NZNO Position Statement on Care Rationing

Purpose

The purpose of this position statement is to make clear NZNO's standpoint on the importance of achieving safe staffing levels and healthy working places in all health sectors to ensure delivery of safe and effective nursing care and prevent care rationing.

Background

Health care rationing is the imposition of any mechanism by which access to health care services is limited (Kapiriri, Randall & Martin, 2009). It may occur at macro, meso and micro levels. At the macro level, health care rationing may include setting limits on the level of funding allocated to health services, the distribution of budget between geographical areas and services, the allocation of resources to a particular form of treatment, and decisions on how much to spend on individual patients (Kapiriri, Randall & Martin, 2009; Klein, 1993). Meso level rationing occurs when limits are placed on specific resources (eg, the number of beds available in a hospital), and at the micro level, when individual patient care decisions are left to practitioners at the bedside (Kapiriri et al., 2009). Macro, meso and micro rationing occur in health systems on a daily basis throughout the world. Within nursing discourse, micro-level rationing resulting in 'the withholding or failure to carry out necessary nursing tasks due to inadequate time, staffing level, and/or skill mix', is known as care rationing (Schubert, et al., 2008, p228).

Governments, funders and providers continuously attempt to balance limited funding and resource availability with health-care need. When this balance is not achieved, patient outcomes deteriorate. Recent research has shown that care rationing occurring because of staff shortages or the wrong skill mix is significantly associated with poorer patient satisfaction, and more medication administration errors, patient falls, nosocomial infections, critical incidents and pressure ulcers (Schubert, et al., 2008). These outcomes occur when nurses are unable to complete necessary nursing tasks because of inappropriate macro-level decision making causing staffing shortages: inadequate staffing at the unit level is consistently associated with higher levels of care rationing (Schubert, et al., 2013).

Both international and New Zealand research demonstrate that cutting nurse staffing to save costs adversely affects patient outcomes (Aiken et al 2014; McCloskey & Diers, 2005). Further, nurses who are satisfied with their working environment are less likely to ration care, suggesting a healthy workplace is an essential element in reducing care rationing and improving patient outcomes and satisfaction (Papastavrou, Andreou, Tsangari & Merkouris, 2014).

Māori and Pacific populations are at particular risk of the impact of care rationing, due to their higher rates of hospitalisation (Ministry of Health, 2014), compounding existing health inequalities.

In 2014, the Council of Trade Unions (CTU) identified that current and proposed levels of government funding for health were insufficient to meet current or future need, noting that Treasury were also reporting a shortfall (Rosenberg & Keene, 2014). In 2011, the

CTU had also identified significant funding shortfalls in health (Rosenberg, 2011). As district health boards seek to manage this constant underfunding, macro-level health care rationing is inevitable. NZNO believes the balance between available funding and health-care need is at risk, and that care rationing, as a result of unsafe staffing levels and inappropriate skill mix, is occurring in New Zealand. This is untenable and NZNO calls for urgent action to address the causes of unsafe staffing levels and resulting care rationing.

NZNO aims to:

> draw the attention of policy makers and health service funders to the urgent need to focus on:
  - safe staffing and healthy work places to ensure demand for patient care is matched with the right number, appropriate skill mix and experience of the nursing team;
  - continued increases in funding for health services that ensures the right number and skill mix of health professionals can deliver the complete package of care (including cultural competence) the patient requires, including matching to patient and/or population;
> promote models of care that place the patient at the centre of health care, focus on early intervention and prevention (primary health care and the social determinants of health), and enable nurses to practise to the full extent of their scope of practice, eg. nurse led clinics;
> empower nurses to speak out about the limitations placed on their practice and their ability to deliver the complete package of care;
> empower nurses and health care assistants to speak out about the impact on patients of inadequate resourcing or unsafe staffing or unhealthy/stressed work environments;

There is strong evidence that appropriate nursing skill mix and staffing reduce costs and improve patient outcomes. This includes shorter length of stay, fewer urinary tract infections, less gastrointestinal bleeding, lower rates of pneumonia, shock or cardiac arrest and lower rates of failure to rescue in medical patients (Needleman, Buerhaus, Mattke, Stweart & Zelevinsky, 2002). Safe staffing, appropriate skill mix, effective models of care, including Māori models of care, and healthy working environments are fundamental to providing safe and effective nursing care to meet the needs of patients and/or populations and to achieve positive health outcomes.

Key points:

> macro-level rationing, if not managed properly, can contribute to inadequate staffing, the wrong skill mix, and insufficient time to complete necessary nursing tasks for patients;

> macro-level rationing leads directly to care rationing in an environment where cutting back on nursing numbers is the default solution for reducing hospital expenditure;

> care rationing has health and safety and workforce retention implications for staff and affects the quality of patient care;

> patient safety and the quality of the patient experience should drive decisions about staff numbers and skill mix in the clinical environment;

> elimination of care rationing depends on changes at a systems level including implementation of models of care that are patient-centred, focus on early intervention and prevention (primary health care and the social determinants of health), and enable nurses to practise to the full extent of their scope of practice – both nationally and locally. Nurse-led clinics, greater use of nurse practitioners, nurse prescribing and nurse case management are all examples of effective models of care.

Recommendations

To eliminate care rationing, NZNO recommends:

> funding levels for DHBs[1] are increased to the levels recommended by Treasury and other economists;
> the provision of nursing care is a priority in decision-making – nursing is an investment, not a cost;
> implementation of models of care that are patient-centred, focus on early intervention and prevention (primary health care and the social determinants of health), and enable nurses to practise to the full extent of their scope of practice, eg. nurse-led clinics;
> full implementation of the Care Capacity Demand Management (CCDM) programme in all DHBs, with ongoing roll out in all health sectors, particularly primary health and aged care;
> continued implementation of all elements recommended by the Safe Staffing/ Healthy Workplaces Committee of Inquiry (2006):
  - the cultural environment;
  - creating and sustaining quality and safety;
  - authority and leadership in nursing and midwifery (including financial authority);
  - acquiring knowledge and skills;
  - the wider team; and
  - the physical environment, technology, equipment and work design;
> effective workforce planning to ensure the right number of staff with the right skill mix is available on every shift in every location and in every setting;
> transparency regarding the number of staff a ward/unit/workplace should have and the number they actually have on duty eg, public notices at the entry to each ward/unit/workplace;

[1] DHB funding is not limited to hospitals and includes provision for primary health care services and some other sectors.

- specific resourcing to address the cultural impacts of care rationing;
- where staffing requirements are not met, immediate action to ensure patients are receiving the care and time they require – the priority is patient care and safety;
- where staff are concerned staffing requirements are not being met, an incident report should be completed as soon as practical following any instance of inadequate staffing;
- where staff are concerned patient needs are not being met due to inadequate staffing, that patients are empowered and enabled to make a complaint.

Conclusion

Health-care rationing occurs in all settings and in all countries. However, when macro-level rationing leads directly to poor patient care, because of inappropriate or insufficient resources, then action must be taken to prevent it. Every patient/client cared for in a clinical environment has the right to receive quality care, every shift of every day. Nurses, midwives and health care assistants also have the right to work in an environment that is safe and supportive, and to be enabled to provide quality care. Implementing the measures outlined in this document will eliminate care rationing and thus enhance quality of care, health and safety and patients' health outcomes.

Further Resources

Care Capacity Demand Management information and resources. Available: http://www.nzno.org.nz/get_involved/campaigns/care_point

National Institute for Health and Care Excellence. (2014). *Safe staffing for nursing in adult inpatient wards in acute hospitals.* London: NICE. Available: http://www.nice.org.uk/Guidance/sg1

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These articles and further reading on this topic is available from the NZNO library email: library@nzno.org.nz.

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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