National Nursing Week

Late Career Initiative

Studies suggest that workload for a nurse can increase by as much as 30 per cent when a hospital adopts strategies to maximize throughput and reduce the length of stay for a patient. Workload for a nurse is "highest" when a patient is discharged and on admission of a patient.

As well, nurses who are older find that their jobs can be more physically debilitating, leading them to consider retirement –- a loss of valuable experience and insight.

Lynda Monik, president of the Essex Chapter of the Registered Nurses' Association of Ontario and director of In-Patient Services at Hotel-Dieu Grace Hospital, was the leader of a test project at Hotel Dieu-Grace Hospital that attempted to resolve both issues.

The project involved creating 10 "Admission Nurse" positions and filling them with nurses aged 55 or older. The hope was that the Admission Nurse would help facilitate quicker bed turnover, and that the nurses in the position would be find the work rewarding but less physically challenging.

Funding for the project came from the Ontario government's "Ontario Nursing Strategy, a comprehensive strategy to address the core reasons for instability in the nursing workforce. It is also part of a broader Health Human Resource Strategy to improve access to care, reduce wait times and improve patient outcomes by increasing recruitment and retention of health care professionals.

The strategy includes the following initiatives designed to complement one another and achieve full employment of nurses, improved recruitment and retention of nurses and improved working conditions. The strategy's Late Career Initiative allows nurses over the age of 55 to spend a portion of their time in less physically demanding nursing roles, such as patient teaching or staff mentoring.

Discharging and admitting patients often within the same shift can significantly impact the nurse's workload. Responsibilities include completing a Discharge Summary for the patient/family, calls to other stakeholders who may assist in the care of the patient/family, obtaining scripts from the physician, education of the patient and family etc.

Admission of a patient includes taking a patient history, assessing the patient, offering assurance and talking to the patient and family, orientating the patient to the room and processing physician orders.

Because of the workload associated with discharging a patient and admitting a patient to the same bed, often in the same shift, there is sometimes a reluctance to do both –- discharge and admit a patient in the same shift.

When inpatient unit staff is reluctant to admit a patient because of the workload associated with that admission, the patient is held in the ER.

When patients are held in the ER waiting for an inpatient bed, the ER cannot bring in patients from the ER waiting room to be seen, because the ER stretcher is holding the admitted patient. This causes long wait times in the ER, the backup of ambulances waiting to offload patients, decreased patient satisfaction and some patients walk out of the ER without being seen.

Increasing a nurse's workload can be grueling. Increasing the workload of a nurse who is older is more likely to result in injury, increase sick time and impact quality of work life.

Studies indicate that the average age of a nurse is 48. Many nurses can retire and are choosing to retire in the next several years because of workload demands.

Hotel Dieu-Grace elected to test out the Admission Nurse pilot project from March-June 2005. The hospital felt that an opportunity existed to lessen the workload of staff by having the Late Career Nurse complete the tasks on admission. Also, when a hospital gathers the best, detailed information from a patient on admission, literature suggests that risk is minimized, patient and family satisfaction is increased and fewer barriers are uncovered at the time of discharge.

Ten nurses agreed to participate in the Admission Nurse initiative. At the end of the project, patients were asked about their experience with the Admission Nurse based on whether or not the patient had been admitted previously to hospital. Patients felt that the Admission Nurse focused on them and that she was not interrupted by demands from other patients, families and staff.

Nine of the nurses indicated that they "loved" the job. The Admission Nurses indicated they "loved to nurse" and would remain employed if the opportunity to do some other form of work away from the bedside a couple of days a week was available. Nurses who participated stated they appreciated the opportunity to participate in an innovative concept.

After seeing colleagues aged 55 and above participate in the Late Career Initiative, nurses in their 50s currently employed at the hospital have suggested that they will stay employed in nursing if they can work at the bedside with the opportunity to contribute to patient care in other ways.

One nurse who retired shortly before the initiative was announced in March remained employed at the hospital just so she could participate in the initiative.

Additional benefits were realized beyond the goals stated at the onset of the project. Admission Nurses traveled to other departments including the ER, OR and inpatient units, which boosted morale, enhanced teamwork and inspired others.

An error was even avoided because the Admission Nurse confirmed with the Pharmacy the type of insulin the patient was on, advised the physician and the correct type of insulin was ordered.

Initial results suggest the Admission Nurse role helped to expedite patients out of the ER. The time from a decision to admit a patient to the patient getting a bed is 2.2 hours.

Ultimately, Hotel-Dieu Grace Hospital found the project to be a valuable initiative. The goal is to have nurses 55 years of age and older work one to two days a week in this role, so that the nurse will remain employed in the workforce. The project could be replicated and include the assignment of senior nurses to light duty work.

Adventure

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In fact, the woman had pulled her child from the rubble – savaging her own arm in the process of saving her child's life.

The team's living conditions were rugged: "We slept in summer tents as winter weather began to hit the mountains – but every time I felt it was too cold I thought about those families who had so much less than we did."

Carolyn Davies, back in Windsor.
Ed Goodfellow - Special to The Star

They cooked and ate outside, and sometimes had the luxury of showering in a tent that might or might not have hot water.

After two weeks, the team was told it was relocating to a field hospital. Before they left, they negotiated with a Cuban team to continue the medical work for two days a week, and trained local nurses to do dressings and wound care.

The field hospital was located in a more remote area – people walked two or three days down the mountain to receive acute care there. "We did everything from minor surgery to hepatitis and prenatal care."

One day, the team physician and Davies were flown by helicopter to a small village up the mountainside near the Indian border to provide the first care since the earthquake. "We set up a clinic on a porch with no electricity or running water. Although we were only supposed to go up for the day, we stayed three [days] and saw more than 100 people."

They even convinced the Pakistani army to transport a critically ill girl by helicopter to the field hospital for x-rays.

Davies finally arrived back home December 23, having spent an exhausting but fascinating month doing what she loves.

"It was quite the adventure I'll never forget. I'd do it over again in a minute."