Mandatory Nurse Staffing Models for Patient Safety

Linda Silas
Canadian Federation of Nurses Unions
April 13, 2013

Honor Society of Nursing, Sigma Theta Tau International
Health care institutions are running over capacity

In a survey of 158 Canadian emergency department directors, 62% reported overcrowding as a major problem.

Overcrowded health systems lead to:

1) Dangerous levels of workload & inadequate nurse staffing

2) Compromised patient care
With more patients than ever, nurses are forced to make difficult choices about who receives care first. When it comes to safer care, the choice is clear: hire more nurses.
Burnout

A recent study of new nurses in Quebec found that 43% reported a high level of psychological distress.  
(Lavoie-Tremblay, 2008)

Absenteeism

An average of 19,200 Canadian nurses are absent from work every week due to illness or disability. Nearly twice the rate of all other occupations, and the highest of any health care occupations. The annual cost: $711 million.  
(CFNU, 2011)
Have my bed nurse you look terrible
Overtime

Public sector nurses worked 20 million hours of paid and unpaid overtime in 2010.

The equivalent of 11,400 full-time positions.

The annual cost: $891 million. (CFNU, 2011)

Turnover

Twenty percent of nurses in the hospital sector leave their jobs annually.

This is estimated to cost anywhere between $25,000 - $60,000 per nurse as a result of the transition.

Workload is often cited as a key factor in turnover.

(O’Brien Pallas et al., 2010)
Through partnerships, change is possible

- 10 pilot projects across Canada
- From safe staffing to electronic orientation
Canadian Federation of Nurses Unions commissioned Dr. Lois Berry, Associate Dean at the University of Saskatchewan, to develop a report on nurse staffing and workload.

**Incorporated:**

- A Think Tank with nursing experts.
- Academic and grey literature.
- Evidence from work places with innovative tools used to address workload.
"You can have the best educated and most experienced nurses in the world in place in a care setting, but spread them too thinly, put them in the wrong environments with poor relationships with health-care workers from other disciplines and without support from their managers and supervisors, and not only will you see problems with quality of care, but you will also watch the work take an unnecessary toll on those nurses’ physical and mental health."

(Clarke, 2011)
Workload Think Tank (December 2011)
Involved 10 leading nurse academics as well as nurse union employees involved with front-line issues

Takeaways:

– Nurses need a process they can call their own.
– Nurses need a mechanism to say ‘enough is enough’ when workload reaches unsafe levels.
– Staffing needs to be based on evidence and professional judgment, not budgets.
Staffing solutions must support, empower and respect nurses by properly applying their expertise to the care environment.

**Examples of mandated staffing models**

1) Nurse Patient Ratios as minimum staffing requirements

   Allows for unit level decision making & staffing based on patient care needs.

   Nursing hours per patient day formula (NHPPD).

2) Dynamic Staffing Models

   Synergy Professional Practice Model incorporates unique needs of patients and specialized skills of nurses into staffing plans.

3) Safe staffing models includes replacing like with like policy and enforceable reporting mechanism.
What we know

1) California and two Australian states that have legislated and collectively bargained nurse patient ratios experienced improvements in nurse sensitive outcomes.

   Higher nurse patient ratios = lower mortality rates, CNS complications, ulcers and GI bleeds.

   Shorter length of stay and readmissions.

2) Nurses & patients in British Columbia and Saskatchewan have reported better quality care when dynamic staffing models were introduced.

3) Return on Investment

   Cost savings achieved as a result of increased nurse retention, and reductions in nurse absenteeism, burnout and turnover, reduced length of stay and readmissions.
Create systems that match patient needs to nurse staffing

- Nurse leaders and employers work together to develop dynamic staffing models.
- Share decision making, and create staffing processes that respond to the acuity and complexity of patients in all areas of care.

Enforce health system accountability for safe quality patient care.

- Link institutional funding to improvements in patient outcomes and nursing indicators (ex. reductions in burnout and turnover).
- Standardize collection of health care data.
- Address governance issues staring at the front lines.
- Clarify roles, scopes of practice and eliminate substitution models which fragment care and are unsafe.
20+ years of HHR planning and we still don't have it right...

We say it is time to focus on patient safety though Safe Staffing models...

It is time nurses make the decisions about safe nursing care.

Remember…

“If you are not at the table, you are on the menu.”
Thank you!
Merci!

www.nursesunions.ca
president@nursesunions.ca