



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

RNAO continues to sound the alarm on changing models of nursing care

RNAO continues to speak out against actions being taken in some hospitals across Ontario. The association is gravely concerned about proposed nursing staffing models that – disguised under other names – take us back to “functional nursing.”

In our correspondence and meetings with health-care organizations, we have been sharing the importance of nursing staffing models that secure continuity of care and continuity of caregiver, using RNs for the total nursing care of unstable patients with unpredictable outcomes, RPNs for the total nursing care of stable patients with predictable outcomes, and PSWs for support with care provision where appropriate as delegated by a nurse¹.

At a time when hospitals are cash strapped, senior executives must use evidence to make decisions, not experiment with patients' lives. The evidence on nursing models of care delivery conclusively shows that fragmentation leads to medical errors². The evidence also shows that using RNs results in improved clinical and financial outcomes. Indeed, the amount of direct patient care RNs provide is directly linked to mortality and morbidity rates. Higher levels of care from RNs result in fewer deaths^{3, 4}, readmissions⁵, pressure ulcers⁶, pneumonia^{7, 8} and other pulmonary events, post-operative infections^{4,7}, urinary tract infections, upper gastrointestinal bleeds⁷, cardiac arrests⁷ and medication errors^{9, 10}. A higher proportion of RNs is also linked to shorter lengths of stay and improvements in failure to rescue³, as well as superior organizational effectiveness and budgetary outcomes^{9,11}. Recent evidence also demonstrates that client outcomes improve when RNs provide direct care instead of assuming a supervisory role in functional nursing¹².

References

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