New Zealand Nurses Organisation

Submission to the Safe Staffing Healthy Workplaces Unit

on the

Safe Staffing Escalation Toolkit Consultation and Feed Back

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1. NZNO welcomes the opportunity to feedback. It is acknowledged that it is difficult to discuss in writing some of the concepts, thus a face-to-face meeting would be appreciated.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

2. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents over 40 000 nurses and health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
3. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
4. NZNO has consulted its members in the preparation of this submission in particular NZNO staff and NZNO members (Colleges and Sections, Board Members and other health care workers).

NZNO Feedback

1. Process overview – Feedback

a. Completeness

At this stage it is incomplete.

b. Presentation/ Layout

The layout is useful as it demonstrates visually the multidisciplinary involvement and the team roles to achieve safe staffing.

c. Additional Points for Inclusion

- It is recommended that Medical Staff are included in a row as an escalation response cannot occur without their cooperation/ participation eg. early discharge, approval of transfer of patients to another facility. The Report of the Safe Staffing / Healthy Workplaces Committee of Inquiry states “The wider team needs to work in a co-ordinated and integrated way to maximise the efficiency and effectiveness of the care provided” (2007, p.41). This is relevant to the escalation process.
- Replace “Preserves standards of care” with “Maintain standards of care within the limits of current resources”.

2. Safe Staffing Flowchart Feedback

a. Completeness

At this stage it is incomplete.

b. Additional Points for Inclusion

- There are 2 points of entry at the top of the flowchart, it is recommended this is reduced to one to avoid confusion.
- “Level 0” safe staffing is not defined alongside Levels 1 and 2 on Section 6, thus it is not clear where to go from the flowchart to find this definition in the remainder of the document.

- Recommend the addition of a box stating that “formal reporting to management occurs if there is recurrent roster deficiencies on a regular basis”. For example, such reporting could facilitate the monitoring of a trend that may lead to an increase in FTE establishment.

- Recommend the addition of including an alternative representative to report to prior to contacting Duty Nurse/ Midwife Manager eg. Some areas report to their direct operational manager during normal business hours.

- Replace “Duty Nurse / Midwife manager validates information & provides support & advice” with “Duty Nurse / Midwife manager discusses information, provides support & advice, & outlines an action plan to be taken.” This would clarify their role in developing actions.

- Recommend the addition of a box stating “review outcomes and implement recommendations and corrective measures ” each time one returns to“Level 0 Safe Staffing”. This language is consistent with Clause 6.0 of the DHBNZ/ NZNO MECA.

- It is unclear what is meant by *operational processes* in the box “Safe Staffing can be achieved through operational processes”. It is recommended this is defined.

- The “Level 1 Safe Staffing Alert” box is incorrectly situated, thus recommend this box is moved after the “No” after the “Safe Staffing?” diamond that leads to “Nurse/Midwife in charge reports to Duty Nurse/Midwife Manager”. This makes sense with the current definition.

- Recommend the addition of prerequisites prior to using the flowchart. These prerequisites include education on:

a. use of the escalation tool for all relevant multidisciplinary team members ie. medical, nursing, management and administration staff.

b. policies and standards that influence escalation processes e.g. national specialling guidelines related to the patient with suicidal ideation and restraint. This is vital to ensure all members of the team and the employer understand their obligations.

c. The concept of duty of care as it applies to all members of the healthcare team. This would clarify misconceptions about this term. See further comments in this document regarding definition of duty of care.

3. Action Plans - Feedback

a. Additional Points for Inclusion

Section 3:

- Replace the heading "3. Alert Assessment & Action Plan" with "Alert Assessment Tools & Action Plans". Follow the above with:

a. an explanation regarding the 3 action plan levels such as "The following 3 action plans are designed to determine each level".

b. recommends that Duty of Care is placed as an overarching statement for Levels 0 – 3 rather than in each action plan as one action or assessment action. This would enable nurses and other health professionals to understand that this concept affects all decision making in both normal and abnormal circumstances.

- Add next the heading "Level 0 Action Plan"

- NZNO disagrees with the statement "Nursing/Midwifery staff could group patients requiring watches or constant observation to adjust the model of care to release staff from 1:1 specialling and this is deemed safe to do so". Our concerns relate to:

a. The potential breach of national standards such as the New Zealand Guidelines Group Self Harm and Suicide Prevention Guidelines. Regulated Nurses have a Code of Conduct and competencies that outlines adherance to national standards and guidelines.

b. The above statement contradicts the statement in section one "preserves standards of care".

c. The breach of such standards is not the sole decision of the Nurse/ Midwife. NZNO acknowledges the realities of resourcing to achieving 1:1 specialling. However, the Nurse/ Midwife needs to consistently ask for resources in the first instance which is the responsibility of the Employer to provide. If the Employer cannot provide the necessary resources, the Employer is accountable for this decision as outlined in the Health and Disability Sector Standards and the Health and Safety in Employment Act. Finally, it is vital that the medical staff and other relevant Health Professionals (eg. mental

health team) responsible for the patient's care must be involved in any decision to withdraw aspects of care such as specialling. Such decisions must also be documented with a rationale eg. staffing crisis. This ensures that actions taken were assessed as reasonable in the context of the situation.

- Recommend the addition of "Notify medical staff that a course of action is underway and that they will be notified if this level changes". For example, a surgeon can be notified that he/she may need to cancel surgery later in the day but that currently solutions are being developed to avoid this.

- Replace the two bottom boxes with one box with a statement outlining the next steps. An example of such a statement could be "After completing the above assessment actions establish whether a level one action plan is required or not".

4. Level 1 Action Plan:

- Please clarify what is meant by *"all alert actions have been taken or considered"* – what actions does this statement refer to?

- Note that there is confusion between "alert actions" on top of page nine and "assessment actions" at top of page eight. Recommend consistency in terms.

- As previously recommended, replace "Duty Nurse / Midwife manager validates information & provides support & advice" with "Duty Nurse / Midwife manager discusses information, provides support & advice, & outlines an action plan to be taken."

4. Safe Staffing indicators – framework examples - Feedback

- NZNO notes that clarity is needed as how to progress from Level 0 – 3. Such indicators must be mutually agreed upon to be effectively communicated and auctioned across the clinical and management team.

7. Definitions - Examples

a. Additional Points for Inclusion

Duty of Care

- The Duty of Care definition is not compatible with the NZNO definition as defined in the booklet entitled “Obligations in a pandemic or disaster” (NZNO, 2008).
- This draft document refers to Right 4.2 of the Code of Health & Disability Services Consumers ‘ Rights. However, the document fails to add that the Health and Disability Commissioner Act of 1994 “allows for an assessment of providers’ actions in extraordinary circumstances” (NZNO, 2008, p.11).
- The draft document refers to Duty of Care responsibilities and obligations, the language needs to be consistent.
- NZNO recommends that Duty of Care is placed as an overarching statement for Levels 0 – 3 rather than in each action plan as one action or assessment action. This would enable nurses and other health professionals to understand that this concept affects all decision making in normal and abnormal circumstances.
- In addition, this concept applies to all health care providers.
- The MOH Advisory Group for National Human Resources Toolkit for Emergency Planning is currently using the booklet entitled “Obligations in a pandemic or disaster” to inform stakeholders on obligations for health practitioners. It is vital we are consistent with duty of care definitions and other relevant information such as Protection rights (p.14).
    - Safe staffing: NZNO recommends using the definition as outlined by the Report of the Safe Staffing/ Healthy Workplaces Committee of Inquiry.
    - Safety. Please note that the Direction and Delegation 1999 Guideline has been updated this week on the Nursing Council of NZ website.

CONCLUSION

Feedback from NZNO members emphasises the challenges attached to making escalation processes achievable in the workplace. As one group stated, the toolkit is "theoretically great but there is no admin support on call afterhours, admissions cannot be deferred because ED is usually in overload on these occasions, re allocating medical delegated tasks is an option but they too are stretched and often not coping". NZNO acknowledges the complexity of developing escalation frameworks and looks forward to the next round of consultation on this draft.

Reference

Safe Staffing / Healthy Workplaces Committee of Inquiry. (2006). *Report of the Safe Staffing/ Healthy Workplaces Committee of Inquiry.* Wellington: Author.

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