



Strategies and Tips

Introduction

This section outlines some leading practices on overcoming common ED staffing challenges which:

- Were developed using interviews with a sample of Emergency Department Chiefs, Ontario Hospital Chief Executive Officers, Chiefs of Staff, LHIN representatives and MOHLTC staff;
- Are based on the efforts of hospitals that have successfully overcome common staffing challenges facing Ontario EDs; and,
- Reflect input from Workload and 24 hour ED Alternate Funding Arrangement (EDAFA) groups and Fee For Service (FFS) EDs.

These strategies and tips are meant to provide insight, ideas and strategies for Ontario hospitals facing ED staffing challenges. They are meant to be inspirational, not prescriptive.

This list is not intended to be comprehensive, and several of the ideas rely on long-term efforts (6 months or more).

Each physician group and hospital will need to determine the best implementation approach for their own organization or site.

Description

Steps that can be taken when there are difficulties filling shifts

Benefits

- Hospitals have a consistent approach in filling vacancies

Challenges

- Ensuring the steps are initiated far enough in advance

Recommendation:

1. Contact surrounding hospitals and their ED chiefs to request that their physicians/PGY3 residents be notified of the need for immediate ED coverage
2. Contact the following to request assistance in filling shifts
 - Hospital physicians
 - Community physicians
 - Organizations providing locum coverage
 - PAIRO
 - HFO through the website (www.HFOJobs.ca)
 - Community Development Officer in the region, including notification on their website
 - Local physician recruiter.
3. Contact your LHIN ED Lead

Description

Physicians should develop their schedules 3 to 6 months in advance and post schedules at least 1-2 months in advance so physicians have early notice of the unfilled shifts

Benefits

- Provides to the physicians and the hospital, an early indication of available shifts
- Decreases the occurrence of last minute staffing challenges
- Provides better picture for use of locums – the more advance notice they receive, the better the chance of filling a position (ensure locum commitment and commitment to locums)
- Provides better opportunity for balancing the “good” shifts with the “bad” shifts amongst physicians and locums

Challenges

- Requires a stable and committed ED physician group
- Requires significant time commitment by the ED Chief/Chief of Staff to work on a 3-6 month scheduling calendar

Recommendation

1. Focus first on overcoming short-term staffing needs
2. Fill single coverage shifts first, then fill double coverage shifts
3. Post the schedule in advance and clearly indicate which shifts are open
4. Be flexible with shift hours (e.g. when short an 8 hour shift in any 24 hour timeline, consider two 12 hour shifts)
5. Pre-plan vacation, weekend and holiday coverage, including rotating and staggering vacations
6. When offered, accept assistance for shorter shifts and when possible, extend the length of other shifts
7. When gaps have been identified, fill hard to fill shifts first

Creative Use of ED AFA Funding

Version 2, August 17, 2007

Description

EDAFAs hospitals receive global funding. A leading practice is to use the funding creatively by setting different rates for hard to fill shifts

Benefits

- Allows physician groups to create an attractive rate for hard-to-fill shifts within existing ED AFA funding
- EDAFAs determine their own rates to match their specific needs

Challenges

- Determining what rates to set

Recommendation

- Determine periods of peak demands or hard-to-fill shifts (e.g. nights, weekends, holidays or seasonal)
- Develop rates to match demand and hard-to-fill shifts
- Pay locums the same rate as local Full Time (FT) physicians

Description

Pay locums (and part-time physicians) the same rate as the Full time ED physicians on staff

Benefits

- Depending on current locum remuneration levels, this can result in a slight to significant increase in locum pay – making the hospital more attractive to locum physicians
- There is a strong link between pay and productivity/satisfaction
- Better paid locums will be more likely to return in the future
- Creates a feeling of equity for the locums
- Can simplify remuneration processes

Challenges

- Appropriate allocation of funds can be difficult to determine
- Some upfront work to change remuneration and scheduling policies
- In the end, the hospitals may still be dependent on availability of locums

Recommendation

- Provide locum physicians the same remuneration as the local FT physicians
- Develop different rates for day, night, weekend and holiday pay to incent coverage of hard to fill shifts.
- Be flexible and consider scheduling requests

Description

Provides hospitals with access to a single streamlined credentialing process for locum privileges in a public hospital.

Benefits

- Reduces the time, cost and administrative burden for locum candidates
- Locums are more likely to return to a hospital which has a shorter and easier administrative process

Challenges

- There may be an incorrect understanding that this process changes the hospital authority and responsibility regarding granting of privileges to physicians under the Public Hospitals Act

Recommendation

- Ensure your hospital participates in OHA's Locum Credentialing Application program. Contact locum@oha.com or emerg@healthforceontario.ca. This participation is a requirement for Tier 1 hospitals with HFO support
- Ensure all locums participate in the program
- Set up a process to ensure that candidate credentials are verified, and that there is compliance with the hospital by-laws, particularly regarding the criteria that must be satisfied for physician appointments

Nurse Practitioners/Clinical Nurse Specialist

Version 2, August 17, 2007

Description

Assign a nurse practitioner or clinical nurse specialist to work with ED physicians and to provide continuity of care for locum physicians.

Benefits

- Provides trained back-up to single coverage physicians
- Well trained in broad variety of skills, but can also be specialized (i.e. ACLS, ATLS, etc)
- Can provide valuable local source of knowledge for physicians on locum
- Continuity of care (are in the hospital daily)

Challenges

- Currently in high demand, so there is low availability within the province
- Scope of practice may require some medical directives

Recommendation

- Consider staffing ED with a nurse practitioner/clinical nurse specialist to work with ED physicians

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Description:

- Physician Assistants (PAs) are skilled health professionals who support physicians in a range of health care settings.
- PAs are being introduced in Ontario through various pilot projects in different health care settings, including hospitals and emergency departments. These one and two-year pilot projects are designed to pilot test the integration of this role as a solution to Health Human Resources issues being experienced in Ontario's health care system.

Benefits:

- The overall aim is to help ensure more timely access to appropriate health care providers for Ontarians, with the goal of improved patient satisfaction and patient care.
- It is anticipated that the introduction of this new role will lead to reduced wait times and to increased quality of care for Ontario patients.

Pre-requisites or Restrictions:

- Access is currently limited to hospitals that have been selected to participate in the one-year ED or two-year hospital-based PA demonstration pilots (which also includes a number of ED sites).

Process:

- The pilot projects are designed to evaluate how PAs can best be used in the Ontario health care system. They will inform the long term use of this provider type within the system.

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Physician Involvement and Accountability for Staffing Challenges

Version 2, August 17, 2007

Description

Engage ED physicians in resolving ED issues through multiple strategies including scheduling and use of leading practices

Benefits

- More individuals are involved in creatively overcoming the challenges – there is a better chance at finding success
- Tasks and responsibilities are spread amongst several staff – one person does not get overwhelmed

Challenges

- Physicians may be unwilling to take on additional “administrative” responsibilities
- Positive impacts may not be immediate

Recommendation

- Set up regular meetings with ED physicians
- Agree on a joint commitment for resolving the staffing challenges
- Ensure expectations of physicians are clear, detailed and communicated

Create Small Business Mentality

Version 2, August 17, 2007

Description

Create a small business mentality amongst the ED physicians

Benefits

- Creates physician ownership and accountability for the solutions to ED staffing and management challenges
- Creates a group mentality – feeling of belonging to something “good”
- Spreads the staffing challenge risk amongst multiple people
- Provides a creative long-term vision for the physicians – a concept that has proven to be useful in successful hospitals
- Potential for “growing the business” rests with the physicians

Challenges

- Physicians own the risk – may be daunting at first
- Takes time to achieve results
- Potential for remuneration risk, if the organization shrinks

Recommendation

- Incorporate ED physicians as a small business
- Create a shareholders agreement amongst the participants
- Develop individual one year professional service contracts with each physician
- Evaluate the business annually

Description

Sometimes there are “softer” cultural issues affecting the ED physicians (e.g. strained working relationships, behavior problems, etc) that impact the workplace environment, and require a concerted effort to resolve

Benefits

- Improved staff morale
- Creates an attractive, positive ED work environment
- Can help ED staff overcome negative feelings

Challenges

- Not a “quick fix”, nor is it easy to do
- In itself, does not immediately solve staffing challenges – only the negative workplace feelings that surround persistent challenges may lead to a more recruitable environment
- Requires strong involvement and support from physicians and hospital executive

Recommendation

- Work with ED physicians, nurses, hospital executive and others to develop an approach
- Develop “quick wins” to establish a quick positive track record
- Focus on a positive “event” to build from - from an organizational perspective, it has been important to have a “clean start”
- Combine with the strategy of looking at longer-term vision

Executive Support for ED Chief

Version 2, August 17, 2007

Description

The hospital executive team provides support by assisting in calling locum physicians, providing a stipend for the ED Chief, and providing ongoing support and communication in resolving staffing challenge.

Benefits

- Provides support to ED Chief when needed
- Can arrange for assistance with administrative tasks, easing the ED Chief's burden (e.g. arrange/ensure physician credentialing, create orientation package for ED locums, etc.)
- Locums are more likely to return to a hospital when there is tangible support from both the physicians and the administrators
- Can facilitate timely access to specialist or consulting services

Challenges

- Specifying the expectations of the ED Chief
- Ensuring ongoing communication within the hospital

Recommendation

- Set up regular meetings between ED Chief (and/or Chief of Staff) and the hospital CEO
- Identify how the CEO's office can support the ED
- Arrange for ED Chief and CEO to "meet and greet" locum physicians and potential physician recruits when they start their shift – consider having the ED Chief or CEO lead or join the introductory tour of the hospital