

# Informing Health Human Resource Planning for Nursing

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Canadian Nursing Informatics Association Conference

September 2005

# Agenda

- Health outcomes for clinical databases
- Health human resource planning needs
- College of Nurses datasets
- Linking databases – unique identifier
- Discussion

# **Health Outcomes for Databases**

*Peggy White*

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*Health Outcomes for Better Information and Care*

*Ministry of Health and Long-Term Care*

# Background

## **Nursing Task Force (March, 1999)**

Recommended an improved method for funding nursing services

- responsive to the needs of the healthcare consumer
- based on performance standards which provide high quality outcomes
- based on health information systems that include data on nursing workload and productivity

## **Nursing and Health Outcomes Project (Sept. 1999)**

- established to respond to recommendations

# Process for Selecting Health Outcomes

- Expert Panel
- Review of literature
- Consultations with nursing stakeholders
- Health Outcomes - concept definition, valid and reliable measure and empirical evidence linking the outcome to some aspect of nursing (indicator/intervention)

# Health Outcomes Measures

**Functional Status**

**Therapeutic Self-care**

**Symptom Management** - pain, nausea, fatigue, dyspnea

**Safety outcomes**- Falls prevention, skin integrity

**Patient Satisfaction with Nursing Care**

# Pilot Projects - Health Outcomes

- Acute care, long-term care, complex continuing care and home care
- Nurses trained on standardized assessments -admission, quarterly and discharge
- Quantitative, qualitative, longitudinal
- Assess the feasibility, utility, quality, costs associated with collection of health outcomes

## What we have learned

- Able to collect high quality, reliable data
- Standardized format can be used to collect data in different sectors - **abstract onto databases**
- Data has utility to clinicians, administrators, researchers and policymakers
- Nurses utilized outcomes information to plan for and evaluate care - **data quality**



# Next Steps

- Preparation for data collection - acute care, complex continuing care, long-term care and home care
- Reorientation of nurses to '**outcomes focused**' care - development and implementation of an educational strategy for existing and future nurses
- Expert panel - identify health outcomes for mental health, rehabilitation, primary health care and public health
- Expansion to other disciplines: physiotherapy, occupational therapy, pharmacy

# Indicators of Nurse Staffing and Quality Nursing Work Environments

- Literature review
- Consultations with stakeholders
- Feasibility study currently underway

# Nurse Staffing

- Proportion of RNs/RPNs
- Nursing hours per patient day (HPPD)
- Ratio of RNs/patients
- # of FTEs
- % of FT/PT/C
- Staff Mix
- Education/Experience
- Use of overtime hours
- Use of agency staff
- Absenteeism
- Unresolved grievances

# Nursing Work Environment

- Professional development opportunities
- Team functioning
- Organizational culture and climate
- Autonomy and decision-making
- Unit manager span of control
- Scope of nursing leadership
- Workload/productivity

# Ultimately - What we want to Know

- Factors and combination of factors that make a difference in achieving improved health outcomes:
  - team culture
  - education
  - staff mix
  - manager span of control
  - workload
- Best practices:
  - managing patient pain
  - preparing patients for discharge
  - assisting patients to achieve/maintain function

# How we will use this Information

- Compare information related to health outcomes across health settings
- Administrators, policy makers and researchers - understand the impact of the nursing (and other disciplines) on patient care
- Facilitate better care and enhance accountability within the health care system
- Advance aspects of ministry's transformation agenda (e.g., planning for integrated services, patient safety, public reporting)
- Information for health human resource planning

# **Nursing Data to Support Policy and Decision Making**

***Sue Matthews***

***Provincial Chief Nursing Officer***

***September 16, 2005***

# Role of the Provincial Chief Nursing Officer

- **Role**

- **Advising on health & public policy from a nursing perspective**
- **Providing leadership and fostering collaboration**
- **Supporting implementation and monitoring of the provincial strategy for nurses**
- **Initiating and supporting strategies to strengthen the nursing profession**



# Mission and Vision of the Nursing Secretariat

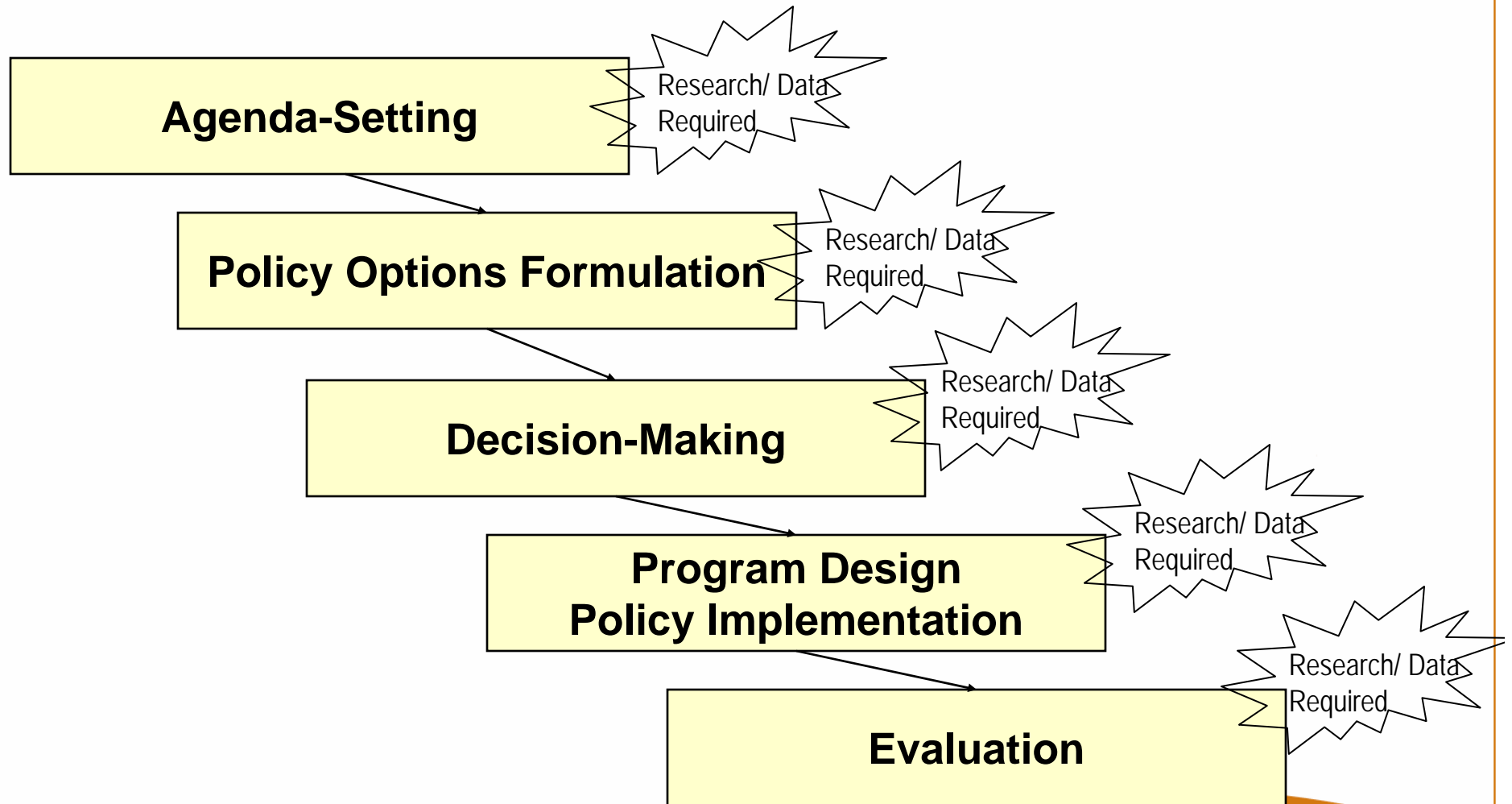
- **Mission**

- **To provide leadership in the development, implementation and evaluation of nursing policies, research, and programs, and strategic advice on emerging nursing and health system issues and trends**

- **Vision:**

- **Ontario's nurses will be leaders in Ontario's health system through:**
  - Making nursing a profession of choice
  - Having the best, most current knowledge
  - Creating effective and supportive professional environments
  - Applying full scope of practice in all health care sectors

# Where Data Fits in the Policy Process



# Where Data Fits in the HHR Planning Process

- MOHLTC makes HHR decisions using different types of data:
  - Throughput vs Output/Outcome Data
    - How many nurses do we have? How old are they and where are they? (Throughput)
    - How do nursing outcomes impact patient outcomes? (Output)
  - Operational Planning vs Strategic Long Term Planning
    - Organizational level planning for retirements (Operational Planning)
    - Sector level planning and impacts of funding and accountability mechanisms on HHR planning (Operational Planning)
    - Provincial level planning for retirements, aging population and migration/immigration trends (Strategic Long Term Planning)
    - Population health trends and HHR projections.

# Types of Data Required by the Secretariat

- MOHLTC and the Secretariat uses a broad range of data and data sources for a variety of purposes including:
  - Understanding demographic trends and changes for HHR planning;
  - Understanding key issues and drivers in different health sectors
  - Developing solutions to key issues that face the workforce;
  - Developing research questions that anticipate future needs or pressures;
  - Responding to political questions;
  - Tracking the success of current initiatives and making adjustments to investments as needed to meet key objectives.

## Data that is Currently Available

- Demographic data:
  - Age, distribution, geographic location;
- Sector specific data:
  - Hospital MIS information – payroll data, regular quarterly reports
  - LTC, Home Care, Public Health – Ad Hoc survey data only
  - Primary Health Care – No data except for Ministry funded positions (FHT)
- Nursing Health Outcome data

# Data Gaps

- Further data is needed to address gaps in information for planning and policy development:
  - Further outcomes data;
  - Sector specific information;
  - Further recruitment and retention information;
  - Evaluation of past and current initiatives and investments in nursing;
  - Role specific information;
  - Employer specific data.