



Home Care Reflections on Staff Mix Decision-making

The following is a reflection by home care service providers in Ontario, on the relevance, utilization and impact of *Staff mix Decision-making Framework for Quality Nursing Care* (Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada, 2012).

How are you (Chief Nurse Executive/Chief Nursing Officer or equivalent position) involved in making and evaluating staff mix decisions in your organization?

Chief Nursing Officer roles in home care vary in terms of scope and title however, common to the role of senior nursing leader, is the accountability for involvement in staff mix decisions at a policy, system design and process, and tool development level. Utilizing consultative mechanisms to seek input and facilitate decision making, local involvement in final decision making is imperative to sustainability and ensuring accountability to stewardship of health care dollars while supporting best possible outcomes for clients and staff.

The following statements reflect this perspective:

“The work that I do with other experts, including managers and staff, is intended to guide those closest to the decision to make the best decisions possible.”

“The Clinical Quality Department is involved if the branch required consultation for specific cases; communicating trends that are identified at a national or provincial level, or when changes in regulation/guidelines/standards will have an impact on staffing mix decisions.”

“Support interpretation of standards and policy when management decision making is challenged.”



As a service provider of home care what is your organization's experience with staffing? Lessons learned? What's been helpful? Not helpful?

Experiences across the service provider groups in the area of staffing are fairly consistent. On a regular basis the unique challenges include managing ebbs and flows in referral volumes, perception of home care by others, and general health human resource shortages. Focusing on the unique client requirements ground all decisions about staff requirements. The role of senior nursing leader is accountable for ensuring that local service delivery units have the required resources and information to use in decision making so that timely outcomes are achieved.

There is so much information to consider, collate and sift through that resources that leverage technology can enable the decision making to occur in a more time efficient and effective manner ensuring that the RIGHT PERSON AT THE RIGHT TIME IN THE RIGHT PLACE WITH THE RIGHT CLIENT.

Staffing is not a singular event but rather re-occurring and requires constant vigilance and the input of many participants from an education, policy and standards perspective. As new client needs emerge it is necessary to adjust education programming, either on an individual nurse or group learning basis, to respond to the staffing requirements.

As the health human resource shortage grows there is a rising trend in task shifting that is occurring at an unregulated level. Homecare acknowledges the importance of all members of the health care team in supporting the client to achieve the best possible outcomes; however, additional resources and structures are required to ensure the task shifting priorities remain focused on safety and quality. It has been very helpful to apply a staff mix model that is inclusive and is focused on clients and not silos of practice.

Additionally, as senior nursing leaders strive to create policies that support best staffing approaches, the need to write those policies in a generic yet specific format allow the local service delivery units to apply unique local requirements. The *framework's guiding principles* supports this kind of flexibility.

As service providers we have found that staffing models that respond to nurses' needs include a blend of full time, part time and elect to work to be most successful.



Senior Leaders say:

“Ensuring the right match of service provider to client need is essential in home care as the access to immediate resources is not always available.”

“Policies need to be generic enough that they can be adapted to meet client needs and ensure that clients receive safe, quality care from the most appropriate level of care provider.”

Do you (in your current role of Chief Nursing Officer/Senior Nursing Leader) work with other RNs, RPNs¹ or unregulated care providers when staff mix decisions are made?

Service providers work with all members of the health care team including RNs, RPNs and unregulated care providers, allied health, primary health care practitioners etc. to create a team that can assist the client in achieving their health outcomes. Senior nursing leaders do not directly work with those teams but rather influence and shape structures to enable most effective communication and care and service delivery. The role of Chief Nursing Officer/Senior Nursing Leader is more at the system and consultative level, including a role for interpreting provincial and national standards and regulation, advising on complex decision making and advocating for best practices in the area for staff mix utilization.

How do you think the new staff mix framework will impact staffing at your organization?

Given the generic nature of the framework, the assessment, planning, implementation and evaluation components make this tool a good resource. However, the unique attributes of the home context and the interplay of that context with client outcomes and staff mix decisions are not reflected within the framework. Strengthening this element would allow home care service providers to fully optimize the use in practice. In addition, staffing models that respond to home care clients' needs at different times of day and week require that home care nurse staffing models are flexible and need to include a blend of full time, part time and elect to work to be most successful.

¹ In Ontario, RPN refers to registered practical nurses.



How do you think *Staff Mix Decision-making Framework for Quality Nursing Care* will:

- a) Help to assess staffing needs**
- b) Help to evaluate staff mix**
- c) Help if changes are needed, based on clients' needs?**

The new resources will supplement and enhance organizational resources and regulatory standards, enhance client safety and will support clinical staff and provide additional support to clinical managers when making routine staff mix decisions. From a continuous quality improvement perspective this resource will allow service provider organizations to identify gaps in current service delivery models and make improvements in closing those gaps.

In summary, *Staff Mix Decision-making Framework for Quality Nursing Care*, provides a useful framework in ensuring a consistent approach to staffing and utilization that can be used across sectors. It is client centered which aligns with service providers' values and beliefs for care and service.

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On Behalf of the Ontario Home Care Association and Ontario Community Support Association Nursing Practice Council

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