

HealthForceOntario

Guidelines for Application to the 2010/11 Late Career Nurse Initiative

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Nursing Secretariat
Ministry of Health and Long-Term Care

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Program Overview and Eligibility

1

Program Overview and Eligibility

Purpose of this Guide

This guide is designed to help applicants prepare a complete application to obtain funding under the Late Career Nurse Initiative. The guide contains specific instructions and provides information on the application review and approval process.

Applicants are encouraged to read through this guide before completing the application to ensure they fully understand the requirements.

The Late Career Nurse Initiative

The Late Career Nurse Initiative (LCNI) is designed to support experienced nurses remaining in the workforce by offering opportunities to use their nursing knowledge, skills and experience in rewarding but less physically demanding alternate roles for a portion of their time. This initiative supports the *HealthForceOntario* goal of providing a healthy work environment for existing staff.

Nurses in hospitals and long term care homes benefit from the opportunity to engage in nursing related activities that use their extensive knowledge and skills in roles that are less strenuous. The benefit to patients and employers is also significant, as retaining experienced nurses enriches patient care.

Funding may be used for salary replacement costs, in order to allow front line, late career (55+ years of age) Registered Nurses (RNs), Registered Nurses in the Extended Class (RN (EC)s) and Registered Practical Nurses (RPNs) to spend 0.2FTE of their work time in less physically demanding roles. These roles must be created for a minimum of three months in length.

Suggestions for alternate roles include: Mentoring programs, educator role for patients/residents/staff, leadership and professional development activities, research, education on injury prevention, preceptoring, family educator, and family support contact person.

Note: The Nursing Secretariat strongly recommends that employers engage late career nurses in the development of roles and program design in order to ensure that late career nurses are working in roles that are mutually satisfying to both the employer and nursing staff.

Please note that alternate roles are not intended to negatively affect the employment status of the existing workforce within your organization, as the objective of the LCNI is to retain the organization's valued late career nurses.

Definition of a Late Career Nurse

A Late Career Nurse is a Registered Nurse (RN), Registered Nurse in Extended Class (RN (EC)), or Registered Practical Nurse (RPN) that is 55 years of age or older and is currently providing direct patient care.

The Goals of the Initiative

The purpose of this initiative is to create opportunities for Late Career Nurses to remain in the workforce, to capitalize on the experience and retain the expertise and skills of Late Career Nurses; and to benefit other nursing staff, patients and the organization as a whole.

Who Can Participate

Hospitals and Long-Term Care Homes may apply for the Late Career Nurse Initiative. In order to be eligible to apply for funding the organization must verify that the following criteria have been met:

1. The applicant organization receives Ministry funds for the provision of nursing services;
2. The organization applying for funds has the infrastructure to support successful implementation of the initiatives. This may include physical infrastructure, nursing education or professional development initiatives and management supports;
3. Organizations that have nurses over the age of 55 who would remain in the workforce and participate in the initiative for 20% of their time;
4. This application is supported by front-line nurses and/or nursing leadership within the organization;
5. All funds will be applied solely for the purpose intended (salary replacement costs while nurse is acting in the alternate role);
6. The organization applying for funds must not have previously received funding in the 2010/11 fiscal year for the same initiative from other sources, including the Ministry of Health and Long-Term Care;
7. All applicants must complete and submit the online application on or before the due date. Late or incomplete applications will not be accepted.

Key Dates

Milestone	Date
Call For Applications	August 11, 2010
Closing Date for Applications	September 3, 2010 at 5:00 PM
Review of Applications and Approvals	September 7 - 24, 2010
Notification of Decisions	October 2010
Contract Management	October 2010
Implementation of the LCNI	November 2010 - March 31, 2011

Note: Dates may change depending on the approval process and volume of applications received. MOHLTC will make every effort to notify applicants as soon as possible following the review and approval process

Application and Review Processes

2

Application and Review Processes

Application Process

Step 1: Review the Application Guideline

Print a copy of the application guidelines and application form/template. Read all documents carefully in order to ensure that you are prepared to complete the application process.

Step 2: Consult with point of care nursing staff

Consult with point of care nursing staff, union representatives and other groups that may be involved regarding the funding opportunity and the organization's plans.

Note: In order to meet the goal of improving work life, working conditions and opportunities, organizations and employers must build strong relationships with their front line nursing staff. That is why one of the criteria for funding requires applicants to demonstrate that they have developed their application in consultation with front line nursing staff and nursing leaders in the organization.

Step 3: Registration

1. To access the online funding application, please go to the following web site: <https://www.healthinfo.moh.gov.on.ca/OFASWebApp/ns.welcome>
2. Create registration. You will need your IFIS facility number. The IFIS facility number should be kept confidential;
3. After completing the on-line registration, you will be receiving an email confirming your successful registration;
4. **You are not required to create a new profile if you previously registered on the portal.** If you forgot your log-on information, click the "Forgot Password" button and supply your email address. An email will be sent to you in a few minutes. If you do not receive the email, please contact the OPS Service Desk at 416-246-7171 or 1-800-677-4873 outside of the Greater Toronto Area (GTA).

Step 4: Complete the Online Application

The Nursing Secretariat must receive two (2) original signed (hard) copies of the LCNI application by 5:00 PM EST on September 3, 2010. Hospital organizations must complete one application on behalf of all sites affiliated with the organization (i.e. one application per organization, not per site). Long-Term Care Homes are asked to complete one application for each Home. Please note that the LCNI application portal closes at 5:00 PM EST on September 3, 2010.

a. Organization Information

- The facility number, organization name, facility type, LHIN location and contact information will be populated on the application form based on your user profile during registration.
- The contact person will be responsible in liaising with the Ministry on program operations.

b. Current Retention Activities

- Describe any current initiatives you have in place to promote retention of late career nurses.
- List retention activities already in place that would be augmented by funding the LCNI.

c. Front Line Staff Engagement

- Describe the role of late career nurses in your organization in the development and planning of the LCNI.
- Describe the level of engagement of front line staff in the development of the application for the purpose of achieving buy-in for the LCNI.
- Provide how you gather ideas from the late career nurses ensuring that their feedback is incorporated in this application.

d. Planned Alternate Roles

Provide a list of planned alternate roles for late career nurses and explain how you implement these roles. Alternate roles may include:

- Mentoring and orientation programs;
- Educator roles for patients/residents and staff;
- Leadership and professional development activities;
- Program development; and,
- Patient care and research projects.

e. Marketing

Describe how you market this initiative and obtain support from late career nurses to participate in this initiative.

f. Project Results and Impact

- Describe how planned alternate roles will benefit patients and other front-line staff.
- List all anticipated outcomes of your organization's proposal and how the key outcome will be measured.
- Describe your expectations of the longer term impacts of your organization and the benefits to the health system.

- Provide a plan for sustaining the program beyond the funding period.
- g. **Budget**
- Participation Details: Provide the Ministry with the following health human resources (HHR) data:
 - The total number of nurses (RN, RN(EC) and RPN) by age cohort (ages 55-59, 60-64, 65+) employed in your organization on January 1, 2010;
 - The number of nurses (RN, RN(EC) and RPN) by age cohort (ages 55-59, 60-64, 65+) that your organization is applying for LCNI funding;
 - The organizational retirement rate (%) of each age cohort for the period of January 1, 2009 – January 1, 2010. For instance, if your organization had 10 late career nurses aged 55-60 on Jan. 1/09 and 5 late career nurses aged 55-60 on Jan. 1/10, the retirement rate for the aged 55-60 cohort in your organization would be 50%. **Please note that the organizational retirement rate is not the same as the Retention Performance Target Change Rates.**
 - The total number of weeks that the nurses that your organization is applying for LCNI funding will be participating in the LCNI by age cohort. Roles created must be a minimum of 12 weeks (3 months) to a maximum of 21 weeks (5 months) for each nurse.
- h. **Timelines**
- Provide the organization plans and a feasible timeline to complete the program.
 - Timeline is only applicable for the creation of new alternate roles and must end by **March 31, 2011**. The Ministry will only fund a maximum of five (5) months for each late career nurse participating in this initiative.
- i. **Building Capacity**
- Identify the organization(s) that supported you in developing and completing this application.
 - List the organization(s) to which you provided support and describe your role.
- j. **Approvals**
- The President / Chief Executive Officer or Administrator (for LTC homes) and the most Senior Nursing Leader must endorse the application. Signatures are required to demonstrate senior management support for the application.

Important Notes:

- a. Information can be saved for further editing in the online application by clicking “save” on the form. **Remember to save frequently to avoid losing your information;**
- b. You will be automatically logged out from the portal after 20 minutes of inactivity. Please be sure to save your application should you stop using the application for more than a few minutes; and,
- c. Each text box has a page maximum attached. You will not be able to type any text beyond the maximum page limit set.

Tip: For editing purposes, text may be created in a separate document and then copied into the text boxes online.

Step 5: Submit the Application

1. Submit an online application by clicking the “Submit to Reviewer” button and follow the instructions. Note that application in-progress will not be considered for review;
2. Print two (2) copies of the application and obtain required signatures;
3. Submit two(2) hard copies of signed applications to the following address:

The Nursing Secretariat
56 Wellesley St. West, 12th Floor
Toronto ON M5S 2S3

4. Note that applications without signature from the President/CEO or Administrator (for LTC homes) and Senior Nursing Leader will not be considered for review;
5. **All applications must be submitted online and signed hard copies of the application must be received at the Nursing Secretariat by 5:00 PM EST on the due date (September 3, 2010). Applications will not be accepted after the deadline.**

Tip: Submitted applications cannot be edited. The ministry strongly encourages the applicant to ensure that the application is complete and accurate before submitting.

Review Process

1. The applications will be reviewed by the Ministry of Health and Long-Term Care based on the eligibility and review criteria included in the application guidelines (see appendix “A”). All submitted applications will be reviewed against the mandatory criteria. If these are not met, no further review is required.

2. If eligible requests exceed the amount of funding available, the Ministry will strive for regional equity in the allocation process and may partially fund some requests.
3. If an application is missing required information or the application is not complete, the application will not be considered for review.
4. Applicants should be aware that all funding decisions are final.
5. All applicants will be notified of decisions in writing. Funding decisions will not be communicated by telephone / e-mail to applicants. All effort will be made to notify the applicants as soon as possible following the review and approval process.
6. It is possible that not all applicants will be approved for funding. Unsuccessful applicants will be notified.
7. Notification of approval will include a funding agreement that will outline the terms and conditions of the funding. The terms and conditions of this agreement are non-negotiable.
8. Once this agreement has been signed and returned to the Ministry, the organization may begin implementation of the LCNI.



Funding and Reporting Requirements

3

Funding and Reporting Requirements

Funding Calculation

Below is an overview of how the Ministry will be allocating funds for the Late Career Nurse Initiative. The allocation will be based on the number of positions, type of position and length of placement.

If approved, the Ministry will use the above guidelines to determine the amount of funding you will receive to support the LCNI at your organization.

Position (0.2 FTE)	Hourly Wage	Monthly Wage (30.0 hrs)	Monthly Benefits (24%)	Total Monthly Cost
RN (Hospital)	\$42.44	\$1,273.20	\$305.57	\$1,578.77
RN (LTC)	\$39.68	\$1,190.40	\$285.70	\$1,476.10
RPN	\$27.78	\$833.40	\$200.02	\$1,033.42

Please note: Funding is limited; therefore, applications will be ranked and funding will be allocated to the highest scoring applications.

Use of Funds

Facilities can apply for funding to replace staff participating in newly created alternate roles.

The Recipient shall only use the Funds for the purpose of carrying out the Program as salary replacement costs, in order to allow front line, late career Registered Nurses (RNs), Registered Nurses in the Extended Class (RN (EC)s) and Registered Practical Nurses (RPNs) to spend 0.20FTE of their work time in less physically demanding roles. These roles must be created for a minimum of three months in length to a maximum of five months in length.

How Funds Will Be Provided

The Ministry shall provide the Funds to the Recipient by direct deposit into a bank account designated by the Recipient as follows:

- 75% of the Budget when the Ministry receives the signed Funding Agreement;
- The remainder of the balance (up to 25%) of the Budget amount upon reconciliation of the final report and confirmation that the organization has met their Retention Performance Target (RPT).

Reporting Requirements for Employers Receiving Funding

Successful applicants will be required to demonstrate accountability for use of the funds and must meet the reporting requirements outlined below.

The funding agreement will outline the terms and conditions for the use of the approved funds, including any necessary report backs and year-end remittance if required.

Reporting requirements include:

- Successful achievement of the **Retention Performance Target (RPT) (See Appendix B)**;
- specific details regarding alternate roles and hours worked for each participating nurse;
- Reports must be verified by the appropriate RN/RPN union representative, as applicable; and
- Any interim updates requested by the MOHLTC.

General Terms and Conditions

1. Decisions made by the Ministry are final. The Ministry will commit to its best efforts to ensure that organizations are able to review the results of the evaluations in a timely manner if requested;
2. Please ensure these Guidelines are followed in preparing applications. Late applications will not be reviewed;
3. By inviting a proposal, the Ministry makes no commitment or obligation to the applicants in any way; specifically no obligation to enter into any contract as a result of this Call for Applications;
4. The Ministry shall have the right to cancel this Call for Applications, at any time, either prior to, or after the closing date of the Call for Applications without award. Thereafter, the Ministry may issue a new Call for Applications or revoke the original Call for Applications and refrain from providing future calls for applications related to this project. The Ministry shall not be obligated to provide reasons for the cancellation;
5. Notwithstanding any other provision herein, and without limitation to any other Ministry rights, Applicants acknowledge that the Ministry shall not be obligated to allocate funds until such time that the successful Applicants and the Ministry have executed the Ministry's form of funding agreement;
6. Funding approval for successful applicants is subject to their entering into an agreement with the Ministry. The funding agreement will outline all of the terms and conditions associated with the funds, including accountability provisions;
7. Successful applicants will be required to fulfill reporting requirements to the ministry.

Need Help?

For questions related to completing the application, please contact the Nursing Secretariat at:

Telephone: 416-327-9689
E-mail: nursingsecretariat.moh@ontario.ca
Hours of Operation: 9am – 5pm EST

For technical questions, please contact OPS Service Desk at:

Telephone: 416-246-7171 or 1-800-677-4873 outside the GTA
E-mail: opssd@ontario.ca
Hours of Operation: 8am – 6pm EST



Appendices

Appendix "A"

Review Criteria

Mandatory Requirements		Yes/No
1	The applicant has a plan, including budget and timelines, which details how all funds requested will be spent by March 31, 2011 .	
2	Funding must be focused on RNs, RN(EC)s or RPNs who are 55 years or older and are <u>front-line</u> care staff.	
3	The application has been approved by the most Senior Nurse (e.g. Chief Nursing Officer/Executive or Nursing Director) and Senior Administrator (e.g. Chief Executive Officer, Administrator).	
4	All questions/sections of the application are complete.	

Weighed Requirements		Score
	Criterion	
5	The organization currently has: <ul style="list-style-type: none"> other existing retention activities that will work in conjunction with the LCNI other retention activities in place no other retention activities 	5 out of 5 pts 3 out of 5 pts 0 out of 5 pts
6	The applicant has: <ul style="list-style-type: none"> fully engaged front line staff and/or unions in the design and implementation of the LCNI partially engaged front line staff and/or unions in the design and implementation of the LCNI Not engaged front line staff and/or unions in the design and implementation of the LCNI 	5 out of 5 pts 3 out of 5 pts 0 out of 5 pts
7	Planned alternate roles <ul style="list-style-type: none"> demonstrates synergy with other retention or nursing strategy initiatives and provided a comprehensive implementation plan has the potential to result in professional growth and will likely retain nurses in the workforce does not support professional development (e.g. administrative roles) 	5 out of 5 pts 3 out of 5 pts 0 out of 5 pts
8	The applicant has shown how the alternate roles will benefit staff <ul style="list-style-type: none"> obvious benefit to staff adequate evidence of benefit to staff no evidence of benefit to staff 	5 out of 5 pts 3 out of 5 pts 0 out of 5 pts

9	<p>The applicant has shown how the alternate roles will benefit patients</p> <ul style="list-style-type: none"> • obvious benefit to patient/resident care • adequate evidence of benefit to patient/resident care • no evidence of benefit to patient/resident care 	<p>5 out of 5 pts 3 out of 5 pts 0 out of 5 pts</p>
10	<p>The organization has demonstrated its commitment to capacity building by lending support to other organization(s) and/or seeking advice from partner organizations in the development of a proposal for this initiative.</p>	<p>3 points</p>
11	<p>The timeline is feasible.</p>	<p>2 points</p>

Appendix "B"

Retention Performance Target (RPT)

Similarly to the 2009/10 LCNI program, the 2010/11 LCNI program will include a **Retention Performance Target (RPT)**. Funding for successful applicants will be divided into two payments: an initial payment of 75% of the approved budgeted amount and a final payment for the remainder of the balance (up to 25%) pending successful achievement of the RPT. Details of the RPT will be outlined in the LCNI Funding Agreement, which will be issued to your organization if your application has been approved.

The RPT will be calculated using data from the College of Nurses of Ontario (CNO) to determine a Change Rate (CR). The CR is the percentage change in the supply of nurses from 2008 to 2009 by sector (LTC and hospital) and age cohort (ages 55-59, 60-64 and 65+). The CR will be used to forecast the number of nurses anticipated in each cohort by December 2010.

Please refer to the table below for this year's Change Rates:

Age Cohort	Hospital	Long-Term Care
55-59	4.7%	2.02%
60-64	7.28%	6.19%
65+	19.92%	21.51%

The organization is expected to achieve the following retention targets:

- 100% for nurses aged 55-59;
- 75% for nurses aged 60-64;
- 50% for nurses aged 65+.

If the organization is approved for funding, the Ministry will provide the organization with the organizational RPT using the HHR data provided in the online application (see page 9) and the Change Rate (CR). This is the target the organization must meet in order to receive the final balance payment.

Sample data and a worksheet are provided on the next two pages to demonstrate how the RPT will be calculated. Please note that the Change Rates on the next two pages are considered examples only and do not reflect the actual Change Rates in Ontario.

Appendix "B" (Cont'd): RPT Example

Use the data on this page to complete the worksheet on the next page

Methodology: Age-specific CNO data: RNs / RPNs / RN(EC)s employed in Ontario hospitals and LTC homes

Age Cohort	# of Nurses, 2008	# of Nurses, 2009	Change Rate (CRH)
55-59	2,000	2,600	30% CRH1
60-64	2,560	3,072	20% CRH2
65+	1,000	1,100	10% CRH3

SAMPLE DATA ONLY—See Change Rates table on Page 19 for actual CRs in Ontario

Sample Change Rate (CR): The % difference in 2008 & 2009 by age cohort and by sector (hospital)

Example: Hospital A --HHR Data (This data will be provided on the application form *)

Age Cohort	Total Number of Nurses by Age Cohort in your org, Jan 1, '10	Change Rate (CR)	Forecast (Dec'10 Total # Nurses)	Retirement Rate *	Estimated Loss by Dec'10	Net # Nurses Dec'10
55-59	20 A1	30% CR1H	26 D1	20% RR1	4	22 L1
60-64	10 A2	20% CR2H	12 D2	30% RR2	3	9 L2
65+	10 A3	10% CR3H	11 D3	50% RR3	5	6 L3
TOTAL	40		49 TD		12	37 TL

Impact of the LCNI -- Retention Performance Target

Age Cohort	LCNI Participants *	Total Number of Nurses by Age Cohort in your org, Jan 1, '10	Retention Target (LCNI)	Balance Potential Retirements	Retirement Rate	Estimated Loss by Dec'10	Retention Performance Target (RPT)*
55-59	10 P1	20 A1	100% RT1	10 B1	20%	2	24 RPT1
60-64	2 P2	10 A2	75% RT2	8.5 B2	30%	2.5	9.5 RPT2
65+	1 P3	10 A3	50% RT3	9.5 B3	50%	4.5	6.5 RPT3
TOTAL	13	40		28 TB		9	40 TRPT

Save: 3 Nurses

Retention Performance Target (Achievement)

* The RPT is the number of nurses that the organization must retain in order to receive the final balance (up to 25%) of funding.

Appendix "B" (Cont'd): Retention Performance Target (RPT) Worksheet

1. Determining the Change Rates (CR)

Choose your sector:

2010/11 Change Rates, by age cohort			2010/11 Change Rates, by age cohort		
55-59	60-64	65+	55-59	60-64	65+
30%	20%	10%	X%	X%	X%
CR1H	CR2H	CR3H	CR1L	CR2L	CR3L
Hospital			Long-Term Care		

2. Determining the Organization's End-of-Year Forecast of Nurses using the Change Rate (CR)

A1	55-59	20	+	(	A1	20	X	30%	CR1H or L	) =	D1	26
A2	60-64	10	+	(	A2	10	X	20%	CR2H or L	) =	D2	12
A3	65+	10	+	(	A3	10	X	10%	CR3H or L	) =	D3	11

Total Number of Nurses by age cohort in your org, Jan 1, 2010
 + (
 {
 Total Number of Nurses by age cohort in your org
 X Change Rates, by age cohort
) = Forecasted Number of Nurses for Dec 2010

TD	49
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TOTAL (D1+D2+D3)

3. Determining the Organization's End-of-Year Net Nurses Forecast Using HHR Data

D1	55-59	26	-	(	A1	20	X	20%	RR1	) =	L1	22
D2	60-64	12	-	(	A2	10	X	30%	RR2	) =	L2	9
D3	65+	11	-	(	A3	10	X	50%	RR3	) =	L3	6

Forecasted Number of Nurses for Dec 2010
 - (
 {
 Total Number of Nurses by age cohort in your org, Jan 1, 2010
 X Retirement Rate by age cohort in your org (%)
) = Net Nurses for Dec 2010

TL	37
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TOTAL (L1+L2+L3)

4. Determining the Balance of Potential Retirements After the LCNI

A1	55-59	20	-	(	P1	10	X	100%	RT1	) =	B1	10
A2	60-64	10	-	(	P2	2	X	75%	RT2	) =	B2	8.5
A3	65+	10	-	(	P3	1	X	50%	RT3	) =	B3	9.5

Total Number of Nurses by age cohort in your org, Jan 1, 2010
 - (
 {
 Total Number of LCNI Participants in your org
 X LCNI Retention Target, by age cohort
) = Balance of Potential Retirements after LCNI

TB	28
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TOTAL (B1+B2+B3)

5. Determining your Retention Performance Target (RPT)

D1	55-59	26	-	(B1	10	X	20%	RR1) =	RPT1	24
D2	60-64	12	-	(	B2	8.5	X	30%	RR2	) =	RPT2	9.45 (9.5)
D3	65+	11	-	(	B3	9.5	X	50%	RR3	) =	RPT3	6.25 (6.5)

Forecasted Number of Nurses for Dec 2010
 - (
 {
 Balance of Potential Retirements after LCNI
 X Retirement Rate by age cohort in your org (%)
) = Retention Performance Target

TRPT*	40
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TOTAL (RPT1+RPT2+RPT3)

HHR Data provided by organization

