



**HOME CARE NURSING HEALTH HUMAN RESOURCES: BUILDING AND
SUSTAINING A QUALITY NURSING WORKFORCE IN HOME AND COMMUNITY
CARE**

**PROGRESS REPORT
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Diane Doran, RN, PhD, FCAHS
Professor, Scientific Director
Nursing Health Services Research Unit
University of Toronto
Lawrence S. Bloomberg Faculty of Nursing

Dan Laporte, Research Manager, NHSRU
Sang Nahm, Data Analyst, NHSRU
Laureen Hayes, Research Officer, NHSRU
Roshan Khan, Research Officer, NHSRU



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EXECUTIVE SUMMARY

Ontario faces enormous health care challenges driven by realities that include: a shortage of nurses, an aging workforce, issues in inter-professional care, advancing technologies, increasing patient complexity, and a need for chronic-disease management. Underlying all of this is a recognized concern about the available supply of the nursing workforce and projected shortages of Registered Nurses in Canada of almost 60,000 full-time equivalents (FTEs) by 2022 (Tomblin Murphy, 2009). Effective strategies are needed to address the impending nursing shortage, particularly in sectors such as home care and Long-Term Care (LTC), where demand for health care is expected to increase and where disparities in nursing services supply and demand have been the most glaring. Furthermore, new possibilities in service delivery are being created, through the Ontario provincial government's Aging at Home (AAH) strategy (MOHLTC, 2009), which emphasize community-based partnerships and an integrated continuum of services. Researchers, home care nurses, nurse leaders and policy makers need to work together to generate the evidence required to support the goals of effective chronic disease management and improved outcomes for Ontario's diverse population.

This study was designed to generate evidence about effective strategies for recruiting and retaining home care nurses and sustaining home care nursing capacity, in order to meet the health needs of Ontario's diverse population. It is the researchers' intention that the findings of this study will assist with creating solutions for attracting nurses to under-resourced areas by improving the prospects for rewarding, long term employment for home care nurses through the creation of policy change. A second goal of this applied research project is to inform policy decisions, through valid research, about effective strategies for optimizing the utilization of RNs and RPNs in community practice settings.

The primary objectives of the study currently underway at the Nursing Health Services Research Unit (NHSRU) are to:

1. Determine how decisions, on the utilization and allocation of Registered Nurses (RNs) and Registered Practical Nurses (RPNs), are currently being made in Ontario home care provider agencies; investigate the feasibility of, and provide input into, the development of an RN/RPN Utilization Toolkit for the home care sector.
2. Compile a detailed demographic profile of nurses working in the home care sector and identify areas of concern/strength related to current trends in the home care nursing workforce.
3. Evaluate the unique challenges of attracting and retaining early, mid and late career nurses to the home care sector and describe factors or policy initiatives that may be instrumental in attracting new graduates to community nursing as an employment choice.

To date, researchers have completed a detailed demography of visiting home care nurses working in Ontario, and are in the process of administering surveys to a stratified sample of 900 early, mid and late career nurses in this sector. Concurrent with the survey administration, interviews with a sample of home care (HC) decision makers are being conducted by NHSRU

staff. Interview questions have been developed to address issues associated with the allocation and utilization of RN/RPNs in Ontario's home care settings.

Key Messages

Employment trend. Preliminary analysis of the College of Nurses of Ontario (CNO) registration data for the years 2005-2009 shows that the total number of visiting HC nurses in Ontario experienced a slight increase over the 2005-2007 period; however more recent registration data suggest that this trend has reversed in the years 2008 and 2009, with each of these years showing a net loss in the number of visiting nurses compared to the previous year (the total number of visiting HC nurses in 2007=4,755, 2008=4,693, and 2009=4,645). This latter trend is in contrast to the Ontario's overall nursing workforce, which showed consistent year-over-year increases in the total number of nurses working in Ontario during the 2005-2009 periods.

Demographics and workforce composition. Concern has been expressed about the aging nursing workforce, both locally within Ontario and globally. The CNO registration data compiled for this report shows that this trend is clearly evident among Ontario's visiting HC nurses, with approximately 30% of Ontario's visiting nurses aged 55 years old or older. Among Ontario's visiting nurses, there was a greater number of RNs compared to RPNs (61% and 39% respectively). It may be important to note, however, that the proportion of RPNs working as visiting nurses in home care is substantially greater than the proportion of RPNs in Ontario's overall nursing workforce (39% of visiting nurses are RPNs, whereas 23% of Ontario overall nursing workforce are RPNs).

Education. In 2009, approximately one half (49%) of visiting nurses in Ontario indicated that the highest level of education they had obtained was an RN Diploma. In terms of proportion, this was followed by RPN certificate (25%), RPN Diploma (14%), and RN Degree (11%). Very few visiting nurses indicated that they had obtained advanced certifications or degrees (0.1% indicated RN(EC), 0.3% indicated they had obtained a Masters Degree or higher).

RN/RPN Utilization. Pilot interviews reveal that nurse leaders and HC decision makers make RN/RPN utilization decisions primarily on the basis of matching a nurse's skill set to the complexity of the client's needs. Unlike other sectors, HC also has unique factors that contribute to utilization decisions, such as factors related to geography and home environment/client-family support. All decision makers interviewed for the current report indicated obstacles to optimizing RN/RPN utilization as a result of the current managed competition model of home care funding. Multi-year contracts with Community Care Access Centres (CCACs) do not provide HC provider agencies with the flexibility to adjust the skill-mix of their nursing staff in response to rising needs of their client population.

Recommendations

The following are the preliminary recommendations based on the early study findings.

1. Implement recruitment and retention initiatives in the home care sector for new graduates. Ontario's aging nursing workforce is an identified concern for Ontario's future healthcare needs across all sectors, but the proportion of visiting nurses in Ontario approaching the age of the retirement is even greater than that in Ontario's overall nursing workforce.
2. Provide funding or support incentives for RN/RPN skills training/advanced practice certification. The majority of nurses working in the home care sector indicated that their highest level of nursing education was an RN diploma or RPN certificate. With a rising complexity of home care clients' care needs/treatment, and Ontario's investment in the Aging at Home Strategy, a skilled nursing workforce is needed to ensure the population's health care needs are met.
3. Evaluate the current funding model for home care provider agencies. The managed competition model may not provide agencies with the ability to ensure appropriate RN/RPN utilization, due to an inability to allocate additional funding or resources to address the growing needs of their client population.

INTRODUCTION

Background

An increasing amount of health care resources is devoted to chronic conditions and delivered in settings outside of acute care hospitals, such as home care (HC) and private office settings such as physicians' offices or family practice units. In many instances, these treatment settings form an important bridge between acute care received in hospital and a patient's ultimate recovery or ability to return to a more independent level of functioning. An important factor contributing to patient recovery is the appropriate utilization of nursing resources. While the relationship between nurse utilization patterns and patient outcomes has been well-documented in acute care settings (Aiken et al., 2007; McGillis Hall et al., 2003; Tourangeau et al., 2007), only limited data are available about nurse utilization patterns and outcomes in home care settings, and even less is known about nurse utilization and outcomes in chronic disease populations.

Ontario faces enormous health care challenges driven by realities that include: a shortage of nurses, an aging workforce, issues in inter-professional care, advancing technologies, aging population, increasing patient complexity, and the need for chronic-disease management. Underlying all of this is a recognized concern about the available supply of the nursing workforce and projected shortages of RNs in Canada to almost 60,000 full-time equivalents (FTEs) by 2022 (Tomblin Murphy, 2009). Effective strategies are needed to address the impending nursing shortage, and particularly in sectors such as HC and LTC, where demand for health care is expected to increase and where disparities in nursing supply have been the greatest. Furthermore, new possibilities in service delivery are being created, through the Ontario provincial government's Aging at Home (AAH) strategy (MOHLTC, 2009), which emphasize community-based partnerships and an integrated continuum of services. Researchers, home care nurses, nurse leaders and policy makers need to work together to generate the evidence required to support the goals of effective chronic disease management and improved outcomes for Ontario's diverse population.

Study Purpose and Objectives

The purpose of this applied research study is to generate evidence about effective strategies for recruiting, retaining, and sustaining home care nursing capacity to meet the health needs of Ontario's diverse population, create solutions for attracting nurses to under-resourced areas, and guarantee rewarding, long term employment for home care nurses through the creation of policy change.

This research project in home care nursing will inform policy decisions, through valid research, about effective strategies for attracting, retaining, and optimizing the utilization of RNs and RPNs in community practice settings. The research will generate information on priority issues, identified by both the Ministry of Health and Long-Term Care and the nursing profession, with a particular emphasis on recommendations for optimizing RN/RPN utilization to ensure

appropriate levels of care and improve efficiency of health care delivery and the continued development of healthy work environments specific to home care nurses.

Study Objectives

Project 1

1. Provide a detailed demography of the nursing workforce in community practice settings;
2. Evaluate the current models of service delivery/skill mix for RNs and RPNs working in the home care sector; describe current criteria home care provider agencies utilize when determining RN or RPN skill mix for specific client populations.
3. Determine appropriate model/decision parameters for determining the allocation of RN and RPN services for chronic home care clients

Project 2

1. Describe the unique needs of new graduate nurses entering the HC sector and the challenges of implementing initiatives to address their needs.
2. Assess which factors or policy initiatives may be instrumental in attracting new graduates to community nursing as an employment choice.
3. Determine the unique needs of mid and late career nurses working in Home Health Care and describe the challenges of implementing initiatives to address these needs.

Methods

The NHSRU Home Care Nursing Human Resources Project applies a mixed-methods approach to data collection and analysis, which consists of detailed statistical analysis.

The study's full objectives and detailed methodologies are described in the table below.

Objective – Project 1	Methodology
1. Determine the demography of the nursing workforce in community practice settings.	The College of Nurses of Ontario registration databases will be utilized to create a profile of nurses working in community practice settings and to examine the change in trends in workforce over time. Particular attention will be paid to the 2009-2010 registration years to coincide with the introduction of the Aging at Home Strategy.
2. Understand the current models of service delivery/skill mix for RNs/RPNs working in the home care sector; determine the criteria home care provider agencies utilize when determining RN/RPN skill mix for specific client populations	Resident Assessment Instrument-Home Care (RAI-HC) Reporting System and the Ontario Home Care Administrative System (OHCAS) databases will provide the researchers with accurate data required to determine nurse utilization, the extent to which the client health characteristics and the client needs/acuity index influence nurse utilization (RN and RPN) and client outcomes. Analyses will include both descriptive analysis (e.g., proportion of client needs/acuity by nursing hours) and predictive modeling (e.g., Hierarchical Linear Modeling). Statistical modeling will be supplemented with qualitative analysis of nurse leader and decision maker interviews that

	will explore current practices for determining nurse utilization in Ontario home care organizations.
3. Explore and develop appropriate model/ decision parameters for determining the allocation of RN or RPN services for chronic home care clients	Findings from descriptive data and predictive modeling will be summarized and presented to key health policy and home care decision makers for feedback on criteria that should be considered in the allocation of RN/RPN services for chronic home care clients. The criteria generated through the empirical analysis will be reviewed for relevance, feasibility, and applicability. Policy makers and home care decision makers will be invited to suggest revisions to the criteria. Where data exist, the revised criteria will be incorporated into a second set of modeling analysis to determine the extent to which the criteria are useful for predicting RN/RPN utilization and length of service delivery.
Objective – Project 2	Methodology
<p>1. Identify the unique needs of new graduate nurses entering the home health care sector and challenges associated with addressing their needs.</p> <p>2. Explore the unique needs of mid and late career nurses working in HC and the challenges of implementing initiatives to address these needs.</p> <p>3. Describe factors and policy initiatives that will successfully attract new graduates to community nursing as employment of choice.</p>	<p>A random sample of approximately 36 frontline nurses, representing RNs and RPNs will be recruited to participate in the semi-structured interviews. Equal numbers of RN and RPNs will be recruited to participate in the interviews. The sample will be stratified by career stage, with the goal of acquiring a third early career nurses, a third mid career nurses and a third late career nurses. Interview questions will explore nurses’ experience of strategies or policy initiatives that were successful in improving the quality of their work-life and enhancing recruitment and retention. Participants will also be asked to comment on challenges to recruitment and factors that undermine quality work environments and how such factors could be satisfactorily addressed.</p> <p>A sample of 5-10 home care leaders/decision makers will be invited to participate in a set of interviews, exploring their experience of strategies and policy initiatives that were successful in improving the quality of nurses’ work life, and in enhancing recruitment and retention. They will be asked to identify initiatives that they believe would strengthen their efforts to attract and retain nurses in community nursing.</p> <p>Nurses and home care leaders will be invited to participate in a second semi-structured interview, for the purpose of exploring their views on the implications of the survey findings for policy and management practice. They will be asked to comment on priorities for policy and practice change, and to identify facilitators and/or inhibitors of accomplishing these changes.</p>

Preliminary Findings

CNO Registration Database – Descriptive Analysis

The following sections describe the result of the preliminary analysis of CNO registration data for visiting nurses working in Ontario over the years 2005-2009. Visiting nurses were included for analysis if they met the following criteria:

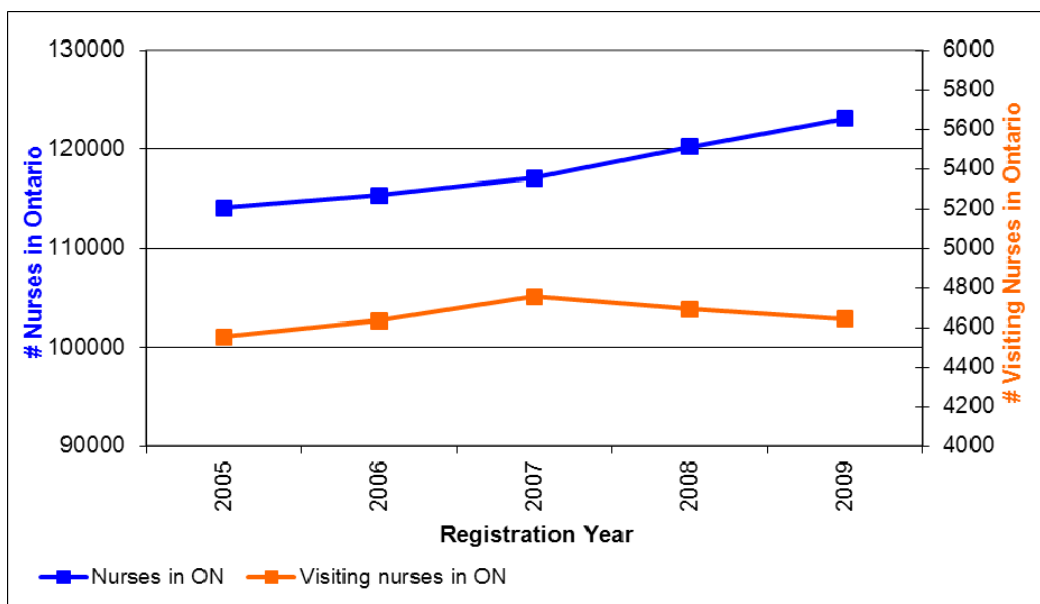
- employed in nursing either in Ontario or in and out of Ontario.
- employment position is visiting nurse.

Inclusion criteria for the comparison group for the overall Ontario nursing workforce included:

- employed in nursing either in Ontario or in and out of Ontario.
- employers included Acute Care Hospital, Long Term Care facility, Family Practice Setting, Public Health, Psychiatric Hospitals/Addiction Centres, Industry, School, and Self-Employed.
- employment positions included staff nurses, Advanced Practice Nurses (APNs), Nurse Practitioners (NPs), infection control nurses, nurse managers, occupational health nurses, office nurses, outpost nurses, public health nurses, and consultants.

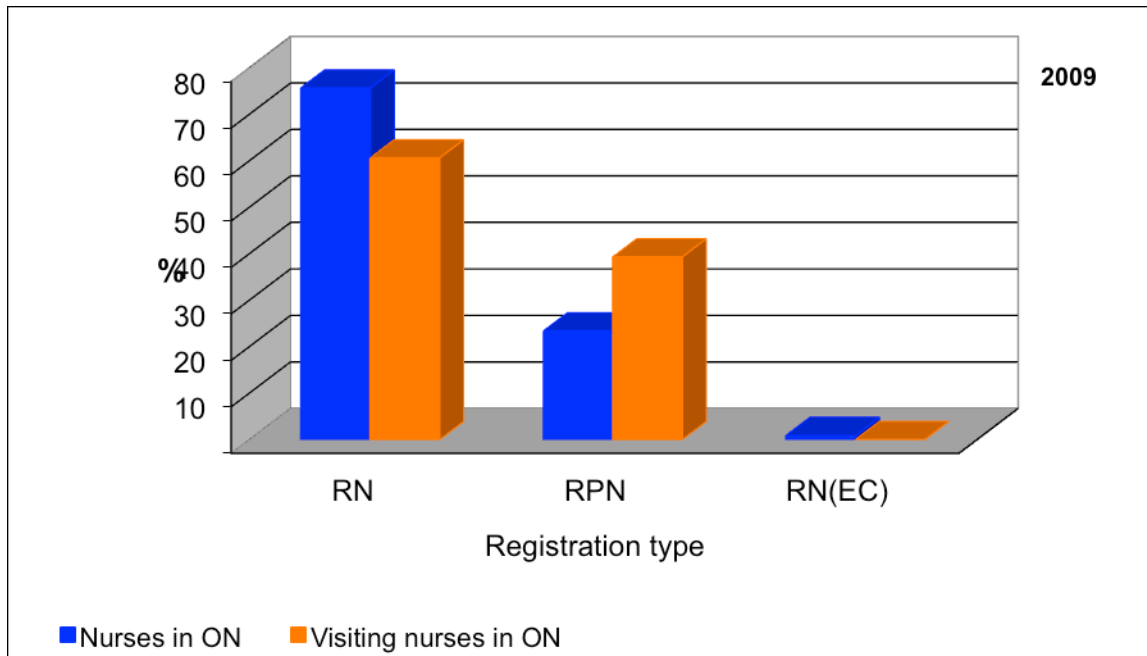
During the 2009 registration year, there were a total of 4,645 visiting nurses and 123,091 nurses in Ontario's overall nursing workforce (working both in and outside of Ontario).

Figure 1. Number of Visiting Nurses compared to the number of overall nurses working in Ontario (2005-2009)



CNO registration data for the years 2005-2009 shows that the total number of visiting HC nurses in Ontario experienced a slight increase over the 2005-2007 period; however more recent registration data suggest that this trend has reversed in the years 2008 and 2009, with each of these years showing a net loss in the number of visiting nurses compared to the previous year (the total number of visiting HC nurses in 2007=4,755, 2008=4,693, and 2009=4,645). This latter trend is in contrast to Ontario’s overall nursing workforce, which showed consistent year-over-year increases in the total number of nurses working in Ontario during the 2005-2009 periods.

Figure 2. Visiting Nurse registration type compared to Ontario’s overall nursing workforce (2009)



In 2009, approximately 61% of the visiting nurses registered in Ontario were RNs, and 39% of visiting nurses were RPNs. These figures varied somewhat from the rest of Ontario’s nursing population, which had a slightly higher proportion of RNs (approximately 76%) and a comparatively smaller proportion of RPNs (23%). These differences are partly explained by the fact that the largest proportion of nurses in the Ontario workforce are employed in acute care settings which rely more heavily on RN staffing. The 2009 CNO registration database also revealed that while there were 1,120 nurses registered as a Registered Nurse - Extended Class (RNEC) among Ontario’s non-visiting nurses (0.09% of the population), there was only 1 visiting nurse in Ontario registered as a RNEC.

Figure 3a. Highest level of nursing education obtained for Visiting Nurses compared to Ontario’s overall nursing workforce - RPNs (2009)

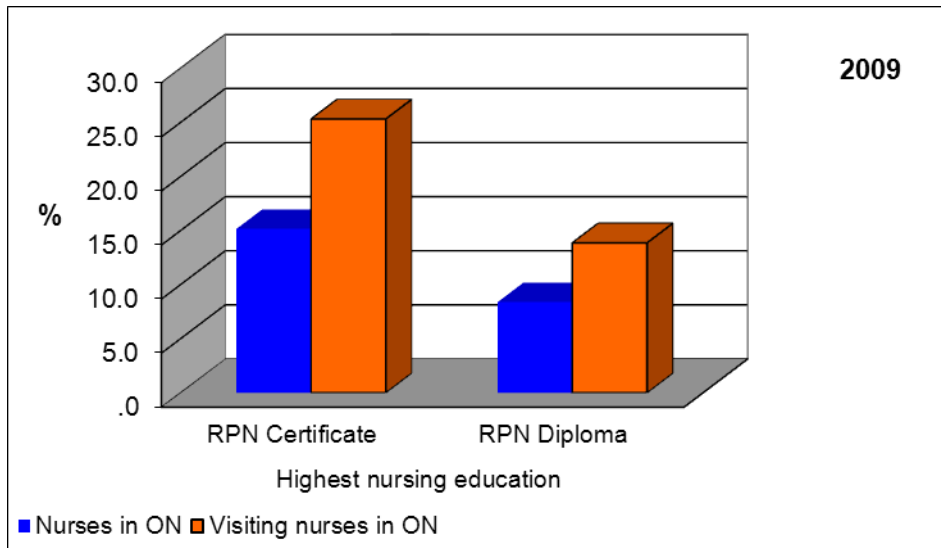
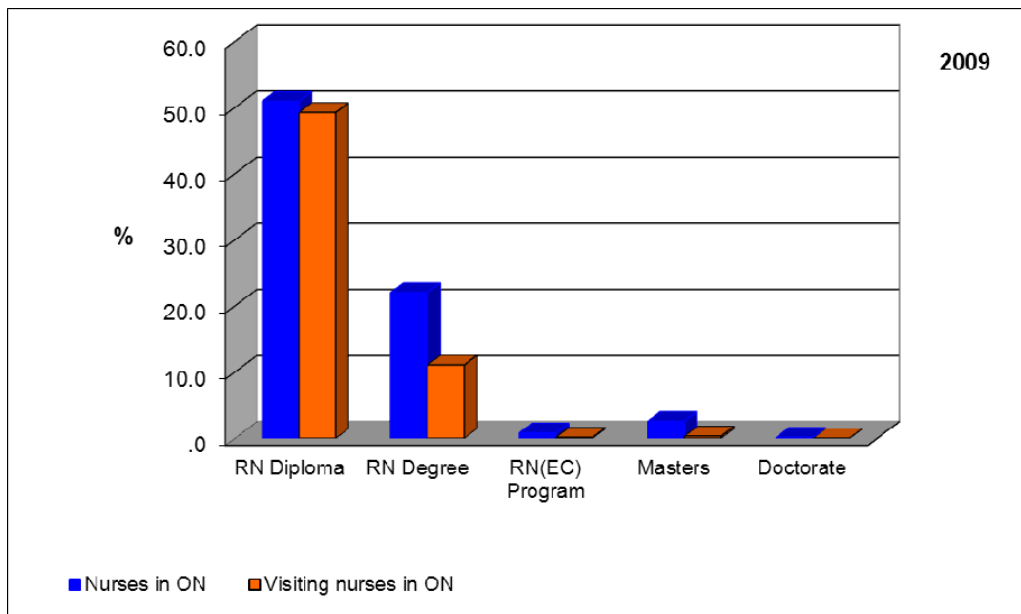


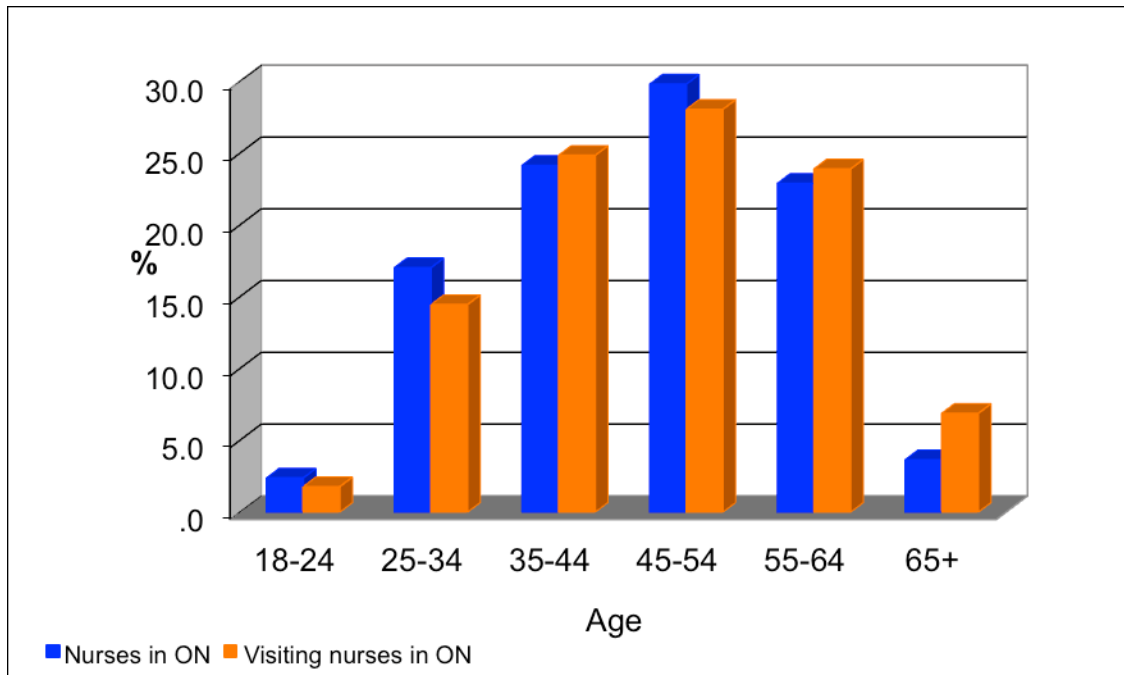
Figure 3b. Highest level of nursing education obtained for Visiting Nurses compared to Ontario’s overall nursing workforce - RNs (2009)



Consistent with Ontario’s overall nursing population, in 2009 approximately 50% of all home care visiting nurses working in Ontario indicated that their highest level of nursing education was a RN Diploma (Figure 3b). Compared to the rest of Ontario’s nurses, a slightly higher proportion of visiting nurses reported that they had earned either a RPN certificate or RPN diploma as their highest level of nursing education (Figure 3a). Analysis of the education levels

of Ontario nurses also revealed that visiting nurses were less likely to have attained a Bachelor of Science Nursing (BScN) degree, RN(EC)/Nurse Practitioner status, Masters degrees or higher education when compared to Ontario’s overall nursing workforce (Figure 3b).

Figure 4. Age of visiting nurses compared to Ontario’s overall nursing workforce (2009)



In the 2009 CNO Registration Database, nurses aged 45-54 years old comprise the largest proportion of the workforce, both in visiting nurses and Ontario’s overall nursing workforce (approximately 30% each). Analyses revealed a slightly higher proportion of nurses aged 55 and older and 35-44 years old, among visiting nurses when compared to the rest of Ontario’s nursing workforce (see Figures 4, 5 and 6). A slight age disparity was also revealed between the visiting nurse and non-visiting nurse groups, with a slightly lower proportion of nurses aged 18-34 employed as visiting nurses compared to the other group. Chi-square analysis indicates that the difference between Ontario’s visiting nurses and non-visiting nurses in the distribution of age groups is statistically significantly different (chi-square p-value = 0.0001). On average, the visiting nurses were about 1.5 years older compared to overall nurses employed in Ontario (47.3 vs 45.9 years of age, respectively).

Figure 5. Visiting Nurses compared to Ontario’s overall nursing workforce by age category – Early Career (2005-2009)

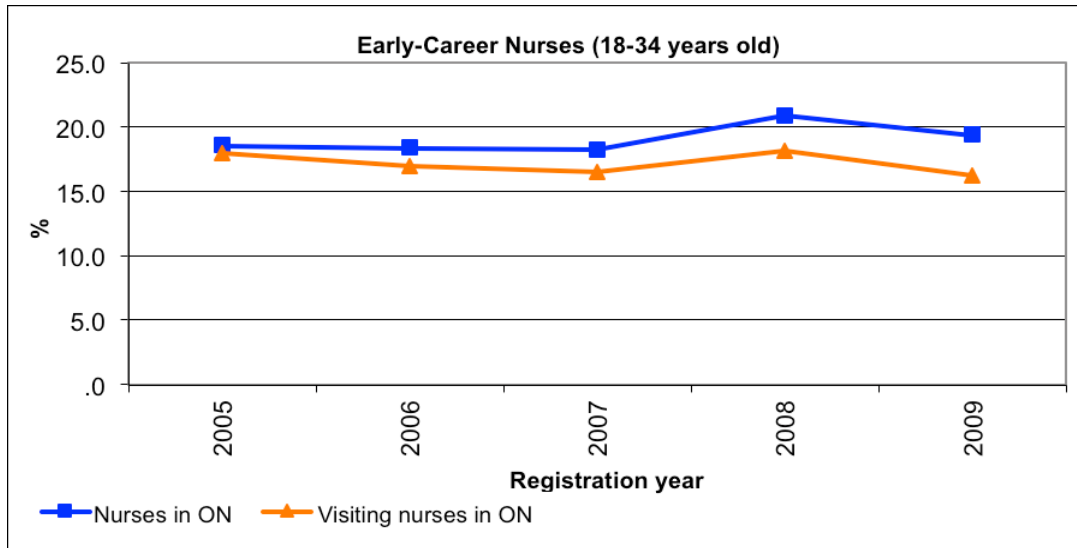


Figure 6. Visiting Nurses compared to Ontario’s overall nursing workforce by age category – Mid Career (2005-2009)

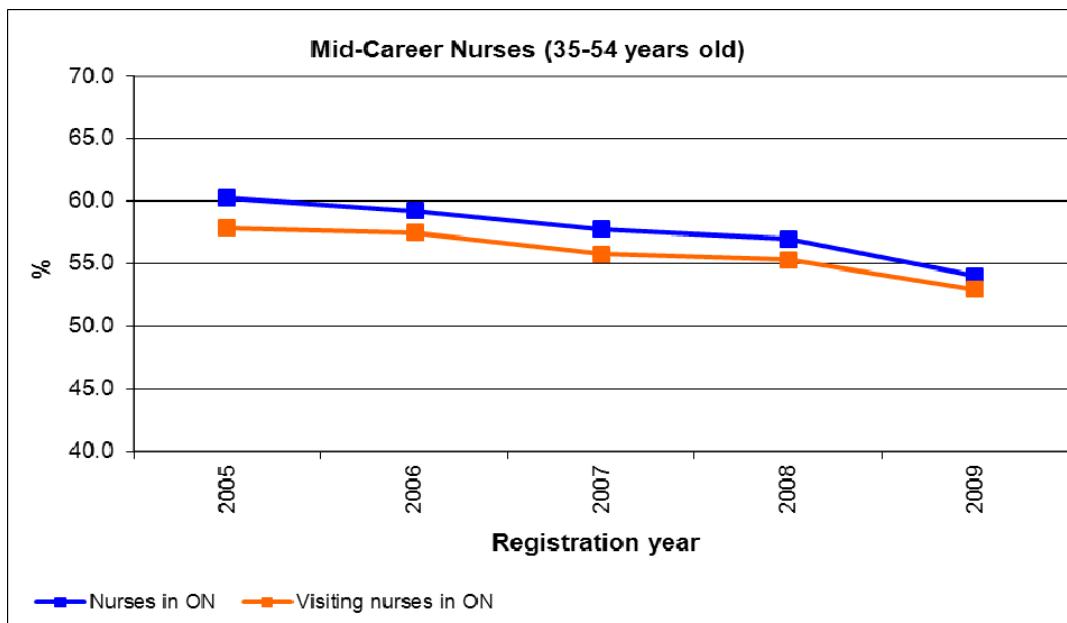
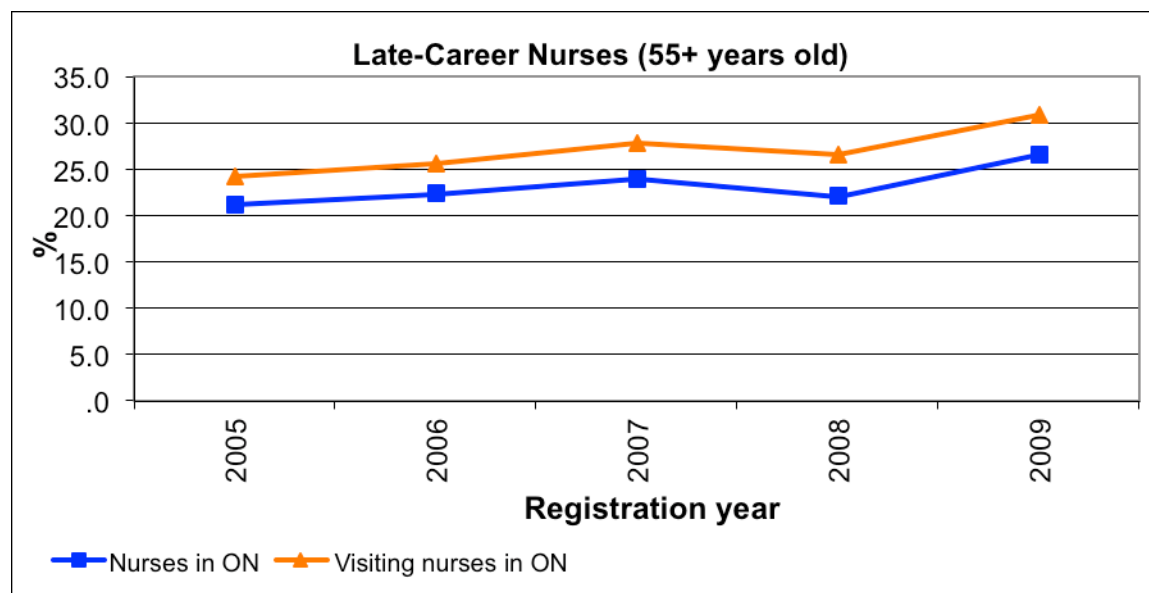
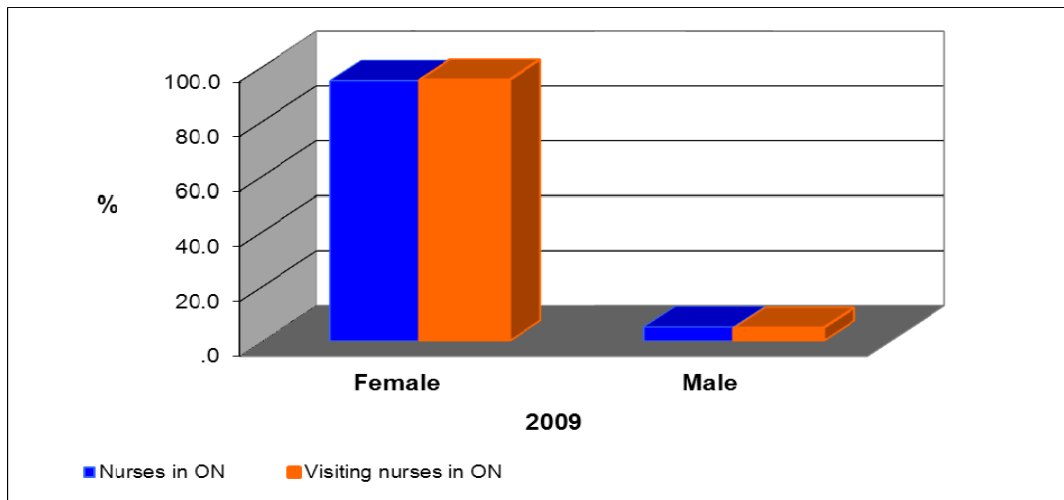


Figure 7. Visiting Nurses compared to Ontario’s overall nursing workforce by age category – Late Career (2005-2009)



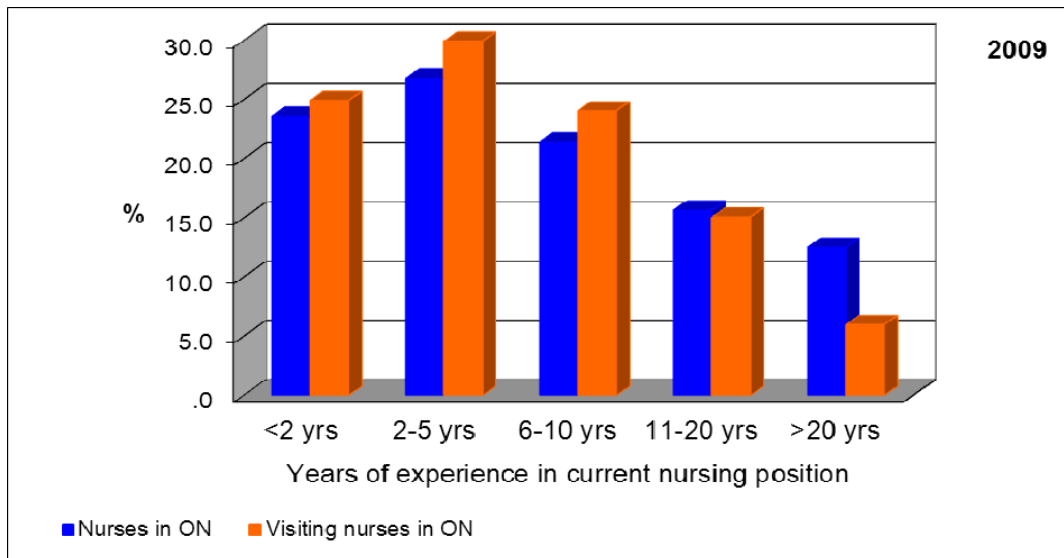
According to the 2005 to 2009 CNO Registration Database, proportions of early, mid and late-career visiting nurses are generally similar to the proportions of the rest of Ontario’s nursing workforce, year over year (Figure 7). Over the years 2005-2009, the proportions of early- and mid-career visiting nurses were slightly lower than the proportions of these age groups among Ontario’s overall nursing workforce. Conversely, during the same time period, the proportion of late-career visiting nurses was slightly higher than the proportion of late-career nurses among Ontario’s overall nursing workforce. The proportion of early-career nurses in Ontario’s overall nursing workforce was stable with a minimal change of 2% between 2005 and 2009; i.e. an increase from 16% to 18% for visiting nurses, and an increase of 18% to 20% for overall Ontario nursing group. However, the percentage of mid-career nurses in Ontario has been decreasing steadily from about 60% in 2005 to 54% in 2009 (i.e. a decrease of 6%). The decrease, within the Visiting Nurses group, was from 58% to 53% (i.e. a 5% decrease). The proportion of late-career nurses has been increasing steadily from about 21% in 2005 to 27% in 2009 (i.e. and increase of 6%) for Ontario’s overall nursing workforce, and from 24% to 31% (i.e. an increase of 5%) for Visiting nurses, confirming the aging nursing population for both nursing groups.

Figure 8. Gender distribution of visiting nurses compared to Ontario’s overall nursing workforce (2009)



In 2009, consistent with general nursing population in Ontario, about 95% of the visiting nurses were females (Figure 8).

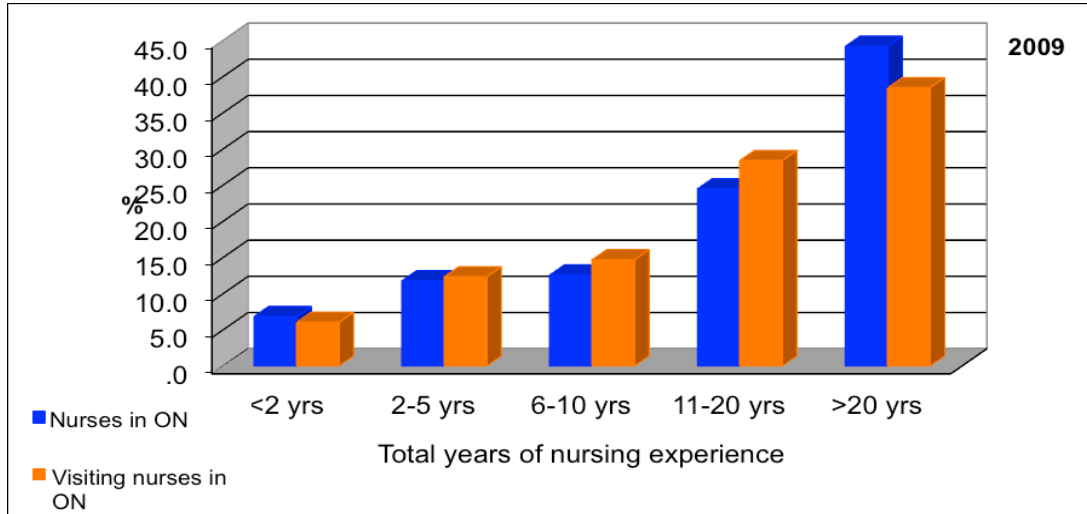
Figure 9. Years of experience in current nursing position for visiting nurses compared to Ontario’s overall nursing workforce (2009)



Across both groups of nurses (visiting nurses and Ontario’s overall nursing workforce), the largest proportion of the workforce consisted of nurses with 2-5 years of experience in their current nursing position (Visiting Nurses=30%, overall nurses in Ontario=27%), followed by nurses with < 2 years and 6-10 years of experience. In terms of group differences, there was a substantially lower proportion of visiting nurses reporting a high level of experience (20+ years

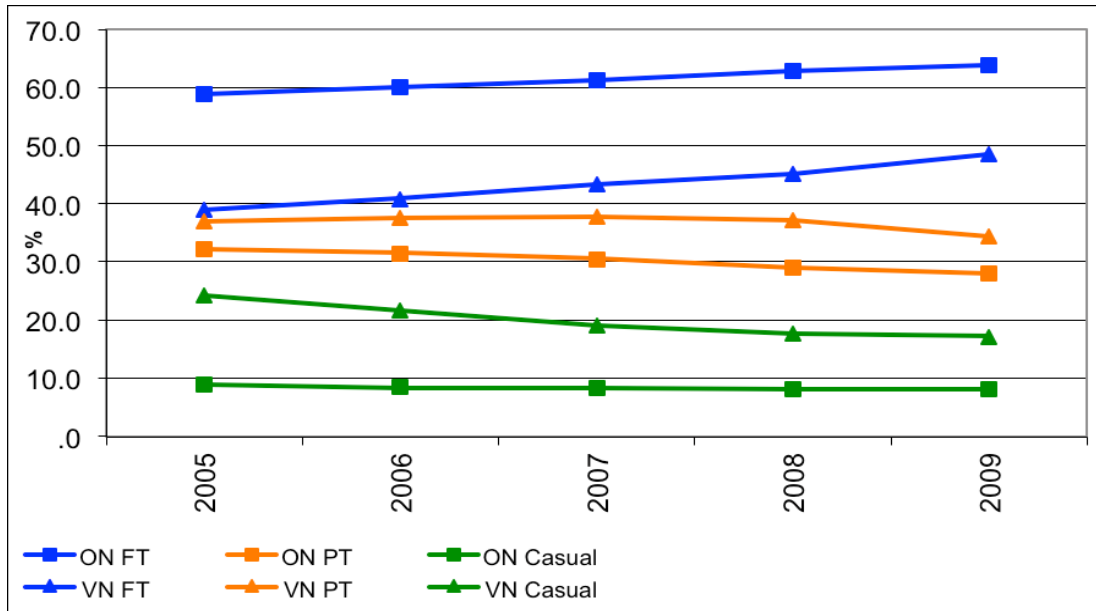
in their current position) compared to Ontario's overall nursing workforce (approximately 6% and 13%, respectively). This difference was statistically significant with a chi-square p-value = 0.0001 (Figure 9).

Figure 10. Total years of nursing experience for Visiting Nurses compared to Ontario's overall nursing workforce (2009)



The 2009 CNO Registration data revealed that the most commonly reported level of experience in nursing was 20+ total years, with approximately 39% of visiting nurses and 44% of all other nurses reporting this level of experience. The percentage of new nurses in Ontario was approximately 6% to 7% from both groups reporting 2 years or less experience, and approximately 10% of nurses from each group reporting 2-5 years of total nursing experience (Figure 10).

Figure 11. Employment status of visiting nurses compared to Ontario’s overall nursing workforce (2005-2009)



Over all years analyzed, registration data showed a lower proportion of visiting nurses working in full-time positions when compared to Ontario’s overall nursing workforce. Consistent with these statistics, there were a higher proportion of visiting nurses employed in part-time or casual positions compared to the rest of Ontario’s nurses. The proportion of nurses working in full-time positions for both groups (visiting nurses and overall nurses in Ontario) has been increasing steadily, with visiting nurses moving from 39% holding full-time positions in 2005 to 49% in 2009. During the same period, both groups of nurses analyzed showed a drop in the proportion of individuals working part-time. While this drop was also evident in casual positions for the visiting nurse group (24% in 2005 to 17% in 2009), the general nursing population did not see a similar reduction in the number of casual nurses, remaining stable at approximate 8%-9% (Figure 11).

Home Care Decision Maker Interviews

The NHSRU has recently completed pilot testing of the study’s decision maker’s interviews. Interviews were developed to explore the factors and decision criteria that influence RN/RPN utilization decisions in the home care sector. Interview questions were pilot tested with 3 decision makers for the purpose of determining the clarity and comprehensiveness of the questions. All questions were understood by the pilot participants, and no revisions to the study questions were deemed necessary following the initial pilot testing. A summary of the decision maker’s responses are provided in the following section. All participants responded to the following questions:

1. How many nurses do you currently have working for your organization (RN/RPNs)?

2. What criteria are currently used to determine whether a particular home care client will be visited by an RN or an RPN? For example:
 - a) To what extent do you consider client characteristic variables such as demographics (e.g., age), type of home care client (e.g., long-stay, acute, palliative), primary medical reason for referral (e.g., medical diagnosis), comorbidities (e.g., secondary medical diagnoses), or other contextual factors (e.g., environment)?
 - b) To what extent do you consider skill level associated with nursing interventions/procedures?
 - c) What other decision criteria have you utilized?
3. Are the same kinds of criteria used to determine the allocation of RN or RPNs for shift nursing (providing care in the home for a specified number of hours in a given day, ex. respite care)? If not, how do the criteria for shift allocation differ from those used for visit allocation?
4. How effective do you feel the current criterion is for allocating RNs and RPNs in your organization?
5. In your experience, are there ways to improve how your organization makes decisions about nurse utilization?
6. What, if any, barriers do you feel there are to optimizing nurse utilization in your organization? What about the community care sector in general?
7. What are the strategies (if any) that your agency is using to optimize the utilization of RPNs, and RNs in visiting nursing?
8. To what extent do current funding models constrain or facilitate the optimal utilization of nurses in community settings?
9. Is there anything else you would like to share with us regarding nursing work in your particular sector?

Home Care Decision Maker Interview Summary

RN/RPN Utilization Criteria

In response to the questions on how nurse utilization decisions are made within their organization, all decision makers interviewed indicated that effort is put into matching client needs to the particular skill set of their visiting nurses. For example, it was mentioned that

clients undergoing IV therapies would be matched with an IV certified nurse, chemo therapy clients would be matched with chemo therapy certified nurses, etc. As for the question of how decisions were made on whether a certain client would be assigned to an RN or RPN, there appeared to be some variance between how formal or regimented a system the participating organizations had in place to allocate RN/RPN visits. Certain responses described RN/RPN utilization decisions based on the strict adherence to a “checklist” of client characteristics including items such as the complexity or acuity of the medical condition, the diagnosis, required treatment, etc. Although the importance of considering client characteristics when making nurse utilization decisions was apparent across all decision makers’ interviews, some interview respondents described more comprehensive, as well as possibly more fluid, criteria involving factors related not only to client complexity, but also to geography and nurse caseload and client-mix (e.g., taking care to distribute palliative cases across nursing staff).

Strategies for Optimizing RN/RPN Utilization

The interviewed HC decision makers discussed a range of approaches for optimizing RN/RPN utilization within their organizations. Strategies included the development of particular “algorithms” based on a client’s intake assessment, with the assignment of RNs or RPNs being determined according to strict intra-organizational guidelines. Another strategy involved the close collaboration and supervision of caseloads by case managers, including practices such as job-shadowing over a nurse’s entire shift and evaluating caseloads based on the case manager’s observations. Another recent development that has had an impact on RN/RPN utilization is the expanded scope of RPN practice. This expanded scope of practice has reportedly benefitted organizations by permitting the use of RPNs for treatments that could previously only be administered by RNs. Interviewees cautioned, however, that CCACs may soon use the expanded scope of RPNs as justification for increasing the number of RPNs causing a reduction in the number on RNs within HC. Decision makers provided the opinion that while the expanded scope of the RPN was beneficial, skilled RNs are still critical to the effective delivery of home care, due to the complexity of care being provided.

Obstacles to RN/RPN Utilization

All decision makers volunteered opinions that the current managed competition model of Home Care Provider Agency funding was an impediment to optimizing RN/RPN utilization decisions for their client population. The specific issue that arose during interviews was that provider agencies are locked into a multi-year contract that does not allow adequate flexibility to make staffing changes in response to their population’s growing demand for services or increased complexity and/or comorbidity of their clients’ conditions (e.g., provider agencies cannot hire additional RNs to optimally address increased demand for their services).

Other Comments/Issues

Although it was not specifically addressed in the interview questions provided, the topic of the CCAC’s ambulatory clinics came up independently in all interviews conducted. The particular

issue that arose during the course of interviews was that while these clinics are beneficial to the HC client population and are able to absorb certain cases that would otherwise be assigned to Home Care Provider Agencies, this service is having an impact on the complexity of the case-mix being referred to the Home Care Provider Agencies, essentially resulting in more complex or palliative cases being referred to the Home Care Provider Agencies. The discussion of this particular issue was often tied to discussions on the current funding model of HC in Ontario, and the inability of Home Care Provider Agencies to increase the number of RNs they employ to meet the growing demand for their services.

Discussion and Next Steps

The interim/progress report for *Home Care Nursing Health Human Resources: Building and Sustaining a Quality Nursing Workforce in Home and Community Care* highlights some of the concerns expressed previously regarding the aging population of Ontario's visiting nurses. The CNO 2009 Registration data shows that close to 60% of all visiting nurses currently employed in Ontario are 45 years old or older, and 30% of this workforce is 55 years old or older. As these nurses retire, considerable strain may be placed on the HC sector, due to a shortage of early and mid-career nurses applying to work in HC. Another area of potential concern for the future of HC in Ontario is the relatively low proportion of visiting nurses reporting an education background of a BScN degree or post-graduate nursing education (approximately 11.5% of the total visiting nurse workforce). Given the increasingly complex conditions of Ontario's aging population, a high level of skill and specialized training may be required to adequately address the future health care needs of Ontario's population.

The preliminary findings of this study also revealed that Home Care Provider Agencies currently employ a range of decision criteria for allocating RN/RPN visits, although all decision makers interviewed to date indicated the criteria were primarily based on matching a nurse's level of skill to patient characteristics and complexity. Organizations assessed their utilization criteria as being appropriate to meet the needs of their client population. One recent development that has helped agencies to appropriately allocate nurses is the increased scope of practice of RPNs. This has benefitted provider agencies by allowing them to utilize RPNs in situations where previously they would have relied solely on RNs.

Decision makers uniformly agreed that the current funding model of managed competition is an obstacle to optimizing RN/RPN utilization in Ontario. Interviewees cited their inability to adjust their staff mix in response to the increasing demands of their client population, due to the fact that they were subject to the terms and conditions of multi-year contracts and funding agreements with CCACs. Consistent with the demographic findings described above, interview participants also indicated that the HC sector is experiencing difficulty attracting new graduates to their sector. This issue will be explored in greater detail at a later date, as the current study has been developed specifically to address these issues in future interviews.

Next Steps in the Evaluation of Home Care Health Human Resources

- Complete decision maker interviews on utilization practices.
- Continue distribution of job satisfaction, burnout, and organizational commitment surveys to front-line nurses.
- Build on current demographic analysis to include 2010 CNO Registration Data, and perform further revision to analysis to accommodate additional sector-specific information
- Complete statistical modeling analysis using the Resident Assessment Instrument-Home Care (RAI-HC), and Ontario Home Care Administration System (OHCAS) databases
- Interview nurse leaders and front-line nurses to evaluate recruitment and retention issues unique to early, mid, and late career HC nurses; draft policy recommendations based on findings.
- Provide RN/RPN utilization findings to HC decision makers and analyze feedback to determine the feasibility/applicability of an RN/RPN Utilization Toolkit for HC.

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