

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 nursing workforce of the organization including enhanced student placements and microcredentialling 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 from January 2018 to October 2022 (YTD). An inverse relationship is displayed on the utilization of agency nurses and the amount of new hires. Agency utilization was reduced overall by 98% (3,383 hours per month to 62 hours in 2022YTD), which is equivalent to an expected cost savings of \$729k to \$2.1M yearly.

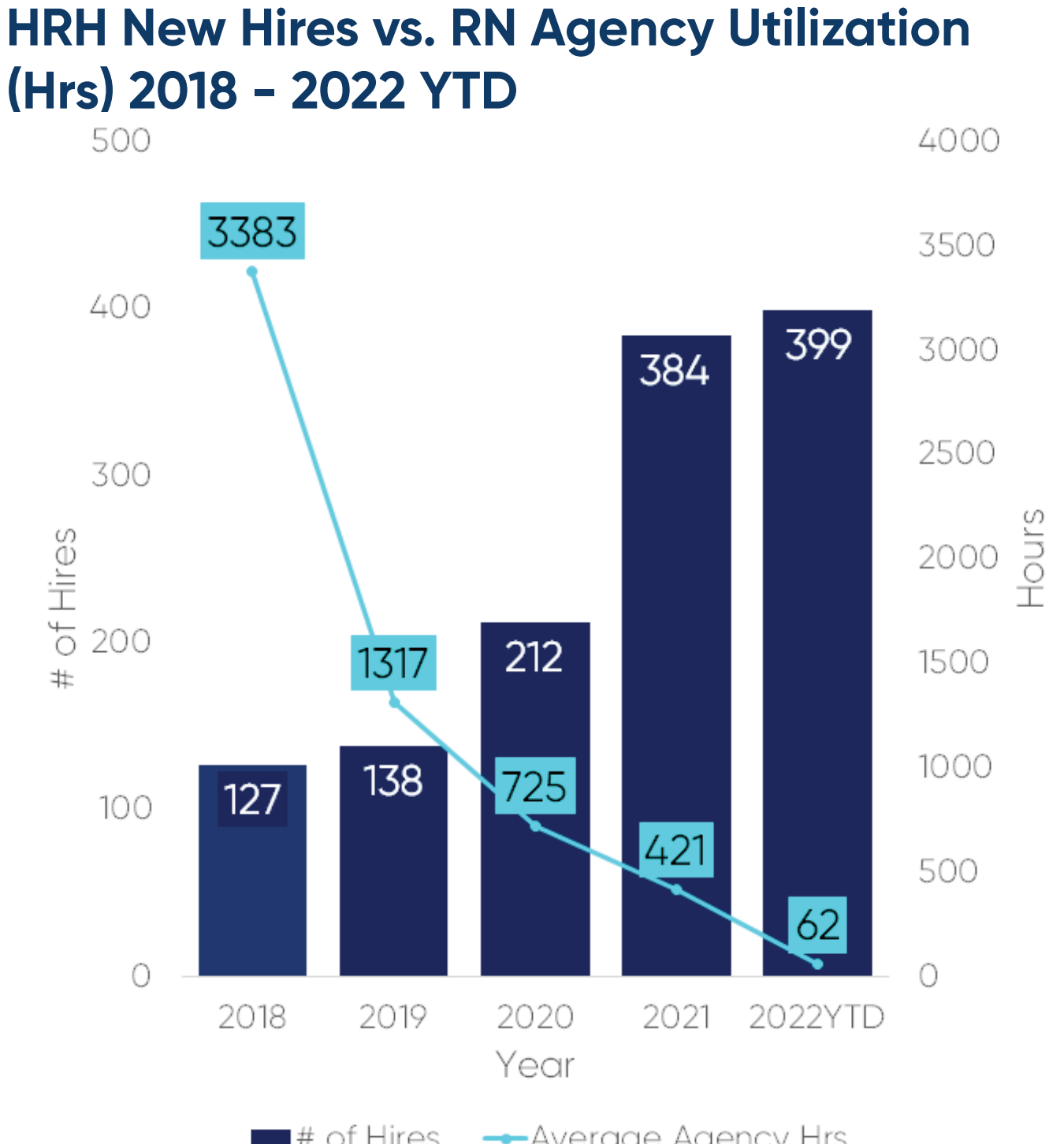


Figure 2. Supplier-Input-Process-Output-Customer (SIPOC) model was developed at HRH for all nursing staffing needs. This quality improvement lens supported examination of all types of nursing work to be completed by the appropriate provider (between hospital nursing staff, nursing resource team nurses, agency nurses, and nursing students). Depending on the daily flow of patients and providers, leadership were able to make decisions throughout the pandemic for staffing needs. Nursing students were also treated as sources for recruitment of new staff, and were a key strategy to stabilizing staffing.

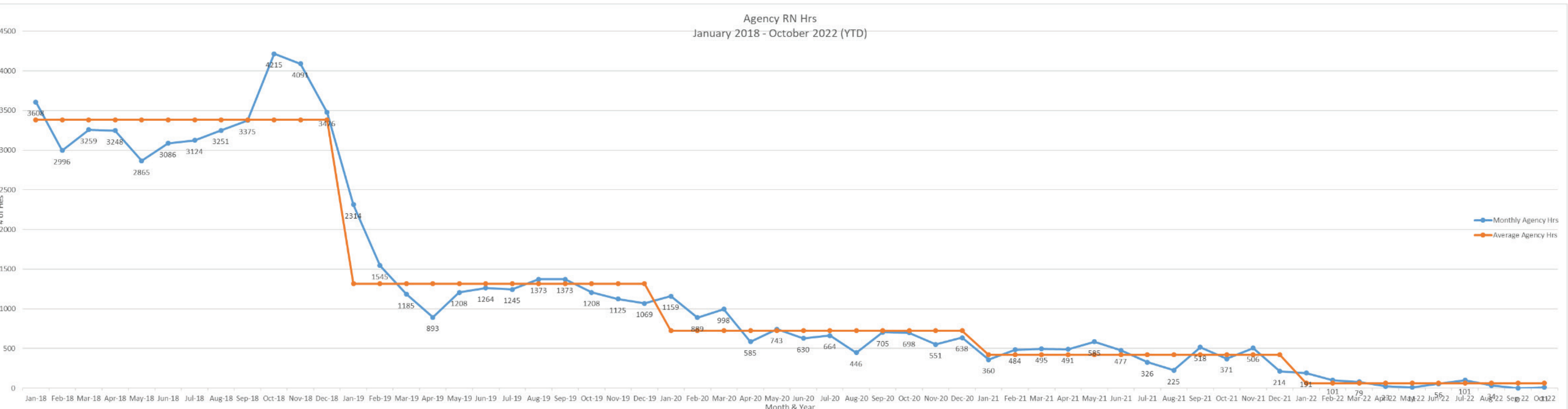
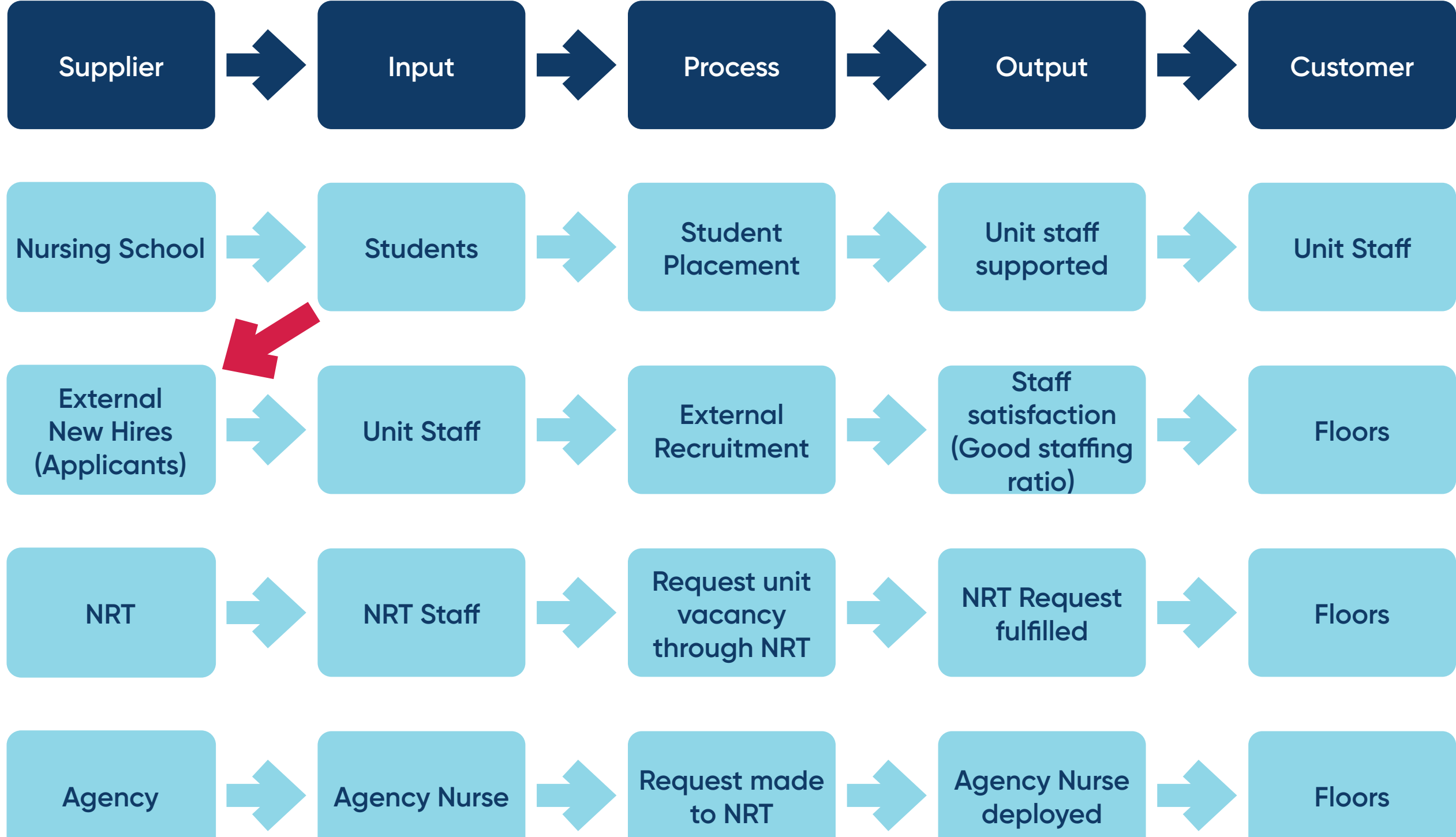


Figure 3. The figure above provides an overview of utilization of agency nursing hours per month at HRH. The blue line is the reported monthly hours for agency nurses, while the orange line provides the various medians that were calculated over time (January 2018–October 2022).

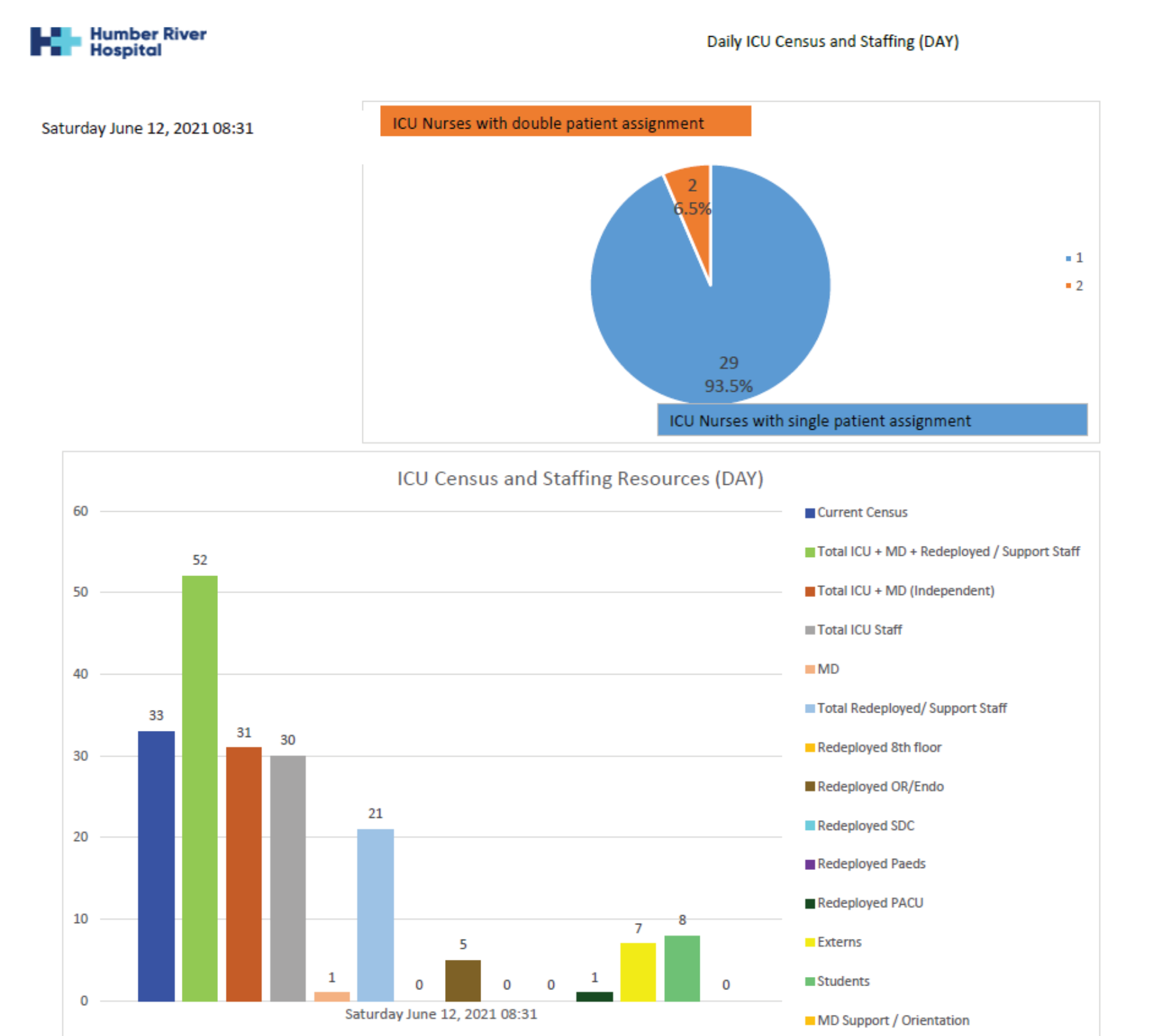


Figure 5. This figure is an example of a per-12-hour-shift overview of the intensive care unit, including the number of patients and nurses in the unit. This report also provides the number of supportive roles that assisted the nurses in the unit (including students and physicians).

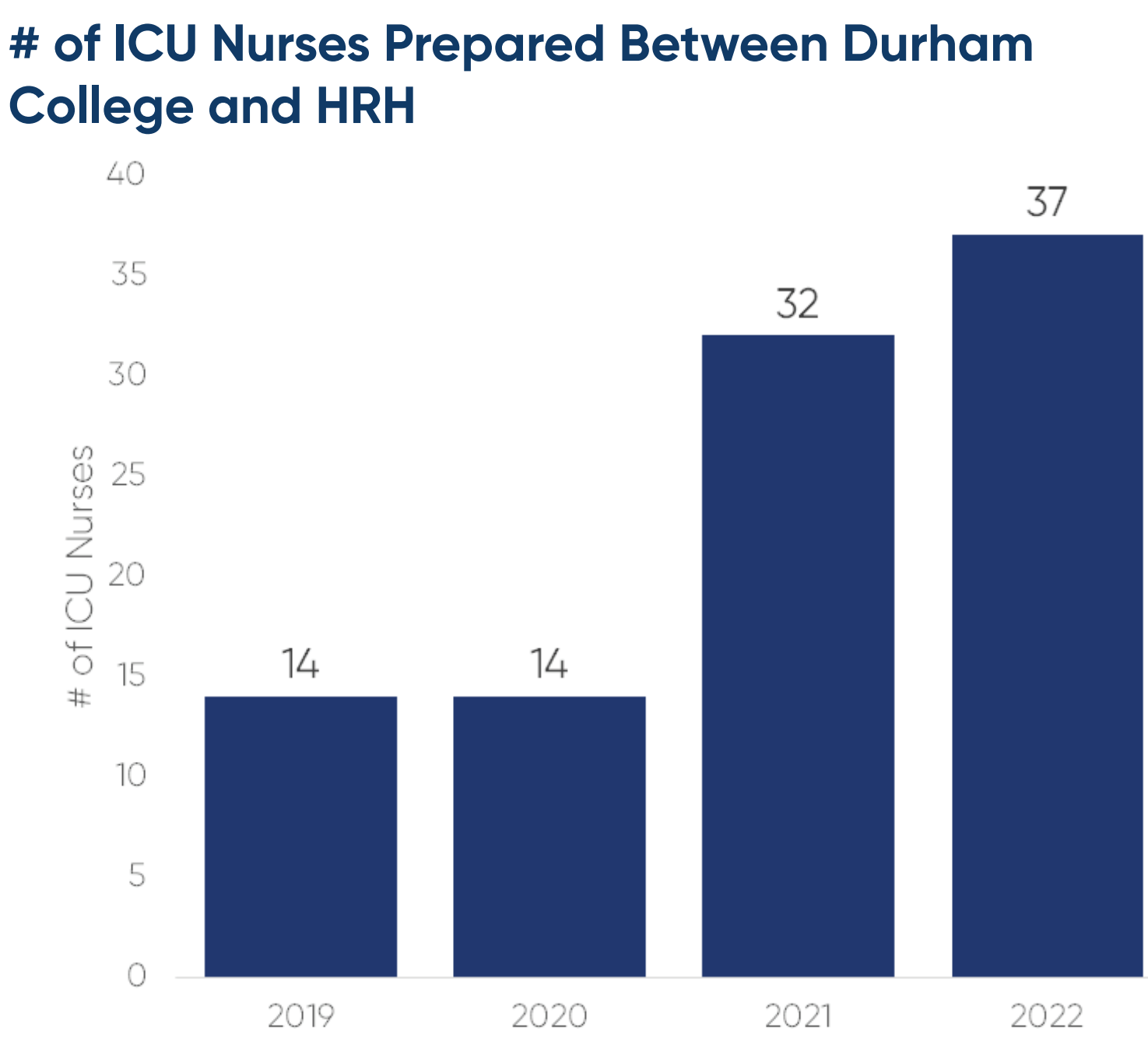


Figure 6. This figure provides an overview of the number of ICU nurses that have been certified through the collaboration between Durham College and HRH. The 37 nurses represent 86% success rate using the accelerated ICU certification program, in comparison to the historical 50% success rate achieved through the traditional pathway at HRH.

UNIT	CANON	IN	OPEN	REDEPLOYMENT REASON	TOTAL REDEPLOYMENT STAFF	PATIENT REASON (P/R)	EXTENSIVE REASON (E/R)	REDEPLOYMENT REASON (R/R)	REDEPLOYMENT REASON (R/R)	REDEPLOYMENT REASON (R/R)	WORKED HOURS	WGS	REDEPLOYMENT REASON (R/R)	STUDENT GROUPS	TOTAL EXTENSIVE	REDEPLOYMENT REASON (R/R)	POTENTIAL REDEPLOYMENT STAFF
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ICU	27	5	2	0	7	13	1	0	0	0	0	0	2	1	1	18	1
ICU STEP DOWN	2	1	0	0	1	13	0	0	0	0	0	0	0	0	0	8	8
ICU STEP DOWN (CHRONIC)	21	5	2	0	7	13	1	0	0	0	0	0	2	1	1	18	1
ICU STEP DOWN (POST-ICU)	12	3	2	0	5	13	0	0	0	0	0	0	0	0	0	8	8
ICU STEP DOWN (CHRONIC)	3	1	0	1	2	13	0	0	0	0	0	0	0	0	0	8	8
ICU STEP DOWN (POST-ICU)	4	1	0	0	1	13	0	0	0	0	0	0	0	0	0	8	8
ICU	32	5	2	0	7	13	1	0	0	0	0	0	2	0	0	8	8
ICU	21	5	2	0	7	13	1	0	0	0	0	0	2	1	1	18	1
ICU	32	5	2	0	7	13	1	0	0	0	0	0	2	0	0	8	8
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