Implementation of a Multi-Year Strategic Nursing Workforce Planning at Humber River Hospital (HRH)

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Lessons Learned

It is evident that proactive workforce planning activities stabilize the workforce, resulting in long-term financial savings and continued quality patient care.

Description

Nursing staff shortage has been a long-standing challenge for healthcare systems, exacerbated by the coronavirus pandemic. At HRH, a large Canadian community hospital, the Nursing Professional Practice team prioritized proactive strategic workforce planning. This included implementation of the Nursing Graduate Guarantee (NGG) program, which provides significant onboarding support. Apart from maximizing the NGG program, Nursing Professional Practice leadership at HRH initiated proactive workforce planning strategies to stabilize the workforce of the organization including enhanced student placements and microcredentialing of students in critical care. This resulted in a significant reduction in utilizing nursing agency staff and increase capacity to fill staffing vacancies.

Actions Taken

Iterative planning for the nursing workforce is highly complex due to fluid external and internal influences. Monthly meetings were held between HRH’s Workforce Planning manager and clinical unit managers. Discussions were made on short- and long-term vacancies, driving massive hiring practices at HRH.

Summary of Results

Over the past four years, HRH successfully reduced nursing agency usage while concurrently maintaining sufficient staffing levels. Although the pandemic posed health human resource challenges globally, HRH’s nursing workforce remained stable. In 2018, HRH succeeded in employing the funded 70% of full-time nurses and 30% of part-time nurses on the majority of inpatient units, also adding more night nurses to ease workload. Additionally, HRH noted that during the pandemic, most of the medical/surgical units were typically only one nurse understaffed per shift.

Figure 1: HRH New Hire vs Agency RN Hours (Hrs) 2018 – 2022 YTD

HRH New Hires vs. RN Agency Utilization

Figure 2: Supplier-Input-Process-Output-Customer (SIPOC) model for identifying and addressing workload. A key strategy for stabilizing an understaffed nursing unit is the development of an onboarding guide for nursing staff hired. This guide includes a job description, mandatory training, and a detailed plan for the first week of employment.

Figure 3: The figure above provides an overview of agency nursing hours per month at HRH. The blue line is the reported monthly hours for agency nurses, while the orange line provides the various medians that were calculated over time (January 2018–October 2022).

Figure 4: The diagram above provides a 12-hour-per-shift overview of the number of nurses in any given non-intensive care unit, along with the available number of patients in any given non-intensive care unit. The diagram also provides the number of support roles that assisted with the nurses in each unit, including students and physicians.

Figure 5: This figure is an example of a per-12-hour-shift overview of the intensive care unit, including the number of patients and nurses in the unit. This report also provides the number of support roles that assisted the nurses in the unit, including students and physicians.

Figure 6: The diagram above provides a 12-hour-per-shift overview of the number of nurses in any given non-intensive care unit, along with the available number of patients in any given non-intensive care unit. The diagram also provides the number of support roles that assisted with the nurses in each unit, including students and physicians.

Figure 7: This figure provides an overview of the accelerated ICU certification program undertaken as a collaboration between HRH, Toronto Metropolitan University, and Durham College.