NHSRU | Nursing Health Services Research Unit

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STRATEGIES TO ADVANCE 70% FULL-TIME NURSE EMPLOYMENT

TOOLKIT

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INTRODUCTION

This toolkit is the result of a collaboration between the Nursing Health Services Research Unit (NHSRU) at McMaster University and four Local Health Integration Networks (LHINs): Central West, Hamilton-Niagara-Haldimand-Brant, South East, and South West. This partnership was formed to address the Ministry of Health and Long-Term Care's (MOHLTC) priority theme of a "70% Full-Time Commitment" to nurse employment (RN, RPN and NP) in the province of Ontario. In examining this commitment within the context of the four participating LHINs, two documents have been produced for each LHIN. The first is a LHIN specific report entitled: *A Made-in-LHIN Solution: Identifying Local Needs in 70% Full Time Nurse Employment* (Baumann, Crea, Idriss, Hunsberger & Blythe, 2009); and the second is this toolkit. The report describes the results of a research study conducted by the NHSRU that examined nurse employment across the four participating LHINs. It provides evidence of the fluctuating stability of nursing employment over the last two decades and identifies a series of focused strategies to achieve 70% full-time health workforce alliance. The NHSRU at McMaster University and the LHINs, hosted a workshop for the participating LHINs, entitled: *70% Full-time Nursing LHIN Engagement Initiative Workshop.* The goals of the session were to:

- present an update and report on the NHSRU's activities on this initiative;
- exchange innovative approaches to increasing the ratio of full-time nurses, while addressing local needs;
- increase leadership capacity to implement resources; and,
- develop a sustainable network of contacts across LHINs for exchanging ideas and strategies for increasing the ratio of full-time nurses.

Nurse stakeholders from across the four LHINs were invited to attend. The format of the workshop included roundtable discussions regarding eight targeted strategies to advance and sustain full-time nurse employment. The strategies presented at the workshop emerged from interviews with nurse employers across sectors (acute care, long-term care and community) and geographical context (rural and urban). Participants were asked to share their experiences in using the different strategies based on enablers and barriers to implementation. This toolkit reflects the results of these discussions and presents the eight strategies in a format that can be used to assist organizations in increasing full-time employment of their nurses. The toolkit was generated directly from the participation of nurse employers and their terms and language is used throughout the text. An emergent design based on Participatory Action Research (PAR) principles was used to demonstrate the practical experience of employers.

PURPOSE OF THE TOOLKIT

This toolkit was designed for nurse employers across the province of Ontario to use as a resource in working toward the 70% full-time nurse commitment. It is a practical guide to assist Nurse Managers and Human Resource Staff in identifying staffing needs and creating organization-specific strategies to increase full-time employment for nurses (RNs and RPNs).

The following eight strategies were identified by key stakeholders as successful tools for increasing FT nurse employment.

1. Innovative scheduling
2. Cross-training
3. Collaborating across Sectors
4. Creating full-time positions from available hours
5. Creating specialty lines across sites
6. Aligning RPN competencies with patient needs
7. Participating in government initiatives
8. Building relationships with academic partners.

This list is provided as a starting point from which to build a health human resource strategy that will work best within your organization. Each of the eight strategies is outlined according to the following elements:

- What it is
- Benefits
- Challenges
- Resources required
- Examples

ACRONYMS AND DEFINITIONS

CNO	College of Nurses of Ontario www.cno.org
CW	Central West Local Health Integration Network www.centralwestlhin.on.ca
FT	Full-time
HNHB	Hamilton Niagara Haldimand Brant Local Health Integration Network www.hnhblhin.on.ca
IEHPI	Internationally Educated Health Professionals Initiative http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/recru/init-prof-educ-eng.php
LCI	Late Career Initiative http://www.health.gov.on.ca/english/providers/program/nursing_sec/strategy_app_mn.html
LHINs	Local Health Integration Networks
MOHLTC	Ministry of Health and Long-Term Care www.health.gov.on.ca
NGG	Nursing Graduate Guarantee http://www.healthforceontario.ca/Work/InsideOntario/OntarioNurses/NursingGradGuarantee.aspx
NHSRU	Nursing Health Sciences Research Unit www.nhsru.com
NP	Nurse Practitioner
NRF	Nursing Retention Fund www.nursingretentionfund.ca
ONA	Ontario Nurses' Association www.ona.org
PT	Part-time
RN	Registered Nurse
RPN	Registered Practical Nurse
SE	South East Local Health Integration Network www.southeastlhin.on.ca

SW	South West Local Health Integration Network www.southwestlhin.ca

Innovative Scheduling

What is it?

Innovative scheduling is an approach to staff scheduling that allows for greater flexibility in scheduling shifts. Some examples of innovative scheduling include varied length of shifts, varied numbers of work hours per time period, a compressed work week, weekend alternative plans, job sharing, and self-scheduling. Innovative scheduling has been shown to positively impact staff recruitment, retention, and job satisfaction thereby contributing to a healthy, sustainable nursing workforce (Health Employers Association of British Columbia, 2003).

What are the benefits of using this strategy?

The benefits of using innovative scheduling have been well documented. Nurse benefits are directly linked to high retention rates and job satisfaction. Some of the nurse benefits identified by stakeholders included:

- Ensures input into flexible and individualized schedules
- Increases autonomy while promoting accountability and control over schedule
- Enhances nurses' work/life balance
- Decreases physical impact of continuous shift work
- Increases innovation, satisfaction, and variety
- Minimizes absenteeism

In addition to the benefits for the nurse, organizations also profit from a healthy, happy nurse workforce. The benefits of using innovative scheduling identified for the organization included:

- Generates and maintains a greater FT complement
- Decreases overtime and absenteeism
- Supports staff's wellness and safety
- Improves recruitment and retention
- Enhances continuity of care and patient satisfaction
- Promotes a positive work environment
- Alleviates scheduling issues with administration

What are some of the challenges?

There are some challenges to implementing this approach that will vary according to the organization. Some identified challenges are as follows:

- Ensuring administrative knowledge of the organizational commitment to FT when creating work schedule
- An increased workload for managers in terms of tracking staff
- Fostering a positive working relationship with unions outside of negotiations to ensure local solutions are not hindered by rigid contracts and union stipulations
- Accommodating all staff members

Resources Required

The following resources were identified as necessary to successfully implement this strategy within an organization:

- Adequate funding to support FT staff.
- Human resources support.
- Buy-in from unions.
- Input and accountability from staff and management.
- Transparency between organizations regarding their scheduling.

Examples

Some examples of innovative scheduling used by organizations include:

- Create two or three schedules to meet the 24/7 demands for coverage. For example, a weekend schedule that includes one less registered staff and only one RN that worked a 7.5 hour shift (11am-7pm) that cut across both the day and night shift.
- Move from 8 hour shifts to 12 hour shifts, obtaining staff input into the scheduling process; meet with each employee, beginning with the person with most seniority, trying to accommodate their preferences for 8 or 12 hour shifts when creating a master schedule.
- 8 hour shifts during the week and 12 hour shifts on the weekend and every second weekend off.
- RNs work 12 hour shifts. Due to vacation time and stat holidays they take 1 vacation day and 1 LOA day every 2 weeks, thus working 1 week off/1 week on (approved by ONA). Benefits are not affected; only stipulation is 4 FT RN's must maintain their schedule.

Activity 1

In thinking about your own organization, answer the following questions:

1. Could innovative scheduling be implemented within your organization?
2. What resources would you require to successfully implement this strategy?
3. Who would benefit from this change?
4. Would a move to innovative scheduling affect your full-time nurse employment rate?

Cross-Training

What is it?

Cross-training involves training nurses to work in multiple clinical units within one organization, often across areas with some similarities in skills and related types of work. Providing nurses with the assistance and support to pursue professional education and ensure knowledge and skills are at the appropriate standard (RNAO, 2009).

What are the benefits of using this strategy?

The benefits of using this strategy are wide and varied. This particular method works well in smaller organizations where creating full-time positions within one specialty area may be difficult due to low patient census. The advantages of using this strategy are as follows:

- Ability to provide FT hours and status despite fluctuating demands.
- Gaining experience working in a variety of clinical areas.
- Enhancing new skill development.
- Heightened professional satisfaction due to a wide variety of work.
- Expanded career opportunities.
- Enables organization to have greater pool of skilled nurses for each area.
- May reduce staffing costs related to overtime and agency staff.

- Provides flexibility to distribute staff between units.
- Increases understanding and awareness among units and breaks down silos or isolated pockets of experience.
- Reduces burnout.
- Introduces new skills to other units.
- Increases the ability to cover sick calls.

What are some of the challenges?

Some of the barriers to cross-training success include:

- In smaller organizations with low volumes and unpredictable patient census, several PT nurses may be required to provide the clinical flexibility across a wide range of units.
- Nurses are not always required in every clinical area.
- Some nurses have no interest in cross-training.
- New graduates may prefer to work in one clinical area and remain in a PT position rather than cross-train for a FT position.
- Mid-career and older nurses may prefer either to be sent home or to take a vacation day on slow day.
- Grievances may arise from issues evident in one area but not in another.

Resources Required

The following is a list of resources required to successfully implement the cross-training strategy:

- Cooperation of managers and coordination of activities across units including performance feedback.
- Adequate time for follow-up with new staff.
- Financial resources provided for tuition assistance.
- Cooperation and communication with union.
- Adequate resources for the additional orientation and ongoing costs related to maintaining competence of staff.

Examples

Some examples of cross-training or clinical pods (defined as a group of nurses cross-trained in two or more specialty areas) as found in larger urban centres:

- A Women and Child Unit, including Labour and Delivery, Surgery, Gynaecological Surgery and Postpartum.
- A combination of Emergency In-Patient and Recovery Room.
- Critical Care and ER.
- Medical-Surgical and Critical Care (NTF).

Activity 2

Does cross-training work for you? Follow these steps to see if cross-training is right for your organization:

1. Survey your nursing staff to ask if anyone would be interested in cross-training to another unit.
2. Evaluate the number of part-time positions available in each clinical specialty.
3. Are there vacancies on units that could be easily combined (e.g., OB and paediatrics)?
4. Do a test run! Have a nurse volunteer to cross-train and work across two units for a period of one month.
5. Interview your nurse and clinical nurse managers to discuss what worked well and what did not.

Collaborating Across Sectors

What is it?

Integrating with community partners across sectors was a strategy that was identified by stakeholders in small and rural communities. It is involves a partnership between sectors (i.e., acute care, long-term care and community organizations) to create one FT position across organizations but within a single community, region or LHIN.

What are the benefits of using this strategy?

The benefits identified in using this strategy include:

- Provides the employee with the same benefits as FT employees in one organization.
- Working within a variety of practice settings may increase job satisfaction.
- Working cross-sectorally will stimulate a greater appreciation of the continuum of care.
- May create the opportunity for standardizing policies and procedures in different facilities across the sectors.
- Contributes to an increase in the continuity of care because of a regionalized support model, across the continuum.
- Optimizes regional planning efficiencies (similar to the LHIN model) for funding, staffing (especially overtime), human resources, education, proposal writing, infection control, and pandemic planning.
- Enables small organizations to maintain their FT RN complement.
- Allows small communities, consisting of a few organizations, to offer a collaborative FT position.
- Enables the purchase of services at shared facilities.
- Facilitates ease of marketing throughout the community and specifically to PT nurses who may be interested in working as a FTE at multiple sites.
- Could optimize cultural diversity with shared positions.
- Cross fertilization of best practices, knowledge transfer and information sharing.

What are some of the challenges?

The logistics of implementing this strategy may be more complex due to cross-sector policies and procedures which may inhibit an equitable partnership between employers. Some issues to consider in using this strategy include:

- Employee needs to have an administrative home base that provides the initial employment contract .The contract will include multiple employer input.
- Difficult to coordinate across participating organizations. For example, performance appraisal, quality, any potential downsizing, pay and benefits variations across acute care, LTC, and community.
- May involve variable routines and staff leading to scheduling challenges between organizations such as holidays.
- Need to consider a reasonable geographic area to mitigate transportation costs.
- Monitor risks with moving between organizations such as infection control, confidentiality, and insurance.
- May require an initial pilot project in one area at first for feasibility purposes.
- May be difficult to offer a predictable and consistent master schedule that includes shifts across settings.

Resources Required

The following resources are required for the successful implementation of this strategy:

- Cooperation and coordination of managers /union representatives/human resource departments across organizations.
- Time for monitoring and follow-up these unique employment arrangements.
- Time for orientation to the complex multiple site(S) arrangement new staff.
- Legal financial and administrative consensus.
- Potential reimbursement for transportation.

Examples

- RPN works in 2 LTC facilities may have unique full time contractual arrangement.
- Having a satellite centre in a smaller community hospital. Staff trained and paid by larger centre but all other costs covered by smaller hospital.
- Residential hospice may do ‘call’ for VON for palliative care.

- Within one small rural community, one nurse employed by acute care hospital, long-term care facility and one community organization. Share cost of 1 FTE across three types of organizations.

Activity 3

Contact other local organizations to discuss the opportunity to partner in sharing nurses and/or services. Remember collaborating with other organizations helps build capacity within a community.

Available Hours

What is it?

Creating FT positions from available hours means maximizing all possibilities to yield the highest FT to PT ratio. It would involve an analysis of current and past staffing and scheduling practices to reveal opportunities for the creation of FT lines using excess hours (e.g., from over-time, sick time or agency hours).

What are the benefits of using this strategy?

This strategy works well in larger organizations where staff turnover is high and PT positions arise more frequently. In this case, two or more part-time positions can easily combine into one full-time line. There are many benefits for both the staff and organization in implementing this strategy. Some of these include:

- Improves continuity of care and may enhance patient outcomes.
- Contributes to a healthy workplace.
- Promotes staff wellness and safety by decreasing sick leave.
- Staff has the option of benefits.
- Increases the stability of the workforce.
- Reduces the higher costs associated with overtime pay and use of agency staff.

- Reduces the risks associated with overtime hours including fitness to practice, fatigue, safety, and ethical/legal responsibilities for health human resource planning.

What are some of the challenges?

The challenges in implementing this strategy are much greater for smaller organizations. Some of the issues noted included:

- May not have PT lines that can be easily combined.
- May require a higher PT complement.
- If geographically dispersed, available PT positions may be too far apart.
- Must recognize that many PT staff do not want FT jobs.
- Reduces staffing flexibility

Resources Required

To be successful, this strategy will require the following:

- A workforce profile and plan.
- Time for HR and union to negotiate the increased availability of job-sharing positions.
- Discussion with administrator and expert with scheduling proficiency.
- Capacity building; ensuring staff work to their full scope of practice.
- Funding: incentives for retention, recruitment, and orientation.
- Continuing education with CNO.

Examples

Many possibilities exist when implementing this strategy. Some of the most popular methods used by organizations include:

- Combining PT Lines.
- Establishing temporary FT positions when over-staffed (cover maternity leaves).
- Converting FTEs to FT positions.
- Reducing FT hours to create more FT positions.
- Examining overtime costs and creates a model to convert hours to FT positions.

Activity 4

For a period of one month, track the number of over-time and agency hours used. Ask yourself these questions:

- Is there a consistent pattern?
- Are there peak times?
- How easily could these hours be converted to a new FT line?

Creating Specialty Lines across Multiple Sites

What is it?

Offering nurses a FT opportunity in a specialty area by allowing them to work across a number of sites within one organization. This strategy can be used by larger corporations that have multiple sites within one geographical area.

What are the benefits of using this strategy?

The benefits in using this strategy include:

- Offers interested new employees FT work in a specialty of their choosing.
- Nurses are able to gain experience in a variety of settings.
- Nurses develop an appreciation for the continuum of care.
- Provides a unique opportunity for cross-training.
- Promotes access to specialty nursing in smaller acute care organizations with low patient volumes and lack of physician specialists.
- Improves rural access to specialty services closer to home.
- Avoids overtime, vacancies, and turnover.
- Increases freedom and decreases dependence on Nurse Manager.
- Divides cost and savings between two units.
- May increase efficiencies with amalgamation of units.

- Encourages the creation of specially float pools or resource teams

What are some the challenges?

There are few challenges in implementing this strategy; however the following issues must be considered in utilizing this approach:

- Increases administrative responsibility for the coordination of specialty positions and vacancies across all sites.
- Requires the flexibility of the nurse to fulfill position and adhere to schedules at multiple sites.
- Necessitates new arrangements for clinical support.
- Possible Increased transportation costs.
- Issues of new job descriptions/employee evaluation /union and funding issues.

Resources Required

- Coordination of activities across organizations, including performance feedback.
- Adequate time to establish communication/orientation with new hires.
- Electronic scheduling with on-line requests permitted.

Examples

- In larger centres, a clinical float team can offer FT positions to nurses within one organization (Nursing Resource Team).
- In smaller organizations a Regional Float Team can offer FT positions to nurses across multiple sites.
- An operating room nurse works across two or three sites; FT position can be offered in one specialty area.

Activity 5

The following questions will help you decide if this strategy will work for you:

1. Are there nurses on staff that would like full-time but choose to stay in their preferred area of specialization?
2. Does your organization have multiple sites with similar specialties?
3. Are the sites in close geographical proximity to one another?
4. Would the staff nurse be willing to travel?

Using RPNS to Full Scope of Practice

What is it?

Providing opportunities for RPNs to obtain full-time employment with support for transitioning to additional responsibilities as appropriate.

What are the benefits of using this strategy?

A number of benefits in using this strategy were identified. These included:

- RNs and RPNs apply their competencies to best meet client needs.
- Encourages teamwork with increased opportunity for collaborative practice among RPNs and RNs.
- Promotes variety in RPN role.
- May increase the satisfaction, autonomy, and retention of RPNs.
- Maximizes use of skills knowledge in a variety of clinical settings.

What are some of the challenges?

- May benefit from one-on-one coaching and support to increase confidence in acquisition of new skills.
- Patient perception that quality of care changes between RN and RPN.

- RNs may believe their position and role is challenged.
- Obtaining union buy-in and support on potential issues pertaining to wages.

Resources Required

- Training and coaching may prove beneficial to assist the RPN in the transition to new roles.
- Time and commitment in encouraging colleges to use LTC placements to mitigate cultural misconceptions regarding LTC opportunities and required abilities.
- Public education to alleviate misconceptions.

Examples

- Offering experienced RPNs opportunities for leadership and mentoring for new RPNs.
- Have RPNs be educators, facilitators, etc.
- RPNs can take on a new role such as Resident Assessment Instrument (RAI) coordinator; do scheduling, call-ins, and ordering medications.

Activity 6

Use this checklist to see if you are prepared to evaluate RPN competencies in relation to the current role of the RPN in your organization?

Do you employ RPNs ? ☐Yes ☐No

Are they using their full scope of practice? ☐Yes ☐No

Does your Model of Care integrate RPNs? ☐Yes ☐No

Are your RPNs interested in using more advanced skills within their scope of practice?

☐Yes ☐No

If you answered yes to two or more of these questions, then this strategy may work for you.

Participating in Government Initiatives

What is it?

This strategy means an organization will take part in targeted government programs created to increase full-time employment for nurses. Some examples include:

- Nursing Graduate Guarantee (NGG)
- Late Career Initiative (LCI)
- Nursing Retention Fund (NRF)
- Internationally Educated Health Professionals Initiative (IEHPI)
- Critical Care Nurse Training Fund

What are the benefits of using this strategy?

The benefits in using this strategy surpass sector and geographical context. Government initiatives provide an opportunity for all organizations to access and utilize funds in order to increase full-time employment for nurses. The following is a list of benefits identified by stakeholders:

- Offers incentives to staff with different needs and interests in nursing roles, professional development, and career paths.
- Generates an increased range of job opportunities at different career phases.
- Provides skill development in leadership and mentorship.
- Presents opportunities to experience a variety of positions across sectors.
- Promotes recruitment and retention (NGG and LCI).
- Ability to re-invest NGG savings into mentorship programs for mid-career nurses
- Allows time to build capacity and engages new grads.
- Capitalizes on the invaluable experience and knowledge of older nurses and their years of participation in the health care system (through LCI).
- Provides succession planning and training opportunities.
- Enables knowledge transfer from expert to novice.

What are some of the challenges?

- Not all organizations that apply are successful in obtaining funding through NGG and LCI.

- Once the NGG phase has ended, organizations must streamline nurses into FT positions which may be difficult for smaller organizations.
- As older nurses have retained their FT positions with LCI, it could be challenging to employ FT new graduates in small organizations.
- Sustainability of positions created by some of the initiatives.
- Some new grads may hesitate to move to smaller centres with smaller organizations where they may see little prospect for FT work and social activities.
- Several older nurses may consider early retirement because of the physical, emotional and intellectual demands of their work.
- Finding sources and development of an electronic portal.
- Recognition of preceptors/mentors required for new grads.
- Nursing Units are not adequately staffed when the supernumerary have become FT.
-

Resources Required

- Time and experience to write grant applications.
- Adequate time to stay connected with new hires.
- Mentor availability.

Examples

Late Career Initiatives (LCI):

- RPN nurse was asked if she was thinking about retiring or if having the opportunity to continue working through the LCI would possibly change her mind. She said she thought it wou

Activity 7

Look up the following government initiatives to see if they might work for you:

- Nursing Graduate Guarantee (NGG) (MOHLTC, 2007a).
- Late Career Initiative (LCI) (MOHLTC, 2007b).
- Nursing Retention Fund (NRF) (RNAO, n.d.)
- Internationally Educated Health Professionals Initiative (IEHPI) (Health Canada, 2009).
- de Souza Funds(De Souza Insitute, 2008)
- Critical Care Training Fund (MOHLTC, 2006)

Building Relationships with Academic Partners

What is it?

Building relationships with academic partners means collaborating with educational institutions to include nursing students through clinical placements. By marketing directly to eligible candidates, recruitment of new graduates into specific sectors (i.e., Long-term care) and geographical contexts (i.e., rural) may increase.

What are the benefits of using this strategy?

- May ease graduates' transition from school to workplace, enabling their journey from student to practicing nurse.
- Could foster interaction among students, instructors, practitioners, and employers.
- Brings opportunities directly to job seekers.
- Provides an effective recruitment strategy for organizations, especially LTC and community organizations that increases the pool of potential nurses while conserving recruitment resources.
- Generates clinical placements for RN and RPN students from nearby nursing schools.
- Demystifies some of the stereotypes and exposes students to the advantages of working in LTC.

- Contributes HHR knowledge sharing, anticipating and reacting to demand; each collaborator delivers unique expertise to solve HHR challenges.
- Optimizes grant writing for targeted funding opportunities.
- Fosters a ripple effect of effective collaborations throughout the community.

What are the challenges?

The challenges in using this strategy are few and are related to the proximity of nursing schools to the organization. Some identified challenges include:

- Increased need for mentors to supervise students at work.
- Transportation barriers for students to travel to more rural or remote areas.
- Union agreement and participation.

Resources Required

- Time to invest in collaborative relationships.
- Orientation for placements.
- Clear and open communication between school and organization.

Examples

Educational institutions have successfully formed partnerships with both large academic health science centres and smaller community organizations to offer clinical placements for nursing students in a variety of settings. Some examples include:

- McMaster-Conestoga Collaborative BScN program offered at the Doon Campus in Kitchener, Ontario allows nursing students to do their 4th year clinical placement at nearby community hospitals such as Grand River Hospital and St. Mary's General Hospital.

- York University-Georgian College Collaborative BScN program allows nursing students the opportunity to work in more rural settings through placements at organizations in neighbouring cities such as Owen Sound.

Activity 8

Does your organization have clinical placements for students?

For those who do not:

What are the barriers to having student placements?

Could these barriers be overcome?

For more information on partnering with educational institutions, contact your local schools or the NHSRU at www.nhsru.com.

Create Your Own Organization's Strategy

We encourage you to develop your own innovative strategies for your particular organization. A template with guidelines is provided below for you to consider the importance of each element and its relevance to your initiative's successful implementation. E-mail your strategy to Dr. Andrea Baumann, Scientific Director of the NHSRU at baumanna@mcmaster.ca and we will consider it for the next edition of the toolkit. You will also be acknowledged as a contributor.

	Strategy:
What it is	– One sentence description
Benefits for Staff	– Individual nurse – Team members – Other staff
Benefits for Organization(s), Communities	– Small, large – Urban, rural – Acute care, Long Term Care, Community care, other – LHIN
Challenges	– For the community – For the organization(s) – For the LHIN – For the individual nurse – For team members, other staff
Resources Required	– Targeted funding – Time – People

Strategy:	
What it is	–
Benefits for Staff	–
Benefits for Organization(s), Communities	–
Challenges,	–
Resources Required	–

Contributors

Thank you to the following participants in the *"70% Full-time Nursing LHIN Engagement Initiative Workshop"* held on September 15, 2009 in Toronto, Ontario.

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Evidence

Baumann, A., Hunsberger, M., Blythe, J., & Crea, M. (November 2006). *Health Human Resource Series 6* The New Health Care Worker: *Implications of Changing Employment Patterns in Rural and Community Hospitals.* Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.

Baumann, A., Crea, M., Idriss, D., Hunsberger, M., & Blythe, J. (2009). *A Made-in-LHIN Solution: Identifying Local Needs in 70% Full-Time Nurse Employment*. Nursing Health Services Research Unit.

Baumann, A., Hunsberger, M., Idriss, D., Blythe, J., Alameddine, M & Grinspun, G. (2008). Health Human Resource Series Number 10. *Employment of Nursing Graduates: Evaluation of a Provincial Strategy*. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.

Baumann, A., Keatings, M., Blythe, J., Dziuba-Ellis, J., Johnson, G., Smith, T., White, K., & Pierson, S. (2005). The nursing resource team: An innovative Approach to staffing. *Nursing Health Services Research Unit.* Retrieved from: http://www.nhsru.com/documents/Nursing%20Resource%20Team%20Report%20August%202005.pdf

Canadian Nurses Association. (2004). Nurse Staff Mix: A Literature Review. Retrieved October 16, 2009, from http://www.cnaaiic.ca/CNA/documents/pdf/publications /Final_Staf_Mix_Literature_Review_e.pdf

College of Nurses of Ontario. (2005). *Practice Guideline: Utilization of RNs and RPNs.* Retrieved October 16, 2009, from http://www.cno.org/docs/prac/41062_UtilizeRn Rpn.pdf

Conn**,** V.S., Porter**.** R.T**.,** McDaniel, W.R., Rantz**,** M.J. Maas **,** M.L.(2005). Building research

productivity in an academic setting. *Nursing Outlook, 53(5),* 224-231.

Council of Academic Hospitals of Ontario (2006). *Leaders in health quality improvement*. Retrieved October 16, 2009 from: http://www.cahohospitals.com/newsletters/CAHO_NwltrFall06.pdf

De Souza Institute. (2008). *Financial Support*. Retrieved from http://www.desouzanurse.ca/financial_fellowships.shtml.

Fey, M. K. & Miltner, R. S. (2000). A competency-based orientation program for new graduate nurses. *Journal of Nursing Administration, 30*(3), 126-132. Retrieved October 16, 2009 from,http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=fulltext&AN=00005110-200003000-00004&D=ovftd

Fisher, A., Baumann, A., & Blythe, J. (2007). The effects of organizational flexibility on nurse utilization and vacancy statistics in Ontario hospitals. *Canadian Journal of Nursing Leadership, 20(4),* 48-64

Greenwald, H.P. (2008). *Challenges in Cross-Sectoral Partnerships: An Organizational Perspective.* Consortium on Collaborative Governance (CCG) Mini-Conference Retrieved October 16, 2009 from: http://www.usc.edu/schools/sppd/bedrosian/private/docs/ccg_papers/greenwald.pdf

Hamilton Niagara Haldimand Brant LHIN. (2006). *Integrated Health Service Plan (IHSP) Phase One.* Retrieved October 19, 2009 from http://www.hnhblhin.on.ca/WorkArea/showcontent.aspx?id=526

Health Canada/ (2009). *Internationally Trained Workers Initiative (ITWI). R*etrieved October 16, 2009, from: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/recru/init-prof-educ-eng.php

Health Employers Association of British Columbia. (2003) *Community Wage Schedules*. Retrieved from http://www.heabc.bc.ca/Page75.aspx.

Health Force Ontario. (2009). Why Chose Ontario? *Retrieved October 16, 2009, from:*

http://www.healthforceontario.ca/Work/OutsideOntario/NursesOutsideOntario/WhyChooseOntario.aspx

Ingersoll, G. L., Olsan, T., Drew-Cares, J., DeVinney, B. C., & Davies, J. (2002). Nurses job satisfaction, organizational commitment, and career intent. *Journal of Nursing Administration.* 32 (5), 250-264

Kilpatrick, K. Lavoie-Tremblay, M. (2006). Shiftwork: What health care managers need to know. *Health Care Manager, 25 (2),* 160-166.

Lowe, G.S. (2002). High-quality healthcare workplaces: a vision and action plan. *Healthcare Quarterly, 5*(4), 49-56

McGillis Hall, L., Doran, D., & Pink, G . (2004). Nurse staffing models, nursing hours and patient safety outcomes. *Journal of Nursing Administration. 34(1),* 41-45.

Mueller, C. (2002). Nurse Staffing in Long-term Care Facilities. *Journal of Nursing* Administration, 32(12), 640-647.

MOHLTC, 2005. The Nursing Resource Team: An Innovative Approach to Staffing. Retrieved October 16, 2009, from http://www.nhsru.com/documents/Nursing%20Resource%20Team%20Report%20August%202005.pdf

MOHLTC. (2006). *Health Human Resources Initiatives*. Retrieved from http://www.health.gov.on.ca/english/providers/program/critical_care/hhr_ccn_train.html

Ministry of Health and Long-Term Care. (2007a). *McGuinty government offers full-time job opportunity for every Ontario nursing graduate*. Retrieved October 16, 2009, from: http://www.health.gov.on.ca/english/media/news_releases/archives/nr_07/feb/nursing_graduate_nr_13_20070226.html

Ministry of Health and Long-Term Care. (2007b). *The MOHLTC late career nurse funding initiative results of the phase 2 impact evaluation.* Revived October 16, 2009, from:

http://www.nhsru.com/documents/LCN%20Phase%202%20Report.FINAL%20%20Jun 6%2007.pdf

Ministry of Health and Long-Term Care. (2009) *Nursing Secretariat*. Retrieved October 16, 2009, from:http://www.health.gov.on.ca/english/providers/program/nursing_sec/nursing_sec_mn.html

Nembhard, D.A.(2007). *Workforce cross-training*. Taylor and Francis Group. Florida.

Ontario Nurses Association. (2009). Collective Agreement: Ontario Hospital Association and Ontario Nurses' Association (1998-2001). Retrieved October 16, 2009 , from, http://www.ona.org/webfm_send/4932

RNAO.(n.d) P*erils of casual and part-time nursing.* retrieved October 16, 2009 from: http://www.rnaoknowledgedepot.ca/strengthening_nursing/hr_perils_of_casual.asp.

Registered Nurses Association of Ontario (2005). *The 70 per cent full time RN employment .* Toronto, Canada: Registered Nurses Association of Ontario..Retrieved October 19, 2009 from: http://www.rnaoknowledgedepot.ca/strengthening_nursing/hr_70_solution.asp

Registered Nurses Association of Ontario. (2007). *Staffing and Care Standards for Long-Term Care Homes. Retrieved October 16, 2009, from:* http://www.rnao.org/Storage/37/3163_RNAO_submission_to_MOHLTC_Staffing_and_Care_Standards_in_LTC_-_Dec_21_20071.pdf

RNAO. (2008). *Health Workplace Environments Best Practice Guidelines: Workplace Health, Safety and Well-being of the Nurse.* Retrieved October 16, 2009, from http://www.rnao.org/Storage/36/3089_RNAO_BPG_Health_Safety.pdf

RNAO. (2009). *Education Funding*. Retrieved from October 16, 2009, from http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=136

Registered Practical Nurses Association of Ontario (RPNAO). (2004). *Improved Patient and*

Fiscal Outcomes as a Result of Appropriate Use of Nursing Staff. Toronto, Ontario.

South West LHIN (2006). Working together for better health: The South West LHIN integrated health service plan. Retrieved from October 16, 2009, from http://www.southwestlhin.on.ca/uploadedFiles/Public_Community/Integrated_Health_Service_Plan/2006_IHSP/Integrated%20Health%20Service%20Plan.pdf

Smith, C. A., (2008). Implementing a nursing internship program. *Healthcare Quarterly,* 11(2), 76-79.

The University of British Columbia (2009). *Healthy workplace initiative fund.* Retrieved October 16, 2009,from: http://web.ubc.ca/okanagan/healthsustainability/workplacehealth/hwipf.html

Upenieks, V. (2002). Assessing Differences in Job Satisfaction of Nurses in Magnet and Nonmagnet Hospitals. *Journal of Nursing Administration, 32(11),* 564-576.

Wallace, L.A., Pierson, S. (2003). A case study: The initiative to improve RN scheduling at Hamilton Health Sciences. *Innovation in Leadership, 21(4),* 33-41

Wells, N., Free, M., Adams, R. (2007). Nursing Research Internship Enhancing Evidence-Based Practice among Staff Nurses*. Journal of Nursing Administration, 37*(3), 135-143