



The Nursing and Midwifery Workforce Forum



The background of the slide features a soft, sepia-toned landscape. In the distance, there are rolling hills or mountains. In the foreground on the right side, a willow tree with its characteristic drooping branches and small, dark buds is visible. The overall texture is slightly grainy, giving it a vintage or artistic feel.

*Models of Care
Workshop for Western
Australian nurses*

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Today's Topic –the Models of Care Project

- ❖ 2003 – CNO's Joint Strategic Reference Group for Nursing and Midwifery
- ❖ 4 key issues identified
 - Clinical Leadership
 - Clinical Placements
 - Models of Care and Nurses' Roles
 - Professional Clinical Career Paths

Workforce modelling staffing needs and projections

❖ Workforce Projections

Assumptions – Population growth 0.9% pa (2001 to 2011)

Pop.growth & service growth 1.7%pa (2001 to 2011)

❖ RN Modelling Shows

Intake needs to ↑ from 2070 in 2004 to approx. 3880 in 2005

❖ EN Modelling Shows

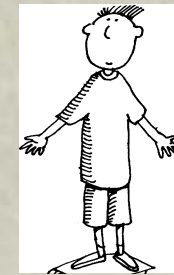
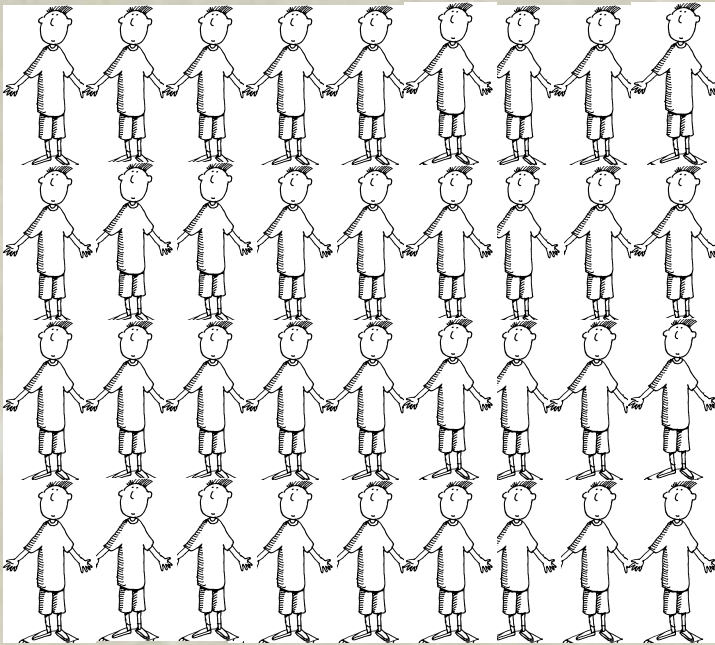
Intake needs to ↑ from 820 in 2004 to b/w 1,110 & 1775 in 2005

Our Ageing Workforce

		Medicine	Medicine	Nursing	Nursing
Generation X		0%	1%	0%	3%
Generation Y		22%	34%	26%	31%
Baby Boomers		42%	40%	54%	53%
Veterans		36%	25%	20%	13%
		1996	2002	1996	2002

In 16 short years

170,000



12,500

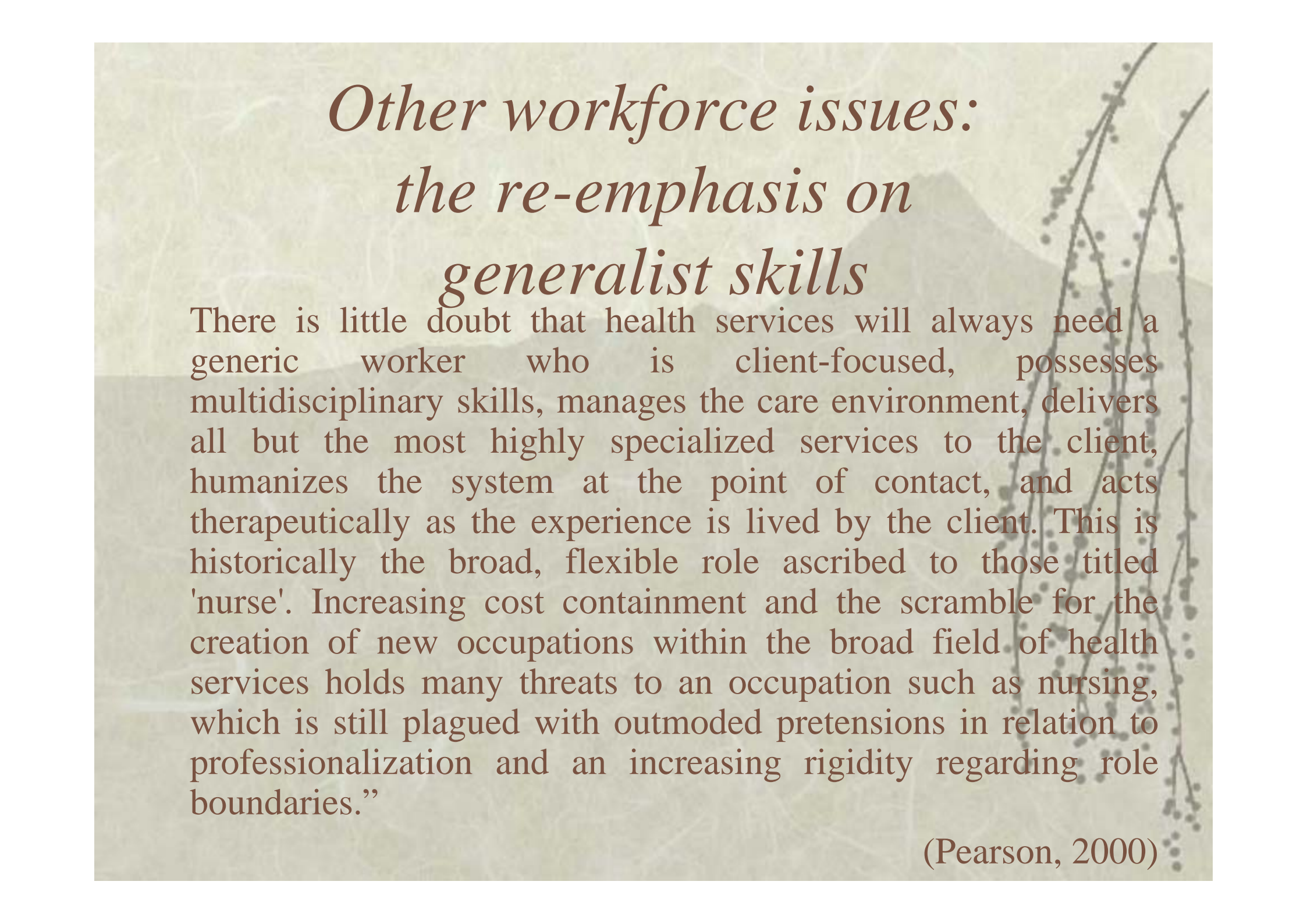
Source Access Economics 2001

What do we know about nursing work?

- ❖ Three domains of nursing practice –caring, clinical knowledge and decision-making, collaboration (Nuccio et al, 1996)
- ❖ 3 possible models for “nurse” work in relation to “doctor” work – enhancement, substitution, delegation (Halcomb et al, 2004)
- ❖ No longer such a thing as a typical day (Jones & Cheek, 2003)

Other workforce issues: the challenges and threats of specialisation

- ❖ Q: Single most important accomplishment of perioperative nurses in 50 years?
- ❖ A: the development of the professional perioperative role
- ❖ Q: single biggest threat?
- ❖ A: Replacement by less qualified people
 - ❖ (Siefert, 2000 in Walker, 2004)



*Other workforce issues:
the re-emphasis on
generalist skills*

There is little doubt that health services will always need a generic worker who is client-focused, possesses multidisciplinary skills, manages the care environment, delivers all but the most highly specialized services to the client, humanizes the system at the point of contact, and acts therapeutically as the experience is lived by the client. This is historically the broad, flexible role ascribed to those titled 'nurse'. Increasing cost containment and the scramble for the creation of new occupations within the broad field of health services holds many threats to an occupation such as nursing, which is still plagued with outmoded pretensions in relation to professionalization and an increasing rigidity regarding role boundaries.”

(Pearson, 2000)

*What do we know about ward
organisation and care delivery
practices?*

- ❖ 3 possible systems of ward organisation – devolved, centralised, 2 tiered (Adams & Bond, 2003)
- ❖ Skill mix did not equate as expected with ward organisation systems – richest skill mix was least devolved (Adams & Bond, 2003)

Ward organisation

- ❖ Devolution of care management to clinical nurses influenced most by personality of NUM (Adams & Bond, 2003, Jones & Fairbrother, 2004)
- ❖ Time management not solely dependent on skills of nurse – interruptions a huge problem (Hedberg & Laarson, 2004; Waterworth, 2003) e.g in 30 hours of observation, 85 interruptions recorded)

Care delivery models

- ❖ Task allocation, functional nursing
- ❖ Patient allocation, total patient care
- ❖ Team nursing, mixed mode nursing
- ❖ Primary nursing

(Gullick, Shepherd & Ronald, 2004;
Tiedmann & Lookinland, 2004)

Patients' issues re models of care

- ❖ Patients not aware of which model is being used (Gullick et al, 2004);
- ❖ No significant difference in patient satisfaction between total patient care, team nursing and primary nursing (Tiedman & Lookinland, 2004)
- ❖ Patient satisfaction is high if continuity and communication are maintained (Tiedman & Lookinland, 2004)
- ❖ When patients could see the nurses working, they did not interrupt them (Elbright et al 2003)

Nurses' issues re models of care

- ❖ Patient /task allocation is not the same as patient/task focussed – task focus can occur in a patient allocation system and vice versa (Fitzgerald et al, 2003; Marrow, 2004)
- ❖ Patient allocation not primary nursing, allocation may change from day to day (Fitzgerald et al, 2003)

Nurses' issues re models of care

- ❖ Team nursing models are strongly associated with better communication and coordination of care (McGillis Hall & Doran, 2003)
- ❖ Need for recognition and better utilisation of advanced nursing practice skills (Fitzgerald et al, 2003)

*Capacity building strategic plan for the
development of the nursing workforce*

**Yrs 1 & 2
Recruitment**

+

**Yrs 1 & 2
Retention**

=

**Yrs 2 & 3
Health care
delivery
planning &
organisation**

Building nursing workforce capacity - NSW

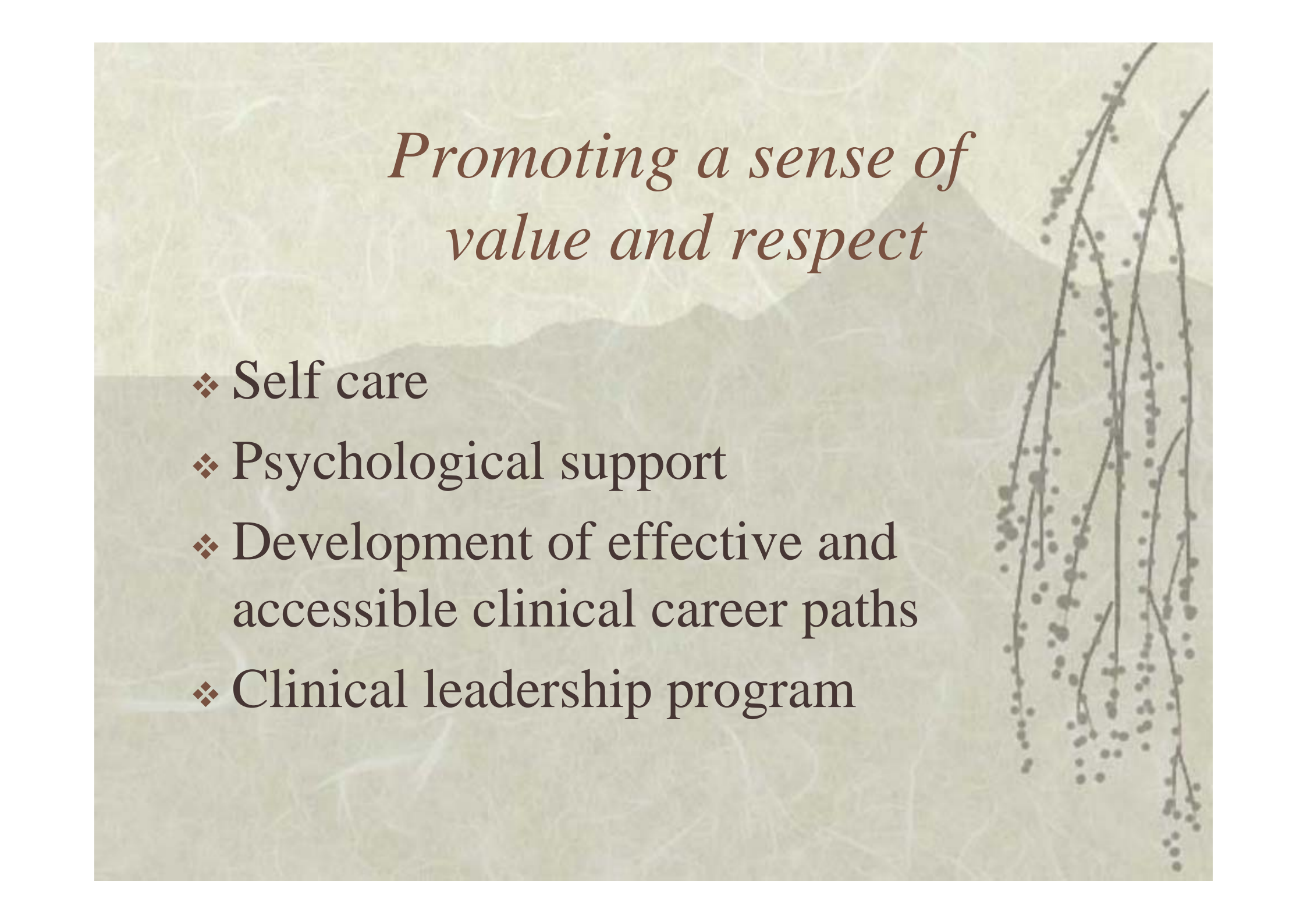
- ❖ NSW Nurse Connect
- ❖ Strategies for “growing in place”
 - RNs
 - ENs
- ❖ New and developing roles
- ❖ Policy development



Strategies to retain ENs and RNs

Two main reasons why nurses leave:

- ❖ Feel they are not valued or respected
- ❖ Feel unable to deliver the quality of care they believe is required

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Promoting a sense of value and respect

- ❖ Self care
- ❖ Psychological support
- ❖ Development of effective and accessible clinical career paths
- ❖ Clinical leadership program

*Health care delivery planning and
organisation (future)*

**Clinical
leadership
programs**

**Active
involvement
in
health
care
policy
and
planning**

**Nurse
and
midwifery
sensitive
patient
outcome
monitoring**

**Development
of
innovative
models
of
health
care
delivery**

Innovative models of health care delivery

- ❖ Much needed increases in undergrads, TENs, ENs and new grads will mean significantly greater numbers of staff in the workplace, who in their early days will require education and support.
- ❖ Increases in NPs and other specialist advanced practice roles will mean greater numbers of highly specialised staff across the workforce

Innovative models of health care delivery (cont)

- ❖ Changes to care delivery patterns – e.g. clinical streaming, outreach and inreach programs will mean geographical and structural shifts to the nature and location of teams
- ❖ The focus on multidisciplinary workforce development could mean changes to the allocation and ownership of work

So how do we “debate” or at least respond to the difficult issues?

**Ethos
of collective
non-
responsibility**

**Practice zone
of abrogation**

**Ethos of
collegial
generosity**

**Practice zone
of
mutual trust
and
Collaboration**

**Ethos of
Individual
accountability**

**Practice
zone of
isolation
or alienation**

The Models of Care Roadshow

- ❖ the first step in an iterative process to assist clinical and academic nurses to benefit and profit from these changes
- ❖ designed to be a forum for exploring ideas and generating discussion
- ❖ intended to provide clinical and academic nurses with opportunities to think about analysing practice
- ❖ will direct clinical and academic nurses towards a range of tools to help them to evaluate the effectiveness of existing practices

Roadshow Itinerary 2005

- ❖ **February:** St George, RPAH/ Concord, RNSH, Wagga Wagga, Griffith, Goulburn
- ❖ **March:** POW/RHW, Campbelltown, Coffs Harbour, Coraki, Ballina, Port MacQuarie, Nepean, Westmead, Liverpool
- ❖ **April:** Dubbo, Orange, Tamworth, Moree, John Hunter, Broken Hill, Bega

In Addition...

- ❖ CNO has established 4 other consultancy groups to advise on issues impacting on models of care-
- ❖ DONs
- ❖ NUMs
- ❖ Clinical Coordinators
- ❖ Clinical Professors

Virtual toolkit

(on Internet and Intranet)

- ❖ A selection of tools to aid with problem analysis
- ❖ Hot links to other sites –e.g. Essence of Care
- ❖ References and Endnote bibliography
- ❖ All ppt presentations from the entire roadshow
- ❖ Anything else anyone might want to donate

“As far as Edward Bear knew, it was the only way of coming downstairs, although he sometimes felt there was another way, if only he could stop bumping for a moment and think about it” (AA Milne)



Why do we need to take stock of what we do?

Finding joy at work *(Manion, 2003)*

- ❖ 4 pathways to joy at work for nurses
- ❖ Connectedness – with staff and patients
- ❖ Liking the work I do –nursing work
- ❖ Achievement – defining what success means
- ❖ Recognition – by peers and the organisation

Emergent Themes From the Clinical Presentations

- ❖ Reflective practice
- ❖ Analysis of practice
- ❖ Measurement and evaluation of patient-centered outcomes
- ❖ Measurement and evaluation of staff –centered outcomes
- ❖ Implementation of evidence-based practice
- ❖ Adaptations of innovations
- ❖ Changes in skill mix
- ❖ Changes in care delivery practices
- ❖ Changes in rostering


Reflective Practice

- ❖ Individual reflection through mentoring
- ❖ Individual reflection through journaling
- ❖ Individual reflection through incident reports
- ❖ Group reflection through incident reports
- ❖ Group reflection through practice development
- ❖ Group reflection through root cause analysis

Examples of Tools Used in Analysis of Practice

- ❖ Observation techniques
- ❖ Process mapping
- ❖ Brainstorming
- ❖ Work sampling
- ❖ Pareto technique
- ❖ Fishbone (Ishikawa) diagram
- ❖ Nominal group technique



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Examples of Patient-centered Data Examined During Measurement and Evaluation

- ❖ Falls
- ❖ Readmissions
- ❖ Medication errors
- ❖ Wound Infections
- ❖ IV site infections
- ❖ Incidents of aggression
- ❖ Absconding from ward
- ❖ Patient satisfaction

Examples of Nurse-centered Data Examined During Measurement and Evaluation

- ❖ Work satisfaction
- ❖ Vacancies
- ❖ Recruitment to unit
- ❖ Resignations
- ❖ Work injuries
- ❖ Sick leave
- ❖ Engagement in continuing education

Examples of Implementation of Evidence-based Practice

- ❖ Oxygen delivery practices
- ❖ Medical Early Warning systems
- ❖ Asthma management planning
- ❖ Walking programs for elderly orthopaedic patients and dementia patients
- ❖ Falls assessment questionnaires
- ❖ Discharge planning tools

Examples of Adaptation of Innovations

- ❖ Dementia mapping tool applied to acute care and rehabilitation areas
- ❖ Philosophical approach to conflict resolution applied to management of borderline personality disorders
- ❖ Discharge planning model applied pre-admission
- ❖ Hospital volunteers used to feed elderly patients

Examples of Changes in Skill Mix

- ❖ Supernumerary shift coordinator/team leader
- ❖ Enrolled nurses (endorsed and non-endorsed)
- ❖ Undergraduate AINs
- ❖ Certificate 3 AINs
- ❖ “Check-in chicks” (AINs)
- ❖ Extra wardsmen
- ❖ After hours ward clerks

Examples of Changes in Care Delivery Practices-models of Care

- ❖ Team nursing
- ❖ Zone allocation
- ❖ Care pairs
- ❖ Partnerships in care
- ❖ Pre-admission care
- ❖ Follow-up care
- ❖ Increased continuity of care

*Examples of Changes in Care
Delivery Practices -
Organisation of Care (cont)*

- ❖ Shower times and frequency (!!)
- ❖ Falls assessment
- ❖ Discharge assessment
- ❖ Handover

Examples of Changes in Care Delivery Practices - Organisation of Care

- ❖ Medication ordering and systems
- ❖ Allocation of work e.g.
 - EN medications
 - AIN ECG recordings
 - Supernumerary in-charge
 - Telephone answering
 - Buzzer answering

Examples of Changes in Rostering

- ❖ 12 hour shifts
- ❖ Short shifts – 10 to 2 (with peak workload organised accordingly)
- ❖ Odd shifts –6pm to 2am (to cover specific workload hotspots)
- ❖ Roster extra staff in evening instead of morning because of work redesign

Key Message Emerging From the Roadshow

- ❖ Across NSW clinical nurses and midwives are delivering excellent standards of evidence-based patient care
- ❖ They are using a range of analytical tools, and measurement and evaluation techniques –in short, they are undertaking clinical research
- ❖ There are many nurses and midwives in the system who derive enormous satisfaction from their work, their patients and their colleagues

*Key Issues Emerging From the
Roadshow That Are in Need of
Further Work*

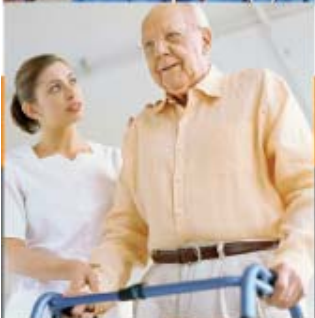
- ❖ Self-care and reflective practice are both essential for both staff **and** patient well-being
- ❖ It is possible to make time
- ❖ Use an external facilitator for early PD/reflective practice work
- ❖ Make better use of your university colleagues to assist you with grant application, work analysis, reflective practice, evaluation design

Key Issues in Need of Further Work (Cont)

- ❖ Scope of practice cannot be defined by tasks
- ❖ Teaching and/or mentoring clinical practice is an integral part of the clinical nursing role but one that has been overlooked/ given away over the past two decades
- ❖ The skills of delegation and performance management are difficult and require attention
- ❖ There is a huge need for clinical nurses to publish their work
- ❖ There is a need for far greater emphasis on language to describe and define practice

Where to From Here?

- ❖ A report with recommendations for the next steps (developed from the questionnaires) has gone to the CNO and is now with the Minister
- ❖ CNO will hold a state-wide video-conference to advise on next steps
- ❖ I shall work with presenters and others to encourage further publication of innovations around models of care
- ❖ Models of care workshops to be taken to the universities to ensure that new grads are in tune with changed work practices



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