CNA Webinar Series: Progress in Practice

Staffing: Getting the right mix

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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
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.)
Collaborative document (CNA, CCPNR, RPNC)

Focuses on clients, staff and organizations
  - Factors
  - Outcome indicators

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

*Funded by the Government of Canada’s Foreign Credential Recognition Program
Framework Development Process

- Working group
- Literature review
- Broad consultation
  - Surveys
  - Focus groups
- Guiding principles
- Nursing process
  - Selected questions
Staff Mix Decision-making Framework

FACTORS TO CONSIDER
Including but not limited to the following:

CLIENT
- Health-care needs
- Acuity, complexity, predictability, stability, variability, dependency
- Type:
  - Individual
  - Family
  - Group
  - Community/population
- Cohort:
  - Numbers
  - Range of conditions
  - Fluctuations in mix
- Continuity of care provider

STAFF
- RNs, LPNs, RNs, UCPs:
  - Numbers
  - Availability
  - Education
  - Competencies
  - Experience
- Teamwork and collaboration
- Clinical support and consultation
- Continuity of assignment
- Continuity of care

ORGANIZATIONAL
- Nursing care delivery model
- Physical environment
- Resources and support services
- Practice setting
- Legislation and regulations
- Workplace health and safety
- Policies
- Collective agreements
- Vision, mission and nursing philosophy
- Culture
- Leadership support

5 GUIDING PRINCIPLES

Assess
- 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.

Plan

Implement

Evaluate

OUTCOME INDICATORS
Including but not limited to the following:

CLIENT
- Safety/quality of care:
  - Access to care provider
  - Morbidity
  - Mortality
  - Patient safety incidents
  - Readmissions
- Quality of life, functional independence, self-care management
- Satisfaction
- Continuity of care
- Continuity of care provider

STAFF
- Quality of work-life:
  - Satisfaction
  - Engagement
  - Leadership
  - Professional development
  - Optimization of scopes of practice
  - Evidence-informed care
  - Work relationships
  - Fatigue
  - Overtime
  - Absenteeism
  - Illness and injury
  - Turnover

ORGANIZATIONAL
- Evidence-informed practice
- Access
- Safety/quality of care:
  - Length of stay/service
  - Patient safety incidents
  - Readmissions
- Supervisors’ span of control
- Quality of work environment:
  - Retention and recruitment
- Human resources costs:
  - Retention and recruitment
  - Case/service unit cost
Resources


- **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)
- **Invitational Round Table. Nursing Care Delivery Models and Staff Mix: Using Evidence in Decision-making**, (CNA, 2011)
Resources

- CNA podcast posted on YouTube
- *Staffing: Getting the Right Mix* as a Knowledge Feature on NurseONE.ca
Conclusion

- Staff mix decision-making is a complex and ongoing process.
- 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.
Your stories.....

CNA is interested in your experience using the framework.

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Eastern Health
Staff Mix Changes in Long-Term Care
Staff Mix Changes Long Term Care: Purpose and Introduction

Eastern Health:
• large, integrated health authority serving a population of more than 290,000 people
• program based management model
• offers the full continuum of health and community services including public health, long-term care, community services, hospital care and unique provincial programs and services
• geographic boundaries extend from St. John’s west to Port Blandford including all communities on the Avalon, Burin and Bonavista Peninsulas

Long Term Care Program:
• 1600 (approx.) beds situated at 17 LTC facilities
• 2100 (approx.) employees affected by the staff mix changes (1600 RN, LPN & PCA staff)
Staff Mix Changes Long Term Care: Evidence supporting change

- Pilot study based on *Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions*¹,²
- Results positive
- Lessons learned formed the basis of implementation plan
  - Clearer understanding of staff regarding the role and scope of practice of all team members
  - Consultation required with affected staff prior to implementation
  - Dialogue with staff to understand the reasons for the change
  - Planning prior to implementing the change is crucial
  - Need for a consistent approach to collecting quality indicators
  - Importance of information sharing and feedback for success
- Articles
  - *Evaluating nursing staff mix decisions* (Canadian Nurse, February 2009, pp. 26-27)

¹*Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions* (Canadian Nurses Association, Canadian Council for Practical Nurse Regulators, Canadian Practical Nurses Association, Registered Psychiatric Nurses of Canada, 2005)

² Funded, in part, by Health Canada’s Office of Nursing Policy
Components

Clinical / Operations
Human Resources
Education
Communication
Evaluation
Staff Mix Changes Long Term Care: Nursing Care Delivery Model

- Modified modular nursing
- Philosophy of resident centered care

Staffing Model Principles:
- RN responsible for coordinating care
- RNs and LPNs working to full scope of practice
- PCAs accountable for care provided under direction of the RN or LPN; became part of care staffing model
- Overall a significant change to RN, LPN & PCA ratios & work assignment per unit/per site
Staff Mix Changes Long Term Care: Resident Care Needs

Staffing decisions based on:

• Level of care required by residents
• Service mandate of the site (acute and ambulatory care in addition to LTC)
• Cohorts of residents (developmentally delayed, ventilator dependent, protective care)
• Schedule development & revision considered the physical layout of the facility
Information systems to support care decisions:
• RAI 2.0 implemented at 71% of sites
• clinical documentation systems (differ)
• quality indicators – submission to CIHI at 41% of sites
• provincial levels of care
• pharmacy services (differ)
• occurrence reporting systems (all sites)
Staff Mix Changes Long Term Care: Involving Providers and Managers

- Regional Nursing Staff Mix Committee
- Regional Manager Workshops
- Regional Manager Meetings
- Site Implementation Teams
- Presentations by Regional Staff Mix Team
- Communiqués
- Articles
- Website
- Recognition
Staff Mix Changes Long Term Care: Organization and Leadership

Executive Sponsorship

Resources for Staff Mix Team

Corporate involvement – communications, change management, human resources, research division, professional practice, quality and risk management

External stakeholders – educational institutions, professional regulating bodies
Staff Mix Changes Long Term Care: Evaluation

Effectiveness of the Staff Mix implementation evaluated:

- Department of Research measured the following:
  - Staff, Resident and Family Satisfaction
  - Quality of Care Indicators
  - Change Management Process Evaluation

- Staff Survey Results (28% response rate; 64% aware of site implementation team, June 2012)
  - workload
  - team conflict
  - role delineation
  - clarity of role of RN
  - quality of care
  - support of immediate manager
Staff Mix Changes Long Term Care: Outcomes

Care indicators:

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* rate-based data from 3 sites
Staff Mix Changes Long Term Care: Lessons Learned

• Stable and consistent staffing is vital to the success.
• Support for changes to roles needs to be strengthened.
• Human resource implications take precedent in staff response to changes.
• RN leadership framework is needed that identifies and supports the new RN role.
• A flexible communication plan is important, adopting various methods depending on the culture and needs of specific sites.
• This is a significant culture change that requires ongoing management support and engagement.
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