NICE guidelines on safe staffing

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To cover

- NICE’s role and approach to the guidance development process, and what guidance on safe staffing is to come

- The guidance on safe staffing of adult wards in acute and what it means to put it into practice
Challenges of nurse staffing

- Increased nursing care requirement
  - Elderly population
  - Long-term conditions
  - Multiple co-morbidities
  - Complex treatments
  - Patient turnover
  - Length of Hospital Stays

Increased Nursing care requirement
Process overview

Key stages of guideline development:

• Independent Safe Staffing Advisory Committee
• Evidence reviews
• Economic modelling
• Consultation and testing

Endorsement of tools:

• Separate process
Safe staffing guidance for the following settings

- adult inpatient wards in acute hospitals – July 2014
- maternity settings – February 2015
- accident and emergency settings – May 2015
- acute in-patient paediatric and neonatal wards
- mental health in-patient settings
- learning disabilities in-patient setting
- mental health community setting
- learning disabilities in the community
- community nursing care settings
What the NICE guideline on safe staffing on adult inpatient wards in acute hospitals will do for you

**Board procedures**

- Approaches for registered nurses to determine their ward’s nursing staff requirements
- Lists ‘red flag events’ which indicate an immediate need for additional staff

**A practical guide for senior nurses to set ward nursing staff establishments**

- Methods for nursing managers/matrons to monitor and evaluate that wards are adequately staffed for patients’ needs
General approach

Organisational & managerial factors

Staff factors

Patient factors

Environment factors

Ward/unit staffing requirement

Safe nursing indicators

‘Red flags’
Key messages in the guideline

• Staffing levels relate to patient needs
• Registered nurses and skill mix
• Role of red flags
• No single minimum number
• Monitoring and flexibility is important
Activity relates to patient needs

Ongoing requirements:

- **Routine**, eg simple conditions, minimal assistance required
- **Additional needs** (20-30mins per activity), eg iv medication
- **Significant care needs** (>30 mins per activity), eg parenteral nutrition
- **1 to 1 care**, eg constant monitoring
Safe nursing indicators

- **Patient reported:**
  - Meeting patients’ nursing care needs
  - Provided pain relief
  - Communication with nursing team

- **Safety outcomes:**
  - Falls
  - Hospital acquired pressure ulcers
  - Medication errors

- **Staff reported:**
  - Missed breaks
  - Nursing overtime

- **Nursing staff establishment:**
  - Planned, required and available staff
  - Temporary or agency staff
The ratio question

• The guideline states: “there is evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during a day shift.”

• An ‘amber flag’ to trigger increased surveillance to ensure patient needs are being met, to confirm if more staff are required.
‘Red flag’ alerts

Enable ward staff to indicate an immediate need for additional staff, e.g.

- Any unplanned omission or delay in providing patient medication
- Any patient vital signs not assessed as ordered
- ‘intentional rounding’ not completed as ordered
- Less than 2 registered nurses present
Safety outcomes and nursing care

Which are linked?

- Pressure ulcers?
- Falls?
- Healthcare associated infection?
- Medication administration error?
- Venous thromboembolism?
- Deterioration not recognised?
- Failed discharge?
- Diagnostic error?

Few if any safety outcomes relate primarily to nursing care, but few if any safety outcomes are not at least partly influenced by nursing care.
Falls: what the evidence shows

• The following variables increase fall rate:
  – Medical wards
  – Larger wards
  – Bays
  – Patient turnover

• The following variables decrease fall rate:
  – Higher proportions of RNs
Skill mix and falls

Falls per 1000 adjusted bed days

HCA proportion of all staff

- less than 10%
- 10 to 20%
- 20 to 30%
- 30 to 40%
- more than 40%
Skill mix recommendations

• Registered nurses remain accountable for the overall care

• RNs can consider delegation to HCAs taking into account:
  – HCAs’ level of knowledge skill and competence
  – Need for RNs to provide supervision and support
  – That a higher proportion of RNs is associated with improved patient outcomes
Assessing the impact

- How many registered nurses (FTE) are currently employed in adult inpatient wards in acute hospitals?
- How is this figure likely to change in the future?
- What is the cost impact?
- What are the potential benefits – costs and savings - of the guidance?
“I think it’s user-friendly, I think it encompasses what nursing care is about because it breaks down activities of daily living and includes the extra things we do on the ward”
Senior Sister

“None of it told us anything new which was the disappointing part”
Senior Nurse

“It was really good to look at all the evidence and research in one place and for that to have been done for us; so yes that was really valuable and to have some dialogue around that …really useful”
Matron

“I think that it’s a very important document NICE has given out from a nursing point of view”
Registered Nurse
WHAT IT MEANS IN PRACTICE

Your organisation
Tools
A practical example
Are you aiming to improve the quality of healthcare?

Identify the best available evidence-based guidance

Check whether services are currently in line with best practice

Develop an initial plan to overcome any barriers to change

Check if the plan can be delivered within existing resources

Finalise the action plan and implement

Evaluate ongoing success through systematic measurement

Ensure organisational structures and processes are in place

- Board level leadership
- Day-to-day operational lead for quality
- Multi-disciplinary forum for strategic decisions
- Nominated lead for each new development
- System in place for ongoing monitoring and reporting to the board
Endorsing published tools

- Assess whether decision support toolkits are in line with NICE recommendations
- Focus on content of the tool
- Field-testing assessment for topic 1 to compare the guideline and the SNCT tool
- Future process will involve external expert opinion and internal assessment against agreed criteria
- Open application process
Safer Nursing Care Tool

- The SNCT is consistent with the NICE guideline recommendations on setting establishments in acute hospitals
- The toolkit should be used in conjunction with the NICE guideline
- The guideline also provides advice on how to determine nursing requirements on a shift-by-shift basis at ward level and organisation-wide advice on how to support and monitor staffing levels
A practical example

St George's Healthcare NHS Trust

- Aims to ensure staffing levels are sufficient to maintain safety and provide quality care
- Has a systematic process for assessing staffing levels in clinical areas, including having an audit trail and an ability to analyse data to identify themes.
Implementation at St George’s

- Clinical areas do a daily safe staffing assessment - will move to a submission for each shift
- The system is accessed through tablet or desktop computer. The person in charge answers 4 questions about the shift
  - How many:
    - registered staff are present?
    - registered bank and agency staff are present?
    - unregistered staff are present?
    - unregistered bank and agency staff are present?
- The nurse in charge is prompted to answer whether staffing levels are: Safe, a Concern or an Alert.
Defining safe, concern and alert

A safe rating may mean:
- Staffing numbers and skill mix are as on the electronic rota
- Ward assessed as being safely staffed by the nurse in charge in terms of workload, patient dependency and patient acuity
- Staffing numbers and skill mix differ from the rota, but reasonable given current workload

A concern means:
- Likelihood that important tasks cannot be completed such as observations, assisting with nutrition and hydration, pressure area care, or drug administration - red flag events in the NICE guidance

An alert means:
- Staffing numbers and skill mix inadequate to cope with current needs
Learning points

• Crucial to involve senior nursing leaders at all levels to agree staffing levels and a safe staffing escalation process
• Education of all grades at ward level ensured the audit was completed
• Daily and monthly reporting assisted compliance as well as reducing the number of inappropriate alerts
• Email alert system aimed at the most senior nurses improved the reporting process and assigned responsibility for compliance to those individuals
• Daily validation of all alerts by the patient safety officer

The regular assessment is a key 'pulse check' based on professional judgement and requires experience and training.
Summary

- First NICE guideline is safe staffing in adult wards
- Challenges relate to lack of evidence and data
- Associated costs and savings
- Implementation requires support from senior staff, and active engagement at all levels

Aim is to ensure safe care for patients