ACT Government | ACT Health

ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework

Contents

Overview

The ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework policy (Staffing Framework) provides nurses and midwives with a process to assist in determining appropriate nursing and midwifery staff and skill mix to meet service requirements and evaluating these requirements.

The Staffing Framework is to be read in conjunction with *Schedule X* of the *ACT Public Sector Nursing and Midwifery Enterprise Agreement 2021-2022.*

Principles

The Staffing Framework is based on the following three guiding principles:

- Person-centred, safe, effective and efficient care,
- Support and resourcing for staff to provide such care in a safe work environment, and
- Delivery of safe, sustainable, and continuous improvement of, health services.

Purpose and Objectives

2.1 Purpose

The purpose of the Staffing Framework is to provide the process for Nurses and Midwives to discuss, consult and determine the Nursing and Midwifery resources required to adequately provide person-centred, safe, effective and efficient care in each ward/unit/area. It also provides a mechanism to manage and escalate workload issues and provides for an evaluation process.

2.2 Objectives

- To assist the development of a Staffing Profile that identifies the operation and services to be provided in the ward/unit/area.
- To assist the development of a ward/unit/area's roster template.
- To provide clear escalation pathways for workload issues.
- To evaluate the performance of the ward/unit/area by reviewing and analysing relevant quantitative and qualitative data.

Development of a Staffing Profile

The first step in the Staffing Framework process is the development of a Staffing Profile for each ward/unit/area. The development of a Staffing Profile involves examining a service and the environment in which Nurses and Midwives work to meet care demands.

The development of a Staffing Profile is important because:

1. It provides a clear statement of the nature of the staffing being provided in a ward/unit/area;
2. It ensures that the Model of Care is regularly considered and evaluated; and
3. Provides important information to assist in determining the Nursing and Midwifery resources required to adequately provide person-centred, safe, effective and efficient care.

3.1 How to develop a Staffing Profile

The development of the Staffing Profile is a step-by-step process which includes the following steps:

1. Documenting and describing the current service,

2. Reviewing and analysing workplace environmental factors,
3. Considering current Health Service and/or ACT Health Directorate policies and any relevant legislation to ensure compliance, and
4. finalising the Staffing Profile.

A template for creating a Staffing Profile is provided at Appendix 1 of this Framework.

Although drafting a Staffing Profile is the responsibility of the relevant CNC/CMC/Manager, this should be undertaken in consultation with all Nurses and Midwives working in the ward/unit/area.

3.1.1 Documenting and describing the current service

The purpose of this step is to outline the service that is currently being delivered.

This will include identifying the:

- Type (eg. General medical ward), function and location of the ward/unit/area services,
- Known bed/patient/consumer numbers over the year (e.g. planned and "flex" beds, known units of service, and/or occasions of service/presentations),
- General patient cohort (e.g. case-mix), and
- Existing roster template.

3.1.2 Reviewing and analysing workplace environmental factors

Workplace environmental factors play a role in the delivery of safe, effective care for patients. These factors also contribute to workload requirements for Nurses and Midwives and must be taken into consideration when developing, reviewing and analysing the Staffing Profile.

As part of the review and analysis process, the following workplace environmental factors must be considered:

- Model of Care,
- Nursing/Midwifery Workforce Structure,
- Physical Structure,
- Work Health and Safety, and
- Patient Acuity and Patient Activity.

3.1.2 a Model of Care

A Model of Care broadly defines the way a ward/unit/area delivers health services. When completing this section of the document, it is important to analyse the existing Model of Care and its current application and document:

- how the Model of Care is applied,
- how it is consistent with best practice principles (conforms with current research, professional standards and skill mix principles, etc.); and
- how it delivers the desired outcome to the patients/clients/consumers.

3.1.2 b Nursing/Midwifery Workforce Structure

The review of the Nursing and Midwifery Workforce Structure includes outlining the roles, responsibilities and accountabilities of all Nurses/Midwives in the ward/unit/area, including the Director of Nursing/Midwifery. A documented review will ensure that key accountabilities, as they

evolve, are understood. This analysis should confirm that the Nursing and Midwifery Workforce Structure supports the Model of Care.

3.1.2 c Physical Structure

It is necessary to analyse aspects such as location, size and physical design (e.g. single rooms, footprint of ward/units/areas, location of medication room, etc) to ensure adequate work systems are in place to provide efficient patient care. It may also assist with Work Health Safety analysis.

3.1.2 d Work Health and Safety

The Staffing Profile must have Workplace Safety as a key focus. This includes reviewing and outlining relevant duties as set out in the *Work Health and Safety Act 2011* (ACT) and considering operational issues, such as appropriate admissions, lone or isolated workers, prolonged periods of physical exertion and general security to confirm a safe and healthy working environment.

3.1.2 e Patient Acuity and Patient Activity

The Staffing Profile should include quantitative patient related factors that influence service delivery.

These factors may include:

- Length of Stay,
- Admissions,
- Discharges,
- Occasions of Service/Presentations, and
- Number of Births.

3.1.3 Finalising the Staffing Profile

At the end of the Staffing Profile development process, a draft Staffing Profile (in line with the Template at Appendix 1) will have been completed.

The drafting of the Staffing Profile should be a consultative process, genuinely considering the contributions of nursing and midwifery staff in the ward/unit/area. The draft Staffing Profile must be distributed to all Nursing and Midwifery staff and given reasonable time for consideration and comment or feedback. This feedback must be genuinely considered before the draft is finalised and sent to the Nursing and Midwifery Executive Director and relevant Executive(s) for endorsement.

A review and analysis of the initial Staffing Profile will be undertaken six months after endorsement. Subsequent reviews and analysis will be needed no less than 12 monthly or if there is a proposed substantial change to service delivery, e.g. Model of Care changes.

Development of a Ward/Unit/Area Nursing/Midwifery Roster Template

4.1 Aim

To provide ACT Nursing and Midwifery managers with a process for determining the staffing and skill mix requirements to meet planned demand consistent with the Staffing Profile of the ward/unit/area.

4.2 Objectives

- To apply professional judgment to determine safe staffing levels.
- Through the Roster Template, to set out safe Nursing/Midwifery staffing and skill mix requirements.

4.3 Development and Drafting Process of the Roster Template

Professional judgement is an acceptable and valid tool for identifying and determining the Nursing/Midwifery staffing levels and skill mix. Professional judgement is exercised in this case by the CNC of the ward/unit/area in conjunction with the ADONM/DONM or relevant person to ensure safe staffing levels.

The Nursing/Midwifery staffing requirements must be determined and validated by completing a review and an analysis of the following:

- Existing Roster Templates,
- Staffing Profile for ward/unit/area,
- Trends in patient and staff quality measures, and
- Nursing/Midwifery workforce feedback.

4.4 Finalising the Roster Template

To assist Nursing/Midwifery managers with considering the workforce requirements, a Roster Template has been developed (Appendix 2).

Each Roster Template is to identify the number of staff and skill mix required per shift.

After the relevant manager has drafted the Roster Template, consistent with the process above, all Nurses and Midwives in the ward/unit/area must be given a copy of the draft to provide feedback and comment.

A genuine consultation process, in accordance with the terms of the Enterprise agreement, will be undertaken before the draft Roster Template is finalised.

The final Roster Template, consistent with the Staffing Framework principles, will then be provided to the relevant Executive/ delegate for consideration and approval.

Where the draft Roster Template is not approved by the Executive/ delegate, a genuine consultation process to finalise a Roster Template will commence with all Nurses and Midwives (and where requested, their industrial representative [ANMF]) in the ward/unit/area.

Although this consultation process must be genuine, and consensus must be attempted to be reached, the relevant Executive/delegate will determine the final Roster Template to be utilised by the ward/unit/area.

4.4a Completing a Draft Roster Template

To draft a Roster Template (Appendix 2), a manager will identify, in whole numbers, the number of individual Nursing/Midwifery staff and skill mix required per shift and per day of the week.

A separate Roster Template will need to be developed for each shift.

4.5 Reviewing Roster Templates

The Staffing Framework assists the Health Services in reviewing the Roster Templates.

To assist the Health Services in reassessing and adjusting the Roster Templates as required, the Roster Templates should be reviewed at the following times:

- At the planning stage for any new service delivery within a Health Service,
- At any time the Service Profile is reviewed, and
- In line with the relevant budget cycle.

Managing Workload Issues

5.1 Principles

The Staffing Framework sets out the expectations regarding the process for escalating nursing and midwifery workload concerns. The workload escalation process assists staff and managers in effectively addressing and resolving workload issues as they arise. This escalation process should be undertaken consistent with the provisions of Clause XX of the NMEA. NOTE: It is not expected that all matters will require escalation under the NMEA.

5.2 Escalation Process for Workload Concerns

If a workload concern is raised, the process below is to be followed to ensure workload concerns are addressed in a timely manner. Any AIN, nurse, midwife, Health Service or union representative may raise a workload concern.

A workload concern may include:

- Unlikely to meet or is not meeting Roster Template for the identified shift (e.g. short notice absence),
- Unanticipated increase in patient acuity for the identified shift (e.g. increase in patient complexities within unit),
- Skill mix concerns identified, or
- Emergencies, e.g., internal/external codes.

Where a workload concern creates an immediate and substantial risk to the safety of patients or staff, interested parties will work together to address the concern as a matter of urgency by immediately escalating these concerns to the Team Leader and/or delegate..

5.2 a Shift by Shift

Escalation point 1

Where a nurse/midwife identifies a workload concern that cannot be resolved at the Team Leader level, it is to be raised immediately to the line manager, e.g. Clinical Nurse/Midwife Consultant (CNC/CMC) during Business Hours, or After-Hours Hospital Manager (AHHM) during After Hours (Appendix 3 during Business Hours and Appendix 4 during After Hours).

The parties will engage to resolve the concern within the shift identified.

The CNC/CMC during Business Hours or the AHHM After Hours is responsible for immediately investigating the workload concern identified and implementing actions to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence.

Examples of actions that may be implemented include providing additional Nurses or Midwives, prioritising nursing care tasks, consideration for other tasks to be completed on an alternative shift and reviewing other supports that may be able to assist with the workload.

It is expected that all workload concerns are documented and reported to the Director of Nursing/Midwifery for the service as part of the monthly key performance indicators.

Escalation point 2

If the workload concern is not resolved at the line manager level, Escalation point 1, it may be escalated for discussion between the nurse/midwife, and nursing/midwifery RN/RM Level 4 during Business Hours and the After-Hours Hospital Manager (AHHM) during After Hours.

*Note, the Executive Director on Call may be contacted after hours if concerns remain regarding the workload by the AHHM and nurses/midwife who raised the concerns.

The parties will review the identified workload concern and determine and implement further actions to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence within the shift.

It is expected that all workload concerns are documented and reported to the Director of Nursing/Midwifery for the service as part of the monthly key performance indicators.

Evaluating Performance and Reporting

6.1 Performance

It is expected that the Health Services evaluate their individual ward/unit/area performance. When evaluating performance, a comparative analysis should be undertaken by reviewing agreed quality measures, and historical trends and changes, against internal and external comparators.

6.1 a Comparative Analysis

Appropriate internal and external benchmarks are to be identified for each clinical area to enable a comparative analysis of the performance of the nursing/midwifery service. Current performance will be compared to previous performance and outcomes and trends evaluated.

6.1 b Quality Measures

Quality measures assist Health Services with providing safe, effective patient centred care.

Patient Quality Measures

Patient Quality Measures may include, but are not limited to, Nurse/Midwifery Related Indicators such as:

- Reduction in harm from:
  - Sepsis;
  - Falls;
  - Medicines;
  - Pressure Injuries;
  - Hospital Acquired Complications (HACs);
  - Adverse Events associated with Nursing/Midwifery care;
  - Hand Hygiene compliance; and
  - Clinical Handover.
- Average length of stay;
- Patient satisfaction;
- Number of unplanned re-admissions;
- Breast feeding rates on discharge;
- Continuity of Care rates; and
- Pain relief mode rates.

People Management Factors

People Management Factors to be evaluated may include, but are not limited to:

- Absenteeism rates;
- Presenteeism rates;
- Overtime rates;
- Staff Attrition rates;
- Staff satisfaction;
- Number of workload grievances.

6.2 Reporting

Reporting on the performance of the Health Services and ward/unit/area is essential to demonstrate accountability, transparency, continuous improvement and delivery of person-centred, safe, effective and efficient care within the Nursing/Midwifery workforce.

It is a requirement of the Health Services to report their performance under the Staffing Framework to the ACT Health Directorate through the relevant Committee. The Health Services are to report at the commencement of the implementation of the Staffing Framework, quarterly or in line with current performance report scheduling at the Health Services and in line with *Schedule X* of the *ACT Public Sector Nursing and Midwifery Enterprise Agreement 2021-2022*.

The Health Services will report the outcomes of a comparative analysis of the agreed quality measures.

The ACT Health Directorate through the relevant Committee will be responsible for reporting the Health Services performances to:

- ACT Australian Nursing and Midwifery Federation (ANMF) ACT Branch,
- ACT Public, and
- ACT Government.

Appendix 1 Staffing Profile Template

Staffing Profile

Name of Service:

Describe the current Service:

Workplace Environmental Analysis:

Model of Care:

Nursing/Midwifery Workforce Structure:

Physical Structure:

Work Health and Safety:

Patient Acuity and Patient Activity

Review of Staffing Profile (to be completed on ……):

Endorsed by:

Director of Nursing/Midwifery:

Date:

Appendix 2 Nursing/Midwifery Roster Template

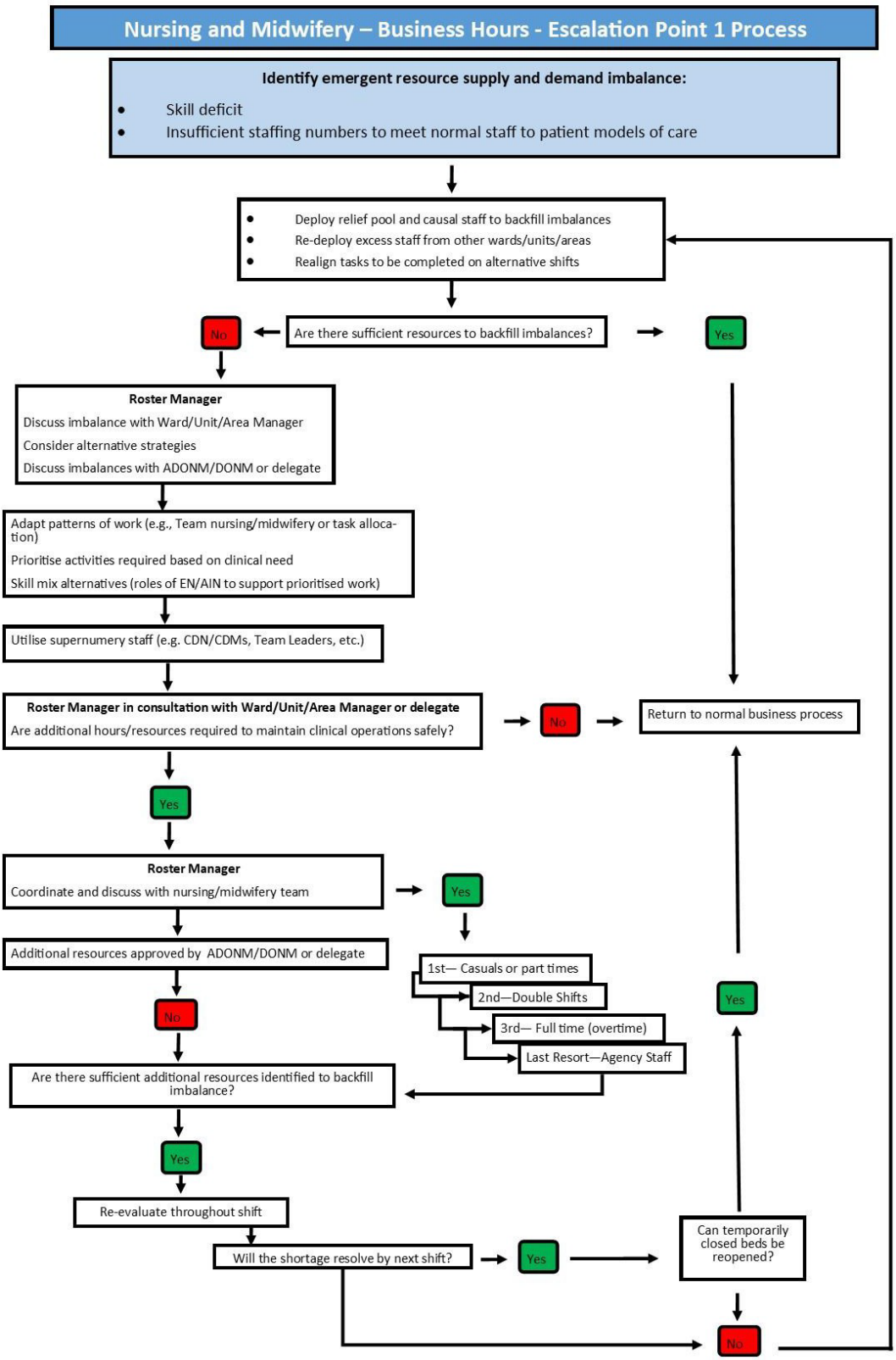
Nursing/Midwifery Staffing Profile Roster Template:

SHIFT: (e.g. Morning/evening/night)

Nursing/Midwifery	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Nurse Practitioner							
CNC/CMC							
CNE/CME							
CDN/CDM							
Team Leader							
RN 2 / RM 2							
RN 1 / RM 1							
RNG / RMG							
EN 2							
EN 1							
ENG							
AIN/AIM							

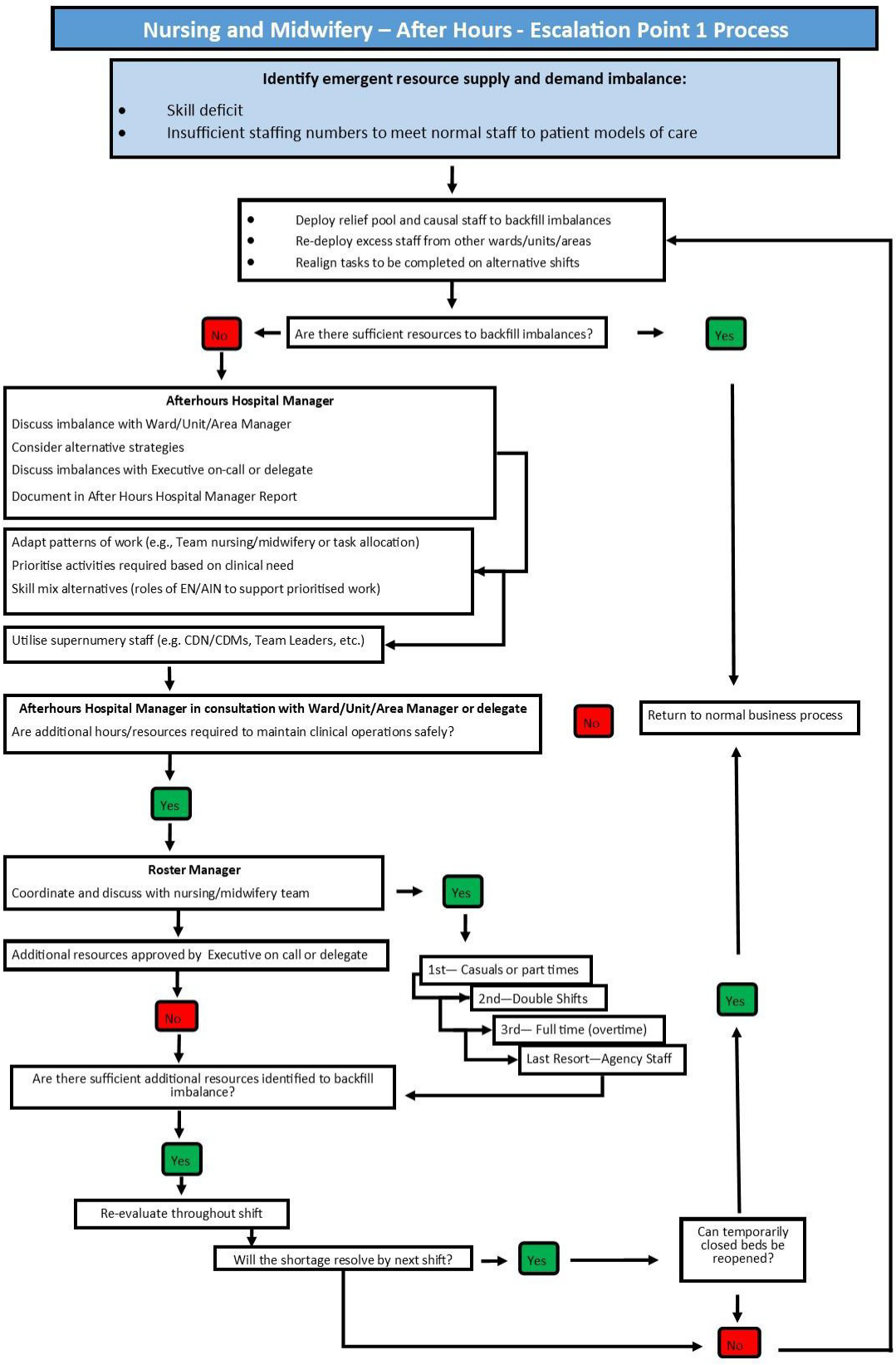
Appendix 3 Business Hours Escalation Point 1 Process

Appendix 3



Appendix 4 After Hours Escalation Point 1 Process

Appendix 4



Glossary

Acuity - A measure of patient complexity and intensity which assists nurses and midwives to identify and plan resources to provide safe nursing and midwifery.

Adverse Event - Incidents in which harm resulted to a person receiving health care. This includes infections, falls, medication errors and issues with medical devices. Some can be monitored through patient record coded information and some from incident reporting systems.

Assistant in Nursing/Midwifery (AIN/M) - An Assistant in Nursing (AIN) supports registered nurses/registered midwives in the delivery of personal health care to patients and the maintenance of a safe patient care environment. An AIN at all times assists in the provision of nursing/midwifery care under the direct or indirect supervision of a RN/RM.

Average Length of Stay (ALOS) – The average number of days that patients spend in hospital. Measured by dividing the total number of days (measured in hours) stayed by all inpatients (excluding hospital-in-the-home stays), by the number of discharges for a given period.

Case-mix – A generic term to describe the mix and type of patients treated in hospital. This is an information tool involving the use of scientific methods to build and make use of classifications of patient care episodes. The term may be taken to refer to the number and type of patients treated, and the mix of bundles of treatments, procedures or other services provided to patients.

Hospital Acquired Complication (HAC) –A select list of high priority hospital acquired complication groups as defined by the Australian Commission on Safety and Quality in Health Care, for which clinical risk mitigation strategies may reduce the risk of that complication occurring.

Model of Care (MoC) – A framework for the delivery of health services (care). This is based on best practice care and services for a person-centred approach.

Nurse/Midwife Team Leader means a registered Nurse and/or registered Midwife, as required who: a. is designated this function on a particular shift within a ward/unit by the Clinical Nurse/Midwife Consultant (or Manager equivalent); and b. is directly responsible for providing oversight, leadership, communication and coordination of nursing/midwifery ward/unit activities for the shift to ensure delivery of safe patient care.

Occasions of Service – an occasion of service is recorded for each person attending a facility or receiving care in the capacity of a patient in their own right. Services to individual patients should be counted separately from services to groups of patients. An occasion of service is counted only for a service provided to an individual. Group sessions are reported separately under “Establishment – number of group sessions”. (METeOR 336947).

Presenteeism – Being present at work with reduced output. eg. working while unwell, working additional shifts out of loyalty to the team or working while overly fatigued.

Professional Judgement - The application of knowledge, skills and experience in a way that is informed by professional standards, laws and ethical principles, to develop an opinion or decision about what should be done to best serve patients.

Skill Mix – The balance of registered supervisory and operational nursing/midwifery staff relating to different classifications.