

# Ontario Critical Care Clinical Practice Rounds (OC3PR): COVID-19

Feb 23 2023

**Health Human Resources in Critical Care -  
How to make the best of the current situation**

Chaired by Dr. Dave Neilipovitz

Presented by Shannon Maier and Stephanie Pearsall



## Meeting Etiquette



- Attendees can submit questions to Q&A in the Zoom icon in the menu



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# Objectives

1. Strategies that have been used to support critical care unit staffing
2. Strategies/resources required to support education & staffing
3. Support critical care staffing & long term retention- next steps



# Medium Sized Community Context

- Regional specialties
- Small Critical Care teams
- Large catchment area
- We are each other's employment competition



# Shared Pressures

- Increasing patient complexity and acuity
- Novice workforce
- New flow barriers
- Burnout and morale distress
- Staff exposure and illness
- Turnover of RNs double the low in 2010
- Vacancy rates
- Agency and untrained CC staff
- Reduced time for change management

# Regional Approach

- Managing the disruption
- Looking for innovative resource ideas
- Connection and commitment
- Strategizing



# In Service of our Patients



## HUMAN RESOURCES

- ✓ Conestoga accelerated ministry funded critical care certificate
- ✓ Ontario Health extern funding
- ✓ Redeployment
- ✓ Grow your own internships
- ✓ *Agency*
- ✓ Return to disability management practices
- ✓ Registered practical nurses in Level 2
- ✓ Personal Support Workers in ICU

## SUPPORTING THE TEAM

- ✓ Clinical skills instructor (MOH preceptor funds)
- ✓ Acuity/assignment models
- ✓ Education (pediatrics in ICU)
- ✓ Developing preceptors
- ✓ CC response teams
- ✓ Peer support-incident debrief

*Exploring new models of care*

***Regional CC educators  
(OCCWAC)***

## OUR PEOPLE

- ✓ Peer support
- ✓ Mindfulness
- ✓ Corporate strategies
- ✓ Increased funding for wellbeing support/benefits

***Code lavender***





International Journal of Nursing Sciences  
journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>

Discussion

A unitary caring science resilience-building model: Unifying the human caring theory and research-informed psychology and neuroscience evidence

Jolly Wei <sup>a, \*</sup>, Sonva Renae Hardin <sup>b</sup>, Jean Watson <sup>c</sup>



Health Topics ▾ Countries ▾ Newsroom ▾ Emergency ▾

Home / News / Burn-out an "occupational phenomenon": International Classification of Diseases

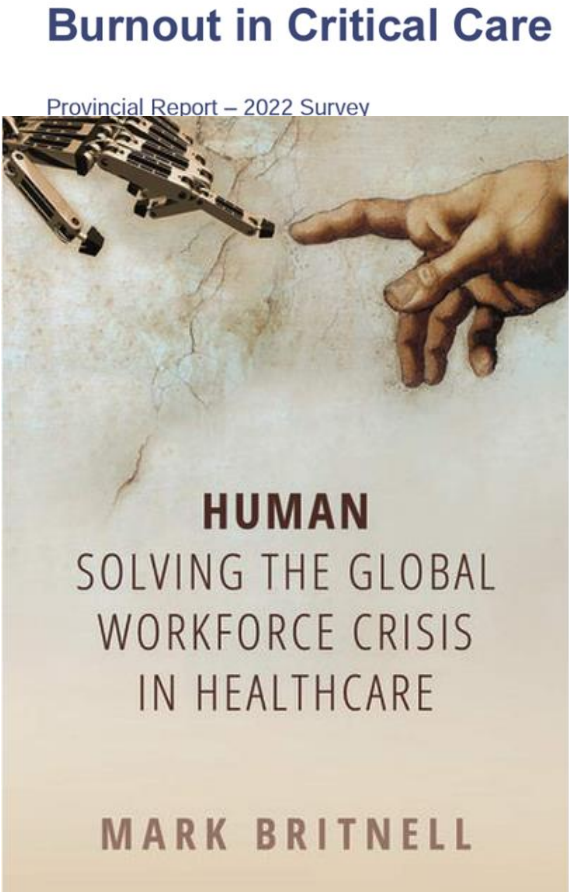
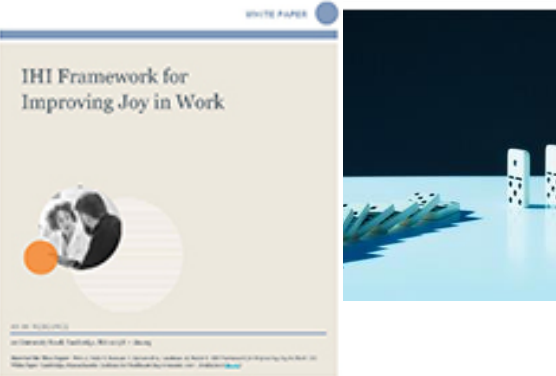
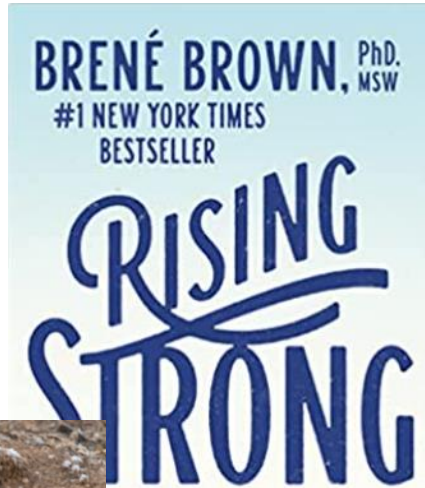
Burn-out an "occupational phenomenon": International Classification of Diseases



Organizational Trustworthiness in Health Care



A Guide to Promoting Health Care Workforce Well-Being  
During and After the COVID-19 Pandemic



# Burnout

FACTORS LEADING TO BURNOUT	FACTORS ALLEVIATING BURNOUT	STRATEGIES
Moral distress/Emotional exhaustion	Time off	Reduce physical toll/workload
Patient Safety	Support of colleagues	Introduction of support teams
Inability to get time off	Support of unit leadership	Access to wellness activities



# Curiosity and Creativity

- Innovate a new model of care
  - Inclusive
  - Top of scope
  - Social care
  - Reframe from workforce planning to *productivity and health*
  - Artificial intelligence and technology
- Bring compassion back into the conversation



# Wellness **AND** What About Joy?





## Awareness/Acknowledgement

- **Acknowledge** Critical care burnout survey results
- Corporate pulse surveys
- **Learn:** from others around the globe
- **Education:** burnout/joy

A

B

## Balance



- **Work & Life** for the individuals and the collective
- **New balanced model** (skill set, expertise, and support); leveraging technology, community members, non traditional approach to critical care
- **Learn** from others around the globe

R

C



## Research

- **Improvement:** Model of Care, tests of change
- **CC Leader development**
- **MOH advocacy:** Study the impact of initiatives on recruitment and team supports
- **Toolkit** for Healthy Critical Care Workforces in WW

## Compassion & Commitment



- **Upstream thinking** and culture of continuous improvement; Joy in Work, Quintuple Aim
- **Leader duty to care;** soul work
- **Peer supports** and education for front line leaders
- Explore **shared values** and offer opportunities for people to work in an environment where they can live their values

# The near and far future...

1. Leader practice
2. CC managers/directors
3. Remodel



# Thank you for joining us today

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the next topic?

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The History of Critical Care



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