NURSES OFFER SOLUTIONS FOR COST-EFFECTIVE HEALTH CARE

As the largest group of health professionals in the workforce, registered nurses are well-positioned to provide solutions for cost-effective health care. They work in all parts of the health system, providing services to individuals of all ages, their families and communities. As clinicians, consultants, researchers, policy leaders, administrators and educators, registered nurses offer innovations that reduce costs and enhance the effectiveness of the health system.

REDUCING NURSE TURNOVER

- Reducing nurse turnover will both reduce costs and improve nurse, patient and system outcomes. One study noted that nurse turnover was associated with decreased job satisfaction, a higher probability of medical errors and increased overtime hours (O'Brien-Pallas, Tomblin-Murphy & Shamian, 2008). The study also showed that on average, one in five nurses leave their jobs in Canadian hospitals each year, and the average cost associated with nurse turnover is $25,000 per nurse.
- Increasing the rates of full-time employment among nurses is one way of reducing turnover. A higher proportion of full-time hours is associated with lower nurse turnover rates (O'Brien-Pallas et al., 2008). In 2007, 57.2 per cent of the registered nursing workforce worked full time and 32.1 per cent worked part time (Canadian Institute for Health Information, 2008). Approximately 20 per cent of registered nurses who were not working full time in 2005 reported a preference for full-time work (Shields & Wilkins, 2006).

REDUCING ABSENTEEISM DUE TO ILLNESS AND INJURY

- Reducing absenteeism due to illness and injury will enhance productivity and reduce costs. The health sector loses more days per worker because of illness, disability and personal or family responsibility than any other industry in Canada (Statistics Canada, 2008). In 2008, the average full-time health-care employee was absent from work 14.9 days (the highest number of lost work days in the past five years), compared with 7.9 days among full-time employees in the general population.
- The 2005 *National Survey of the Work and Health of Nurses* showed an alarming statistic that time lost over the course of a year because of illness and injury was equivalent to the hours worked by 15,000 full-time registered nurses (Shields & Wilkins, 2006). If health-related absenteeism could be reduced by 50 per cent, the health system would save about $500 million in salaries alone.
- Continued efforts to improve workplace health and safety will reduce the risk to both care providers and patients and save money. For example, a "best practices" musculoskeletal injury prevention program that included mechanical lifts and reposition aids, a zero lift policy, and training for employees on the use of equipment were successful in reducing injuries – and the capital equipment costs were recovered within three years through reduced workers' compensation costs (Collins, Wolf, Bell & Evanoff, 2004).

IMPROVING WORK PROCESSES AND OPTIMIZING THE WORK OF NURSES

- Increasing efficiencies in the work environment optimizes the work of nurses and improves system outcomes. The practice of lean management, commonly used in the manufacturing sector to reduce non-value-added activities, can be applied to the health sector. It is estimated that a nurse spends only 30 per cent of a work day providing direct patient care, while much of the remaining time is consumed by a variety of activities that are symptomatic of inefficient processes (Healthcare Financial Management Association, 2008).

- Transforming Care at the Bedside, a U.S. initiative that aims to redesign clinical processes to remove waste and reallocate the time to activities that add value for patients, has been successful in doubling the staff time at the bedside (Healthcare Financial Management Association, 2008). More information is available at the Institute for Healthcare Improvement website: www.ihi.org.

- The U.K.'s National Health Service (NHS) Institute for Innovation and Improvement's Releasing Time to Care program is another initiative directed at improving processes and freeing up time for nurses to spend on direct patient care. Results from the implementation of the program in community hospitals show a 50 per cent increase in the throughput of patients, a 90 per cent reduction in repetitive documentation and a 50 per cent reduction in the time to admit patients (National Health Service, Institute for Innovation and Improvement, n.d.). Health organizations in Saskatchewan are testing the improvement principles and techniques of the Releasing Time to Care: The Productive Ward program as part of the province's goal of achieving a high-performing health system. More information is available on the NHS Institute for Innovation and Improvement website: www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html.

EMBRACING TECHNOLOGY

Technology offers opportunities to reduce costs and improve efficiency in the health system. Several examples demonstrate how nurses using technology to care for patients in their homes reduce the length of hospital stays, the number of hospital readmissions and visits to emergency departments.

- A study showed 85 per cent fewer hospital admissions and 55 per cent fewer visits to the emergency department among people enrolled in a New Brunswick telehealth homecare program (Canadian Home Care Association [CHCA], 2006). Telehomecare also reduces the frequency of home care visits that nurses need to make, thereby improving their productivity (CHCA, 2008).

- The 24-hour health information and advice services provided by registered nurses across Canada have decreased non-urgent emergency department visits by up to 32 per cent (Stacey, Noorani, Fisher, Robinson, Joyce & Pong, 2004).

- Monitoring cardiac patients at home with telehome monitoring technology reduced hospital readmissions among angina patients by 45 per cent over a one-year period in Ottawa (Woodend, Sherrard, Fraser, Stuewe, Cheung & Struthers, 2008)

ADOPTING NEW HEALTH-CARE DELIVERY MODELS

New cost-effective models of delivering health care in Canada can address health and economic challenges. Registered nurses can take leadership roles in developing and providing services in these new models of care.

- The U.K.'s white paper *Our health, our care, our say: A new direction for community services* sets out a direction for shifting resources to prevention and health promotion, providing more care outside hospitals and in the community, and integrating primary care services with social care (Department of Health, 2006). Integrated multidisciplinary teams, nurse-led services and extended roles for community nurses are essential for achieving the goals set out in the new vision for health care.
- Capital Health in Edmonton implemented a new system-wide model of screening and treatment to improve the management of diabetes and other chronic diseases. Registered nurses provide a range of prevention and treatment services in multidisciplinary health-care teams, thus facilitating close monitoring of patients and freeing up time for physicians to manage more complex cases (Every, 2007).

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