

Safe Nurse Staffing LEADS the Way to Quality Care

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National Health Leadership Conference
Niagara Falls, ON
10-11 June 2013



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Canadian Nurses Association

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses (RNs) in Canada. It:

- is a federation of 11 provincial and territorial nursing associations and colleges that represents nearly 149,000 RNs.
- advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.



Move toward your goal...

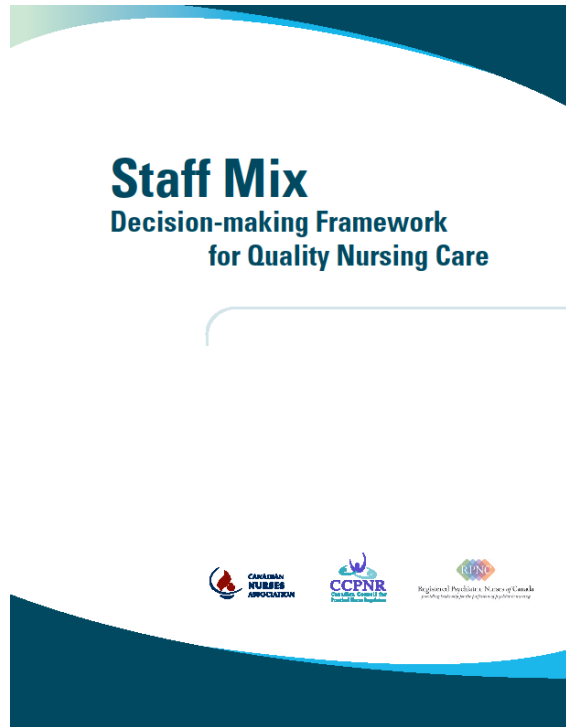
Skate where the puck is going, not where it's been.

You miss one hundred percent of the shots you don't take.

Wayne Gretzky



Staff Mix Decision-Making Framework for Quality Nursing Care*, **



- Collaborative document, co-authored by:
 - Canadian Nurses Association – registered nurses (RNs)
 - Canadian Council for Practical Nurse Regulators – licensed/registered practical nurses (LPNs)
 - Registered Psychiatric Nurses of Canada – registered psychiatric nurses

* *Staff Mix Decision-making Framework for Quality Nursing Care* (Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada, 2012)

** Funded by the Government of Canada's Foreign Credential Recognition Program



Staff Mix framework cont'd

- Evidence-informed framework
- Applicable to all clinical practice settings
- Designed for those making staff mix decisions
 - including nurse managers, direct-care staff and nurse executives
- Focuses on clients, staff and organizations
 - client, staff and organizational factors
 - client, staff and organizational outcome indicators



Staff Mix Definition

The combination of different categories of health-care personnel employed for the provision of direct client care (McGillis Hall, 2004) in the context of a nursing care delivery model.

Staff Mix Decision-making Framework for Quality Nursing Care
(Canadian Nurses Association, Canadian Council for Practical Nurse
Regulators, Registered Psychiatric Nurses of Canada, 2012, p. 3.)



Guiding principles

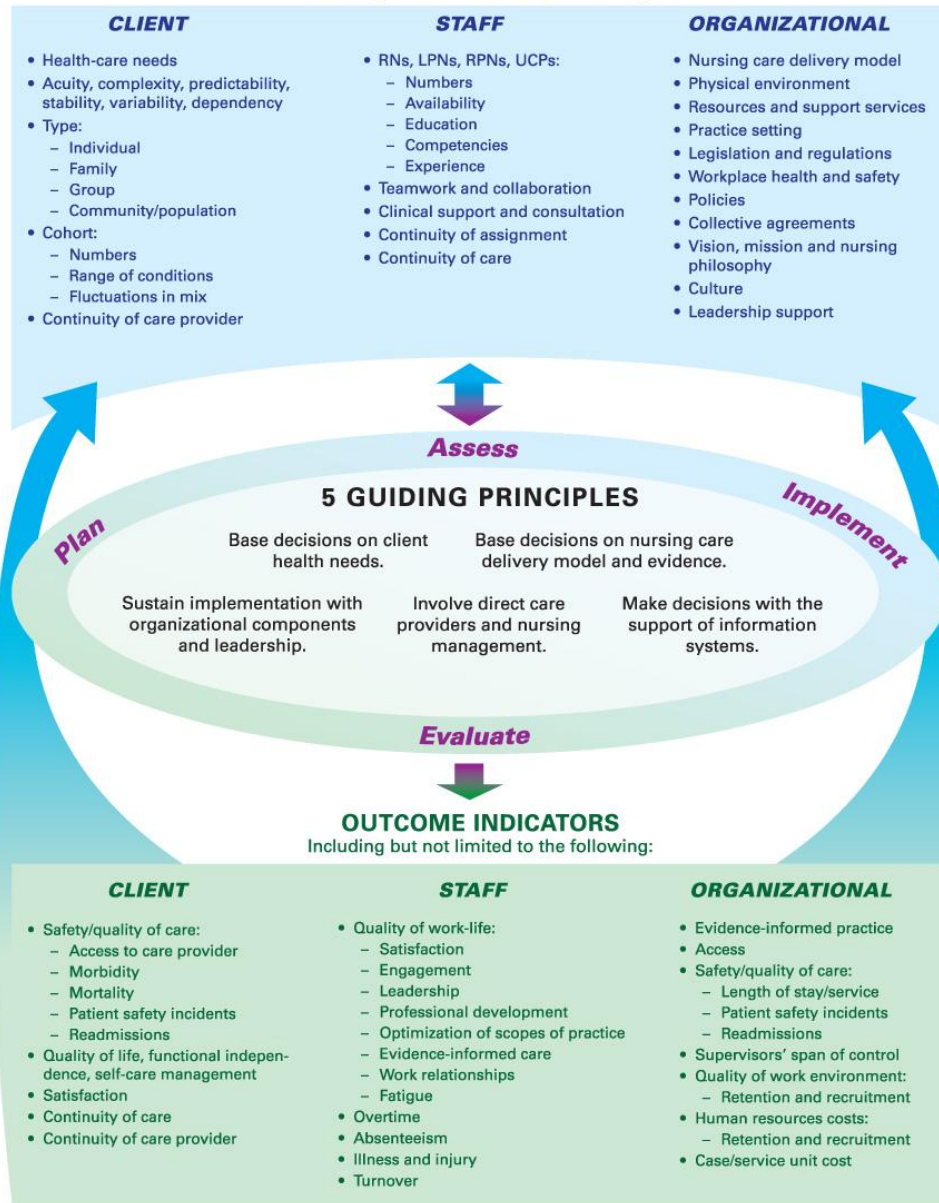
- Base decisions on client health needs
- Base decisions on nursing care delivery model and evidence
- Sustain implementation with organizational components and leadership
- Involve direct care providers and nursing management
- Make decisions with the support of information systems



Staff Mix Decision-making Framework

FACTORS TO CONSIDER

Including but not limited to the following:



Applying the Framework

- Questions are organized by the steps of the nursing process (assessment, planning, implementation and evaluation)
 - Answers will inform staff mix decisions
 - Ongoing and periodic evaluation of client, staff and organizational outcomes will inform subsequent staff mix decisions
 - Briefing note template



Who are we?



Eastern Health Regional Health Authority Newfoundland and Labrador

- Large Regional Integrated Health Authority
- Serves population of approximately 290,000
- Provides services across the continuum of care
- 17 long-term care (LTC) facilities with 1,600 beds
- Approximately 13,000 total employees
- Approximately 2,100 staff impacted by staff mix change



Issues Driving Change



- Nursing workforce aging and shrinking
- Costs are rising
- Provincial funding for long-term care sector reduced
- Eastern Health – highest professional mix in Canada
- RNs and LPNs not working to full scope of practice
- Difficult to retain and recruit staff



What was the objective?



Seek ways to increase efficiency and cost-effectiveness while safeguarding residents, staff and the organization



What did we do?



- EXTRA Fellowship Project Summer/Fall 2008
- Piloted *Evaluation Framework to Determine the Impact of Nursing Staff Mix* ^{*} ^{**}
- Steering Committee
- Six-month staff mix intervention project at three LTC site (control and pilot sites) – Summer/Fall 2008
- Involved all levels of nursing staff
- Changes were made

^{*} Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, Canadian Practical Nurses Association, Registered Practical Nurses of Canada, 2005. *Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions*. CNA: Ottawa

^{**} Funded in part by Health Canada.



What did we do? (continued)



- Engaged direct care providers
- Assessed resident, staff and organizational factors
- Answered selected questions which informed staff mix changes
- Used information resources



What did we do? (continued)

- Implemented changes with input from residents/families, staff and organization
- Evaluated according to resident, staff and organizational outcome indicators



Pilot Study (summer/fall 2008)



- Outcome Measures assessed (control/pilot)
 - *Resident Outcome Measures* = satisfaction surveys, quality care indicators
 - *Families* = satisfaction surveys, focus groups
 - *Staff Outcome Measures* = satisfaction surveys, focus groups, quality of work life indicators (injuries/illness, overtime, sick time)
 - Organizational Outcomes = evidence informed practice; recruitment/retention; care/service cost; resident safety indicators



Resident/family outcomes



- More timely delivery of personal care
- More satisfied with continuity of care provider



Staff Outcomes



- LPNs and personal care attendants on pilot units expressed greater job satisfaction than did colleagues on control units.
- Initially, RNs were somewhat dissatisfied with staff mix changes. Their role changed the most...
- With education, training (i.e. leadership training, conflict resolution) and support, RN satisfaction increased.



Organizational Outcomes



- Efficiencies achieved
- Care hours increased
- Staff retention increased
- More stable nursing workforce
- Approximately \$2M savings



What's happened since pilot?

2008/2009 pilot was a success!

- Implementation across Eastern Health (long-term care)
- Evaluation ongoing
- Surveys – resident/family, staff
- Quality of care indicators



Key Lessons Learned



- Involvement of direct care providers throughout process is key to appropriate staff mix decisions.
- Each health-care provider was better able to meet residents' health-care needs, work to her/his full scope of practice → greater satisfaction → better retention → improved resident outcomes
- Complex and dynamic process that requires ongoing evaluation of outcomes and possible revisions to staff mix
- There is no one right staff mix or ratio



Resources



Kennedy, A. (2009). Evaluating Nursing Staff Mix in Long-term Care: A Comprehensive Framework for Decision-makers. *Healthcare Quarterly*. Vol. 12, No. 4, pp. 46-53.

Evaluating nursing staff mix decision in long-term care. *Canadian Nurse*. February 2009, pp. 26-27.



Resources

[Staffing: Getting the Right Mix](#)

www.nurseone.ca

- *Staff Mix Decision-making Framework for Quality Nursing Care* (CNA, CCPNR, RPNC, 2012)
- *Evidence to Inform Staff Mix Decision-making: A Focused Literature Review* (Harris and McGillis Hall, 2012)
- *Nursing Care Delivery Models: Canadian Consensus on Guiding Principles* (CNA, 2012)
- *Consultations on Staff Mix Decision-making: Summary Report* (CNA, 2012)
- *Briefing note template for staff mix decision-making* (CNA, 2012)



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Conclusion

- Appropriate staff mix leads to improved patient safety and cost effectiveness.
- Staff mix decision-making is a complex and ongoing process.
- Using a framework helps facilitate effective and appropriate staff mix changes (guiding principles and questions).
- Involvement of direct care providers, who are familiar with health-care needs of clients, together with nursing management, is key to making staff mix decisions.
- Each of us has a role to play, within our sphere of influence.



Last Words....

Move to the GOAL of safe staffing...

Safe staffing LEADS the way to quality care...

Safe staffing maximizes outcomes for clients, staff, organizations and the health-care system...

Let's move from Rhetoric to Action!



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