Staffing: A Perspective of the Chief Nursing Officer with the Saskatchewan Ministry of Health

Introduction

The Staff Mix Decision-making Framework for Quality Nursing Care is the second document that provides a framework to guide decisions determining the mix of different categories of health care personnel (e.g. nurses and unregulated care providers) for the provision of direct client care. This Framework has been well received by many nurse managers as it does assist them to make staff mix and patient assignment decisions.

This framework is not intended to articulate the “how” of decision-making concerning staff mix and patient assignment. It provides principles and evidence to inform the process. The actual process of determining a staff mix and plan for patient assignment that factor in patient need, staff competency and staff availability is left to the manager to determine.

Evidence

The Canadian Nurses Association convened the Staff Mix: Regulated Nurses and Unregulated Care Providers Working Group in February 2010 to review and update the Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions (2005). Information was gathered through a literature review, extensive consultation and the results of a pan-Canadian Delphi survey to achieve consensus on principles to guide staff mix.

Analysis

The Framework provides support to guide the decision making process on determining staff mix through the four phases of assessment, planning, implementation and evaluation. Five guiding principles (taken from ten principles of nursing care delivery) are provided to guide the application of the framework. It can be argued that determination of staff competency and the utilization of that knowledge to determine staff mix is one of the key guiding principles and should be included.

Organizational readiness and support for change must be factored in. Work to determine staff mix takes time and energy away from other duties. The organization must be in agreement with release for the time, participation in the work, implementation of the outcomes from this work and formal evaluation that points the way forward. The organization must also be cognizant of the costs involved and obtain a budget for this work. Determination of a staff mix that does not factor in ability to use all nursing staff to their full scope of practice (top of license) as well as in depth understanding of common patient need, with matching to staff competency and availability will be unlikely to receive implementation support.

Many nurses do not understand what full scope of practice means. In addition, nurses may not be knowledgeable about their legislated scope of practice and employed scope of practice. In order
to utilize all nurses to their full scope, education and work to implement a working environment that supports full scope practice must be accomplished prior to designing a new staff mix.

The involvement of the client/patient is centric to all work around staff mix determination. Patients and families need to be involved in any process that leads to decisions about their health care delivery. Nurses and managers utilizing this Framework need to give consideration to how to involve patients and families in this work. It will be necessary to chose and use a tool to determine client acuity, complexity, predictability, stability, and dependency. Time is required to chose a tool, involve patients and families, educate staff on using the tool, apply the tool and evaluate the outcomes. The other key factor is getting agreement from the nurses and their union to assess nurse competency and finding a tool that is suitable to this determination and to the nurse.

Conclusion

_Staff Mix: Decision Making Framework for Quality Nursing Care_ provides reasonable guidance on important factors to consider when making decisions on staff mix. I suggest that there are three important considerations that although mentioned in the document, do not stand out as important. These are involvement of patients and families, determination of organizational readiness and involvement/collaboration with nurses’ unions particularly around questions of competency assessment. Disregard of any of these considerations will lead to determinations that are not sustainable.

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