Safe and Effective Staffing for HealthCare

Setting the Scene

PSI/UNISON Workshop

May 11\textsuperscript{th} & 12th
Suggested group norms for a successful workshop

• Share your expertise (but share the air-time)
• Use all of the time well – here on time, home on time
• Be fully present – the ‘ring-tone’ rule
• Be open minded
• Adopt an enquiring learning mode today & a developing, strategising, progressing focus tomorrow
• Aim to take something valuable back to your organisation
• Enjoy!
Who’s in the room?

- your name
- which organisation you are representing
- something you jotted down from the presentation and why it struck you as significant (or something you are burning to say)
- one thing you would like to get from these two days
- Any comments about or additions to the suggested group norms?
Why are we here?
[PDF] Nurse Staffing and Quality of Patient Care - Agency for ...
What is ‘it’ (safe & effective staffing)?

Health worker staffing is considered safe and effective when it results in the recruitment, assignment and retention of a health workforce of sufficient quantity and quality to create positive impacts for patients and the organization’s effectiveness, delivered within a context of decent work. (Lawless and Lowe, 2015)
Patient Agenda
To have health needs met

Shared Agenda
Health needs are met while making efficient & productive use of resources & in the context of sustainable, decent work

Employer Agenda
Efficient & productive investment of resources

Workforce Agenda
Sustainable, decent work
What does that mean?
What does that look like?
How do you get to there?
STRONG EVIDENCE UNDERPINNING THE APPROACH

WORKABLE METHOD/SYSTEM/VEHICLE

EFFECTIVE SYSTEM LEVERAGE TO EFFECT CHANGE

CLEAR PURPOSE
EFFECTIVE & SAFE STAFFING, PRODUCTIVE USE OF RESOURCES, DECENT WORK

CAPACITY TO MAINTAIN GAINS
A strong evidence base

DEMAND EVIDENCE AND THINK CRITICALLY
Before they give us the funding they want to see a 3 year blind study, peer reviewed and carried out by a recognised academic authority resulting in an impact statement justifying our assertions that housing homeless people is generally speaking a good idea!
STRONG DEFENSIBLE EVIDENCE

- **generate hypotheses (bias ++)**
- **establish causality (bias --)**
- **expert opinions**
  - "Experts are of the opinion that ..."
- **cross-sectional studies and case studies**
  - "There are signs that ..."
- **uncontrolled longitudinal studies**
  - "It is likely that ..."
- **controlled longitudinal studies**
  - "It is shown that ..."
- **randomised controlled studies**
A suitable staffing system

The nurse patient ratio applied to the bed patient ratio.
The primary staffing question;

What do we need to have in place in order to get all of the work done to an appropriate standard?
What needs to be done?

For patients?  To complete all other work?

What does that require?

How many?  Of what type?  When?

Do we have the ability to provide that?

Money?  Availability?
## CRITIQUING STAFFING SYSTEMS

### CAPACITY/RESOURCES
- How does the system support the allocation of the:
  - number of staff?
  - mix of staff?
  - scheduling?

### DEMAND
- How has the work been assessed?
- How has the work been translated into some form of hours per patient per day (HPPD)?
- Is this a reasonable (defensible) approach?

### EVIDENCE OF EFFECTIVENESS
- How does the system provide evidence that it is delivering safe & effective staffing?
Effective leverage

your
rights
at work
worth fighting
and voting for

SAFE STAFFING
SAVES LIVES
SUSTAINABILITY BASED ON UNION STRENGTH, STRATEGY & ALLIANCES
What does this mean for health unions?
“I am the great and powerful Oz”
Evidence that the system is having a positive impact
++ Unarguable proof of association
+ Strong evidence of association
+/- Some evidence of association
- Poor or no evidence of association
-- Evidence of negative association

Ability to keep the system over time
++ Sustained in the face of repeated challenges
+ Sustained >1 challenge
+/- Less than 2 years
- Eroded over time
-- System not sustained

Levers applied by unions
++ Achieved a legally mandated system change
+ Achieved system change enshrined in an industrial agreement between the parties
+/- Some enforceable wording enshrined in an industrial agreement
- No effective wording in industrial agreements & little or no legal protections
- Current wording in industrial agreement unhelpful

Method for establishing staffing based on an assessment of the work to be done
++ Robust & rigorously tested
+ Moderately well tested
+/- Clearly based on professional consensus
- Formal mechanism but no testing/validation
-- No formal system of assessing the work

Effective levers for change
Aims & outcomes from this workshop

1. A consensus statement on safe and effective staffing

1. A strategy that can be used to develop mechanisms to support health unions to engage effectively with this agenda
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