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CENTRE FOR WORKFORCE INTELLIGENCE

National Conference 2011

CfWI produces quality intelligence to inform better workforce planning, that improves people's lives

Better workforce planning & improving people's lives

Workshop 2:

Improving quality and outcomes through nursing and midwifery workforce

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Workshop Objectives

- Improving quality and outcomes through:
  - Research
  - Development
  - Planning

- Discussion on each perspective

- Plenary – moving forward in the future landscape

Overview

Workforce Research

"Looking from outside in"

- Establishing quality and patient outcomes through staffing and workforce levels
- Looking across wide-ranging organisations

Workforce Development

"Making it local, making it real"

- Service configuration focused on patient experience
- Identify and implement required skills, roles, functions

Workforce Planning

"Enabling quality through better intelligence"

- Incorporating research and good practice
- Reflecting current and emerging service configurations

Driven by quality and patient outcomes

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Workforce Research: "Looking from outside in"

What is the workforce needed for good patient outcomes?

- Research...

- Addressing in practice... by whom?

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Quality and outcomes: how do we quantify?

- Nurse sensitive indicators/metrics
    (eg. pressure ulcers, falls, UTIs etc.)
- Mortality rates
- Failure to rescue
- What about PROMs?
- Patient experience?
- Format of data – dashboards? One off review?

Nursing workforce?

How is 'workforce' defined?

- Volume/staffing levels –
    - Nurse per Occupied Bed (WTE)
    - Nursing hours per patient day
    - Patient to nurse ratios (per shift)
- RNs? Total nurse staffing? Skill-mix
- Roles/role boundaries
- Workforce characteristics

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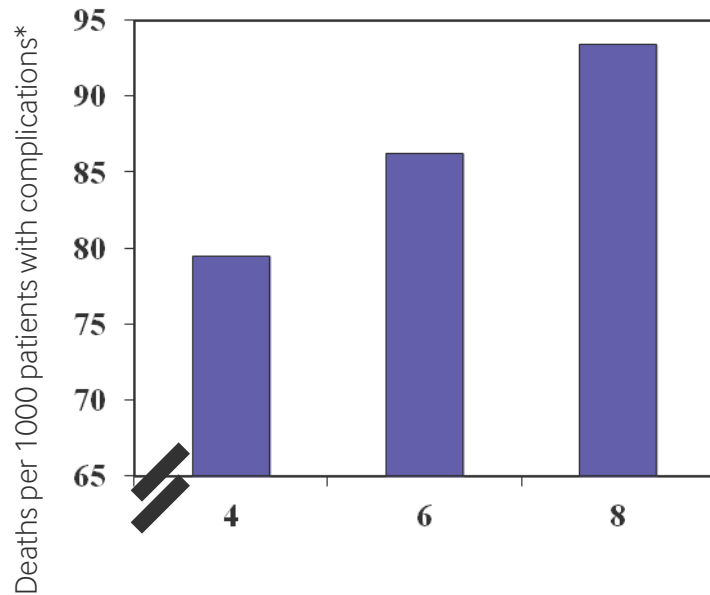WI

Kane (2007) systematic review

96 studies

Increased RN staffing was associated with lower hospital related mortality in:

- ❏ intensive care units (OR 0.91 CI 0.86–0.96)
- ❏ surgical units (OR, 0.84; 95% CI, 0.80–0.89),
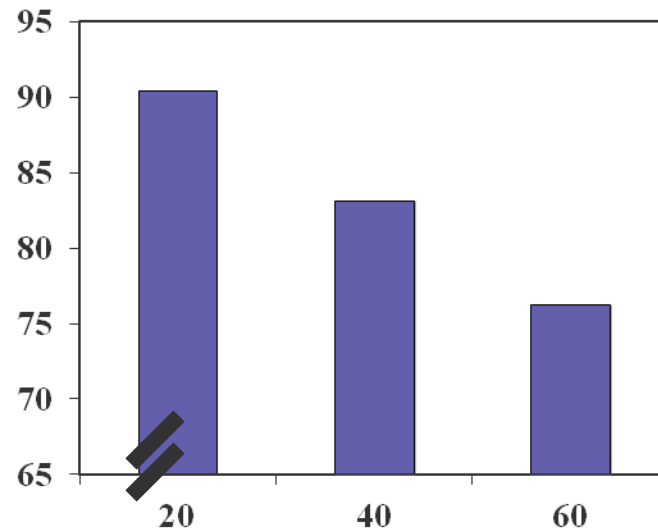- ❏ medical patients (OR, 0.94; 95% CI, 0.94–0.95)
  - –per additional full time equivalent nurse per patient day.

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As workloads in hospitals increase, so does mortality...

But as nurse education increases, mortality decreases...

Deaths per 1000 patients with complications*

Staffing (Patients per nurse)

Education (% of nurses with degrees)

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'Care is compromised by short staffing' by patients per RN (NHS hospital wards)

Bar chart showing mean number of patients per RN against frequency patient care is compromised by short staffing. Y-axis: "Mean no. of patients per RN" (0 to 12). X-axis: "Frequency patient care is compromised by short staffing". Never ≈ 5.4, Rarely ≈ 6.2, Several times a month ≈ 7.0, Once or twice a week ≈ 8.1, On most shifts ≈ 8.9, On every shift ≈ 10.7.

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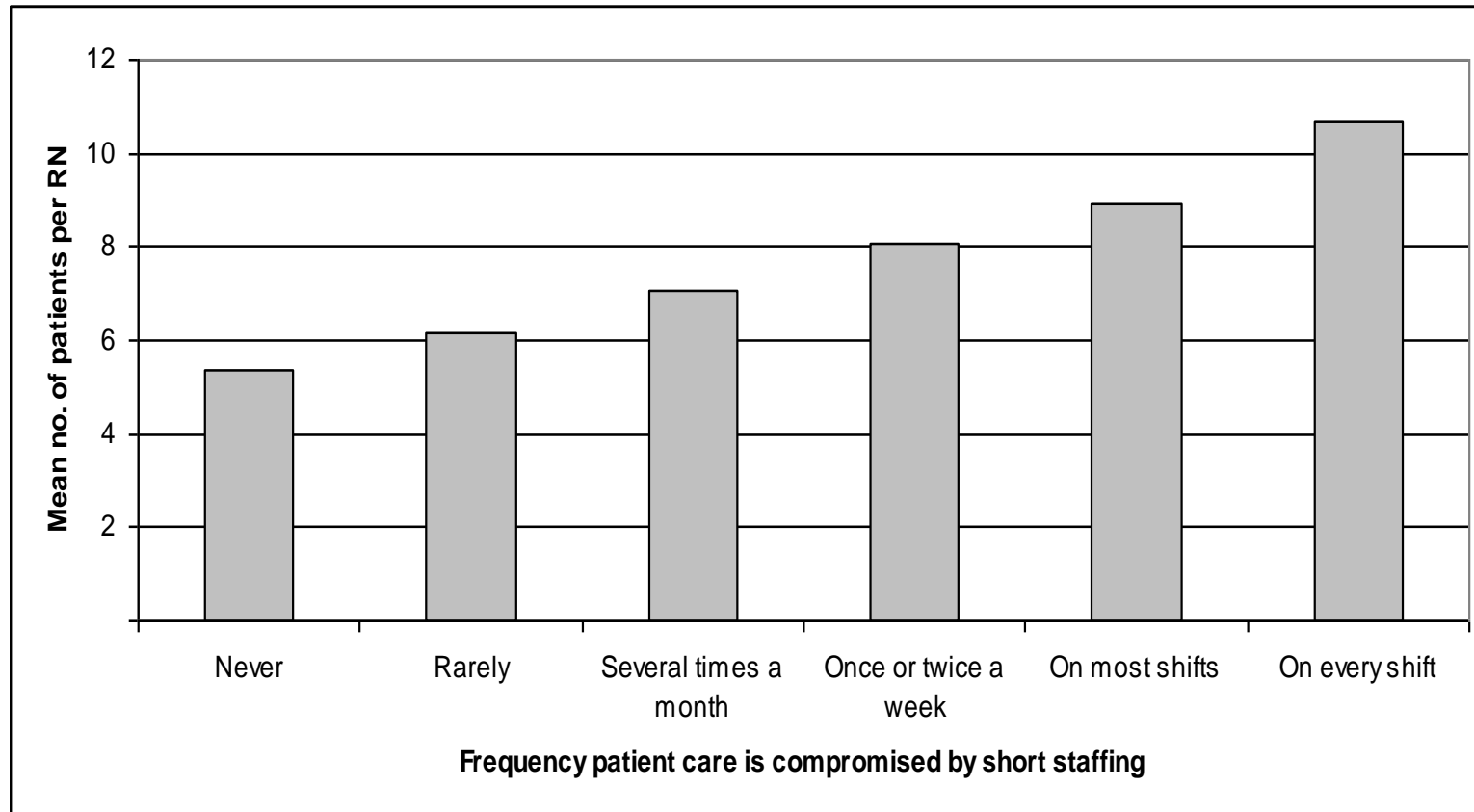
EU FP7: Funded research on the nursing workforce

Traditional forecasting models

&

RN4CAST
nurse forecasting in Europe
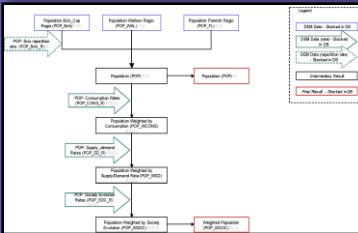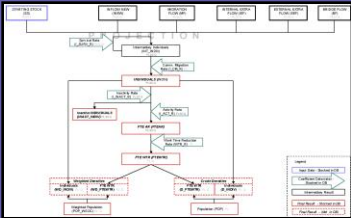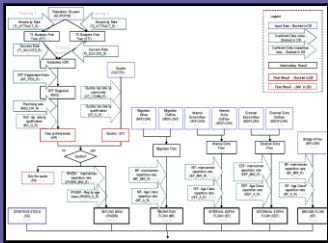
Patient safety

Nursing work environment

Nurse deployment

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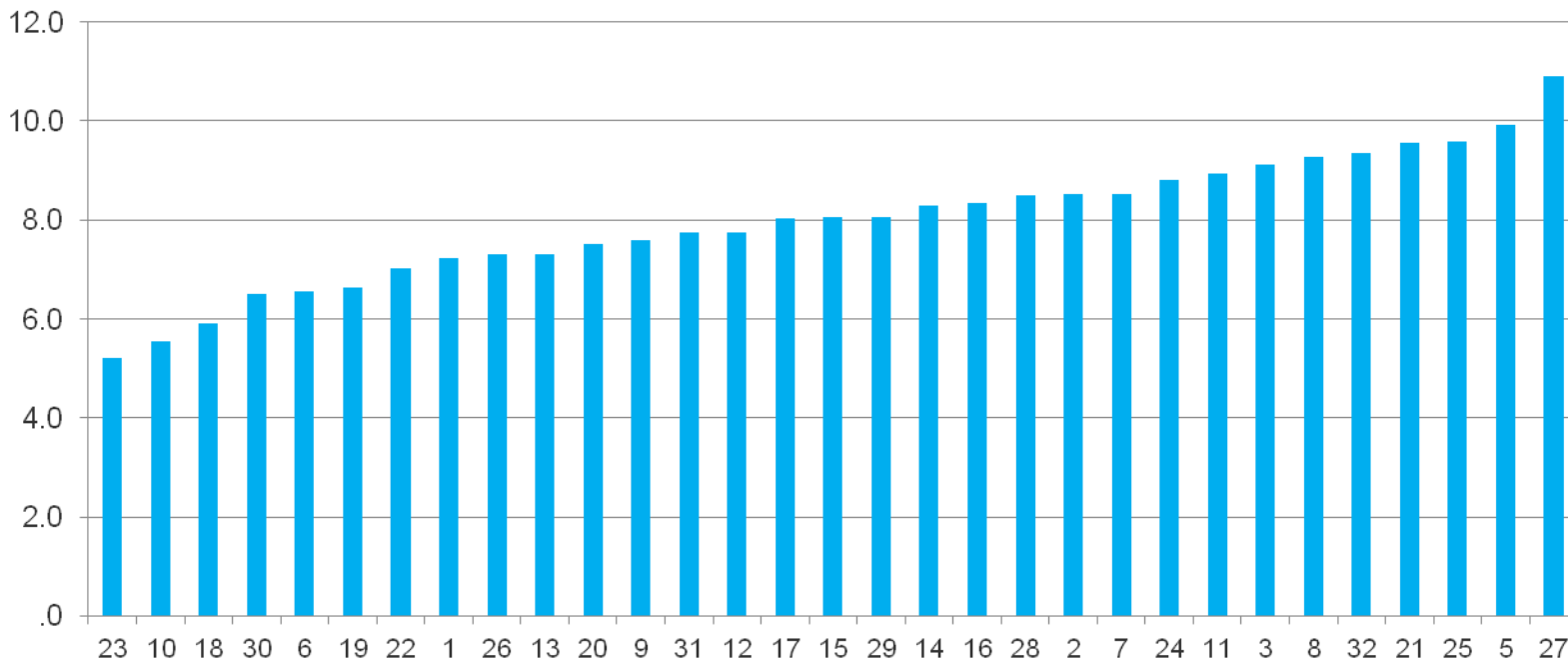
More accurate idea of the nursing workforce required for:

safe patient care

and

a healthy work environment for nurses

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Staffing levels: Patient/RN ratio (day)

Patients per RN

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What's left undone...

On your most recent shift, which of the following activities were necessary but left undone because you lacked the time to complete them?

• Comfort/talk with patients	76%
• Adequate patient surveillance	40%
• Adequately document nursing care	39%
• Oral hygiene	33%
• Planning care	32%
• Administer medications on time	26%
• Skin care	24%

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Frequency of negative events

Happens at least monthly

|	
• Pneumonia (HAI)*	55%
• Urinary tract infections (HAI)*	50%
• Patient falls with injury*	44%
• Patient received wrong medication, time, or dose	26%
• Pressure ulcers after admission*	26%
• Bloodstream infections (HAI)	18%

Workforce Development: "Making it local, making it real"

Pathway, function and competence based workforce development

- Focus on patient requirements and experience at each point

- Explores 'what needs to happen?' before 'who has the expertise to do it?'

- Clinical leadership and quality assurance

- 360 degree staff engagement

- Determine level of skill needed for each function carried out

- Confirm competences held by individuals and teams already

- Development to fill the gaps

Patient Pathway

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Functions

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National Occupational Standards

↓

Workforce Development

Skills for Health

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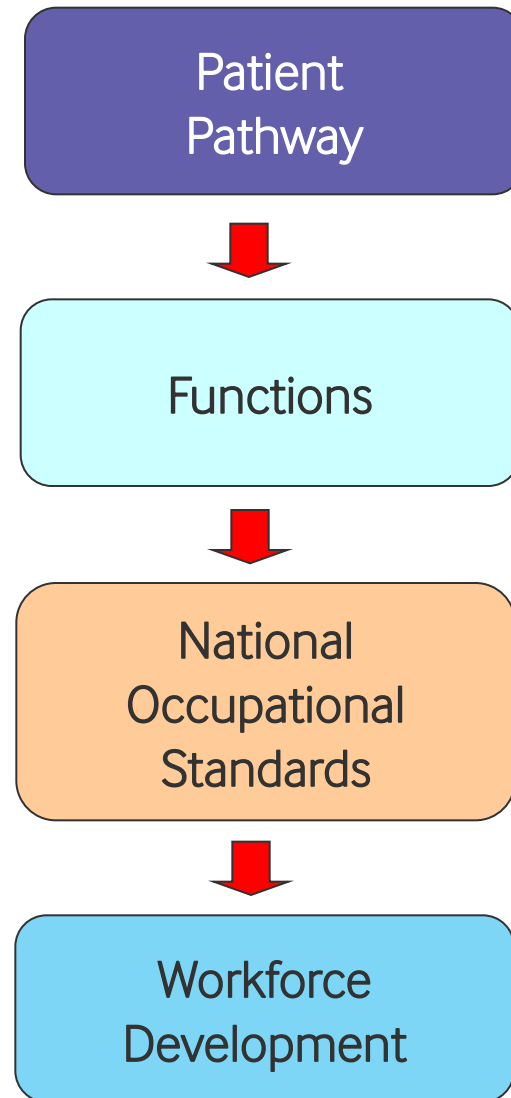
Workforce development involves change

Recognise the change curve

- New/changed roles mean new relationships

- Address values and attitudes as well as technical skills

- Non-release of work / work intensification

- Undermining / sense of role 'loss'

- Communication and engagement around purpose

Hidden skills gaps impact on effectiveness of change

- Leadership, supervision, mentoring, coaching skills

- Shared learning enhances shared understanding

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Transforming Community Services

Challenges for employers

- Redesign of community services to meet quality, innovation, productivity and prevention goals

- Enabling workforce change in a time of significant structural upheaval

- Releasing cost savings while maintaining and enhancing quality

Tools and support for workforce development

- Pathway based Functional Analysis methodology

- Workshops and support to develop focus and impact metrics

- Searchable database of quality assured National Occupational Standards

- Workforce Transformation Challenge

- 6 Steps to Workforce Planning/Competence Based Workforce Design

- Access to library of 60+ evidence based Role Templates (NTRs)

- Learning design principles

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Changing roles
Somerset Integrated Paediatric Therapy Services

- **Quality Issue:** How to deliver better access and more cost-effective services

- **Key concerns?** Band 4 support roles highly profession specific; caseload management variability

- **Skills gap?** Broadening skill-set of Band 4s; supervision skills for Band 5s

- **Solution:** Role changes, shared language for service and new approach to succession planning

- **Early outcomes achieved:**

  - Better use of specialist and shared skills

  - More opportunity for early interventions

- **Added bonus:** Business case for changed staffing/skills mix

Finding the broken link
Community Services Bury – End of Life Care

- **Quality Issue:** Helping more people to have their wishes met in final days of life

- **Key factor?** Preferred place of death not recorded

- **Skill gap?** Lack of nursing home staff confidence and competence

- **Solution:** In-house training based on National Occupational Standards

- **Outcome achieved:**
  - Higher quality care – 86% dying in preferred place of death (was 42%)
  - Productivity savings (£3k per person)

- **Added bonus:** Elements of training applicable to other service areas

Employer experiences

- **Patient focus** creates sense of shared endeavour and supports staff buy-in to subsequent changes

- **Shared language** of delivery across service improves inter-agency and inter-professional collaboration & relationships

- **Effective staff engagement** improves confidence in each others' roles reducing misunderstanding and inappropriate barriers to improvement

- Pathway, function and competence analysis enables **focussed learning and development** to tackle gaps

- Identifies potential **pinch-points and opportunities** for workforce re-organisation and innovation

Patient Pathway

Functions

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Workforce Development

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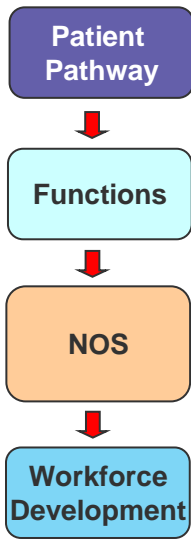
Outstanding workforce change issues – is there a system solution or is it for employers to develop?

- Availability of data across pathway and metrics to evaluate impact

- Unrealistic expectations as to timescale for cost savings and quality improvement

- Inadequate understanding of on-going communication as a vital ingredient in workforce change

- Senior management endorsement and follow through from strategy via operational management to on-the-ground delivery

- Equitable access to relevant education and training in climate of financial constraint

Workforce Planning:
"Enabling quality through better intelligence"

Workforce planning – enabling improved quality and outcomes

- Planning inputs – variables
  - Future demands and insights – horizon scanning
  - Staffing levels and ratios – assuring quality
  - Innovative care model configurations
  - Behavioural and cultural change
- Planning outputs – intelligence
  - Aligned to emerging and future good practice
  - Aligned to localised models of care
  - Aligned to the needs of patients and service users

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Plenary:
Moving forward in the future landscape

Continuing the discussion...

- Shaping the CfWI nursing and midwifery workforce projects – your voice and experience

- What intelligence and tools do you need to improve your workforce planning to enable improved quality and outcomes?

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