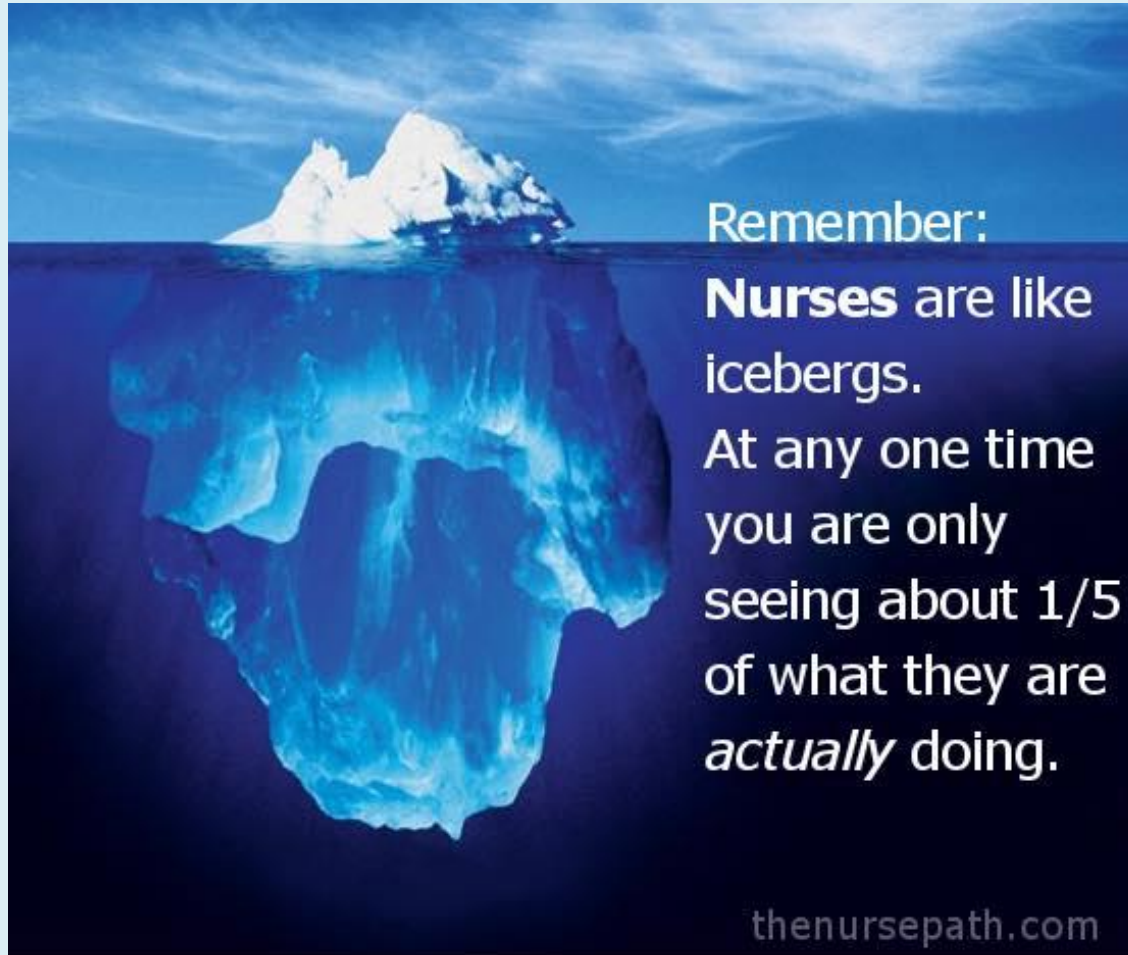


Workforce modelling research- Where next for the community workforce?

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The challenges of Workforce modelling research



Remember:
Nurses are like
icebergs.
At any one time
you are only
seeing about 1/5
of what they are
actually doing.

thenursepath.com

False assumptions in nursing

- Nursing is linear-Nursing is a series of primarily physical tasks that occupy time
- Nursing is the application of a task based skillset with little decision making
- Nursing can be measured i.e. time and motion type of activity.
- Service industry.
- Caseload same as Workload
- All work is completed in time allocated
- Invisibility in policy outside USA

Why is workforce hard to model?

Poorly
defined
input/output

Plastic
Workforce


Complex
non
linear
work

Demand
is never
modelled

Reluctance to
articulate
contribution
Claim
attribution
&
misperceptions
of nursing

The virtue script dominates





Over

100
things

Every

**Case
Manager**

Must Know

Wisdom from over one-hundred nurses
with decades of case management experience.



MEDICAL STAFFING
NETWORK
CARE MANAGEMENT

**Unrecognized as a
safety critical
profession**



The big difference!



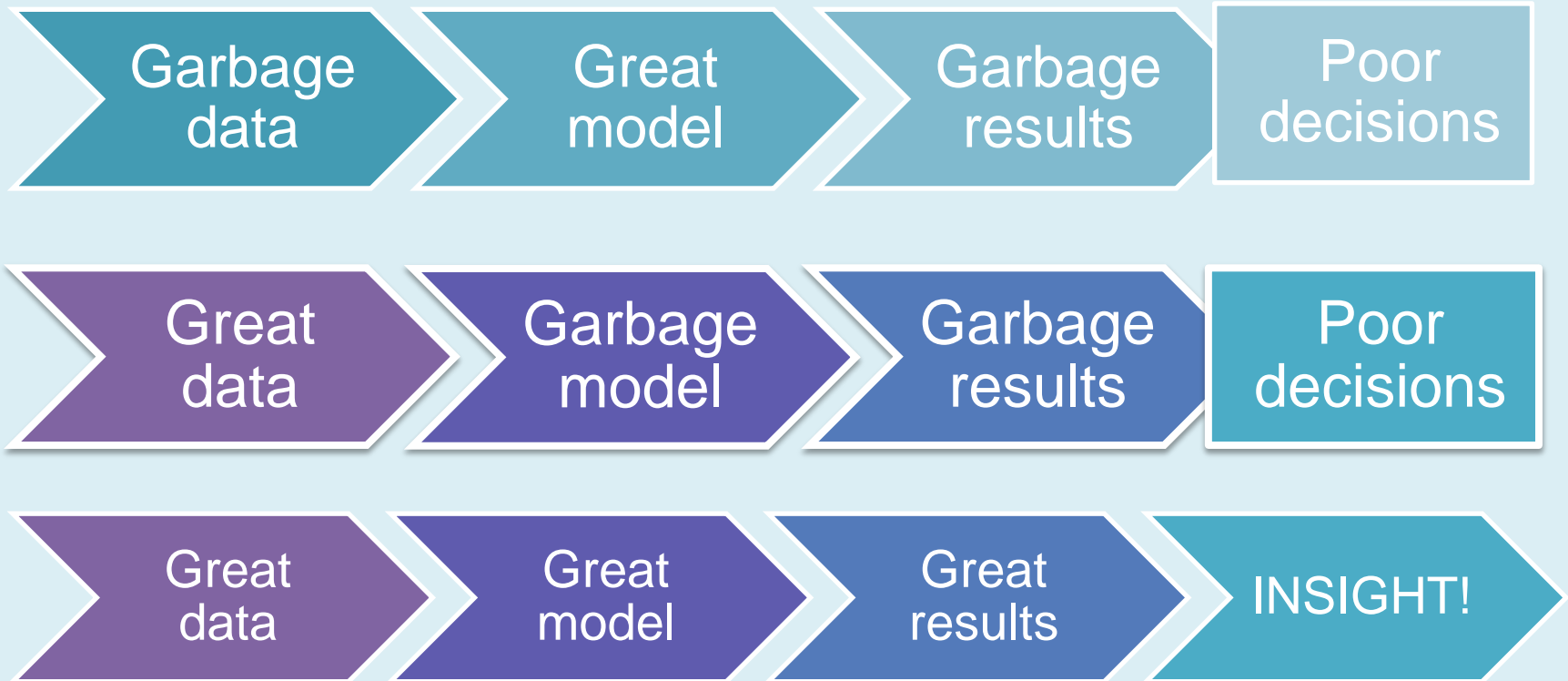
Understanding the problem

“Demand” is going up

Global RN workforce shortage

Issue on perceived value & task
based roles on rise

Informatics systems contribute to issues



A possible approach

Can we capture the complexity of community nursing in order to model a workforce?

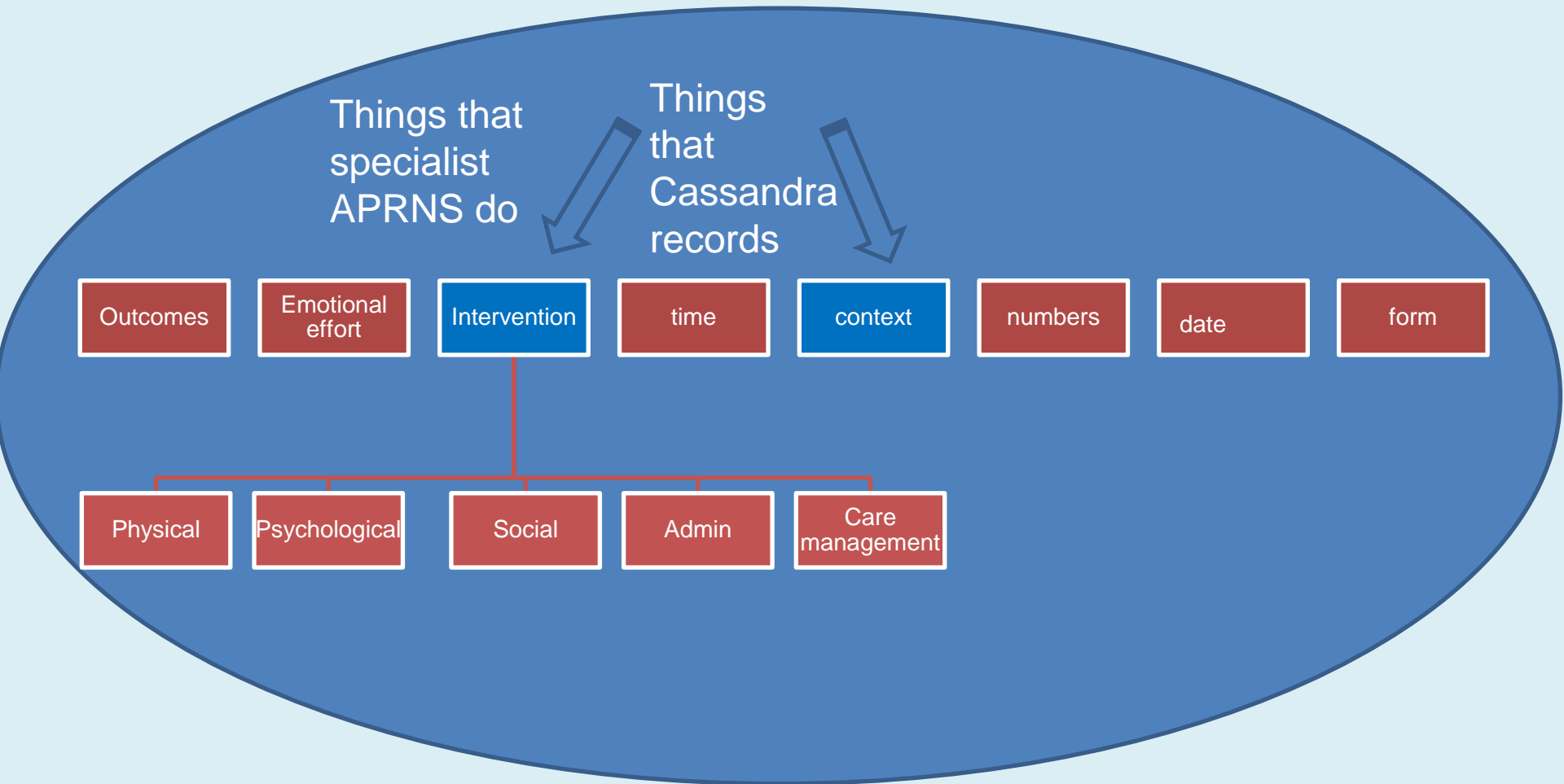
Modelling is about building a representative “whole system” rather than trying to measure bits



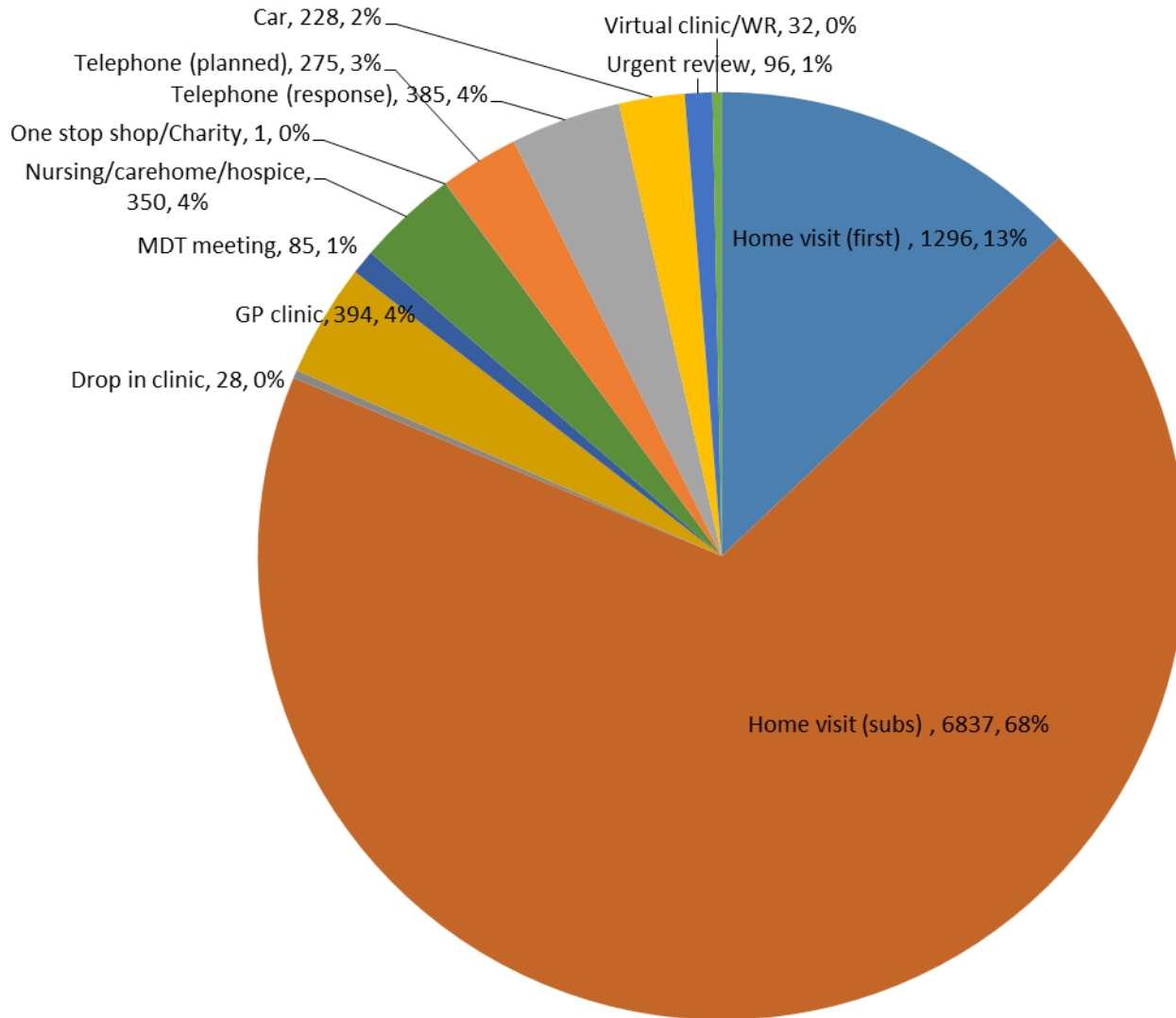
Can modelling help?

- Model a complex system
- Relies on understanding relationships not just tasks that occupy time
- This includes modelling “negative space” ie work left undone
- Is more sensitive than averages
- Can be used to construct optimum caseload “blackbox”
- Is iterative, takes longer and requires large amounts of data to look for patterns

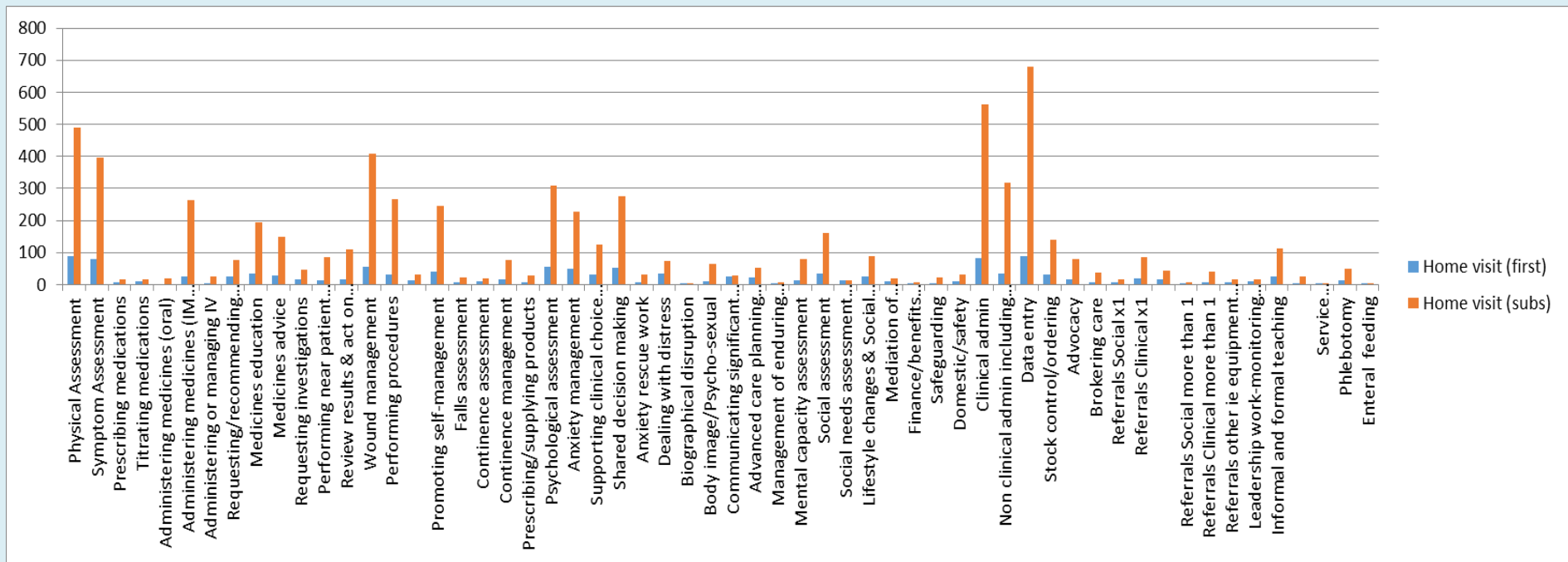
Activity of specialist APRNs



Where care is delivered (n 7629)



Spread across the intervention spectrum (2x context)



What still needs to change?

Showing up here

Efficient Use of Supplies						
Task	Supplies	Cost/unit supplies	Units/task for Infusion Nurse	Cost of task for Infusion Nurse	Units/task for Non-Infusion Nurse	Cost of task for Non-Infusion
Start (PIV)	start kit, catheter	\$5.00	1	\$5.00	3	\$15.00
Pre-op Start	start kit, catheter, infusate, administration set	\$20.00	1	\$20.00	3	\$60.00
Restart	start kit, catheter, dressings	\$6.00	1	\$6.00	3	\$18.00
Dressing chg., PIV	TSM, gloves, antiseptic agent	\$5.00	1	\$5.00	3	\$15.00
DIC PIV	gloves, occlusive dressing, tape	\$5.00	1	\$5.00	2	\$10.00
Culture Site	sterile gloves, culture tube, collection container, requisition and labels, antiseptic agent	\$10.00	1	\$10.00	2	\$20.00
Bld. Draw, periph.	gloves, culture tube, collection container, requisition, venipuncture set, start kit	\$15.00	1	\$15.00	3	\$45.00
Bld. Draw, VAD	gloves, culture tube, collection container, requisition, syringes x3, antiseptic agents, mask, flushing solutions (0.9% sodium chloride, 20 mls, heparin 10 units/ml, 5 ml container) stopcock, sterile injection port/cap	\$35.00	1	\$35.00	3	\$105.00
DIC CVAD	sterile dressing tray (CVAD), sterile gloves	\$65.00	1	\$65.00	2	\$130.00
PICC insert.	insertion tray, PICC, x-ray confirmation	\$200.00	1	\$200.00	0	\$0.00
Transfusion, platelets	components, administration set, infusate (0.9% sodium chloride infusate), filter, EID	\$500.00	1	\$500.00	2	\$1,000.00
TOTAL		\$866.00	11	\$866.00	26	\$1,418.00

But not here


 Department of Health
 

Transforming Primary Care

Safe, proactive, personalised care for those who need it most



April 2014

***Is it time to change the way
we think about the
community workforce?***

Thank you

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