

## Ringing alarm bells on changing models of care delivery



**Members tell us of a demon many of us thought had been slain 10 years ago: RNs in a few Ontario hospitals being replaced by RPNs and unregulated workers. Sadly, it seems**

nothing has been learned about the dangers of sacrificing RNs to balance budgets.

In 1996, RNAO called this move 'dangerous,' and no less severe a term applies now. Back then, there was already solid research supporting our concern. Now, 13 years later, the accumulated evidence is overwhelming and indisputable (you can read it on our website: [www.rnao.org/politicalactiontoolkit](http://www.rnao.org/politicalactiontoolkit)).

The amount of direct patient care RNs provide is directly linked to mortality and morbidity rates. Higher RN ratios result in fewer deaths, pressure ulcers, pneumonia, post-operative infections, urinary tract infections, gastrointestinal bleeds and cardiac arrests. Results also include shorter lengths of stay, improved failure to rescue rates, and superior organizational effectiveness and budgetary outcomes.

Why then are RNs still seen as dispensable when it's time to cut budgets? Part of the blame lies on health-care consultants making substantial profits while dismantling professional nursing, and the hospital executives hiring them. Sound familiar? During the 1990s, some consultants went from one organization to the next re-engineering their operations. Outcomes included dismantled nursing departments, RN substitution, decimated middle management, and a shift from primary nursing and total patient care to fragmented care delivered by teams of RNs, RPNs and PSWs. Years later, realizing their failed and costly experiment, organizations re-hired RNs and returned to models of care delivery that advance continuity of caregiver.

Today, riding on budget cuts and a recession, certain consulting firms are

making profits with a return to the past, promoting RN replacement and team nursing. They propose that health-care organizations treat every vacant RN position as one that could potentially be filled by an RPN or a PSW. They couch their recommendations in sophisticated rhetoric when the real intent is to change skill mix and nursing model of care delivery.

Claiming that an all-RN staff is inefficient, and that primary nursing or total patient care – hallmarks of continuity of care and caregiver – are outdated, they promote models with positive sounding titles

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such as "Inter-Professional Care Model." Once you peel back their rhetoric, you find a blatant reversion to "team nursing," a model discredited in the 1970s because it delivers fragmented care, and deprives patients of the continuity of care and caregiver they need and deserve. It also deprives RNs (working with complex patients) and RPNs (working with stable patients with predictable outcomes) from participating and being accountable for the entire care process, elements that are essential to quality patient outcomes and nurse satisfaction. It is a step backwards, and one taken against all available scientific evidence.

Thankfully, RNAO is now a policy and political powerhouse, and consulting firms and organizations that use taxpayers' money are under strict media and public scrutiny. RNAO has informed senior officials in the Premier's Office that we will ensure public dollars are not used to dismantle professional nursing. We are also in discussions with some of the hospitals that are making these staffing and care delivery model changes. And we're responding to nurses who are worried about their ability to provide safe, high-quality patient care.

As our President Wendy Fucile shares in her column, this is a national trend. RNAO is ringing the alarm bell because we cannot afford to go down – yet again – a path of de-skilling patient care and downsizing the RN workforce. This time, the stakes are even higher. An aging workforce won't stick around. As soon as the recession is over, if not before, frustrated late-career RNs, again feeling devalued, will simply retire and take their expertise with them. Mid-career RNs will weigh options for their futures. And new grads, who we have worked so hard and successfully to keep in Ontario, won't wait either. As we saw a decade ago, they'll head for the United States and the promise of a full-time position and continuity of caregiver.

In the 1990s, RNAO called on every member to stand up for our profession and talk about the evidence linking RNs to better outcomes for patients and budgets. The same action is needed today. Pressure your organizations and your MPPs. Share your stories with the media. Call RNAO – we will stand by you, and with you! Encourage your colleagues to join RNAO and get our legal assistance program (LAP) to support you. Together, we will speak truth to power to protect our patients, our profession, and our province's health-care system. **RN**

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