liaise with other program providers in FHA who are considering utilization of LPNs	Key Stakeholders – Directors of other direct care portfolios	Wendy Carmichael Bev Holman Cora McRae	End of August
Establish Project Management Team	Key Stakeholders – Resident Care Directors and Managers for facilities within project scope, Human Resources (Recruitment/Workplace Planning and Learning/Development). Ad Hoc members - Communications, Quality Improvement/Risk Management and Finance. Identify meeting frequency.	Wendy Carmichael Bev Holman	Mid September
Develop Change Management approach	Key Stakeholders - Resident Care Managers and direct care staff	Wendy Carmichael Bev Holman	End of September
Establish Communications Internal Plan	Key Stakeholders – staff, physicians, residents and their families, and union representatives.	Helen Carkner	End of September
Establish Human Resources Plan <ul style="list-style-type: none"> Rotation Development Recruitment/Workplace Learning/Development Labour Relations Compensation/Benefits Workplace Safety/Wellness 	Key Stakeholders – staff and local and Head Office union representatives. <ul style="list-style-type: none"> Recruitment of Full Scope LPN Development of education plan for LPNs currently employed in FHA and liaise with educational institutions Interpret Collective Agreements and Bill 29 Develop Job Descriptions and advise on compensation issues Support managers and staff with impact of changes 	Human Resource Directors	Mid October Mid October
Identify Reporting Requirements	Key Stakeholders – Finance, Human Resources, Quality Improvement and Risk Management. Incorporate reporting requirements into existing reports to avoid duplication. Utilize existing quality care measurements to monitor resident care.	Finance representative Human Resource representatives QI/Risk Management representatives	Mid October

Key Supports

Support	Contact	Resource Impact
Finance	Len Mitchell	Medium
Human Resources: Recruitment & Workforce Planning Labour Relations Classification and Benefits Learning & Development Workplace Safety & Wellness	Lois Felkar Shelagh Fitzgerald Glen Marcus Gabriele Cuff Dave Keen	High High High High High
Communications	Helen Carkner	Low
Information Analysis QI Risk Management	Cathy Weir Paula Rosser	Medium Low
Technology	TBD	
Facilities	TBD	

Organizational Reach/Impact

Area	Impact	Scale of Impact	Key contact
Access to residential care beds	LPNs, practising at Full Scope, do not have advanced practice skills (ie trach care), This would preclude admissions to facilities until advanced education could be provided (LPNs do not have equivalent competencies as RNs)	Low	Freda Betz Martin
Acute/Subacute/Home Support/Preplacement/Assisted Living	All areas competing for limited LPN resource, education seats and support from Learning and Development portfolio.	High	Site Administrators/ Program Directors

Value Assessment

One-time Project Costs	New Operational Costs	Total Effort (low; medium; high)	Probability of Success	Annual Financial Return