Nursing and Midwifery Story

...Policy... Research ... Practice....

Dr Siobhan O’ Halloran
Chief Nursing Officer
THE ANATOMY OF A GREAT SELFIE

1. **Choose Your Best Angle**
   - Angles that work: straight-on or above.
   - Angles that don't: taken from below.

2. **Be Camera Ready**
   - Think more highlighting your natural beauty, less glamour shots.

3. **Be Aware of Your Surroundings**
   - A quick scan of what's in the background of your photos will ensure none of your dirty laundry gets aired on the Web.

4. **Smile**
   - Nothing will stand the test of time like a classic smile.

5. **Crop and Zoom**
   - Annoying photobomber? No problem. Use your toolbox to get rid of anything you don't want in your photo.

6. **14%**
   - Are digitally enhanced like they use filters.

7. **36%**
   - Have admitted to altering their selfies.

8. **Use the Best Lighting Possible**
   - Natural light coming from behind you equals selfie perfection.

9. **Utilize Filters**
   - Filters, when used correctly, are a selfie's best friend. Experiment.

1. **1 Million**
   - Selfies taken each day in the 18-24 year old demographic.

- **75%**
  - 18-24 year olds
- **25%**
  - Aged 25 and over

- **48%**
  - Facebook
- **14%**
  - Text
- **13%**
  - WhatsApp

**The Selfie Generation Phenomenon**

I, me & my selfie
The significant problems we face cannot be solved at the same level of thinking we were at when we created them.

Albert Einstein
grandma! It's not that hard! Go into Settings...select Wi-Fi....Select it! Tap it with your finger...oh for sake!
Economic Crisis

- Reduced number of nurses and midwives from the health service by approx 5,000
- Reduced undergraduate supply
- Recruitment moratorium
- Incentivised retirement schemes

Impact on Health Services
16% BINGE DRINK AT LEAST ONCE A WEEK
53% ARE OVERWEIGHT OR OBESE

HEALTH DETERMINANTS

10% PROVIDE CARE FOR ANOTHER PERSON
74% VISITED A GP IN THE PREVIOUS YEAR
34% VISITED A NURSE IN THE PREVIOUS YEAR

HEALTH CARE USAGE

22% SMOKE REGULARLY
83% RATED THEIR OWN HEALTH AS GOOD OR VERY GOOD

HEALTH STATISTICS

CENSUS 2016

WHERE WE WORK

+25,647 Health & Social Work
+21,877 Computer & Related Activities
-5,991 Public Administration & Defence
-5,361 Banking

2,006,641 PEOPLE AT WORK
Females 929,967
Males 1,076,674
18 in Limerick
9 in Waterford

1.88 million COMMUTING TO WORK
10.7% OR 21%
174,569 USED PUBLIC TRANSPORT
1,152,361 DROVE CAR
56,837 CYCLED

GETTING TO WORK

87% STATED THAT THEY WERE IN GOOD OR VERY GOOD HEALTH
8% ON 2011

HEALTH DISABILITY & CARING

13.5% OF POPULATION - 643,131 PEOPLE - HAD A DISABILITY
4.1% OF POPULATION (195,263) PROVIDED UNPAID CARE

RETIREDS

545,507 RETIRED PEOPLE
457,394 in 2011

19.2%
NURSES AND MIDWIVES
A vital resource for health in the WHO European Region

Nurses and midwives play key roles in all aspects of health care and in society's efforts to tackle public health challenges.

- Provide safe, high-quality, cost-effective care and services
- Empower people to manage their own health
- Ensure equal access and continuity of care
- Manage chronic conditions and long-term care
- Promote health throughout all stages of life

Growing and changing health needs raise challenges for nurses and midwives.
- Ageing populations
- Economic pressure
- Mobile workforce
- Migration
- Workforce shortages
- Health inequalities

Strategies for strengthening nursing and midwifery towards Health 2020 goals

- Scale up and transform education
- Plan workforce and optimize skill mix
- Create positive work environments
- Promote evidence-based practice and innovation

Nurses and midwives improve people’s health and well-being and reduce health inequalities.

http://www.euro.who.int/nursingmidwifery
Scale up and transform education
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SELFIE STORY
NOT ABOUT MANAGING CRISSES
ITS ABOUT BUILDING A FUTURE
All Nurses and Midwives possess....

The Power of 1

As one person you can’t change the world.......but you can change the world of one person
Our Selfie Story...is one of working in partnership at all levels; **Globally**...**Government** level...using evidence and **Research**...building **INTO** practice rather than just **On** practice alone...
A functioning and efficient health system that meets population needs through people centred care is essential.

Ensure the availability of appropriately educated, regulated and motivated healthcare workers.

Accessible high quality care can’t be achieved without exceptional nursing and midwifery leadership.

GCNMO’s WHO Global Forum 2014
The primary responsibility is to achieve national public health goals through nursing and midwifery:

- Public good is the end; the patient is central
- Nursing and midwifery is the means.

Value in healthcare is expressed as the physical and social health and well-being achieved relative to cost (IOM 2008).
CHIEF NURSES OFFICE

MISSION & VALUES
Maximise the capacity of nursing and midwifery to strengthen the health system and optimise service provision in the interests of patients, their families and the wider community.

Critical thinking

Critical caring

Critical acting
Future of Nursing and Midwifery

Nursing and Midwifery are inextricably, and rightly so, linked to societies future and the future of healthcare.

Nursing and Midwifery

health reform

chance to improve care

access

quality

bring value while reducing costs
Strategy of the Chief Nursing Office

- Measure Impact
- Maximise Output/Outcomes
- Stabilise Resource
- Embed Nursing and Midwifery Values

Nursing and Midwifery KPIs

Deploy appropriately/maximise scope of practice

Framework for Safe Nurse Staffing and Skill Mix

Compassion, Care, Commitment

Promote evidence-based practice and innovation
Scale up and transform education
Plan workforce and optimize skill mix
Create positive work environments
Embed the Nursing and Midwifery Values

- Government, Regulator and Services in partnership consulting with nurses and midwives to identify and agree the core values that underpin nursing and midwifery practice in Ireland.
Compassion, Care and Commitment

embracing and reaffirming our values
Embedding the Values in Practice

People in the Health Service support the expression of values as behaviours e.g. the HSE will support values champions across the care settings in the services.

Managerial Systems - e.g. Directors of Nursing and Midwifery support a culture where values are fostered and they will create environments where the values can flourish.

Culture - create a culture for learning and developing values in practice e.g. The NMBI will develop an e-learning package on the values.
Stabilising the Nursing and Midwifery Resource - Taskforce on Staffing and Skill Mix for Nursing

**Strategic Direction**
- New way of determining safe nurse staffing in hospitals

**Alignment**
- National & global agenda for Health Workforce Planning

**Commitment**
- Sustainable and stable nursing workforce – positive patient and nurse outcomes
Context

• Nurse staffing has consistently been linked to patient outcomes in systematic reviews (e.g. Kane et al., 2007; Shekelle, 2013, Griffiths et al. 2016).

• Most research in this field has focused on the association between registered nurse-to-patient ratios (or equivalent staffing measures) and patient outcomes.
Evidence

- **Canada** (Laschinger & Leiter 2006)
- **UK** (Rafferty et al. 2007)
- **Europe** (Sermeus 2011; Aiken 2012, 2014)
- **China** (You, Aiken et al. 2015)
- **Australia** (Duffield et al 2004/7/8/9/12, Twigg 2010/12)
- **NICE Guidelines**
- **Californian and Victoria Staffing Ratios**
- **Northern Ireland Staffing Ranges**
- **New Zealand – NHpPD**
- **Australia - NHpPD**
- **Taskforce on Staffing and Skill Mix Framework (Ireland)**

- **Staffing Numbers/NHpPD**
- **Staffing Skill Mix**
- **Work Environment**
- **Patient Outcomes**
Framework for Safe Nurse Staffing and Skill Mix

- Developed a staffing (RN and HCA) and skill mix ranges framework related to general and specialist medical and surgical care settings based on best available international evidence;
- Underpinned the evaluation of the Framework through pilot implementation and evaluation using research – ‘best in class’
- Now in Phase II – Emergency Care Settings
Aims

• Measure the impact of implementing the pilot of the Framework (specifically NHPPD) on nurse-sensitive patient outcomes measures, staff outcome measures and organisational factors;

• Measure the economic impact of implementing the Framework using appropriate economic evaluation techniques;

• Using implementation science methods, provide an evidence-based assessment of the adoption and implementation of the framework in practice to guide future national roll-out decisions.
Framework

4 Assumptions
- Patients
- Nurse Staffing
- Organisational
- Outcomes

PESTLE
- Political
- Economical
- Sociocultural
- Technological
- Legal
- Environmental/Educational

Governance
- Ward to Board – Board to Ward
Assumptions

Assumption 1
Patients
- Acuity and dependency
- Turnover
- Occupancy

Assumption 2
Staff
- Staff profile – education and skills
- Nursing hours per patient day NHpPD
- Grade mix

Assumption 3
Environment
- Leadership capacity
- Critical role of CNM2
- Models of care delivery
- Geographical layout

Assumption 4
Outcomes
- Patient and Nurse outcome measurement
- KPI’s
- Patient and Staff Experience
- Safety CLUEs
Nursing Workforce Governance
“Ward to Board- Board to Ward Accountability”

Senior Nurse Managers & Clinical Nurse Managers

Day to Day Monitoring  Safety CLUEs/Outcomes/Climate

HR & Finance  QSRM

Director of Nursing/ Group Director of Nursing

Outcomes  Workforce Data  Organisational

Senior Hospital Management Team/Hospital Board/Group Board

Workforce Standing Item Agenda  Monitoring
Approach

Primary Data

Administrative Data

Data

Nurse Staffing

Patient Outcomes

Nursing Workload

Working Environment

Collaborative Research Programme
Impact

- Agency reduction of 30%
- Reduction in sick absence

- Reduced number of NSO
- Reduced in the odds ratio of developing an NSO
- Cost saving in agency reduction
- Potential reduction in staff turnover cost
- Productivity efficiency with reduced length of stay and reduced cost of NSO

- Reduced intention to leave
- Higher levels of job satisfaction

- Reduced number of NSO
- Reduction in the odds ratio of developing an NSO

Workforce Stability

Positive Work Environment

Economic Efficiency

Improved Patient Outcomes

[Diagram showing the interconnections between Workforce Stability, Positive Work Environment, Economic Efficiency, and Improved Patient Outcomes.]
Deploy appropriately/maximise scope of practice

Framework for Safe Nurse Staffing and Skill Mix

Compassion, Care, Commitment

Measure Impact

Maximise Output/Outcomes

Stabilise Resource

Embed Nursing and Midwifery Values

Nursing and Midwifery KPIs

Promote evidence-based practice and innovation

Scale up and transform education

Plan workforce and optimize skill mix

Create positive work environments
Maximise Outputs/Outcomes

Deploy Appropriately

Community nursing and midwifery response to Integrated Care

Maximise Scope of Practice

Graduate, Specialist and Advanced Practice
A policy direction for Graduate, Specialist and Advanced Practice in Nursing and Midwifery to meet service need
Objective

1. Create a framework to meet service need Develop a critical mass of RANP/RAMP’s in a flexible, timely fashion (700 by 2021 = 2%)
2. broad-based of service providers to meet current, emerging and future service needs;
3. credentialing pathway
4. integrated education with other healthcare professionals for integrated delivery of care
Underpinning Principles the Policy is Addressing

- Hospital Avoidance
- Patient flow
- Early Discharge
- Access and choice of health services
- Waiting Lists

ANP SERVICE

- ANP Chest Pain – Chest pain PET reduced by 55% from 17.5 hours to 7.9 hours. Saving of approx. 4 beds days every day.
- ANP Rheumatology – with a critical mass of ANP services; increase the number of OPD visits by 1,440 per month. 75% of all OPD appointments can be managed safely by ANP
- ANP Older People – nurse led rehabilitation service. Level of dependency reduced from 21% to 13%; 68% of admissions went home; 20% requiring no services on returning home
- ANP Ambulatory Care – Acute Medicine – ANP can see, treat and discharge from the AMU
- ANP Chronic Disease – COPD – respiratory disease are 5 of the top conditions presenting to ED. Only 20% are currently being discharged within 24hrs – ANP can increase this figure and reduce the number of return visit.
Developing a Community Nursing and Midwifery Response to an Integrated Model of Care
Model of community nursing and midwifery integrated care

**Protection, Promotion, Prevention,**

- **Prevention** – Population profiling, statistical analysis, Population health development, National Healthy Child Programme, Immunisation etc
- **Promotion** – Policies for Obesity, Sexual health, Breastfeeding, Maternity strategy, smoking Alcohol and drugs
- **Protection** – Safeguarding of Children and vulnerable adults

**First Nursing & Midwifery Response**

- First point of Nursing
- & Midwifery contact
- Self referral/referral from CHNM/NAS/acute or other (Nursing Home/CNU)
- Nurse triage; assess, screen, diagnose, treat, refer if necessary.
- Case Management and IT support/tools.
- Diagnostics/HealthLinks/NIMIS etc.
- Episodic Care.
- Self-management/care

**Intermediary**

- Short term care;
- Step down care
- Step up care

**Anticipatory**

- Proactive care in the home or as near to the home

**Continuing/Complex Care**

- Chronic/end of life care;
- Composite suite of nursing care assessment, diagnostic, treatment, referral, and Intervention.
- Key Professional
- Synergy with HSE Integrated Care Programmes

**Short Term Care**

- Short term care;
Pathways of care
Measure Impact

Maximise Output/Outcomes

Stabilise Resource

Embed Nursing and Midwifery Values

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QUALITY ASSURED NURSING AND MIDWIFERY MINIMUM DATA SET

Measure Impact

Nursing and Midwifery KPIs

Outcome

Process

Structure
Lessons Learned
Tension in Role of CNO: Two Domains

Public Service Leader with Corporate Identity and Responsibility

Realisable Goals For Nursing and Midwifery

Nursing and Midwifery Leader who is an Agent of Transformation
Lesson Two

Data and Evidence

Natural and Political Observations
Mentioned in a following Index, and made upon the Bills of Mortality.

BY Capt. JOHN GRAUNT, Fellow of the Royal Society.

With reference to the Government, Religion, Trade, Growth, Air, Diseases, and the several Changes of the Said City.


LONDON, Printed by John Martyn, and James Allestry, Printers to the Royal Society, and are to be sold at the sign of the Bell in St. Paul's Church-yard. MDCLXV.
• Failure helps us understand where our passion lies and where to focus our energy.

• Imagination allows us to use our influence for GOOD!

• Powerful influence = Power of One
OUR RESPONSE

✓ Have confidence that our professions is mature, competent and creative enough to be a leader in this new reality

✓ Re-think the strengths of our professions to ensure viability in this new reality

✓ Envision a new way of being as professions in this new reality
The Future is safe when we...

• Care more than others think is wise.
• Risk more than others think is safe.
• Dream more than others think is practical.
• Expect more than others think is possible.
• Passionate, personal, persistent, and patient.
Thank You

just because
THE PAST
DIDN'T
turn out like you wanted it to

D ON'T MEAN
YOUR FUTURE
can't be

better than you imagined