Position Paper on staffing and skill mix in HSE long-term care facilities for older people in Ireland.

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Introduction

This paper from the Irish Association of Directors of Nursing and Midwifery (IADNAM) considers the issue of assessment of staffing and skill mix in HSE long-term care facilities for older people in Ireland in the context of the recommendations made in the Health Service Executive (HSE) Service Plan (2013a).

Key components of staffing levels and skill mix assessment are identified with reference to research and the Irish context. The importance of a process of engagement of Directors of Nursing in Older Person services with HSE service management in developing and implementing a robust framework for staffing level and skill mix assessment in HSE long-term facilities for older people in Ireland is identified. While the paper is focused on addressing this issue within HSE long-term care facilities for older people the principles regarding staffing and skill mix contained within it are relevant to private long-term older person care facilities.

“Workforce planning should start with the particular needs of patients and clients. Each patient/client group will have their own particular service needs and, following from this, a particular set of skills and competencies that is required to deliver such services.” (p. 28)

Department of Health and Children and Health Service Executive (2009)

“Best practice indicates that workforce decisions should be made with good quality data on:
– patient mix (acuity/dependency) and service demands
– current staffing (establishment, staff in post)
– factors that impinge on daily staffing levels (absence, vacancies, turnover, ward size and layout etc)
– evidence of the effectiveness of staffing – quality patient outcomes/nurse-/midwife-sensitive indicators.” (p. 62)

Department of Health (DOH) (2012a)

The IADNAM is the largest organization of nursing and midwifery managers in Ireland and it aims to develop, promote and support excellence in health care in partnership with recipients, practitioners and policy-makers. The IADNAM’s members are senior managers in all areas of nurse and midwifery management including, acute hospital, maternity, mental health, public health, intellectual disability and elderly care services in Ireland. This position paper has been developed by the Older Person Sub-Group of the IADNAM. This group consists of Directors of Nursing working in older persons services.

Ireland has a rising population of older people with six per cent described as living in communal accommodation, the majority of which is residential, long-term care (CSO, 2012). It is estimated that that 22,761 older people will be supported through the Nursing Home Support Scheme in 2013 (HSE, 2013a) and as the general older person population of Ireland continues to rise, projections suggest that 22.4 percent of the population will be over 65 years of age in 2041 (CSO, 2008). This means an increased need for long-term care. With increasing health expenditure globally (OECD, 2011) and in Ireland (Houses of the Oireachtas, 2010), and a determined focus on a more integrated cost-efficient health workforce (HSE, 2013a), staffing and skill mix have become areas of great importance in health care workforce planning.
The National Quality Standards for Residential Care Settings for Older People (HIQA, 2009) set out the requirements for a quality, safe service for an older person living in a residential care setting. For service providers, these Standards provide a road map of continuous improvement to support the continued development of person-centred care. Directors of Nursing in Older Person services have responsibility for the provision of high quality, comprehensive care to older people in their services in line with HIQA standards. They play a pivotal role in service planning, coordinating and evaluating service provision and the identification of the appropriate staffing skills and numbers to meet the needs of older people in order to provide safe quality care.

The IADNAM recognises the paramount importance of appropriate staffing compliments and the optimum use of human resources to ensure the correct balance between quality care and fiscal constraint are achieved. It is timely therefore to consider the imperative of having a comprehensive, quality based service to meet need both in contemporary Ireland and into the future and the systems used to determine the appropriate staffing and skill mix that is central to this.

The Role of Directors of Nursing and Midwifery
Leadership, Engagement, Expertise.

The IADNAM welcomes the focus in policy and operational plans and national standards on the systematic development and implementation of national framework to determine staff levels and skill mix in health care generally and specifically in long-term elderly care settings; and the commitment on behalf of Government and service providers to a collaborative approach to the development of national frameworks to achieve this.

- The IADNAM considers that assessment of staffing and skill mix ratio is of paramount importance in residential units for older people particularly as there are limited finances available to deliver services. There is an abundance of literature which points to improved care outcomes with an appropriately qualified staff complement in long-term care. This means establishing and deploying staffing and skill mix so that optimum use is made of human resources to deliver quality care. In this regard, there should be a clear relationship between resident dependency and staffing levels including appropriate skill-mix aligned to national quality and patient safety indicators to comprehensively meet residents’ needs. This is critical in terms of the need to deliver safe effective services in the most cost efficient manner.

- Due to the paramount importance of the role of staffing and skill mix in ensuring the provision quality, safe service for older persons living in a residential care settings, and the key role and responsibility that Directors of Nursing of older person services as designated by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 have in relation to determining care needs and associated allocation of resources they must have a key role with appropriate responsibility autonomy and accountability at regional and local level in determining operational plans for implementation.

- The Older Person Sub-Group of the IADNAM would welcome the opportunity to actively engage with key policy makers in both administrative and professional bodies
and service managers with responsibility for the provision and delivery of older persons care at a national level. The purpose of this engagement would be to collaboratively agree on the identification and the implementation of a systematic and consistent approach that employs standardised assessment tools which take account of dependency levels, patient acuity, clinical issues, quality of care, skill mix, staffing levels and fiscal constraints for residential settings. Their unique knowledge of patient needs, care provision and experience in management of nursing care places them in a key position to provide leadership in this regard.

- The IADNAM, Older Person Sub-Group will engage with other key professional stakeholders including the Assistant National Director/National Lead for older persons, Director of Quality and Patient Safety, Director of Nursing and Midwifery Services and the Clinical Strategy and Programmes Directorate.

- The IADNAM will use its influence to gain support for the implementation of a tool which systematically and consistently employs a standardised assessment which takes account of dependency levels, patient acuity, clinical issues, quality of care, skill mix, staffing levels and fiscal constraints for residential settings.

The Context

The IADNAM welcome the focus on workforce planning identified in the HSE Service Plan (2013a) and present this paper in the context of the Irish health service including:

- an increasing elderly population, with complex needs,
- increasing dependency levels of people in HSE long-term elderly care facilities,
- health service restructuring and re-organisation,
- significant financial pressures,
- a national moratorium on recruitment,
- increasing nursing vacancies,
- overall reduction in public service numbers,
- a reduction in the use of agency/overtime,
- the absence of an agreed local, regional and/or national framework for workforce planning (DOH, 2012a),
- the requirement for residential care facilities to meet HIQA standards for registration,
- a commitment by Government and HSE to quality patient care and measurement of patient-centred outcomes.

A consideration of the provision of quality long-term care for older persons involves a complex determination of need so that available skills can be used in the most beneficial and cost-effective manner.

The DoH and HSE Integrated Workforce Planning Strategy for the Health Services 2009–2012, states as one of its Guiding Principles of Integrated Workforce Planning that:
“Workforce planning must consider what health and social care services will be required to meet the needs of the population and to plan for the right skills and competencies to deliver these services. This involves a collaborative multidisciplinary approach, which focuses on the needs of the patient/client so as to ensure that the services required are easily accessed, seamless and equitable” (DoH and HSE 2009, p.19).

The Health Service Executive National Service Plan (HSE, 2013a) acknowledges that “in our current economically challenged environment, now, more than ever, the quality and patient safety agenda is of utmost importance, particularly when financially focused decisions on health care have to be made” (p.12).

The importance of an appropriately skilled and competent workforce as a resource that is planned, configured and managed is acknowledged as vital in the achievement of Key Performance Indicators (www.patientsafetyfirst.ie).

The HSE Operational Plan for 2013 (DoH, 2013b) commits to reviewing efficiency, skill mix and rostering and to:

“Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs, aligned to patient dependency and national quality and safety key performance indicators in line with best practice.” (p.59)

and to:

“Explore and examine alternative cost effective models of skill mix and rostering used in private sector and outside state with a view to reducing 2012 cost of care and increasing efficiencies in line with best practice.” (p.59)

(HSE, 2013b)

The recent Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (DoH, 2012a, Recommendation WP2) recommends the active involvement and input of local healthcare and senior nurse/midwife managers in the examination of staffing levels and skill mix to ensure the most effective use of the nursing and midwifery resource to ensure a system wide and strategic approach as part of the recommended five year workforce plan, to be completed by the HSE in co-operation with the Department of Health.

Residential Care Settings for Older People in Ireland (HIQA, 2009) identify the requirement for sufficient staff employed in the residential care settings to ensure continuity of care for the residents. In addition HIQA detail that:

- At any point in time, the number and skill mix of staff on duty is determined and provided according to a transparently applied, nationally validated, assessment tool, to plan for and meet the needs of the residents. This is subject to regular review.
- The staffing numbers and skill mix of qualified/unqualified staff are at all times appropriate to the assessed needs of the residents and the size, layout and purpose of the residential care setting.
- A planned and actual staff rota, showing staff on duty at any time during the day and night, is maintained.
- At all times care is supervised by a registered nurse on duty. The number of registered nurses required is determined by the assessment tool (p.33).
Key Issues for consideration in determining a framework for the assessment of staffing levels and skill mix in long-term care facilities for older people in Ireland.

The IADNAM have given consideration to key issues which should be taken into account in the development and implementation of a framework for the assessment of staffing levels in term care facilities for older people in Ireland.

- Overall resident dependency ratios in long-term care facilities have remained similar between 1997 and 2011 (DOHC, 1998, DOH, 2012b). However, there has been a dramatic rise in high and maximum dependency residents in HSE facilities as compared with voluntary and private facilities. The DoH report that 83.7% of HSE residents or in the high and maximum dependency groups compared to 59.7% in private nursing homes in 2011(DoH, 2012b). A recent HSE report noted that the percentage of residents of maximum dependency, requiring complex interventions in the public homes (28.2%) is more than twice that of private and voluntary sector homes (11.1%) (HSE, 2012). Other significant issues are the rise in the older old population of residents and the rise in residents with dementia (18.5% in 1997 as compared to 31.4% in 2011) in all care facilities (CHSRF 2006).

- The Commission on Patient Safety identified the importance of ensuring a competent workforce which is fit for purpose and provides the patient with appropriate care, delivered by the ‘right’ person in the ‘right’ environment. The Commission identifies the requirement for workforce planning to address the issue of workforce capacity (DOH, 2008).

- HIQA (2009) provide regulatory guidelines for the long-term care of older people in Ireland. These guidelines indicate that there should be appropriately skilled and qualified staff to meet both residents’ needs and the requirements of the 32 HIQA standards and that a transparently applied nationally validated tool is used to determine appropriate staffing levels and skill mix (Standard 23).

- The determination of staffing levels and skill mix is central to the quality of care provided to residents. The establishment of a national agreed standard for the assessment of workload and the determination of staffing levels and skill-mix in elderly long-term facilities is central to the provision of safe, high quality care in the most efficient way possible.

- In order to continue the high level of compliance with HIQA standards in long-term elderly care facilities and to minimize the risk if adverse incidents careful consideration needs to be given to the selection of a robust, evidence based and carefully monitored system of establishing staffing numbers and skill-mix to match nursing care to patient needs in Ireland. Recent reports into adverse incidents in hospitals highlight the importance of appropriate matching of nursing skills to patient needs. The Leas Cross report states that “The staffing and qualification as documented at Leas Cross were clearly deficient in terms of specialist expertise, nursing numbers and nursing infrastructure. This is perhaps the single most grievous area of concern of practice within the nursing home and it is not unreasonable to infer that many of the other problems arise from this fact” (Leas Cross Commission, 2009, p.25, 26). The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) highlighted that reduced skill mix implemented on the basis of reducing costs contributed significantly to a decline in
standards which was found to be associated with inadequate staffing levels and skills and a lack of effective leadership and support. Specifically they noted that decisions to reduce staff numbers and dilute the skill mix were completed without a thorough assessment of risk to patients.

- The calculation of staffing in long-term care includes the calculation of skill mix. Skill mix in long-term care describes the types and grades of staff required to meet residents’ needs, at the appropriate times of the day, week and year. Appropriate skill mix seeks to provide a quality, efficient and effective service within optimum costs. In light of recent research by the Nursing and Midwifery Council in the UK which noted that the deployment of health care assistants is often dependent on workforce cost constraints rather than on qualifications and experience and needs to be considered in the context of ease of mobility between organisations, the lack of a regulatory framework, the lack of minimum standards of training or competence, and the absence of consistency in what they do or are expected to do (Nursing and Midwifery Council, 2010). Integral to skill mix is the establishment of role clarity. The IADNAM considers that all healthcare assistants should have completed a FETAC level 5 programme for health care assistants.

- There are five main methods of calculating staffing and skill mix in nursing. These are:
  1. Professional judgment (Telford) method,
  2. Nurse per occupied bed (NPOB),
  3. The acuity-quality method,
  4. Timed task/activity method and
  5. The regression analysis method.

Each method should include a time out addition to account for annual leave, maternity leave, study leave, sick leave etc. This is recommended as 20 percent (Hurst, 2002). Recent commentaries (Royal College of Nursing, 2010, Leas Cross Commission, 2009) recommend using an acuity-quality method to determine staffing requirements as this allows an assessment of each resident’s dependency. Staffing numbers can be then calculated and skill mix is mapped to the grade or level of staff who can most appropriately meet these needs within his/her defined scope of practice. The correlation of two methods of calculating staffing and skill mix is advocated to increase validity and reliability of the long-term units’ requirements (Hurst, 2002).

- The Regulation and Quality Improvement Authority (RIQA) guidance on staffing in nursing homes (2009) are referred to in the HSE Service Plan (2013a). The RQIA guidelines are based on the use of:
  1. a ratio of staff to patients per shift, and suggest a minimum ratio of 35 percent registered nurse to 65 percent health care assistant staff and
  2. the supplemental use of a specific resident dependency tool for measuring the dependency of residents to determine staffing levels.

This dependency measurement tool has a specific focus on undertaking physical care tasks (Rhys Hearn, 1974). It would be important that this tool would be validated in the context of HIQA Standards in relation to documentation, risk assessment and a requirement to meet the psychological, social, spiritual as well as the physical needs of
residents in the context of holistic care and dependency levels of residents (HIQA Standards 11, 12, 13, 14, 16, 17, 18 and 19, HIQA, 2009).

Conclusion

Assessment of requirements for staffing and skill mix ratio is of paramount importance in residential units for older people and particularly in view of limited finances available to deliver services. There is an abundance of literature which points to improved care outcomes with an appropriately qualified staff complement in long-term care. This means establishing and deploying staffing and skill mix so that optimum use is made of human resources to deliver quality care. In this regard, there should be a clear relationship between resident dependency and required staffing levels to comprehensively meet resident’s needs.

It should also be noted that minimum standards are prescribed to meet ‘basic safe care’ (RCN 2012) and good quality care demands a higher threshold of staffing and skill mix. In Ireland, there is limited home grown research in this area. There is concern over universally adapting RIQA’s (2009) skill mix and staffing ratios without the use of an accompanying acuity quality tool. There could be potential increased mortality and morbidity rates, increased acute hospital admission rates, negative effect on resident quality and safety care needs, reduced staff morale and increased burnout. Ultimately, there is a concern that it is the resident’s and their family members whose quality of life and experience could be compromised.

Recommendations

The Directors of Nursing in Older Person Services are legally recognised as the ‘persons in charge’ in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 with stated overall responsibility and accountability for care within residential settings.

- The IADNAM therefore request active engagement with HSE Senior Managers and Department of Health policy makers to identify a systematic and consistent nursing workforce planning approach that employs standardised assessment tools to take account of resident care dependency levels, acuity, quality, skill mix, clinical issues, staffing levels and fiscal constraints for residential settings.

- Our members will work in partnership at regional and national level with senior management and other clinical experts in this field to establish a system of measuring nursing quality in residential units as we believe it is crucial to ensure quality and safety care outcomes for residents in long term care and to reduce clinical risk.

- The IADNAM also request representation on the Monitoring Group for Residential Care Services for Older People and other strategic groups relating to older persons services.

“The time has gone when the care of the elderly can be comfortably regarded as the backwater of medicine. It is an area that requires a status in accordance with its proper social importance. Nursing of the elderly in particular needs to be recognised for its high value to the patients and the distinct skill set required to lead its provision”.

References


Canadian Health Services Research Foundation (CHSRF) Staffing for Safety: A synthesis of evidence on nurse staffing and patient safety, CHSRF Ottawa


