Independent Review of the Nursing Hours per Patient Day Workload Management Model

COMMUNIQUE #1
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Commencing in December 2021, the consultation phase of the Independent Review of the Nursing Hours per Patient Day (NHpPD) Workload Management Model in WA is now almost complete. I am pleased to say that a great deal of feedback has been received from over 100 nurses, midwives, nurse managers and executive leaders through a variety of forums, one-on-one consultations and submissions along with 1300 responses via an ANF survey. It has been a privilege to have so many nurses and midwives contribute to something so important and it is obvious there is strong engagement with developing an improved workload management system into the future.

My work is underpinned by previous work conducted by the WA Department of Health and the review by Dr James Buchan with recommendations forming the Terms of Reference (ToR) for this review:

- The Nursing Hours per Patient Day in Western Australia: stakeholder views and the evidence base 2019
- The Western Australian Nursing and Midwifery Workload Models Project Final Project Report August 2020

Listening to the feedback, it is clear there is need for substantial change to the current NHpPD workload management model which has been used within the state over 20 years. Whilst I am mindful of not pre-empting the final outcome of the review, indicatively, these changes could include, but not be limited to, improving the acceptance of the NHpPD model, increasing the transparency and consistency in application and improving the monitoring and simplifying the classification – all relevant to the ToR.

Nurses, midwives, nurse managers and executive leaders have been very open with discussing the current challenges and I am heartened with the detailed nature of their feedback. This feedback has provided me substantial data to inform my final recommendations. Some examples of what I am hearing relate to:

- The level of activity in health services;
- The level of staff fatigued and anxiety caused by clinical workload;
- The overall number of nurses and midwives on each shift;
- Overall nursing and midwife skill mix;
- How non-direct care hours are captured and reported in the current model;
- Occupied patient bed days and the potential to have a more responsive approach to recording the midnight census;
- A ‘disconnect’ between the nurse staffing model and the budget allocation;
- The complexity of the clinical policy frameworks/governance;
- How ‘user-friendly’ the technology is;

- How extensive the staff development support/specialty training was, particularly during induction – support was often used as 'hand-on' clinical care;
- The role of support/ancillary staff (e.g. Assistants in Nursing); *and*
- The specific nuances in midwifery, rural settings, mental health, EDs and specialist units.

I am currently finalising a systematic review of literature regarding Nursing and Midwifery workload models (post James Buchan's work) along with shared learnings of models currently implemented across Australia and internationally. It is proving very interesting examining some of these current working models, with it potentially giving us some rich evidence/practical learnings from which we may be able to adopt specific aspects.

I thank you all for your continued input and support. I am mindful that an independent review of nursing and midwifery workload management during a period of nurse staffing shortages and other stressors such as COVID has had its challenges. However, recognising and managing these drivers will be important to ensure a positive way forward.

My findings and recommendations will be released later this year.

Sincerely

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