



HUNTER NEW ENGLAND  
NSW HEALTH

# Enrolled Nurses up-skilling and the experience of role redesign for both Enrolled and Registered Nurses

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# Introduction

- Overview of Departments
  - ❖ Immunology and Infectious Disease
  - ❖ Respiratory and Sleep Medicine
- Role redesign process
- Recruitment, retention, and staff satisfaction
- Future focus

# Department of Immunology & Infectious Disease

- 16 in patient beds (general medicine, immunology, and infectious diseases specialties)
- Out and About Program (23 virtual ward patients for treatment with antibiotics via central lines) and Infusion Lounge (44 infusions per week)
- IVI Team
- Sexual Health Unit
- Allergy clinic

# Department of Respiratory & Sleep Medicine

- 16 in patient beds - Respiratory specialty
- Respiratory Ambulatory Service
  - Asthma Management Service – in patients/outpatients
  - Pulmonary Rehabilitation Program (out patient participants, in patient referrals)
  - In patient/out patient Cystic Fibrosis Service
  - CPAP (continuous positive airways pressure) clinics for patients with sleep apnoea and other sleep disorders
  - Respiratory Failure Service
  - Tuberculosis (TB) Service

# Full Time Equivalent Nursing Staff



## Immunology & Infectious Diseases

TEN(Trainee Enrolled Nurse)-0

EEN(Endorsed Enrolled Nurse)&EN-5.8

RN(Registered Nurse)-18.4

CNS (Clinical Nurse Specialist)-3

CNC(Clinical Nurse Consultant)-2

Clinical NUM1-0.5

NUM2 (Nurse Unit Manager)-0.5

## Respiratory & Sleep

TEN – 1

EEN & EN (Enrolled Nurse) - 3.4

RN - 15

CNS – 1.4

CNC - 2

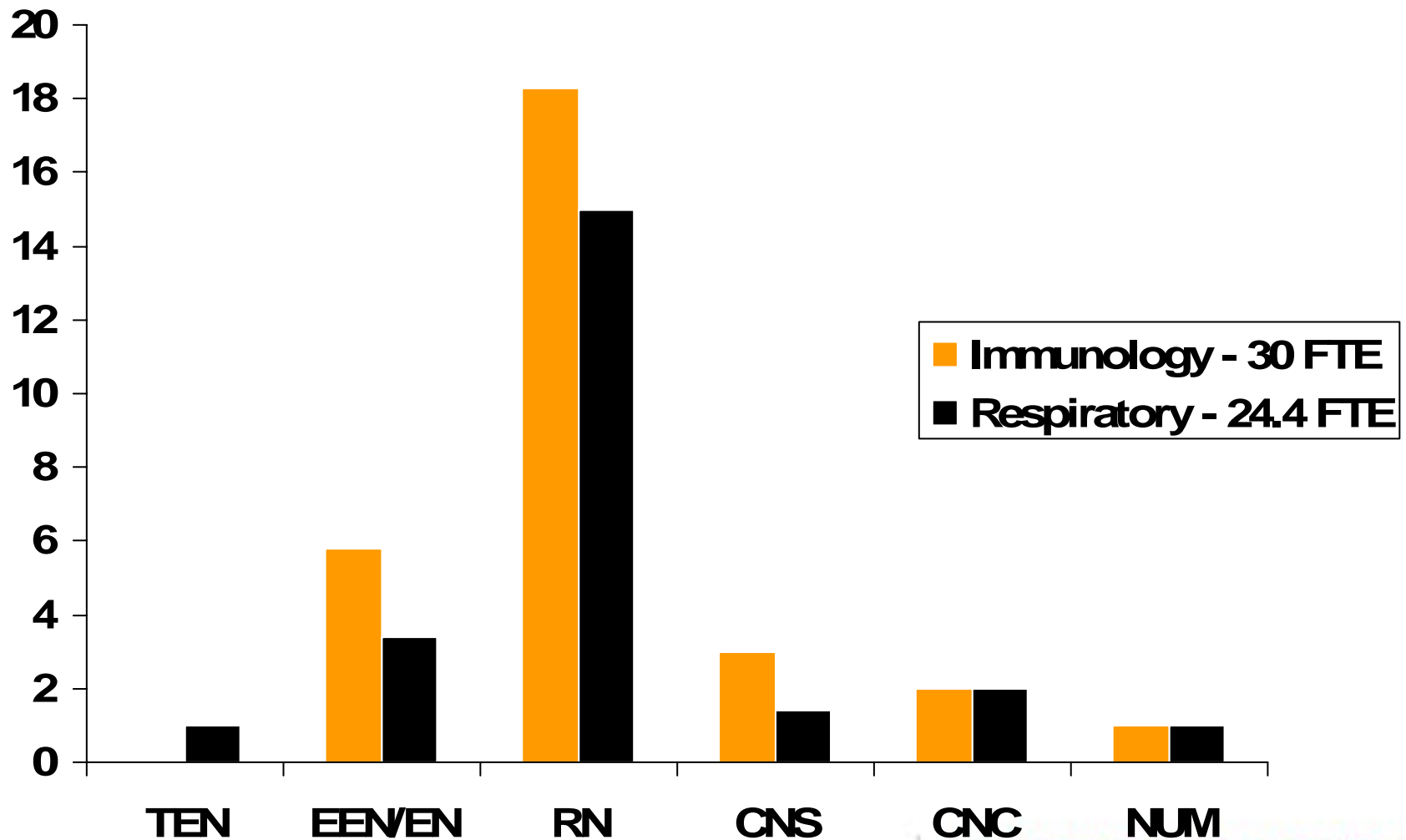
Clinical NUM1 – 0.5

NUM 2– 0.5

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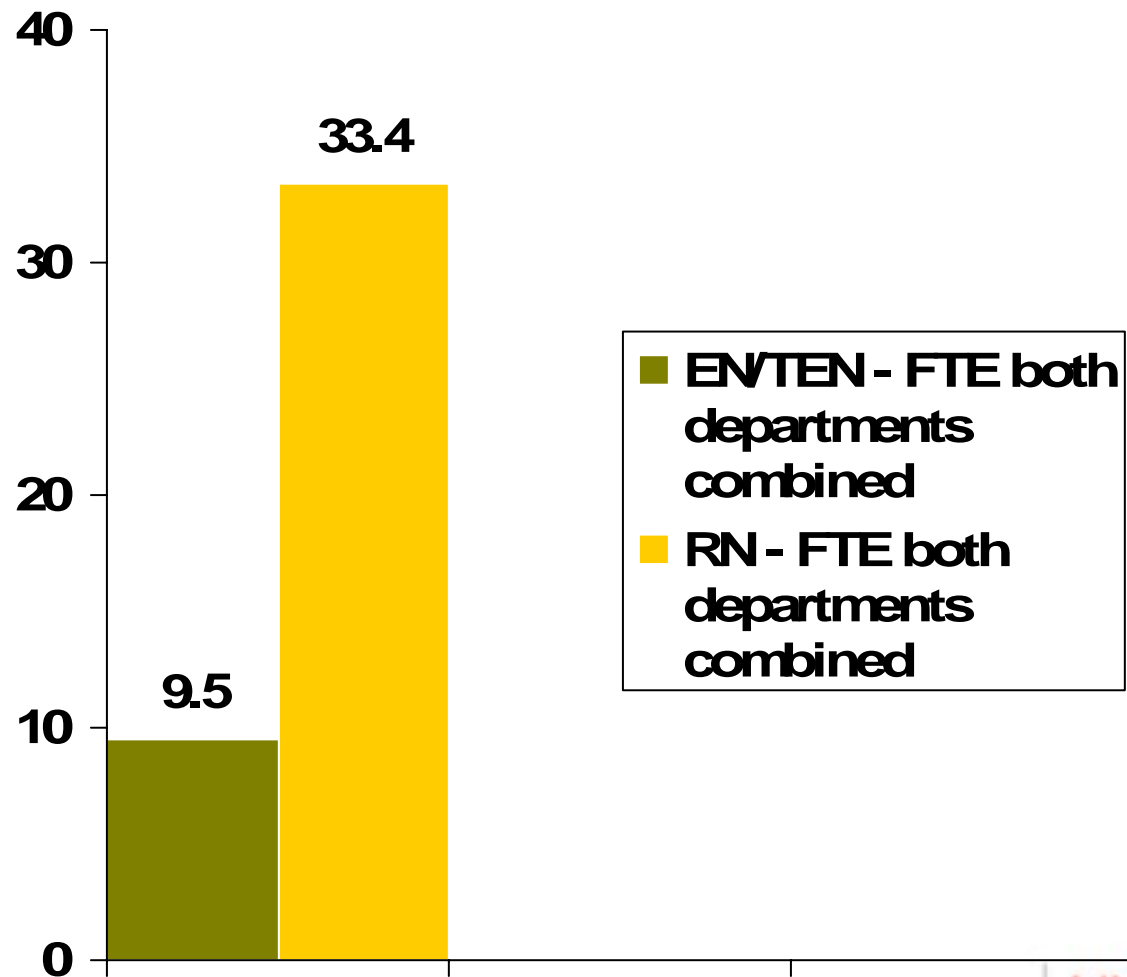
# Full Time Equivalent Nursing Staff



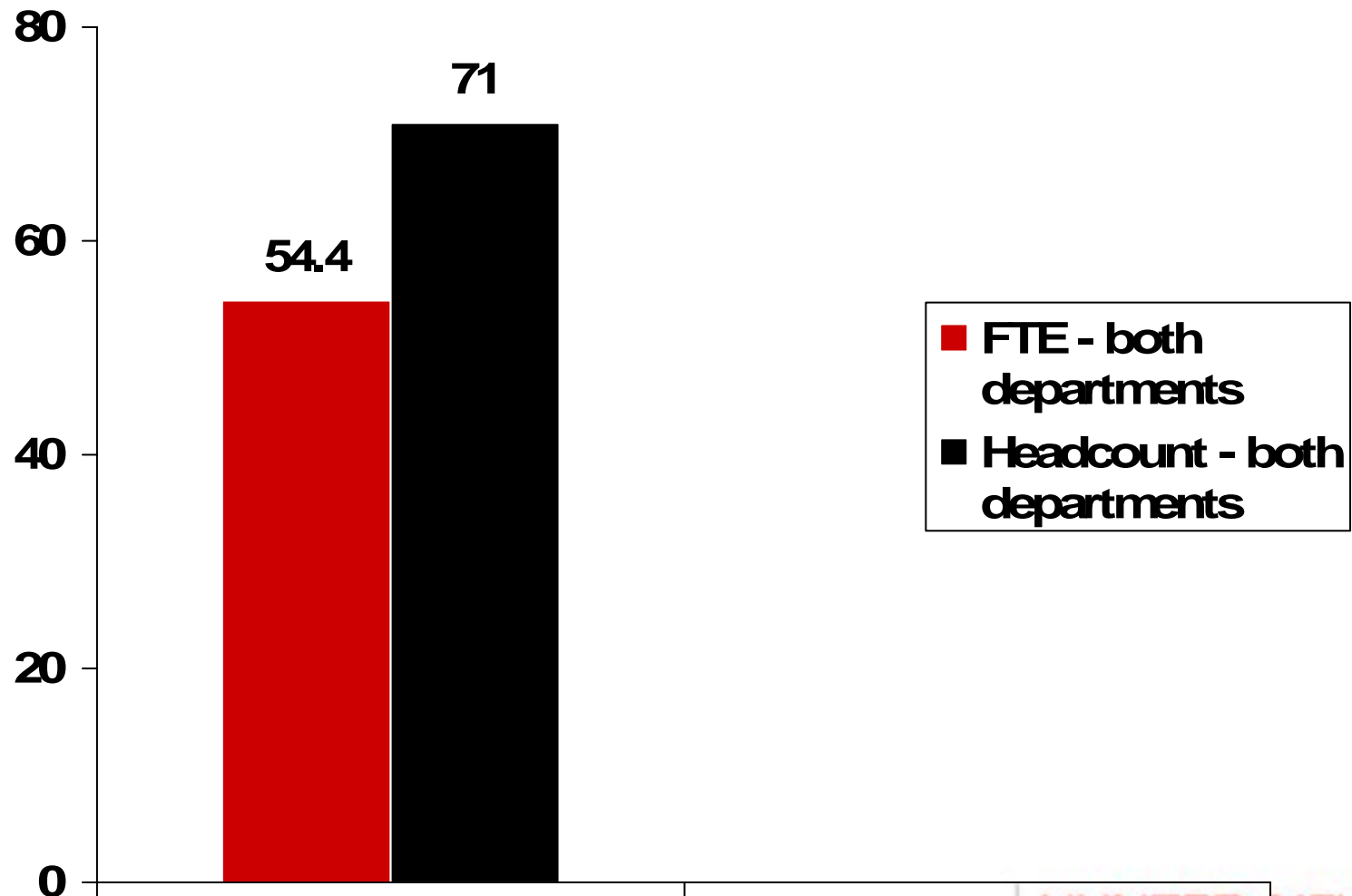
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# Enrolled Nurse to Registered Nurse Ratio



# Total Nursing FTE and Headcount Numbers



# Changes-Challenges

- Experienced staff utilised for off ward specialty areas leaving less experienced staff, casual and agency staff to work on wards
- Wards more acute and arduous “heavy”
- Maternity leave exodus – 6 experienced RN FTE positions in 2005-2006
- Role change – endorsement of Enrolled Nurses that enables ENs to administer medications
- Upskilling and team leader role of the Registered Nurse

# The Enrolled Nurse Role

- Scope of practice of the EN expanding – endorsement and working in more areas of nursing than ever before
- Perception that they need to become an RN
- Limited availability of post basic education and training opportunities for enrolled nurses
- Wanting to remain an EN and not become an EEN or rotate or up skill to other areas.

# The Registered Nurse Role

- Team leader – In charge of a team of inter-professionals
- More than ever before co-ordinates, directs and oversees ENs, Assistants in Nursing, nursing and medical students and junior medical staff
- Provides education to a range of groups; patients, community groups, nursing and other health care professional groups
- Nurse Practitioner career pathway

# The Registered Nurse Role

- Clinical skills that were once the domain of the Medical Officer
- Peripherally inserted central catheters and IV cannulas
- Performing Arterial Blood Gas analysis
- Administering IV Antibiotics
- Reviewing, interpreting and acting on the clinical results of the patient,
- Indwelling urinary catheterization (male)
- Nasogastric tube insertion.

# Role Redesign

- What aspects of the role currently performed by the RN could be performed by the EN?
- Reviewing and utilising several different Models of Care and the reviewing the literature
- Role review, redesign and evaluation was shared by the ENs, CNSs, NUM and RNs as the roles developed and evolved



# Goal of Role Redesign

- Provide better service in all areas of our departments by; continuity of care through rotation, improved skill mix, and improved staffing.
- Continuity of care for us means that the same nurse may care for the same patient as an in patient and then again while on the Out and About Program or when a patient attends the Pulmonary Rehabilitation Program after an admission for example.
- Most rewarding for both the patient and the staff member(s)

# Goal of Role Redesign

- Improved Skill Mix
- Morning Shift

Ward

Out and About

Respiratory Ambulatory

1 RN

3 RN

3 RN

1EN

1 EN

1 TEN

1 Casual Nurse

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# Goal of Role Redesign

- Improved Skill Mix
- Morning Shift

Ward	Out and About	Respiratory Ambulatory
2 RN	2 RN	2 RN
1 TEN	1 EN	2 EN
1 Casual Nurse		

# Goal of Role Redesign

- Provide better service in all areas of our departments by; continuity of care through rotation, improved skill mix, and improved staffing.
- Improved staffing
- Greater ability to fill shifts with more staff skilled and staff who are experienced in a particular specialty area whether they be an EN or RN.
- Instances of more staff eg 6 hour EN shifts in Out and About for two days rather than the one RN day.
- Due to cost and availability of staff

# Role Redesign – Respiratory and Sleep

- Respiratory - EEN
- TB service; DOT (direct observation therapy) and data entry
- Pulmonary Rehabilitation Program; referrals, assessments, running the program and all aspects of the co-ordination of the program.
- Smoking Cessation
- Respiratory – RN
- TB service; clinics, education, contact tracing, and in patients
- Pulmonary Rehabilitation Program; evaluation and review
- More time for other services – Asthma Management and Cystic Fibrosis Services

# Role Redesign – Respiratory and Sleep

- Respiratory - EEN
- Respiratory Failure Service; consults in patients and outpatients
- Sleep Clinics for CPAP and other sleep disorders, in patient referrals
- Respiratory – RN
- Respiratory Failure Service; clinics, and education
- Education

# Role Redesign – Respiratory and Sleep

- Respiratory - EEN
- Ward; ICC (intercostal chest catheters), tracheostomy management, Non Invasive Ventilation, assisting with procedures (pleural tap and biopsy), acute care management similar to an Acute Nursing Unit (ANU), High Dependency Unit(HDU) frequently.
- Respiratory – RN
- Directs, leads, delegates and co-ordinates the care of patients for ward/unit and the whole healthcare team.
- Participates in unit management; initiating safety walks, attendance at in service and infection control and other meetings

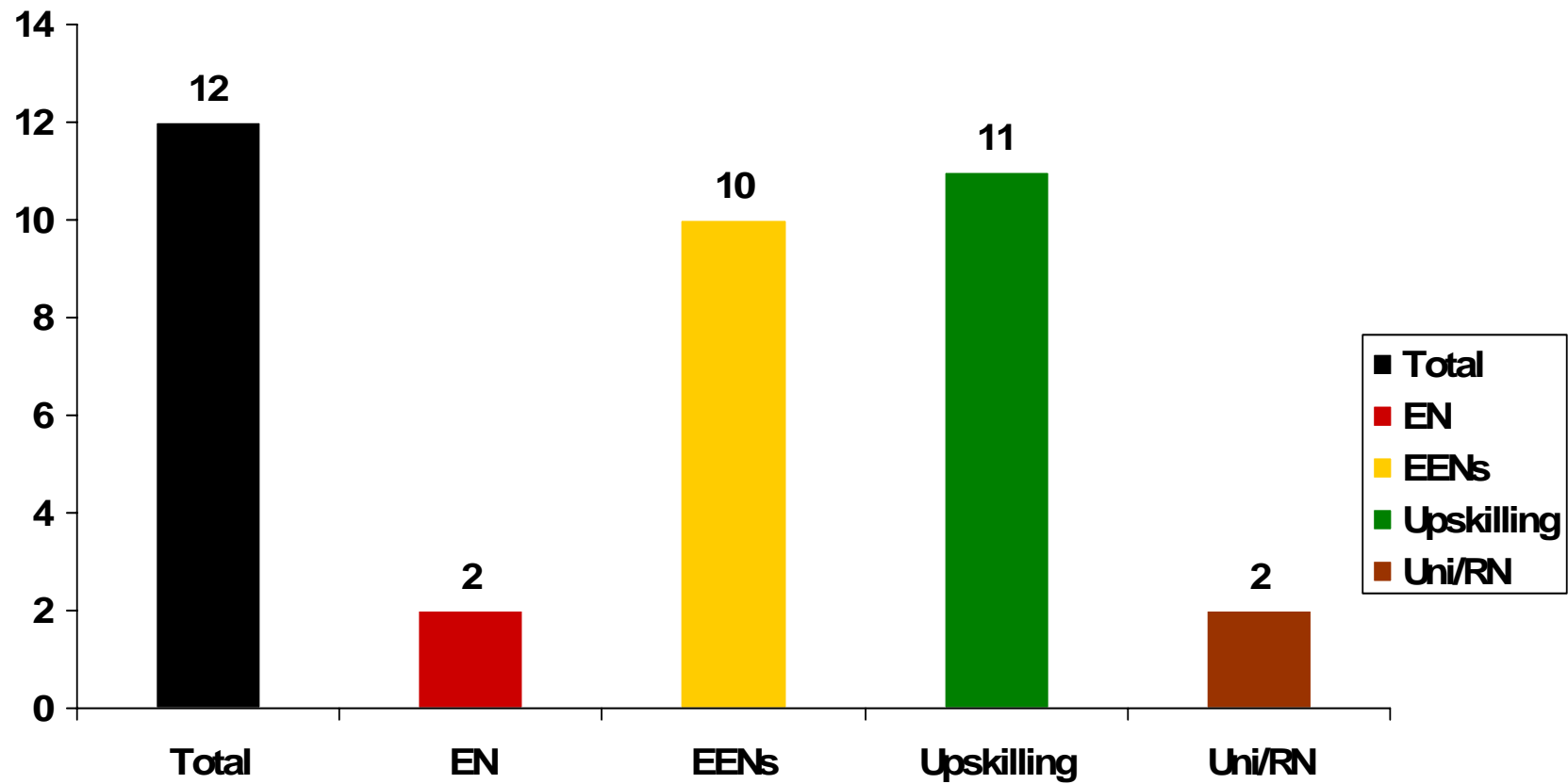
# Role Redesign – Immunology & Infectious Disease

- Immunology - EEN
- Out and About Program; management of various types of central lines, various forms of wounds and their dressings, co-ordination of patients on to and from the program, and all aspects of the program eg ordering of devices and medications and supplies, and working “on-call”
- Infusion Lounge; cannulation, administration of various infusions
- Immunology – RN
- Education and “in-charge – team leader” the EN is accountable to the RN in every area
- Administering Chemotherapy, PICC line insertion

# Role Redesign – Immunology & Infectious Disease

- Immunology EEN
- On ward acute/HDU care of patients, VAC (vacuum assisted closure) wound management, assisting with procedures such lumbar puncture, and long stay patients and those with specific nursing care plans for behavioural needs.
- Immunology RN
- Organises staffing, specific goods and services, is able to manage critical incidents and provide necessary documentation of same, assists with audits and data collection.
- Ensures there is a clearly documented plan of care with expected date of discharge for each patient.

# Enrolled Nurses



# Essential Basic Skills

- Demonstrate caring, compassion and empathy
- Listening and making time for patients
- Anytime showers and meals on time(review medication times)
- The ability to provide hygiene care, make patients feel clean, comfortable and pain free
- Combing hair, rubbing backs (and feet sometimes), reading stories/newspaper, taking a patient outside.

# Issues Identified

- EN – domineering and officious?
- RN – derogatory comments, feeling threatened?
- RN opposition and resistance - extra support for EN and attempt to get RN to see advantages
- How much is personality of the staff member and how much is an “actual” problem with redesign
- Weeding out the *real issues* from the *personality issues*

# Issues Identified

- No competency issues!
- Policy of the division with regard to cannulation
- *“You’re only doing this to save money”!*

# Strategies

- Highlight the rewards of teaching
- Reinforce the reward of having more staff able to **relieve** (for example for requested leave, more people to swap shifts with etc)
- Celebrate the role –with less career opportunity (no nurse practitioner, or management structure), ENs may be more able to have a voice and feel less restricted about how it may affect their career progression (Heartfield & Gibson, 2005)
- Celebrate the common responsibilities and competencies – *“who ever is around”* - being patient centered (Heartfield & Gibson, 2005)

# Strategies

- Communication - have regular meetings and /or give time
- Participation, ownership and involvement of staff
- Review practices and routines
- Power issues between groups RNs – ENs likened to nurses and doctors. The need to not let it divide nurses as a group highlighted
- Change process – embrace the resistance as a monitor of the change and rely on change agents

# Lessons learned

- Those most removed were most reluctant
- Embraced by high acuity areas
- Need to teach and develop RNs delegation and negotiation skills – from initial degree and on going through out career
- This was a process of rotation and redesign not “just rotation”

# Outcomes

- Better service delivery (not having to cancel clinics, continuity of care and more rapid patient flow)
- Achieving Key Performance Indicators (length of stay, time of discharge, emergency access performance, falls, pressure areas and medication incidents)
- Recruitment and retention
  - inundated with applicants whenever positions for ENs or RNs advertised.
  - Only 5.5 FTE resigned over the past 5 years 1.5 have returned and another has returned as a casual.
- Staff satisfaction – best results in all of John Hunter Hospital Press Ganey survey, 2004

# Definition of Staff Satisfaction

*“a positive affective response to work determined by the two perceptions of what should be and what is”*

*(Wade and Degerhannar, 1991)*

# Staff satisfaction depends on . . . .

- Salary, security, and status.
- Autonomy
- Responsibility
- Workload/staffing levels
- Managerial/supervisory support
- Repetitiveness/routine
- Quality of care, feedback and knowledge of ones efforts.

# Future Focus

- Opportunities and support “Role Redesign Process”, is an example
- Key Performance Indicators (KPIs) regarding staff satisfaction are needed
- Better measures of recruitment, retention, and staff satisfaction are required - KPIs
- Questionnaire based study to assess the impact of this role redesign process on staff satisfaction – future research focus



# Focus at all times must be . . . . .

- On the need to be person centered in order to be patient centered!
- Teamwork
- Respect and recognition
- Valued
- Appreciated



## Skill Mix for the “defined standard”

*“Determinations of ideal mix of staff are not just a matter of using the least expensive option but rather about assessing the context of care and deploying the most cost-effective mix of available nurses to deliver care to a defined standard”*

(Heartfield & Gibson, 2005:123).

**F2**

**IMMUNOLOGY/RESPIRATORY**



**WARD**  
VISITING HOURS  
**11.00 am - 1.00 pm**  
**3.00 pm - 8.00 pm**  
PATIENTS REST  
1.00 pm - 3.00 pm  
MAXIMUM 3 VISITORS  
IN THE INTEREST OF PATIENTS  
PLEASE MAINTAIN A QUIET

