

Chief Nurse Update

College of Emergency Nurses [NZNO] Conference

Nelson October 2013

Integration; key to higher system performance and future sustainability

- Coordination of services to empower people to manage their own health.
- Services as close to the person as safely as possible.
- Even greater emphasis on primary and community.
- Access to a wider range of services.
- Improved national and regional sustainability.
- Focus on quality and safety.
- Evidence-based.
- Stronger clinical leadership in decision-making.
- Better public services.

*At its heart,
integration:*

*“seeks to improve
the quality of care
for individual
patients, service
users and carers by
ensuring that
services are well co-
ordinated around
their needs.”*

(Kings Fund 2012)

Influencing the ED workload using strategies in primary and community care.


- Services and demand are guided toward primary.
 - Reduce the severity of illness impact through LTC managements.
 - Wrap around services for populations (older people, youth, vulnerable children, Maori and Pacific).
 - Delivery on evidence-based prevention and screening (smoking, immunizations, suicide, mental health, AOD, violence, cancer).
 - Working with other public services to deliver on evidence based screening and prevention (education, early identification of children and families at risk, alcohol, housing, parenting).
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Nursing works

- **Policy:** The Office of the Chief Nurse.
 - **Regulation:** Nursing Council.
 - **Education:** Nurse Educators in the Tertiary Sector, Council of Deans.
 - **Profession:** New Zealand Nurses Organisation, College of Nurses Aotearoa, NZ College of Mental Health Nurses, National Council of Maori Nurses.
 - **Employers:** District Health Boards Directors of Nursing, Nurse Executives of New Zealand.
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NNO key focus areas

- Improve the data.
 - Inform workforce planning.
 - Strengthen recruitment.
 - Strengthen retention.
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The nursing workforce

Data source: Nursing Council New Zealand

“The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2011”.

Age	>25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
EN	33	20	42	48	154	499	871	855	487	147
RN	1,825	3971	3735	5420	5979	6916	7230	5126	3425	1691
NP	1			3	10	24	31	11	7	2

Ethnicity:

68% NZ European/Pakeha

7% Maori

4% Pacific

Practice area:

4,077 (8%) Continuing care

1,379 (3%) Assessment and rehabilitation

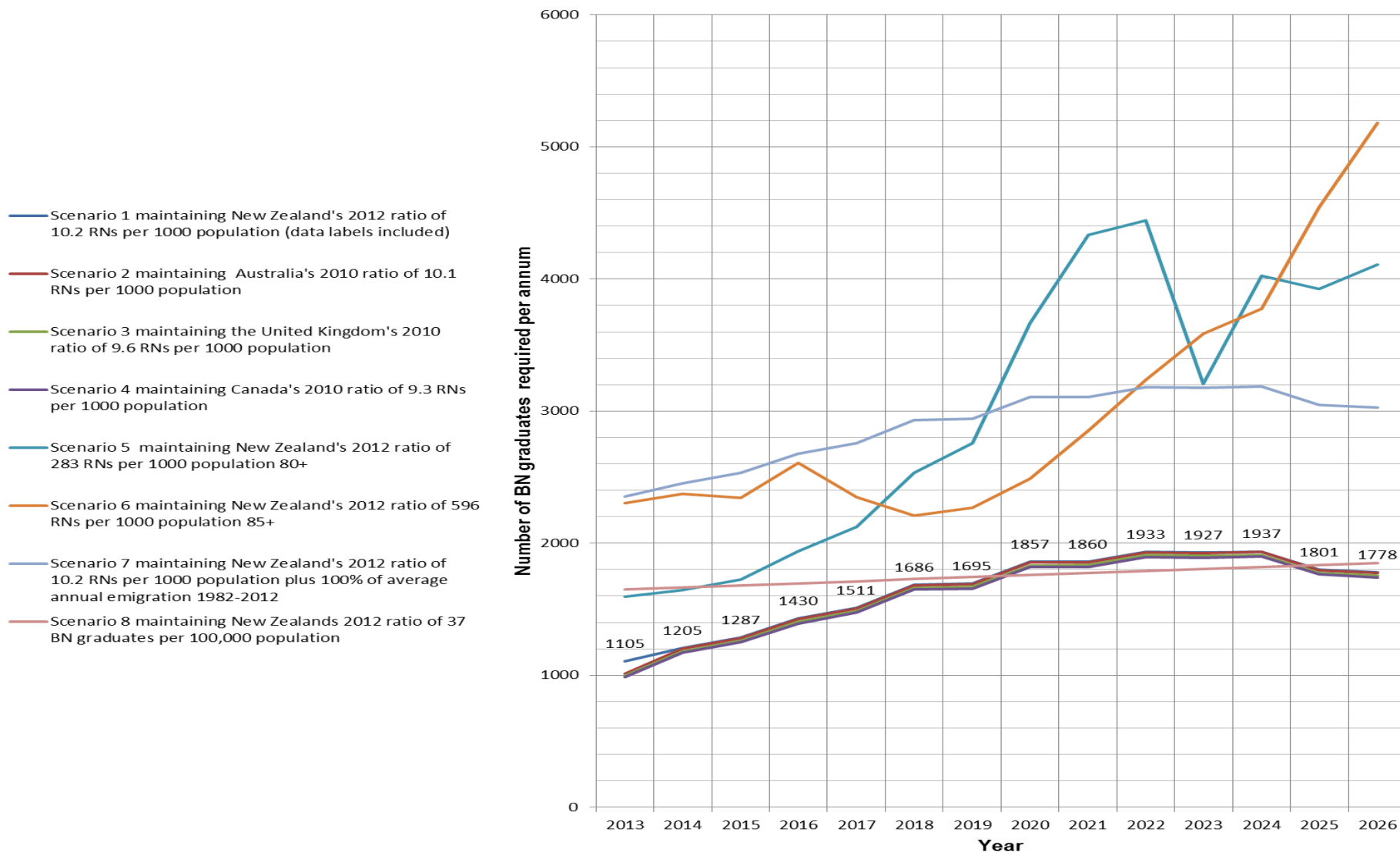
2,602 (5%) Child Health

4,464 (9%) School and Youth Health

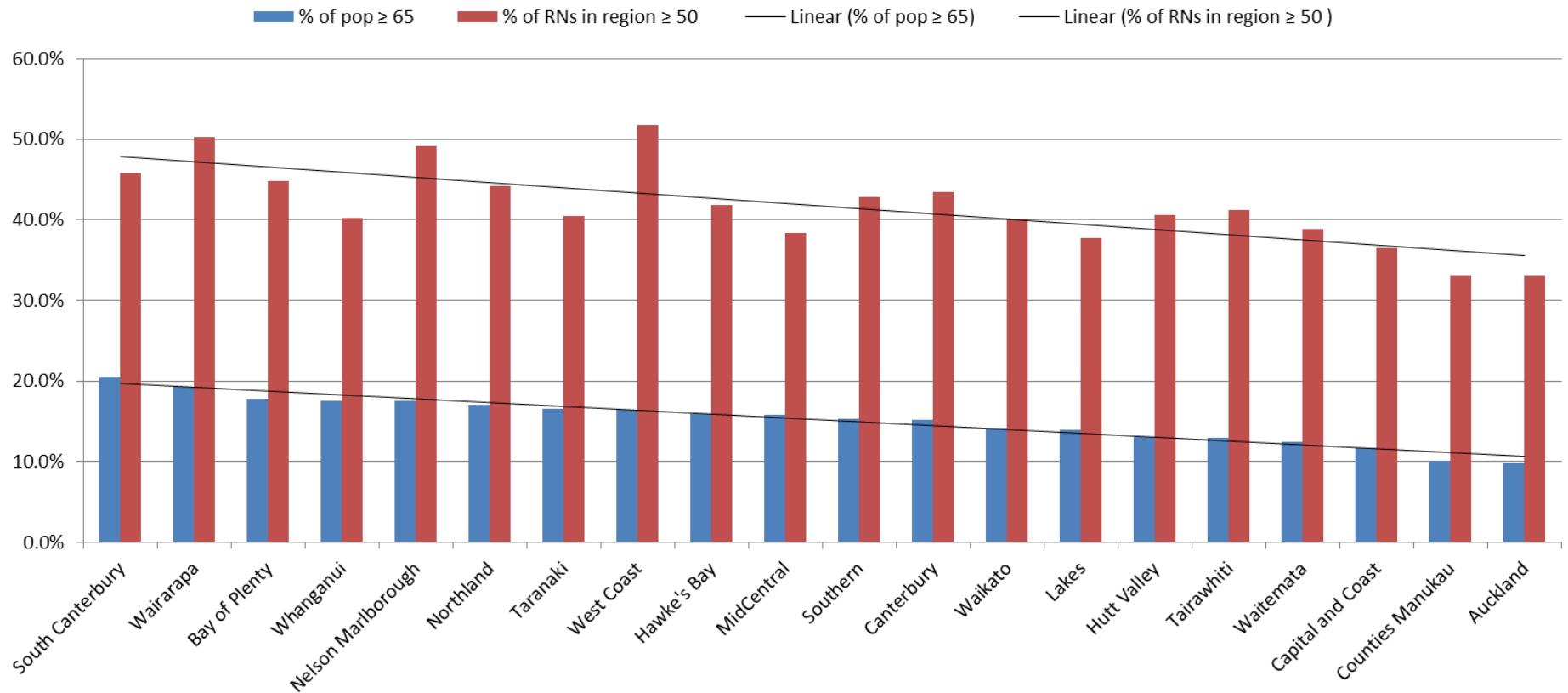
4,343 (9%) Primary Health Care/Practice Nurse

3,998 (9%) Mental Health

Projected number of BN graduates required per annum to meet workforce scenarios 1-8



Relationship between aging population and aging RN workforce by DHB region



The data

Supply:

- TEC undergraduate data**
- NCNZ IQN registration data
- Cross border movement data**

New Graduates:

- NCNZ registration data,
- ACE data
- NETS new graduate destination data

Retention/progression:

- NCNZ Annual Practicing Certs
- NCNZ 5yr cohort study
- NCNZ supply report 2012-2035
- OCN NP scoping 2012
- Workforce modelling*
- Teaching faculty data**
- HWNZ post graduate funding data*
- PDRP data**
- DHB HR minimum data sets*

KEY

* *Data we are currently developing*

** *Data that needs strengthening*

An approach to nursing workforce planning

- What is the number and skill mix required for future health service need? (stepped care, differentiated need, differentiated skill mix).
 - Well articulated knowledge and skills framework : Generalist with specialist support (based on agreed MsOC).
 - Economic modelling of new models in order to gain confidence of private business to agree 'affordability' and change.
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Strategies to strengthen recruitment

- New graduate employment.
- Immigration.
- Return to nursing.



ACE: graduate nurses' setting preference

Most frequent 1st choice work settings

- Surgery - 22 % contrast 9% in current RN workforce.
- Medicine - 14 % contrast 7% in current RN workforce.
- Mental Health - 12% contrast 8% in current RN workforce.

Priority settings

- Primary Health Care - 9% contrast 11% in current RN workforce.
 - Aged Care - 4% contrast 9% in current RN workforce.
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ACE: New Graduate data February 2013

- Employ us in our own backyards.
 - Match the demographic of the students with the demographic of the community.
 - Match the students to their area of preference.
 - What areas are harder to staff and provide a challenge to the sector to improve the image/conditions/incentives to change this.
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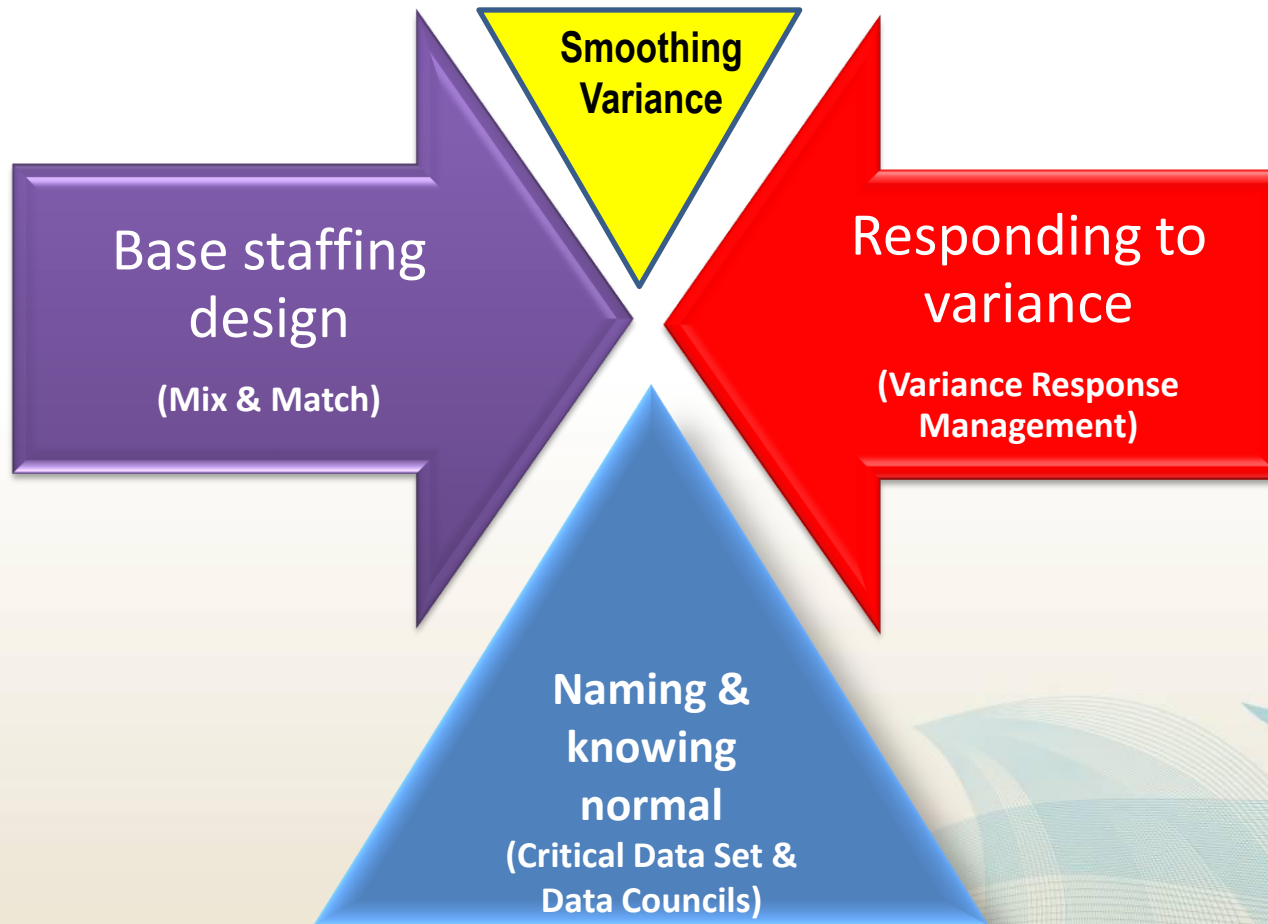
Strategies to strengthen retention

- Enabling the potential in primary health care by removing legislative and contractual barriers to making better use of the workforce.
 - Better use of all nursing scopes: EN and NP utilisation.
 - Programmes that support effective professional care in hospitals.
Care Capacity Demand Management and
Releasing Time to Care
-

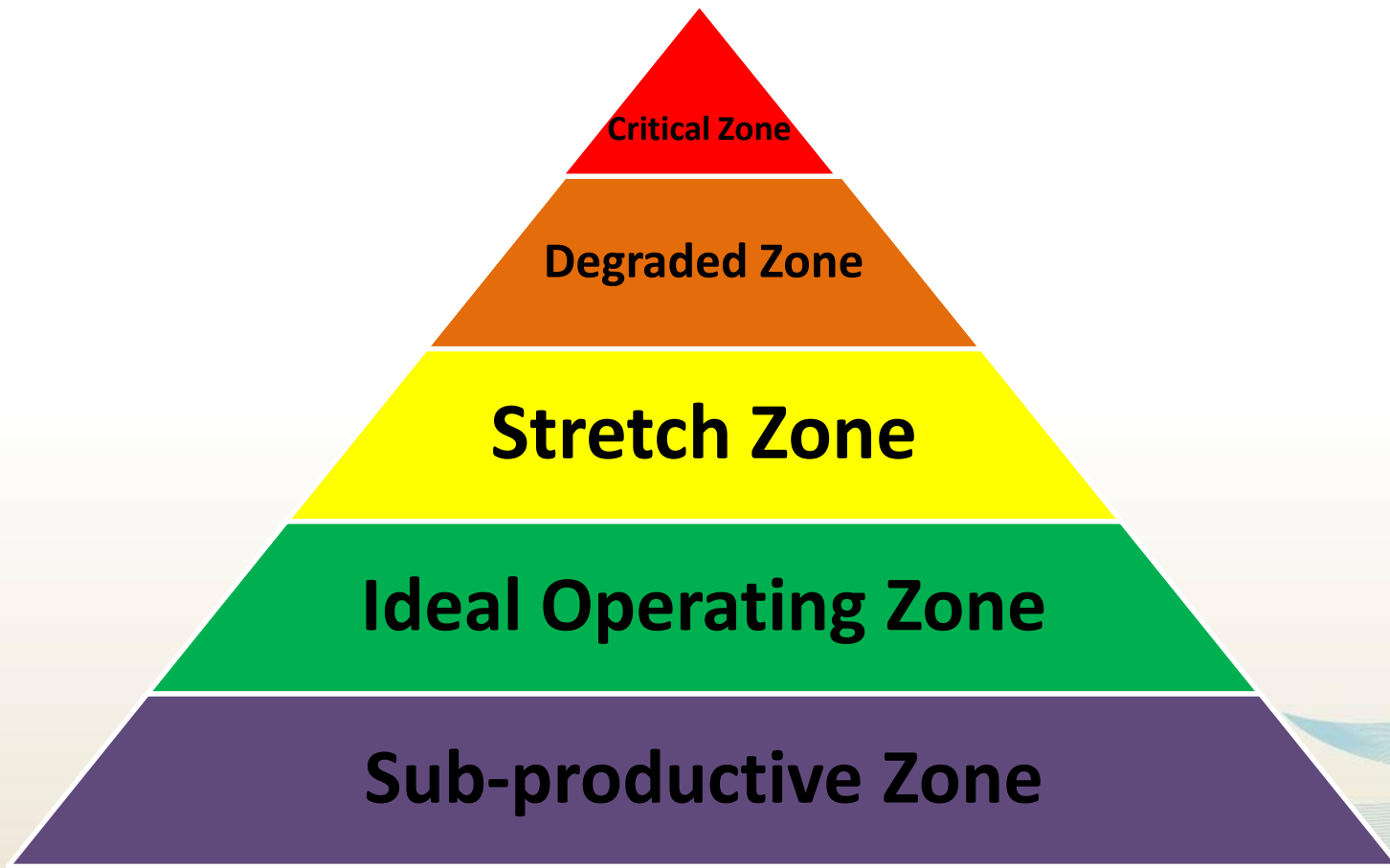
2008: Recommendations to improve the quality and measurement of quality in NZ EDs

- Overcrowding, informal accommodation, long waits, long stays.
 - Underlying cause:
 - access block
 - growth of ED presentations at a rate higher than population growth
 - Whole of system solution.
 - Formal accountability through target.
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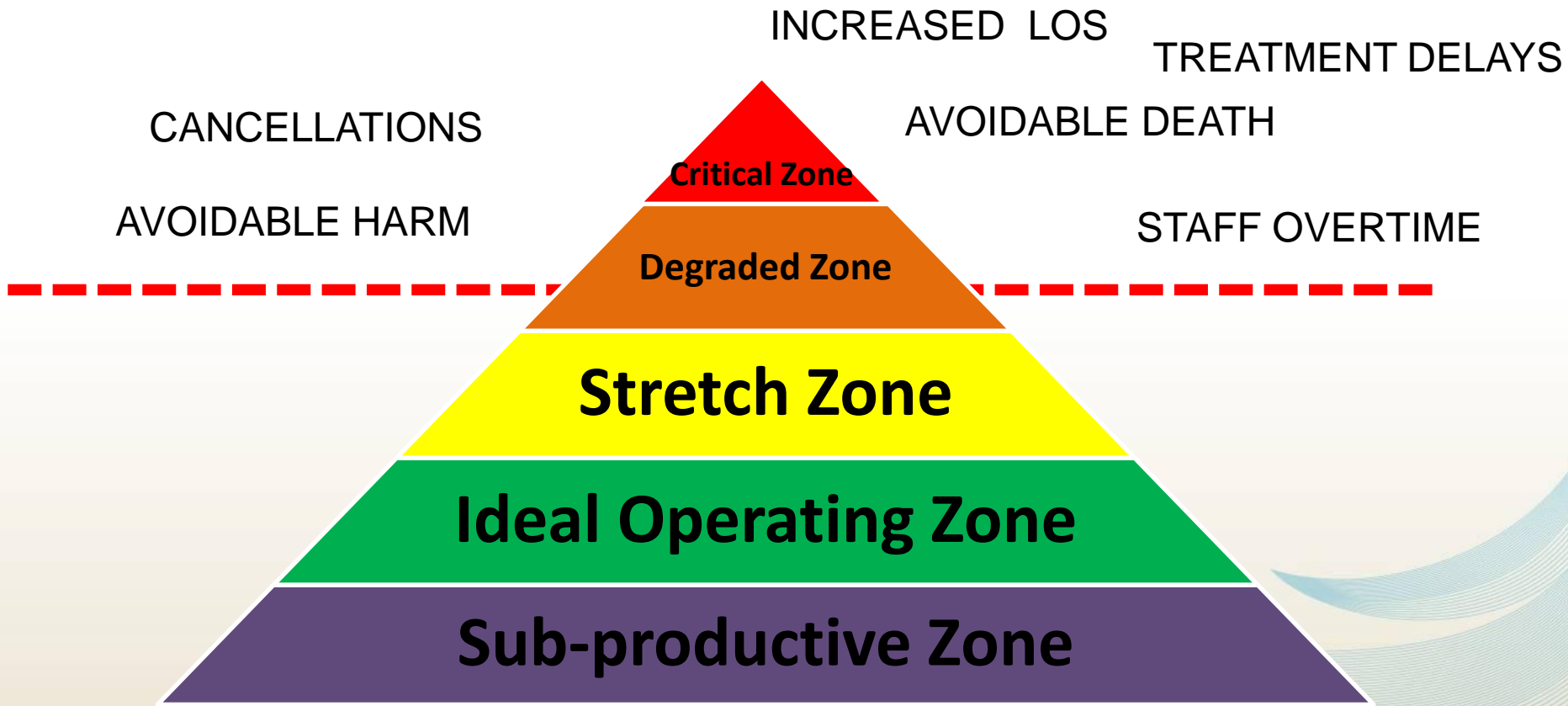
Care Capacity Demand Management

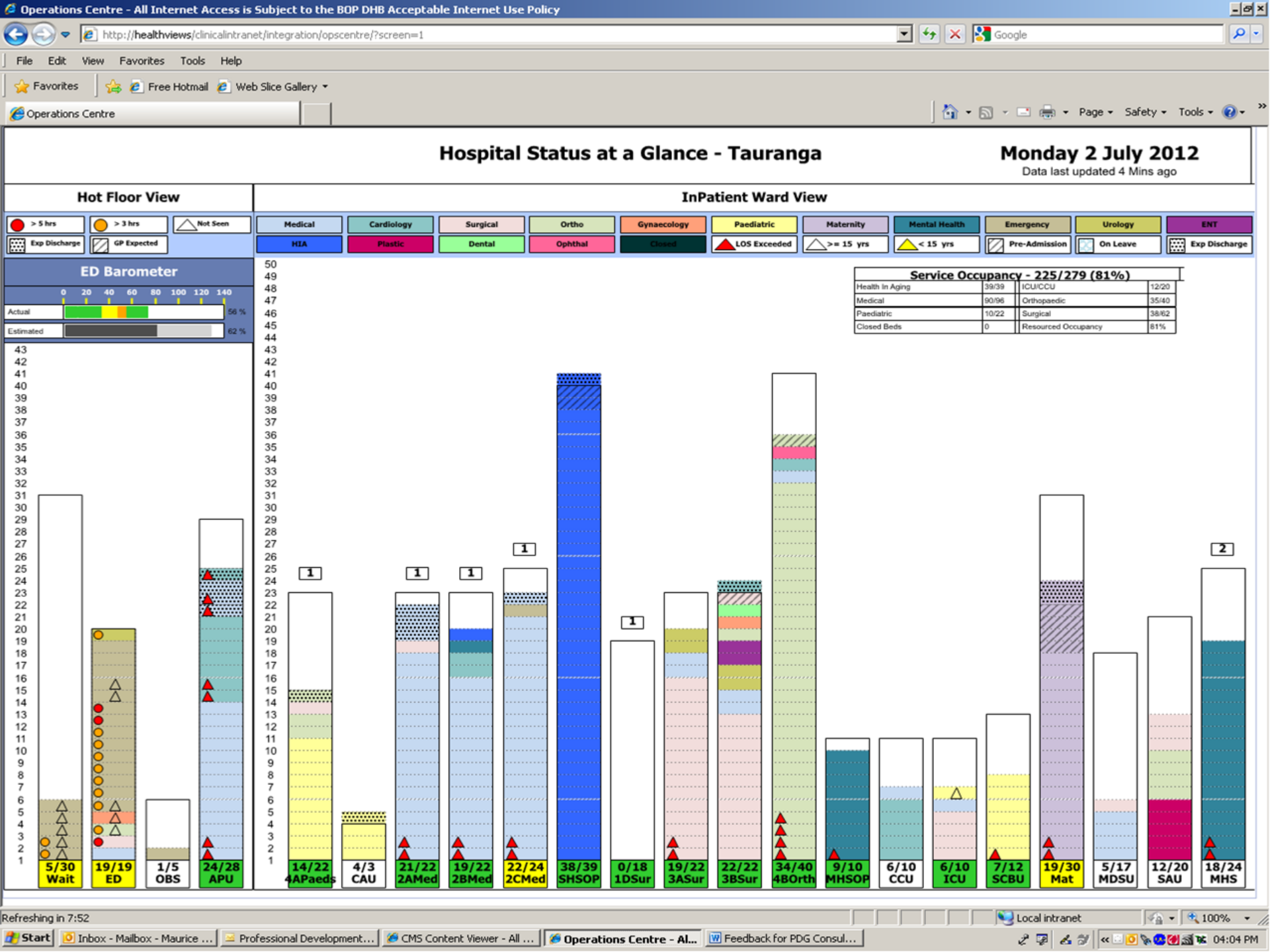


Organisational Resilience - Zones

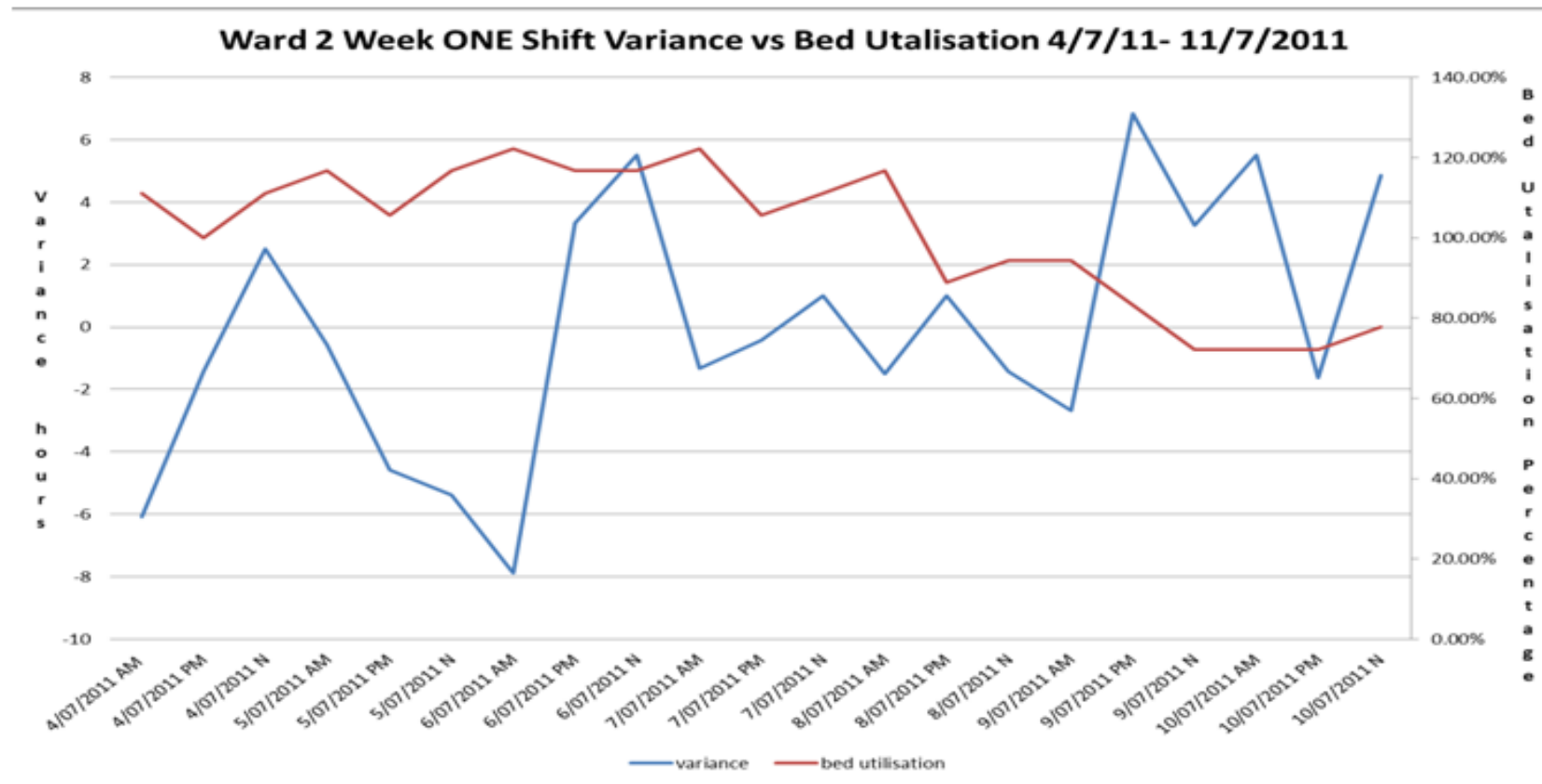


Organisational Resilience - Zones

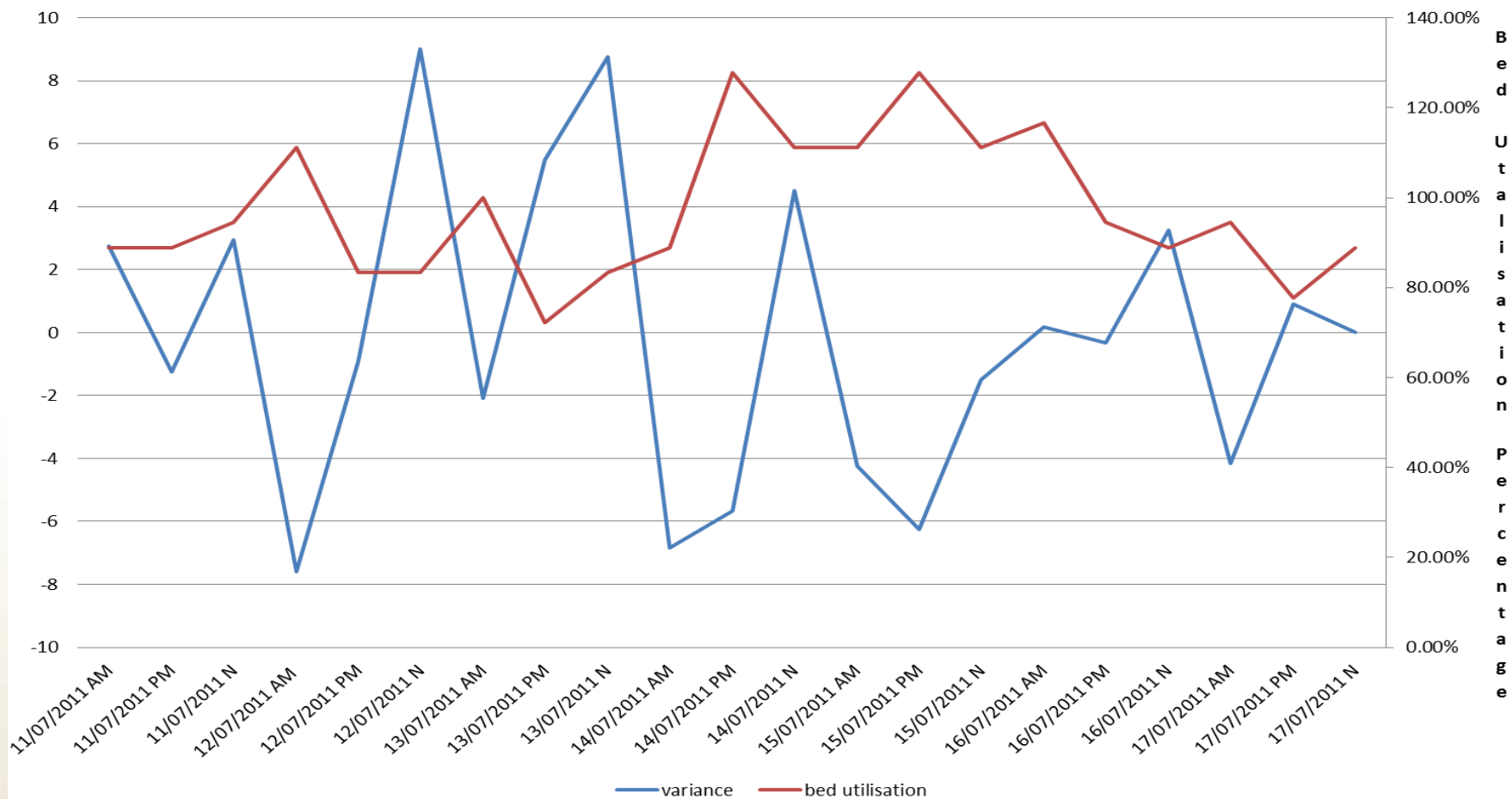




Ward 2 case study



Ward 2 Week TWO Shift variance vs. Bed Utalisation 11/7/11 - 18/7/11

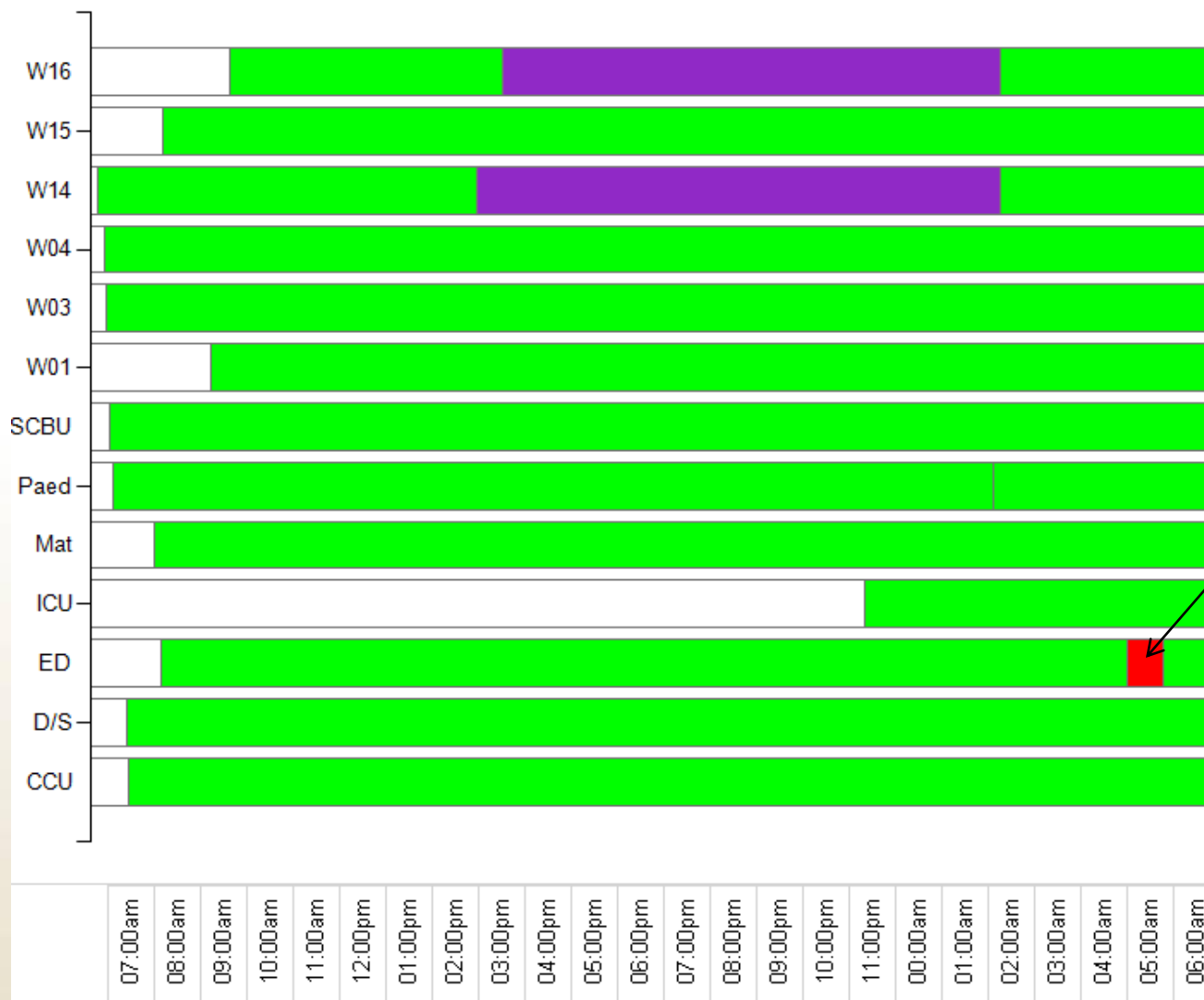


Focus of Mix & Match

- Determines FTE.
 - Determines skill mix.
 - Determines responsive schedule.
 - Determines budget.
 - Includes realistic allowance for non clinically available time.
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Daily report

Care Capacity by Hour from 7:00 am to 6:59 am the Following Day




Click on
event

Event Report


Activity for : 30/01/2013

Changed At: 30/01/2013
08:31 AM


 Score = -2.00

No indicators were updated


Changed to

 Score = 0.00

Changed At: 31/01/2013
05:16 AM


 Score = 0.00

Changed to


 Score = 9.00

Status 1/ Status 2 patients requiring 2:1 or 1:1 Nursing ratio	Added
Breaks being delayed or not taken - Duty manager notified (no relief available)	Added
Failing to meet triage times	Added
Rostered administrative support absent	Added
Rostered administrative support absent	Added
Professional judgment of ED coordinator/SMO deems current care capacity indicator does not reflect the units status	Added

Changed At: 31/01/2013
06:03 AM

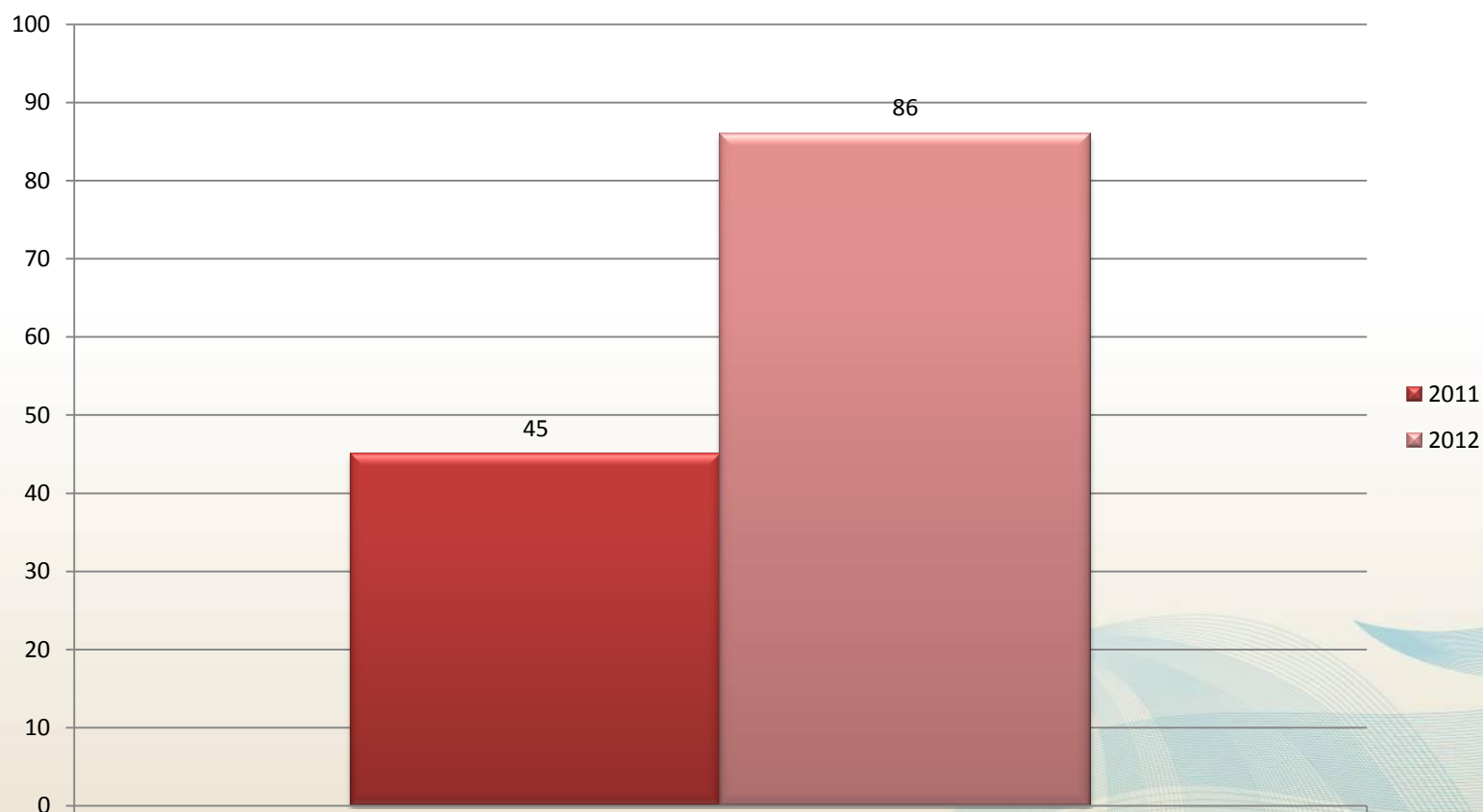
 Score = 9.00

Changed to

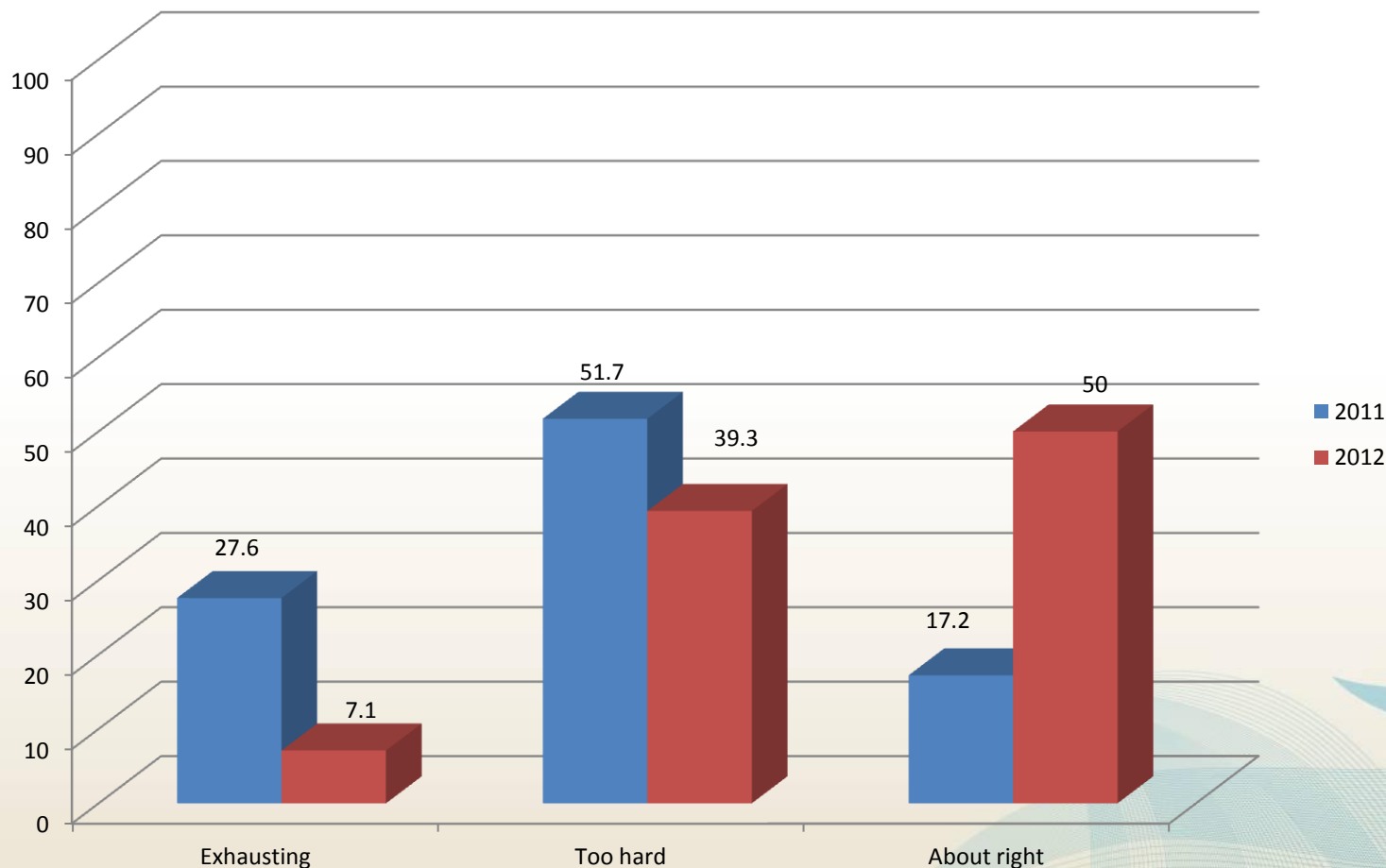
 Score = 0.00

Status 1/ Status 2 patients requiring 2:1 or 1:1 Nursing ratio	Removed
Breaks being delayed or not taken - Duty manager notified (no relief available)	Removed
Failing to meet triage times	Removed
Rostered administrative support absent	Removed
Rostered administrative support absent	Removed
Professional judgment of ED coordinator/SMO deems current care capacity indicator does not reflect the units status	Removed

Staff rating quality of care as very good or excellent



Staff rating of work effort required to sustain service levels



Other key indicators

- Intention to leave – fell from 36% to 7%.
 - The rate of staff who took work related stress leave in the last 6 months – 25% to 10%.
 - Noxious workplace behaviour – 25% reported down to 0%.
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