

Every Albertan must have access to safe, high quality care where and whenever they need it.

To best deliver this care today and in the future, AHS must take action now.

AHS is launching a new collaborative care model at three demonstration sites: Medicine Hat Regional Hospital, Royal Alexandra Hospital and the University of Alberta Hospital.

This collaborative care model places patients at the heart of everything we do. This model asks care team members to communicate more often with patients, their families and each other.

Our physicians, nurses and staff are well trained and have many skills. We must ensure that we create the kind of work environment in which every person is able to work well with others and to the best of their ability. That, in turn, creates a great place in which to give and receive high quality care.

The new model is about supporting our staff to do their job better. It is not about taking their jobs away. We are not cutting nurses. We are asking our nurses to work where and in ways that will best meet our patients' needs.

We are asking our nurses to lead and do the best job they are trained and skilled to do. Today, Registered Nurses are often doing work that other members of the nursing community are able to do. We need our Registered Nurses working to the full scope of their training and abilities. And, we are asking Health Care Aides and Licensed Practical Nurses to work well with our registered nurses so that together, the whole nursing team can deliver high quality team based care.

In turn, our patients receive better care.

We recognize and celebrate the work our nurses do every day. What we need to do is ensure we have the supports and resources in place so our RNs can do they job they are trained to do, unhindered by work that can and should be done by others.

Our nurses provide great care to our patients. We must create the kind of environment in which patients and families work with nurses who are achieving their greatest potential. That is what this pilot is about.

Why are you making changes to the way nurses work?

We looked carefully at the care needs of patients in our pilot units. Then we reviewed what kinds of skills are needed to deliver that care.

What we learned is that patients were not getting what they needed from Registered Nurses because Registered Nurses were spending their time doing work that other team members and caregivers could and should be doing.

In order to free up Registered Nursing time to do what only Registered Nurses do, we are supporting other members of the nursing team - Health Care Aides and Licensed Practical Nurses - to provide more of the care that they are fully qualified to provide. This frees up Registered Nurses to lead and ensure delivery of the highest standard of overall nursing care.

What is the Collaborative Care Model?

The Collaborative Care Model is a new team-based way of working. Patients and families are at the centre surrounded by their health team. Patients and their families participate in planning their care, their goals and their next steps towards going home.

The new model means having the right team members caring for a patient. It is also about ensuring every team member is working to the best of their ability— doing the work they are specifically skilled and trained to perform.

The Collaborative Care Model ensures the right mix of health care providers is in place to look after our patients - right care by the right provider, at the right time, every time.

What is the evidence? How do we know this is the right solution?

In a report titled, A Nursing Call to Action¹, by the Canadian Nurses Association, researchers discuss the most efficient ways to meet the health needs of Canadians. Among the solutions is the idea of a new model of care.

This is consistent with AHS' own findings². AHS researched a way forward: literature reviews; environmental scans and conversations with health organizations across Canada; observational data collection on six units across three sites; interviews and focus groups with patients,

¹ National Expert Commission, [A Nursing Call the Action](#), May 2011

² Workforce Model Transformation Project, [Workforce Model Transformation \(WMT\) Leading Practices, Definitions, and References](#), September 2012

families, staff and physicians; population profiling and workflow simulation modeling and staffing scenarios and adoption of leading practices from transformational work within AHS.

It was determined that the Collaborative Care Model will enhance productivity and create a sustainable health care system. The evidence for the model reveals that patients will have a better experience, better care and health outcomes. Staff job satisfaction will also increase.

Is the model safe? Won't having fewer Registered Nurses on the units compromise safety and quality of care?

Research tells us that when Registered Nurses work at their full scope of practice, patient outcomes improve. The new model is going to ensure our Registered Nurses have the opportunity to put all their education and skills to work.

We are transforming the health system into a place where the right person is doing the right work.

It is essential that the whole team, including RNs, LPNs, HCAs are supported so they can safely perform the duties they are trained to do.

How will this enhance patient care?

Our patients want and deserve safe, quality and accessible care.

This model puts patients and families at the heart of care. Patients and families are key contributors to their own care plan.

Through daily communications patients, families and care team members are up to date with progress and plans. Ultimately this will ensure that hospital stays are only as long as required and that the next bed is available for whoever needs it most.

Ensuring the right mix of health providers will ensure that we maximize our ability to care for our patients using all the skills of our entire workforce. This will help build a sustainable health care system for Albertans today and in the future.

Is this a cost-saving measure?

First and foremost this is about patient care. We want patients and their families to be at the centre of their care planning, supported by those best suited to meet their care needs.

Through this process, we will create opportunities for every health team member to do things they can and should be doing. We will also find opportunity to do things in ways we have never done them before. We will be more efficient and effective.

It is estimated that we will need an additional 35,000 clinical workers in the next five years. Providing efficient care will significantly decrease the additional number of clinical workers needed as we grow to meet the health needs of Albertans.

We keep hearing we need Registered Nurses, why are we reducing the numbers of them?

We do need Registered Nurses. Registered Nurses are highly skilled and an important part of the health care team.

We are not reducing our overall nursing workforce. In fact, our nursing workforce (including Licensed Practical Nurses and Health Care Aides) has increased by 13 per cent, or more than 3,650, since 2010. Right now, there are hundreds of postings for RNs across the province.

Are you replacing RNs with Health Care Aides?

No. Each team member brings a unique skill set and training to a health care setting. What we are trying to do is transform the health system to be sure the right person is doing the right work. Health care aides are able to do many things safely and well within the nursing team.

We are changing how we think about and deliver patient care. We want to make sure we are using all our talent, in the best way possible.

Why is there a reduction in the number of staff?

Every unit begins their transformation journey from a unique starting point. Because of this, some units may realize an increase in staff numbers while others may not.

We must ensure that clinical staff, including nurses, are in roles and teams where they are needed most.

Some staff will move to new teams, units or roles. While we recognize that change is hard, with change comes new opportunity and new relationships. We will support our employees through these changes.

It is very important to note that under the terms of our collective agreements we are required to give a layoff notice as the first step in moving staff to areas of greater need.

In order to move into the new model we must issue a lay-off notice to start the process of a move. This does not mean someone is losing his or her job.

If the new model of care is team-based, who is leading?

In the new model, many people, including the patient and their family will contribute to the overall plan of care. Leadership in care will come from many places. On any given day, for any given patient, individual team members will lead specific activities in support of overall care. The RN hub leader will be the overall leader and coordinator of care for patients within that care hub.

Physicians will continue to lead on medical care.

There will also be a new role, a Collaborative Practice Leader (CPL), who will support the whole team to ensure high quality, safe care.

Where are the demonstration units?

There are three demonstration sites: Medicine Hat Regional Hospital, Royal Alexandra Hospital and the University of Alberta Hospital. One medical unit and one surgical unit at each location are involved in the demonstration project.

What are the timelines for the demonstration units?

In Edmonton, the new care model began on September 9, 2013. Medicine Hat is not at the same stage and will take longer to implement.

We are planning now the way forward to fully implement the new care model on the demonstration units at Medicine Hat Regional Hospital.

In the meantime, we are continuing to develop care processes and routines of care as well as educational material to prepare for full implementation. We are committed to collaborative care in Medicine Hat.

Will the collaborative care model be rolled out across the province?

We will deliver this collaborative model across the province because it's the right thing to do.

After the model is implemented on the demonstration units, the plan is to spread this model throughout medical/surgical beds within AHS over the next two years.

How will the model be evaluated?

Patients, families, staff, and physicians, along with professional associations and unions, are involved in the evaluation. We are using real-time monitoring, have established indicators and will conduct interviews and satisfaction surveys. Real-time Indicators will include RAPID/Met calls, patient falls, medication errors, infection rates, patient satisfaction, patient self-reported outcomes, workload measures, and employee injuries.