

HEALTH PEI
Nursing Strategy
2017-2020

Nurses Transforming Health Care



Health PEI
One Island Health System

Health PEI

One Island Health System

Prepared by:

Nursing, Allied Health and Patient Experience

Published by:

Health PEI
PO Box 2000
Charlottetown, PE
Canada C1A 7N8

April 2017

Printing:

Document Publishing Centre

Available online at:

www.healthpei.ca

Printed in Prince Edward Island

HEALTH PEI

Nursing Strategy

2017-2020

CONTENTS

- 1 Message from the Chief of Nursing, Allied Health and Patient Experience
- 2 Introduction
- 4 Nursing Strategy Framework
- 5 Pillar 1 – Workforce Capacity
- 7 Pillar 2 – Engagement and Leadership in Nursing
- 8 Pillar 3 – Professional Practice
- 10 Pillar 4 – Innovation
- 11 Definition of Terms
- 13 References
- 15 Appendices
 - Appendix A – Nursing Strategy Steering Committee Members and Stakeholder Groups
 - Appendix B – Nursing Strategy Strategic Priorities and Objectives: Timeline

Message from the Chief of Nursing, Allied Health and Patient Experience



Marion Dowling, RN, MScN
Chief of Nursing, Allied Health
and Patient Experience

Nurses form the largest workforce within our health care system and, as such, play an instrumental role in defining the care and services provided to Islanders every day. It is my pleasure to introduce the inaugural multi-year nursing strategy for Health PEI.

Health PEI Nursing Strategy: 2017-2020 is the result of a significant collaborative effort among nursing leadership from different organizations across our province, including valuable input from front line nursing staff and other key stakeholders. More importantly, it represents an opportunity to transform the health care system, together.

This three-year nursing strategy will enable and enhance the contribution of nursing as Health PEI continues to focus on improving the overall care of Islanders. The strategy will ensure nurses are delivering the right care, in the right place, by the right provider, while taking into consideration current nursing positions and the future direction of the profession. Finally, the strategy builds upon the ways in which nurses are committed to achieving an improved patient and family/caregiver experience by seeking their input and providing quality patient care that is safe, effective and efficient.

It is an exciting and challenging time to be part of the caring professions in our province. Nurses play an essential role in contributing to the patient and family/caregiver journey and are central to the services Health PEI offers. This strategy supports the approach identified in Health PEI's *Human Resource Strategic Plan (2016-19)*. It also reflects nursing's commitment, passion and pride to continually improve the care for patients using evidence and knowledge to change practice.

My predecessor and former Chief Nursing Officer for Health PEI, Brenda Worth, initiated the development of the nursing strategy. I wish to thank her for all her dedication and hard work that has led to this final product. As nurses, we have all benefitted from her leadership and direction as we focused our efforts on creating a meaningful and impactful nursing strategy for Health PEI.

I am pleased to present this strategy and look forward to seeing the impact on outcomes for patients, their families and caregivers, as well as on nurses and the health care teams they work as part of and lead.

A handwritten signature in black ink that reads "Marion Dowling".

Marion Dowling, RN, MScN
Chief of Nursing, Allied Health and Patient Experience

Introduction

The *Health PEI Nursing Strategy: 2017-2020* outlines the direction for nursing within Prince Edward Island’s publically-funded health care system. This multi-year document will serve as a guide post for maintaining and advancing the nursing profession now and for years to come, ensuring a strong, dedicated workforce to serve the population of PEI.

The vision for the nursing strategy is “*Nurses Transforming Health Care*”. Guiding the work to be undertaken in the strategy is the philosophy of person-centered, interprofessional and evidence-based care. Four strategic pillars with corresponding priorities and objectives form the core of the strategy (Figure 1).

FIGURE 1 | FOUR STRATEGIC PILLARS



Over the next three years, the nursing strategy will be overseen through the work of the Provincial Nursing Leadership Committee. The committee will collaborate with nursing leaders, other health care providers, patients, family/caregiver representatives, professional organizations, unions, educational institutions and members of Health PEI’s Senior Management Group to achieve the priorities and objectives outlined in this nursing strategy. Details of the strategic pillars are provided in Appendix B.



nurse

For the purpose of this document the term *nurse* refers to regulated nurses:

Nurse Practitioner (NP), Registered Nurse (RN) and Licensed Practical Nurse (LPN).

STRATEGY DEVELOPMENT

In December 2015, the Nursing Strategy Steering Committee was formed to oversee the development of a multi-year nursing strategy for Health PEI. A broad, yet focused, effort was undertaken to hear from nurses, other health care providers and stakeholders to inform the committee developing the nursing strategy. The steering committee developed an electronic nursing survey that was distributed to all Health PEI nurses.

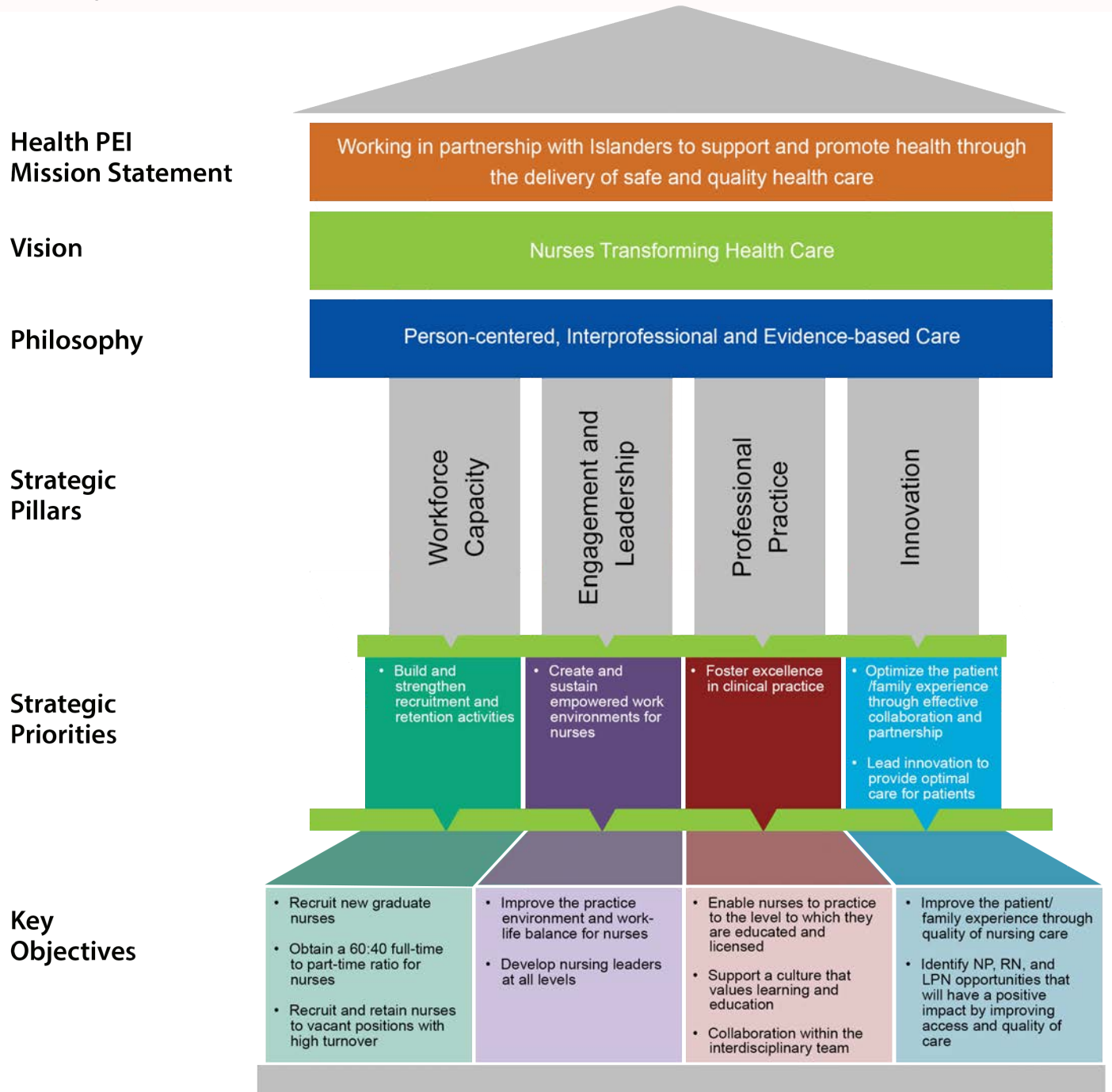
Nursing Strategy Steering Committee members also met with internal and external stakeholder groups to receive input on the future direction for nursing (See Appendix A). Information from the stakeholder groups and the nursing survey was analysed, grouped by themes and incorporated into the priorities and objectives for the Nursing Strategy. The number of survey participants ensured the overall results of the survey were representative of the nursing population as a whole. (See Appendix A for the Nursing Strategy Steering Committee Members and Nursing Strategy Stakeholder Groups.) A literature review was completed to support the priorities identified.

In presenting this nursing strategy, the Nursing Strategy Steering Committee reported to the Provincial Nursing Leadership Committee and obtained approval from Health PEI Senior Management Group, as well as the Department of Health and Wellness.



Nursing Strategy Framework

FIGURE 2 | HEALTH PEI NURSING STRATEGY FRAMEWORK



Pillar 1 | Workforce Capacity

The focus of this pillar is to build and strengthen recruitment and retention activities. In order to maintain and provide optimal patient care to Islanders, it is important to have an adequate number and mix of nurses.

HEALTH PEI NURSING PROFILE



Recruitment and retention of new graduate nurses and nurses to vacant and high turnover positions

Strategic Priority 1

Build and strengthen retention and recruitment activities

Objectives

- ▶ Recruit new graduate nurses
- ▶ Obtain a 60:40 full-time to part-time ratio for nurses
- ▶ Recruit and retain nurses to vacant positions and positions with high turnover

“Nurses can improve patient care by collaborating with other members of the health care team, and working together”

– nursing survey respondent

- Retention challenges have been documented such that the percentage of new graduates who leave nursing after one year ranges from 33 to 61% (Boychuk Duchscher, 2009).
- To support new graduates, several studies have found that effective mentorship programs enhance recruitment and retention of graduate nurses and facilitate the transition from student to professional nurse (Boychuk Duchscher, 2009; DeSilva, 2009; Dyess, 2009; Ferguson, 2010; Fox, 2010).
- A 2015 survey of University of Prince Edward Island 4th year nursing students indicated that 75% of respondents prefer to have full-time employment upon graduation (Gilman, 2015).
- In 2014, the number of regulated nurses leaving the profession was greater than those entering, however recent data indicates that this trend had reversed in 2015 (CIHI, 2015, 2016).
- PEI data indicates that retirement, for both registered nurses and licensed practical nurses was the main reason for nurses leaving the workforce in 2014 (Gilman, 2015). The same study predicts attrition rates for nursing by 2019 of >10% for RNs and >7% for LPNs.
- High turnover rates are associated with decreased job satisfaction and an increase in overtime hours.

Key Actions

- Recruiting and retaining nurses will be achieved by continuing to partner with the Department of Health and Wellness on the evaluation and design of current and new recruitment and retention activities.
- Health PEI will also continue to collaborate with PEI's educational institutions to ensure there is an adequate supply of nurses graduating each year.
- The monitoring and promotion of the new Graduate Mentorship Program, designed to support new graduates in their successful transition to practice, is one of the initiatives in this nursing strategy.
- A new Nurse Graduate Employment Guarantee Program has been developed as a result of student feedback and existing challenges with staffing. This program will be implemented and monitored. There is also continuing support for the current Baccalaureate in Nursing Sponsorship Program.
- Nursing turnover rates will continue to be monitored as ongoing planning and evaluations are being conducted for the future nursing workforce.
- Strategies and practices will be identified to retain present staff through collaboration with unions, educational institutions, and various other stakeholders.

Full-time to part-time ratio

- Increasing the percentage of full-time to part-time nursing ratio is believed to improve continuity of care for patients and patient outcomes (Registered Nurses Association of Ontario, (RNAO), 2005).
- Excessive use of part-time and casual employment for RNs is associated with decreased morale, disengagement among nurses (RNAO, 2013) and an unstable workforce where nurses move to other jurisdictions to find full-time work (Hall et al., 2009).

Key Action

- The Nursing Strategy will seek opportunities to increase the percentage of full-time to part-time nursing positions to a ratio of 60:40 from the current 51:49.

Pillar 2 | Engagement and Leadership in Nursing

The focus of this pillar is to create and sustain an empowered work environment for nurses.

Improve the practice environment and work-life balance for nurses

- Practice environments where nurses feel empowered and supported by strong nursing leadership provide quality patient care with improved outcomes, and experience improved job satisfaction resulting in lower vacancy and turnover rate. (Cook, Hiroz, & Mildon, 2006 and American Nurses Credentialing Centre, 2016).
- Stakeholder feedback provided for this nursing strategy emphasized the importance of work-life balance for nurses. Nurse satisfaction, patient outcomes and system outcomes improve when nurses rate their work environment positively (Aiken et al., 2011).

Key Actions

- Research and develop strategies aimed at improving a healthy work environment and implementing nurse-led work place improvements.
- Research, design and implement opportunities to improve work-life balance and communication in partnership with nursing unions.

Develop nursing leaders at all levels

- Positive nursing work environments that allow nurses to provide leadership at the point-of-care have been linked to increased nurse retention, safer patient care and increased job satisfaction (RNAO, 2013).
- Effective nursing leadership is linked to positive patient outcomes (RNAO, 2013).

Key Actions

- Leadership education, incorporation of the LEADS framework into performance development plans, nursing leadership education, and continued partnerships with our professional nursing associations will assist in the cultivation of nursing leaders.
- Development and implementation of a front line nursing leadership course in partnership between Health PEI and the Faculty of Nursing at the University of Prince Edward Island. The commitment to nursing leadership education and development is an integral and ongoing component of our nursing strategy.

Strategic Priority 2

Create and sustain empowered work environments for nurses

Objectives

- ▶ Improve the practice environment and work-life balance for nurses
- ▶ Develop nursing leaders at all levels

“Nurses can improve patient care by providing and developing leadership capacity at all levels of nursing”

– nursing survey respondent

Pillar 3 | Professional Practice

The focus of this pillar is to foster excellence in clinical practice, with a focus on enabling nurses to practice to the level to which they are educated and licensed.

Enable nurses to practice at the level to which they are educated and licensed

- Nurses have the skills, knowledge, education and competency to deliver a wide variety of health care services. Health PEI nurses are committed to providing high quality evidenced based nursing care to improve patient outcomes and the patient, family/caregiver experience.
- Implementing best practice guidelines not only benefits patients and families, their adoption and implementation also provides quality patient care and support interdisciplinary collaboration (Canadian Nurses Association, 2011).

Key Actions

- Opportunities for further implementation of best practices and evidence based practices will be sought throughout the health care system.
- To move nursing services forward progressively, a legislative and policy action plan will be initiated, including the identification of policy, legislative and regulatory barriers.

Strategic Priority 3

Foster excellence in clinical practice

Objectives

- ▶ Enable nurses to practice at the level to which they are educated and licensed
- ▶ Support a culture that values learning and education
- ▶ Collaboration within the interdisciplinary team

“Nurses can improve patient care by ensuring everyone works to full scope with interdisciplinary and leadership support”

– nursing survey respondent

Support a culture that values learning and education

- Continuing education for nurses is essential in an ever-changing work environment and with advancements in health care. Many nurses responding to the nursing survey indicated a need for additional education in mental health to support the care that they provide throughout our health care system.

Key Action

- Supporting a culture of learning and education for nursing will be achieved by working with internal and external partners to provide ongoing education.

Collaboration within the interdisciplinary team

- Nurses work as part of an interdisciplinary team when providing care to Islanders. Excellence in clinical practice is achieved through successful collaboration with other health care providers as well as a work environment that supports excellence (RNAO, 2004).

Key Actions

- Supporting and promoting initiatives to strengthen interdisciplinary team work through education and orientation.
- Developing and delivering education programs for health care providers by streamlining partnerships with interdisciplinary staff and Island educational institutions.



Pillar 4 | Innovation

The focus of the fourth and final pillar is to optimize the patient and family/caregiver experience through effective collaboration and partnership and to lead innovations for optimal care of patients. Innovative approaches to care can yield positive impacts for both patients and the health care system. Nurses are ideal health care providers to care for the aging population and to continue to support the population with chronic diseases.

Improve patient, family/caregiver experience

- The nursing strategy promotes the adoption of Health PEI's Patient and Family Steering Committee vision "partnering with patients and families, we are better together". The Canadian Foundation for Healthcare Improvement (n.d.) states that "hearing the voices of patients, families and caregivers is essential to transforming health care".

Key Action

- Optimizing the patient and family/caregiver experience will be achieved by promoting, supporting and leading quality initiatives, and through pursuing the inclusion of patients, families/caregivers when developing or renewing initiatives directly impacting them in all areas of care.

Lead innovation to provide optimal care for patients

- The implementation of expanded/advanced roles for nursing in Canada and globally is resulting in better care to the populations they serve.
- The percentage of seniors (aged 65 and over) in PEI was 16.3% compared to 14.8% nationally (Statistics Canada, 2011). Healthy aging and the management of chronic disease aligns with the knowledge and practice of nurses (National Expert Commission, 2012).

Key Action

- Working in collaboration with health care leaders, the nursing community will seek innovative strategies for optimizing care (e.g., improve access to care for key population groups, considering the social determinants of health).

Strategic Priority 4

Optimize the patient/family experience through effective collaboration and partnership

Objective

- Improve the patient/family experience through quality of nursing care

Strategic Priority 5

Lead innovation to provide optimal care for patients

Objective

- Identify NP, RN and LPN opportunities that will have a positive impact by improving access and quality of care

“Nurses can improve patient care by focusing on health promotion and illness/disease prevention; and improving communication with the patient and their family in collaboration with other patient team members”

– nursing survey respondent

Definition of Terms

Advanced Nursing Practice

An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole” (Canadian Nurses Association (CNA), 2008).

Evidence-based care

Involves applying the best available research results (evidence) when making decisions about health care. Care providers who apply an evidence-based approach use research evidence along with clinical expertise and patient preferences (Jacobs, Jones, Gabella, Spring, & Brownson, 2012).

Full-time

Refers to regularly scheduled and working full-time hours as defined by the employment contract (e.g. 37.5 hours per week) (Registered Nurses of Ontario (RNAO), 2005, p.35).

LEADS Framework

A national leadership framework representing the key leadership competencies and capabilities that benefit a leader’s capacity to lead at all levels of the organization. The acronym LEADS represents the five key domains of leadership including; Leads self, Engage others, Achieve results, Develop coalitions, and Systems transformation.

Magnet Recognition

An international organizational credential that recognizes nursing excellence in health care organizations. The Magnet Recognition Program is based on research that demonstrates that creating a positive professional practice environment for nurses leads to improved outcomes – for staff and for patients. (American Nurses Credentialing Centre, 2016).

Nurse

The term nurse in this document refers to regulated nurses: Nurse Practitioner (NP), Registered Nurse (RN) and Licensed Practical Nurse (LPN).

Part-time

Refers to regularly scheduled and working less than full time hours as specified in the employment contract (Registered Nurses of Ontario (RNAO), 2005, p.35).

Patient

A generic term used to describe any person receiving health care services from Health PEI, and includes persons referred to as clients or residents (Health PEI, 2015).

Person- and family-centered care

Refers to care that meets the specific needs of the individual and their family, giving them the best opportunity to lead the life that they want. A person- and family-centered approach recognizes that the person is an equal partner in planning their care, and their choices are respected and personal values recognized. Family can include anyone who provides care and support (World Health Organization, 2016).

Provincial Nursing Leadership Committee

The purpose of the Provincial Nursing Leadership Committee (PNLC) is to provide strategic and operational direction and leadership to nursing and nursing services within Health PEI. The goal of the PNLC is to standardize and advance the professional practice of nursing in all practice contexts to enable quality nursing services to be delivered to the clients/patients/residents of Prince Edward Island.

The scope of this committee relates to NPs, RNs, LPNs and all other members of the nursing care team within Health PEI.

Committee Membership

CHAIR

Chief of Nursing, Allied Health and Patient Experience

ACUTE CARE

2 Representatives (East and West, larger centre and smaller centre represented)

LONG-TERM CARE

2 Representatives (East and West, larger centre and smaller centre represented)

PRIMARY CARE

1 Representative

HOME CARE

1 Representative

PUBLIC HEALTH

1 Representative

MENTAL HEALTH AND ADDICTIONS

2 Representatives (inpatient and outpatient services)

AMBULATORY CARE, DIALYSIS AND CANCER CARE

1 Representative

DEPARTMENT OF HEALTH AND WELLNESS

Nursing Policy Analyst

The main committee resource is the Health PEI Nursing Research Lead and one Administrative Assistant.

Turnover

Defined as the process whereby nursing staff leave or transfer within the hospital environment (O'Brien-Pallas et al as cited by Kovner, Brewer, & Fatehi, 2014). For the purpose of the Nursing Strategy, it is the process whereby nursing staff leave or transfer within health care service areas.



References

- Aiken, L.H., Sloane, D.M., Clarke, S., Poghosyan, L., Cho, E., You, L., Finlayson, M., Kanai-Pak, M., & Aunguroch, Y. (2011). Importance of work environments on hospital outcomes in nine countries. *International Journal for Quality in Health Care*, 23(4), 359-364.
- American Nurses Credentialing Centre. (2016). Magnet Recognition Program® Overview. Retrieved from: <http://www.nursecredentialing.org/Magnet/International/MagnetProgOverview.Overview>
- Boychuk Duchscher, J. (2009). Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing*. 65(5). 1103–1113. doi: 10.1111/j.1365-2648.2008.04898.x
- Canadian Foundation for Healthcare Improvement. (n.d.) Ingredients for successful patient engagement: Ready, set, engage: Preparing for engagement. Retrieved from: http://www.cfhi-fcass.ca/Libraries/Collaborations/PEP_Brief_Readiness_EN.sflb.ashx.
- Canadian Institute for Health Information. (2015). Regulated Nurses Report, 2014. Retrieved from: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2898&lang=en>
- Canadian Institute for Health Information. (2016). Regulated Nurses Report, 2015. Retrieved from: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC3152>
- Canadian Nurses Association. (2008). Advanced Nursing Practice: A National Framework. Retrieved from: https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf
- Canadian Nurses Association (2009). Fact Sheet. Nurses Offer Solutions for Cost-effective Health Care. Retrieved from: https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/roi_solutions_cost_fs_e.pdf?la=en
- Canadian Nurses Association. (2011). Interprofessional collaboration statement. Retrieved from: https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/interprofessional-collaboration_position-statement.pdf?la=en
- Cook, J., Hiroz, J., & Mildon, B. (2006). Strategies and outcomes associated with Magnet Hospitals Fact Sheet II of II. Nursing Health Services Research Unit, a collaborative project of the University of Toronto faculty of Nursing and McMaster University School of Nursing. Retrieved from: http://www.nhsru.com/wp-content/uploads/2010/11/Magnet-factsheet-Part-II-of-II-Strategies.FINAL1_.pdf
- DeSilva, B. (2009). Mentoring program enhances CM training. *Health Care Benchmarks and Quality Improvement*. 16(9), 99-102. Retrieved from: <http://www.henryfordconnect.com/documents/SladenLibrary/HBQI-September2009.pdf>
- Duchscher, J. E. B. (2009). Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses, *Journal of Advanced Nursing*, 65 (5) 1103–1113.
- Dyess, S. (2009). The first year of practice: new graduate nurses' transition and learning needs. *The Journal of Continuing Education*, 40 (9), 403-410. doi:10.3928/00220124-20090824-03.
- Ferguson, L.M. (2010). From the perspective of new nurses: What do effective mentors look like in practice? *Nurse Education in Practice*, 11, 119-123. doi:1016/j.nepr.2010.11.003.
- Fox, K.C. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing*, 4(1), 311-316. 10.3928/00220124-20100401-04.

Gilman, J.G. (2015). Recruitment and Retention Secretariat Presentation. PEI Department of Health and Wellness. Gilman, J.G. (2015). Results Nursing Students' Survey. Recruitment and Retention Secretariat. PEI Department of Health and Wellness.

Hall, L., Pink, G., Jones, C., Leatt, P., Gates, M., & Peterson, J. (2009). Is the grass any greener? Canada to United States of America nurse migration. *International Nursing Review*, 56(2), 198-205. doi:10.1111/j.1466-7657.2008.00706.x

Health PEI. 2015. Guide for Common Language Use: Definitions.

Jacobs, J., Jones, E., Gabella, B., Spring, B., & Brownson, R. (2012). Tools for implementing an evidence-based approach in public health practice. *Preventing Chronic Disease*, 12(9).

Kovner, T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate?. *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71. doi: 10.1177/1527154414547953.

National Expert Commission. (2012). A nursing call to action. The health of our nation, the future of our health system. Retrieved from: https://www.cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf?la=en

Registered Nurses Association of Ontario. (2005). The 70 per cent solution: A progress report on increasing full-time employment for Ontario RNs. Retrieved from: http://rnao.ca/sites/rnao-ca/files/1146_70_Percent_Solution.pdf

Registered Nurses Association of Ontario. (2013-January) Nursing Care: RNAO's Policy Platform Backgrounder. Retrieved from http://rnao.ca/sites/rnao-ca/files/Nursing_Care_RNAO_2013.pdf

Registered Nurses Association of Ontario. (2013-July). Developing and Sustaining Nursing Leadership Best Practice Guideline, Second Edition.

Statistics Canada (2011). Statistics Canada, censuses of population, 2006 and 2011. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/2011001/fig/fig7-eng.cfm>

World Health Organisation. (2016). Framework on integrated, people-centred health services: report by the Secretariat. Retrieved from: <http://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>



Appendix A

NURSING STRATEGY STEERING COMMITTEE MEMBERS

MARION DOWLING

Chief of Nursing, Allied Health & Patient Experience,
Health PEI – Chair

BRENDA WORTH

Chief Nursing Officer & Executive Director of Laboratory
Services, Health PEI – Past Chair

MARILYN BARRETT

Director of Primary Care Networks & Chronic Disease,
Health PEI

CYNTHIA BRYANTON

President, Association of Registered Nurses of PEI

SHAUNA CHISHOLM

Nursing Strategy Steering Committee Lead Resource

DOROTHY DEWAR

Nursing Research Lead, Health PEI

DR. GULROSE JIWANI

Dean, UPEI School of Nursing

SHELLEY MACCALLUM

Health PEI Long Term Care-Gerontological Clinical Nurse
Consultant

DR. JO-ANN MACDONALD

Associate Professor, UPEI School of Nursing

MARNEY MACKINNON

Recruitment & Retention Secretariat, Department of
Health and Wellness

DAWN RIX-MOORE

Acting Executive Director, PEI Licensed Practical Nurses
Registration Board

DENISE PROUD

Learning Manager, Holland College Practical Nursing
Program

HEATHER RIX

Nursing Policy Analyst/Advisor, Department of Health
and Wellness

CATHY SINCLAIR

Recruitment & Retention Secretariat, Department of
Health and Wellness

TANYA TYNSKI

Executive Director of Human Resources, Health PEI

NURSING STRATEGY STAKEHOLDER GROUPS

Acute Care, Mental Health and Addictions Leadership
Team

Acute Care Directors of Nursing

Allied Health Representatives HEALTH PEI

Association of Registered Nurses of PEI Council

Collège de l'Île

Community Health Leadership Team

Department of Health and Wellness – Retention and
Recruitment Secretariat

Executive Leadership Team – Health PEI

Holland College – LPN Program (4 reps) Licensed
Practical Nurses Board

Long Term Care Leadership Team

Nursing Groups East and West – Health PEI

PEI Nurses Union Board

Provincial Medical Advisory Committee

Provincial Nursing Advisory Committee

Provincial Nursing Leadership Committee

UPEI – School of Nursing

Union of Public Sector Employees Board

Appendix B

NURSING STRATEGY STRATEGIC PRIORITIES, OBJECTIVES AND ACTIONS

1. Build and strengthen recruitment and retention activities.

Objectives		Actions
	A) Recruit new graduate nurses.	<ul style="list-style-type: none"> • Continue to work with the Department of Health and Wellness on active recruitment. • Work with educational institutions to ensure an adequate supply of nurses. • Promote the mentorship program for Health PEI among nursing staff. • Implement and monitor the new Nurse Graduate Employment Guarantee Program. • Continue to monitor nursing employment programs: Bachelor of Nursing Sponsorship, Nursing Student Summer Employment Program. • Explore additional opportunities with educational institutions to ensure clinical nursing instructors capacity for successful learning experience of students.
	B) Obtain a 60:40 full-time to part-time ratio for nurses.	<ul style="list-style-type: none"> • Develop a plan to increase the number of full time positions to achieve \geq 60:40 proportions. • Explore options to amalgamate positions that are less than 0.4 full time equivalents in consultation with unions.
	C) Recruit and retain nurses to vacant positions and positions with high turnover.	<ul style="list-style-type: none"> • Research recruitment best practice initiatives. • Explore opportunities to retain existing nurses in collaboration with unions and educational institutions (eg. special projects, dedicated educational units, etc.). • Support recruitment and retention efforts for experienced nurses and the recruitment, integration and retention of internationally educated nurses. • Identify strategies to improve nursing workforce capacity (e.g. exit rates, exit interviews, nursing projections data, etc.). • Identify strategies to plan, recruit and retain nurses in specialty areas.

2. Create and sustain empowered work environments for nurses.

Objectives	Actions
A) Improve the practice environment and work-life balance for nurses.	<ul style="list-style-type: none"> • Research and develop strategies aimed at improving healthy work environments (eg. could include adoption of Registered Nurses Association of Ontario Best Practice Guidelines on Leadership or Developing and Sustaining Effective Staffing and Workload Practices). • Provide opportunities for nurses to be actively involved in various Health PEI committees, working groups and with professional associations and educational institutions. • Identify and research models of shared governance structures such as nursing practice councils or staff councils. • Develop a standardized process which supports prioritization of requests for time off, respecting collective agreements. • Investigate and implement nurse-led workplace improvement strategies.
B) Develop nursing leaders at all levels.	<ul style="list-style-type: none"> • Develop a succession plan for nursing leadership. • Continue to partner with UPEI School of Nursing in providing the Nursing Leadership Education Program. • Advocate for senior nursing leadership positions that have accountability for nursing practice, policy and governance. • Educate and encourage the use of the LEADS framework for leadership development. • Incorporate the LEADS framework into performance development plans. • Continue to partner with the Association of Registered Nurses of PEI and nursing leaders interested in adopting point-of-care leadership best practice guidelines to optimize nurses' ability to make decisions at the point-of-care.

3. Foster excellence in clinical practice.

Objectives		Actions
	A) Enable nurses to practice to the level to which they are educated and licensed.	<ul style="list-style-type: none"> • Determine and address barriers that prevent nurses from doing the work they are educated and licensed to do. • Collaborate with the Association of Registered Nurses of PEI and PEI Licensed Practical Nurses Registration Board to develop a more formalized process that supports continuing professional competence. • Continue to partner with professional associations to provide scope and standards of practice education to nurses including the accountability frameworks and code of ethics. • Continue to review policies and practices and standardize within a best practice/evidence based framework. • Incorporate entry-to-practice competencies and professional nursing standards into the orientation processes. • Propose changes to legislation and regulations aimed at improving and enhancing collaborative practice for NPs.
	B) Support a culture that values learning and education.	<ul style="list-style-type: none"> • Work with internal and external partners to provide education in high priority areas and specialty nursing services which require significant additional education and orientation (e.g. critical care, dialysis, etc.). • Strengthen and standardize process for return-in-service agreements for significant employer provided education and training. • Explore opportunities, internal/external resources required to provide continuing education for nurses as identified in nursing survey (e.g mental health services). • Identify professional development opportunities currently provided by employer and provide this resource list to nurses (e.g. online education calendar). • Investigate processes which support prioritizing educational opportunities for nurses, including time off.
	C) Collaboration within the interdisciplinary team.	<ul style="list-style-type: none"> • Explore opportunities to promote and support initiatives which strengthen interdisciplinary practice through education and work within interdisciplinary teams to enhance collaborative practice.

4. Optimize the patient/family experience through effective collaboration and partnership.

Objectives	A) Improve the patient/family experience through quality of nursing care.	Actions	<ul style="list-style-type: none">• Promote, support and lead the implementation of quality initiatives aimed at enhancing the patient/family experience.• Support educational opportunities for nurses on patient centered care.• Promote the adoption of Health PEI's vision of the Patient and Family Centered Care Steering Committee "Partnering with patients and families, we do better together" in all aspects.• Work with nursing leaders to encourage the adoption of quality nursing practices which optimize the patient/family experience (e.g. bedside hand-off reporting, 4 P Rounding, senior friendly initiatives in acute care).• Promote and support nursing services and resources for the Francophone population.
-------------------	---	----------------	---

5. Lead innovation to provide optimal care for patients.

Objectives	A) Identify NP, RN and LPN opportunities that will have a positive impact by improving access and quality of care.	Actions	<ul style="list-style-type: none">• Research evidence-based opportunities for nurses that can positively influence the health of Islanders.• Work with health care leaders to identify opportunities and strengthen nursing (NPs, RNs and LPNs) presence and roles across identified priority areas (eg. Primary Care, Long-Term Care, and Mental Health and Addictions).• Determine and report how nursing patient care information will be collected and used to measure performance, inform practice improvement and maximize patient outcomes.• Demonstrate, evaluate and report on the impact of nursing care on patient health outcomes.• Identify and support opportunities for nursing research partnerships.
-------------------	--	----------------	---

Health PEI

One Island Health System

Telephone:

(902) 368-6130

Fax:

(902) 368-4969

Mail:

Health PEI
16 Garfield Street
PO Box 2000
Charlottetown, PE
C1A 7N8

Email:

healthpei@gov.pe.ca

Web:

www.healthpei.ca

Twitter:

@Health_PEI

