Facing the Challenge Midlands Enrolled Nurse Study Day November 2018

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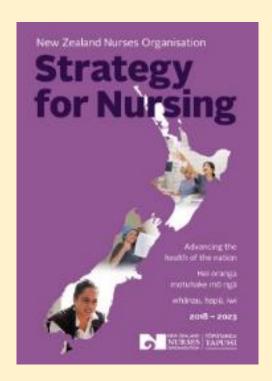
Another world view.....

- NZNO's Strategy for Nursing
 - Nurses are everywhere https://www.nzno.org.nz/home/nurses_everywhere
 - Growing Nurses into Governance
 - other 'products'
- Care Capacity demand Management / Safe staffing



NZNO Strategy for Nursing

 Authored by Eldred Gilbert for NZNO and available on the NZNO website. Launched on March 22nd 2018.



Hei oranga motuhake mō ngā whānau, hapū, iwi

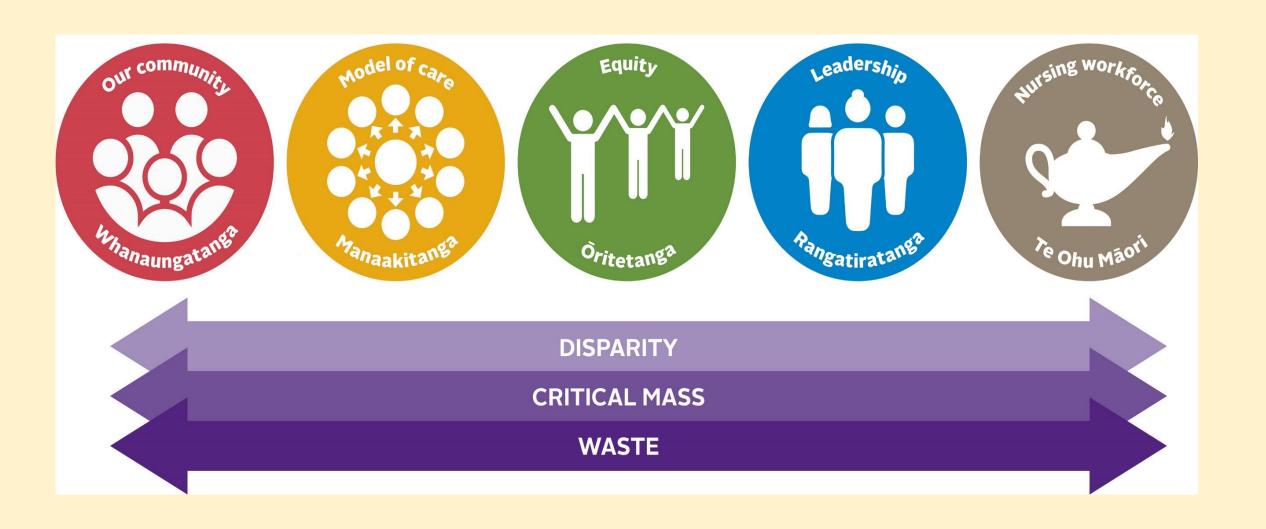


The strategy is intentional....

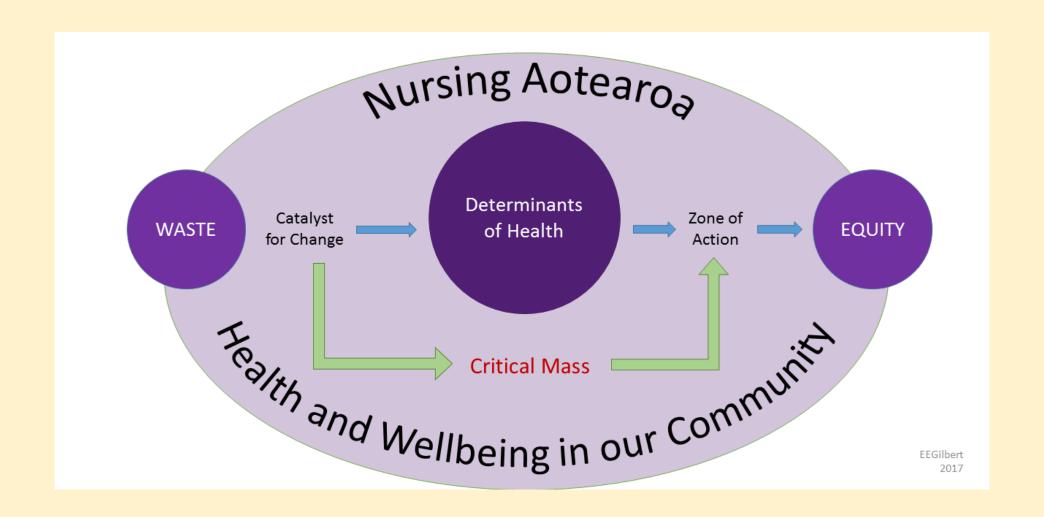
Inspire

Inform

Influence

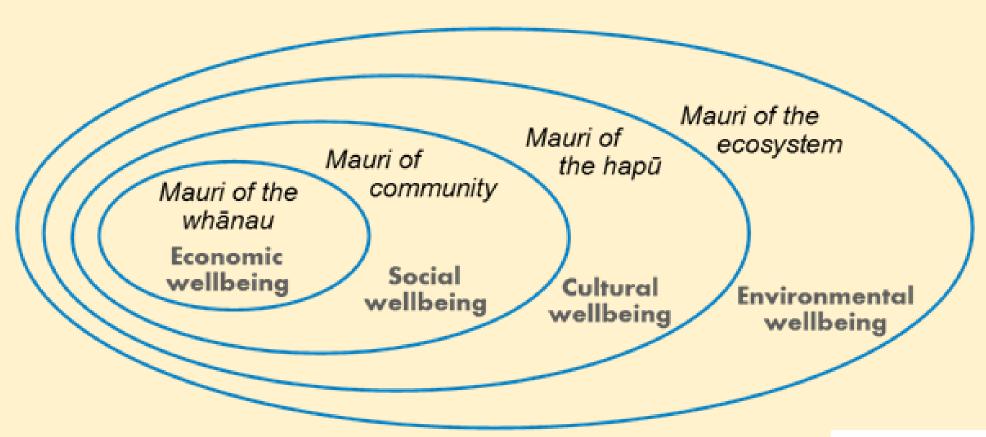








Mauri model - nested dimensions of well-being





Model of care Health gain for our community NZNO **Entering** Strategy **Executive** the leadership for profession Nursing Nurses reflect the culture and The nursing voice heard and enacted diversity of Aotearoa Growing nurses into governance

Nurses at the decision-making table

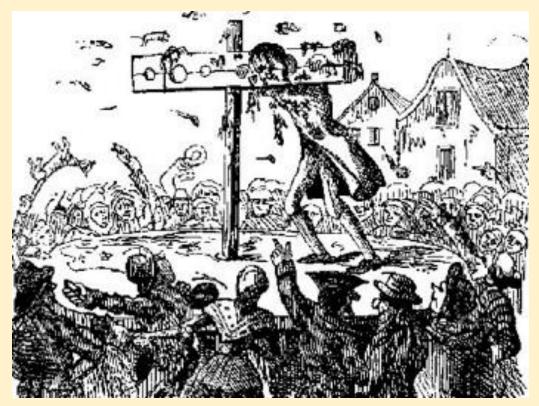






Continuing with the theme

·Let's talk CCDM / SAFE STAFFING





Mid 1980s

- Major health system review
- Average length of stay down 20%
- Response to cost pressures was to reduce the number of nurses in NZ hospitals by 36%



1990s

- Second wave of health reforms
- Even greater demand for efficiencies

2001

 NZNO members looking for legislated or mandated minimum staffing levels



CCDM – the state of play

- 20 DHBs
- Varying stages of implementation some not started
- Lack of commitment and leadership
- No mandate
- MECA clause not strong enough



The DHBs and NZNO commit to the following:

- Full implementation of CCDM in all DHBs by 30 June 2021.
- DHB implementation plans shall be agreed between the CCDM councils in each DHB and the Safe Staffing Healthy Workplaces Governance Group within 6 months of ratification of the NZNO/DHB MECA.
- The plans shall be published by each DHB and the SSHWU, and complied with according to the agreements reached with the SSHWU Governance Group.
- The plans shall comply with the CCDM standards and among other things include;
- Timeframes for each stage/milestone of CCDM.
- Paid release of staff to attend education and all other components of CCDM e.g. steering group meetings, CCDM council meetings.
- Education on a validated acuity tool and the CCDM programme for all staff, (The parties note that there may be more than one acuity tool).
- Agreed resourcing to ensure implementation of the plans and consequent/subsequent activities.
- The SSHWU Governance Group shall write to the Ministry of Health requesting that the implementation of the CCDM programme be outlined in the Ministry of Health Operational Policy Framework.



The Accord

- The accord is essentially an agreement between the Ministry of Health, the DHBs and NZNO brokered by the Minister of Health and underpinned by timeframes, reporting and accountability
- It is separate and in addition to the proposed MECA
- It's purpose is to provide some assurance to nurses and nursing that there is a plan to resolve some of the important issues impacting our work and our workforce



- Develop accountability mechanisms (over and above those already in the MECA) to ensure DHBs implement the additional staffing needs identified by CCDM within the agreed timeframe and report to the Minister by the end of February 2019;
- This means that where the programme identifies the need for additional staff this will now be actioned. The Minister requires a progress report by the end of February 2019



Every nurse is pivotal to success

- Understanding how to use Trendcare
- Assessing
- Predicting
- Actualising
- Engaging with the data



