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PRACTICE OVERVIEW
for US health care providers

How Michael Garron Designed a Team-Based Care Model

Using team-based care to enable top-of-license practice

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Overview

The challenge

In today's complex health care environment, clinician responsibilities are more numerous and demanding. Consequently, frontline staff often adopt an all-hands-on-deck approach to care delivery rather than maintaining top-of-license practice.

The organization

Michael Garron Hospital is a community teaching hospital located in Toronto, Ontario, Canada.

The approach

In 2008, leaders at Michael Garron addressed the challenges and inefficiencies in their traditional care model by transitioning to a collaborative, interprofessional team-based model, enabling clinicians to work to their full scopes of practice.

The result

Michael Garron has achieved quality improvements, cost stability, and increased clinician satisfaction since implementing this dynamic staffing model.

Approach

Hospital leaders and unit teams at Michael Garron worked together to revise their staffing model. They did this in four steps, outlined below.

First, hospital leaders set clear goals to ensure their organization-wide aims aligned with redesigning the staffing model. For Michael Garron, the goal was to create a collaborative, interprofessional team-based care model.

Second, they defined each role by examining RN, RPN¹, and UCP² roles and creating task lists for each care provider based on different patient needs. At the end of this examination, leaders created a template that provides general guidance for unit managers to use when delineating roles.

Third, unit managers customized the roles to fit their practice environments. Nursing leaders worked with unit staff, using patient simulations and the template to determine appropriate roles and responsibilities. At the end of this step, each unit was armed with a unit-specific plan for implementing the team-based model.

Lastly, two pilot units implemented the new staffing model before leaders introduced it across the organization. The general model across all units includes an RN team leader, RPNs who provide care, and UCPs who provide coordinated support.

1. Registered practical nurse
2. Unregulated care providers

Source: Michael Garron Hospital, Toronto, Ontario, Canada;
Advisory Board interviews and analysis.

APPROACH (CONT.)

In this team-based staffing model, all team members work at the top of their training. The composition and roles of the core teams are shown below.

Role responsibilities in the team-based staffing model



RN team leader

- Provides global perspective and coordination of care for all patients under team purview
- Serves as team liaison with interdisciplinary groups
- Acts as consultant for RPNs and UCPs
- Provides direct care for high acuity patients, if needed



RPNs

- Provides direct patient care for most of team's patients
- Partners with RN team leader to provide necessary patient education, facilitate care planning, and develop patient discharge plans
- May consult RN if patient acuity exceeds RPN scope of practice



UCPs

- Provides basic support work and care for daily living activities such as toileting, bathing, feeding, and ambulation

APPROACH (CONT.)

The model is structured yet flexible. Unit managers can adjust it based on their unit and patient needs. For example, the emergency department may staff a higher ratio of RN/RPNs with UCPs based on patient acuity determined by CTAS¹ levels. The goal is to match the right level of support to patients based on their acuity. While in surgery there may be an additional RN that does not play the team lead role and provides direct care for high acuity patients.

To embed and sustain this top-of-license work, hospital leaders at Michael Garron created a bundle of daily practices for the care teams:


- **Minute rounds:** Quick rounds attended by the RN team leader and interdisciplinary team to review patient care plans, including special needs and discharge plans
- **Hourly rounding (care rounds):** Hourly rounds assigned to individual team members (can be conducted by RN team leader, RPN, or UCP) to check on patient needs
- **Bedside shift report:** The entire team conducts a round together prior to shift change to ensure that patients are assigned to the right care provider
- **Post-discharge phone calls:** A dedicated nurse calls the patient within 48 hours of discharge to bridge transition plans including medication regimens, home care support, follow-up appointments, and service recovery as appropriate

Each member of the care team has assigned responsibilities, enabling them to consistently focus on the work they are uniquely suited to do. Leaders and staff believe these guidelines and practices are essential to daily care delivery.

1. Canadian Triage and Acuity Scale. Scale for patients entering the Emergency Department to help define patients needs for more timely and appropriate care.

Results

How we know it's working

Since redesigning their staffing model, leaders at Michael Garron report improvements in fall rates, staff satisfaction, and time spent at the bedside. 

Results achieved between 2009 and 2016 at Michael Garron

48%

Decrease in number of falls per 1,000 patient days

35.5%

Increase in staff satisfaction scores

4.5%

Increase in patient care hours per patient day


“


“When you consider the predominant focus in health care today is on cost, the challenge is really about balancing fiscal responsibility and achieving quality outcomes, both for the patients we serve and for those who serve them.”

Irene Andress, Chief Nursing Executive
Michael Garron Hospital

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