

Model of Care Initiative in Nova Scotia Update June 2009

With this and many of the future updates on the Model of Care Initiative in Nova Scotia (MOCINS), we will include stories from people across the province who are implementing the new Collaborative Care Model on the front lines. Through their stories, we hope to document the challenges, opportunities and triumphs of working differently to provide patient-centered, high quality, safe and cost effective care. These stories are yours to learn from, be inspired by and to share with others in your health district, with patients and their families and even with your neighbours and friends. The following story and others like it are tools to help increase understanding of the Collaborative Care Model among health care providers and administrators in each DHA.

Here is Sharon Fairbanks' story...

Sharon Fairbanks is an RN with more than 40 years' experience working in healthcare. She is eligible to retire, but now definitely isn't the time.

"For the first time in many years, I'm excited about the work being done to identify appropriate roles for the healthcare team (especially the RN role as coordinator of care), the changes we're making on our unit and the results we're seeing so far," says Sharon. "I'm also encouraged by the level of commitment from my counterparts in other districts and the changes I see happening across the province."

Sharon joined the team as Patient Care Manager on the Medical Unit at the Cumberland Regional Health Care Centre about two years ago. Amid a long-standing RN shortage and faced with mounting frustration as a result, the team provided the best possible care to patients. "Was it sustainable though?" The question begged to be asked. Sharon's conclusion was "no." She felt the team knew it too.

Not long after, the design of a new model of care for the province had been completed and would be rolled out in showcase units across the province. The Medical Unit was destined to be the first unit to implement the new collaborative care model in the Cumberland Health Authority.

"Initially, I was sceptical but then, as I learned more, I came to see the model of care as a great opportunity to make changes on our unit that would improve patient care and the work environment for staff," says Sharon. She and her team have done just that, little by little.

"Drawing from the main premise of the collaborative care model, which is organizing care around the needs of patients, we first took stock of our patients' needs. Some of our patients who had very similar needs were spread out around the unit. From a practical standpoint, this didn't make sense. We grouped the patients together, 16 of 32 on the unit, in the B wing. I then assigned a team of LPNs, working to their present full scope of practice, as the Primary Care Team for the 16 patients. The result is more efficient care and a team that has become intimately familiar with the patients' needs and more comfortable working together to meet those needs."

Sharon notes this wouldn't have been possible unless team members had been supported to work to their full scope of practice, as they continue to be.

Encouraged by the success of the first significant change on the unit, and beginning to see the staff's doubt waning, Sharon identified the next issues to be resolved and momentum soon grew.

In the last year, the team on the Medical Unit has switched to a patient alarm system that is helping to reduce falls on the unit, is more efficient and is cost-effective, and ordered new walker chairs which have enabled more patients to move independently throughout the unit. "Purchasing the walker chairs has resulted in more restful nights for patients and fewer challenging nights for staff," notes Sharon.

The team has also ordered more supply carts to lessen the time nurses spend in travel and away from patients. Another small planned change is the purchase and assessment of crescent tables.

"Staff recognized that patients were not eating as well as they would like and some were skipping meals," says Sharon. The team identified that enabling patients to eat together in small groups may indeed help. They were willing to try crescent tables in the hopes that patients would find meal times more of a social experience and thus improve their nutrition. Research shows the tables allow small groups of patients to sit together in a way that encourages conversation and enables one staff person to feed more patients more easily. The Medical Unit will evaluate the tables once they are in place.

Sharon says the tide has changed on the unit. The team is identifying issues to be resolved, proposing solutions and sharing their ideas for ways to work differently. "I don't see myself as imposing change now which was the case when I first joined the team," notes Sharon. "When I think about the changes we have made which seemed so small at each turn, I realize we've implemented more aspects of the model of care than I thought."

Though the Medical Unit remains down five RNs despite intense recruitment efforts, Sharon has her sights set on opening more beds on the unit in the future. "Continuing to look at things differently, to implement strategies from the Model of Care Initiative and to look at different staffing mixes to meet our patients' needs will all play a role. We still have a way to go, but at least now with some of the changes we've made and as we continue to work as collaborative care teams, it's more of a possibility than ever."