

District Hospitals Safe Staffing Working Group

The Australian Nursing and Midwifery Federation, Tasmanian Branch (ANMF) has completed its consultation with members following joint site meetings held with the Tasmanian Health Service regarding the proposed District Hospital Safe Staffing; Patient Care Model. Please note that consultation at Midlands Multipurpose Centre and New Norfolk Hospital is to be scheduled shortly.

At sites where consultation has concluded ANMF has taken feedback from members and will write to THS detailing the following items to be placed on the agenda for discussion and action at the next working group meeting scheduled for 18 December 2018;

1. *A review of the HCA support model to have activation points at 11, 12, 13 and 14 beds.*
2. *The use of graduate nurses within the model needs to be reviewed. There is the real potential for a skill mix imbalance for those sites with outpatient presentations and ED beds. For example, a graduate RN with limited experience is likely to be left responsible for ward patients while the senior RN deals with outpatient/ED presentations. Under this model primary health sites will be working at a 1:1 skill mix when working with a graduate nurse. This is compared to acute wards under the NHPd model whereby the skill mix ratio can be 1:2 out to 1:5 and often supported by a ward CNE. ANMF suggests that a weighting is given to graduate FTE within the model.*
3. *What is the assumption for CNE support? Is access to CNE's equitable across the state? Equitable access to CNE needs to be dealt with via the business rules.*
4. *Base line indicators, acuity, categories of care and resident profile data used to develop the model need to be clear and detailed as a part of the business rules to ensure annual variations are captured along with consistency of data collection.*
5. *Flinders Island remoteness should determine the adoption of the 3:3:2 proposal if the proposed model is to be utilised.*
6. *The requirement for data collection regarding the length of time an RN spends in the ED attending to ED presentations. This should be presented as hours per shift, AM, PM and ND.*
7. *The requirement for retrieval wait time data for each site. It has been reported to ANMF that some sites wait considerable time for a transfer out as their local ambulance is ramped at the LGH.*
8. *Consideration of on call to manage surges in patient activity.*
9. *Thresholds for introduction of extra RN/EN's verses reliance on the HCA model when acuity increases.*
10. *Grandfathering of existing staffing at sites where the proposed model demonstrates a decrease in FTE*
11. *Confirmation regarding details of current FTE as reported. Is this inclusive or exclusive of FTE for antenatal clinics?*

Once consultation has been scheduled and completed across southern sites ANMF will further write to THS with any additional concerns that may arise. In the interim if you have any queries, please do not hesitate to contact the ANMF Member Support Team on 6223 6777 or 1800 001 241 (outside Hobart area) or email MemberSupport@anmftas.org.au

Authorised by Emily Shepherd (Branch Secretary)
30 November 2018