



# Workforce Strategies

Nonie Rickard  
Assistant Director of Nursing – Enhanced Scope of  
Practice

# Australia's Challenges

# Terrorism



Global warming





**Where is our workforce coming from?**

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# The challenge

- Not enough people to do the work.
- Predictions in 2020 - 2030

# Workforce predictions

By 2011 Victoria requires an additional:

5000 EFT Division 1 RNs

1969 EFT Division 2 RNs

Which equates to 9000 nurses in total

Need for a multi-pronged workforce strategy

# Workforce planning

Workforce planning is about achieving sustained organisational performance and accountability through the development of a capable workforce.

(APSC 2006)

# Austin Vision

That Austin Health has a sustainable nursing workforce to provide optimum patient care, now and in the future.

This strategy recognises the importance of Division 2 nurses as an essential component of the nursing team.

# Austin Health Nursing workforce

- Div 1 1072 EFT
- Div 2 172 EFT
  
- 15.95% of our current nursing workforce are Div 2 nurses

# Enhanced Scope of Practice

Enhancing the scope of practice of all nurses is one of many important strategies to achieve our vision . By this I mean increasing the skill base of all nurses to ensure patients receive optimum and timely care.

We are using this process to encourage nurses to re evaluate the care they provide and identify further skills that would enhance the care provided to patients.

# Starting Point

DHS funding to enhance scope of practice of Division 2 nurses.

Health Training package as the basis to write competencies to assist nurses receive RPL if needed.

Nurses Board of Victoria Decision Making Framework.

2 pilot areas for the project, Aged Care and Spinal.

Identification of 5 competencies to commence, development of specialist group for each competency.

# Process

Agree on process to enhance scope of practice

Agree on competence and development of generic competency tool

Process to conduct education and competency assessment in each area, identify experts and educators.

## Enhanced Scope of Practice Flow Chart

Identify the potential skills (enhanced scope of practice) that would add value to patient care.

Utilise NBV guidelines scope of nursing and midwifery practice to assist discussion including; professional standards, legislation and regulation, evidence for practice, individual knowledge & skill and competence and organisational support.

Discuss with all nurses in the area, to identify the impact upon patient care

Decision to proceed

Decision not to proceed

Discuss enhancing scope of practice with Deputy Director – Ambulatory and Nursing Services

Decision to proceed

Submit application form for discussion at Nursing Advisory Council (Appendix One)

Decision to proceed

Utilise Austin Health competency development template from Nursing Standards Committee. This includes: competency outline, education process, self-directed learning package and competency assessment tool. Identify key players with appropriate clinical expertise required to develop education processes and ward support.

Forward competency skills framework to Chairperson Enhanced Scope of Practice Committee for approval

Conduct delegation and supervision information sessions with Division 1 or 3 Nurses if deemed necessary

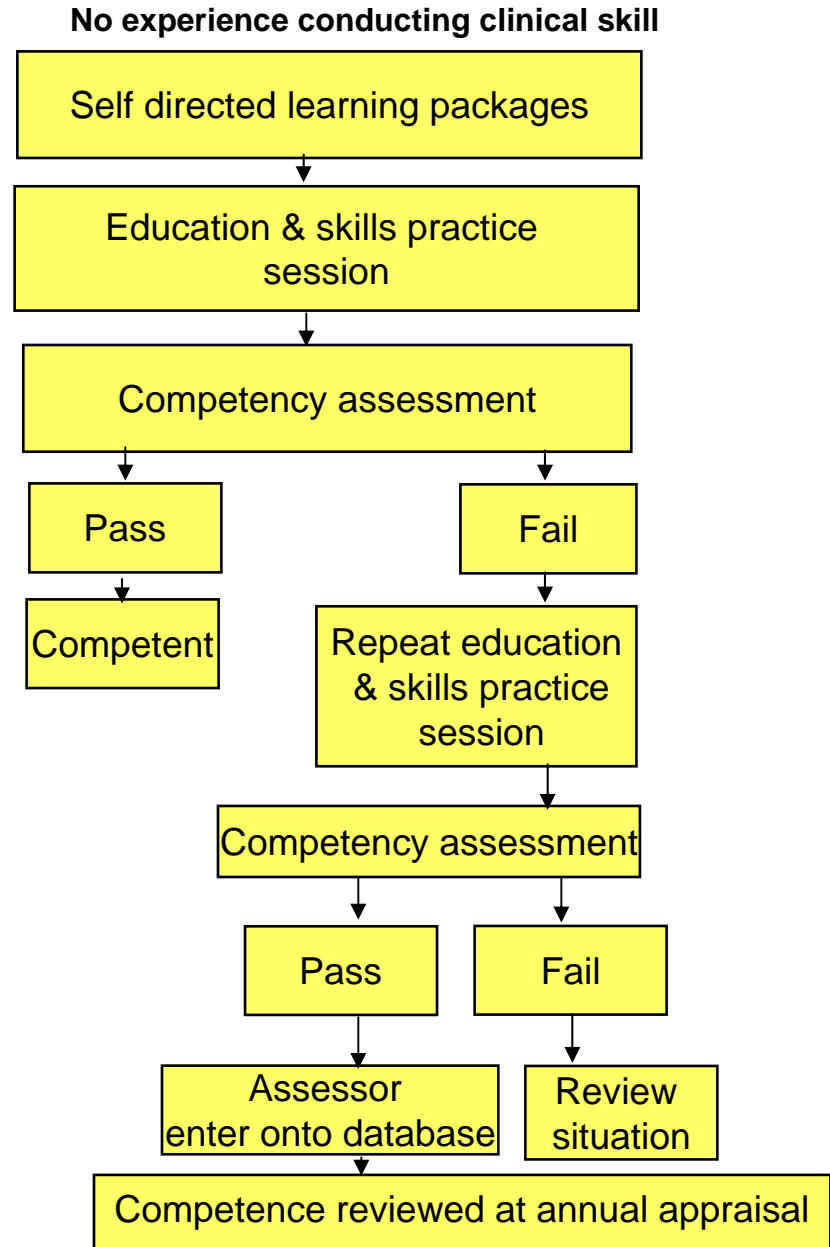
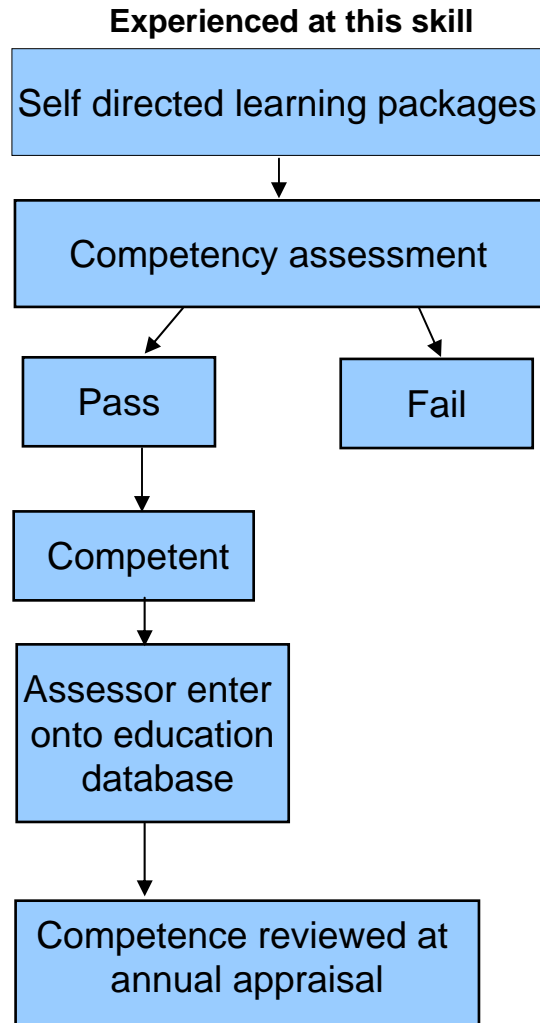
Commence education

Complete competency assessment

Commence enhanced scope of practice procedure / skill.

Do not continue with enhancing scope of practice procedure/skill.

# PATHWAY TO COMPETENCY



# Contingency Diagram

Identified the challenges of the process:

- RN Division One attitudes
- RN Division Two attitudes
- Key stakeholder involvement, including Nurse Educators, CNC's, NUM's & ANUM's
- Staffing Models
- Competency assessment
- Staff involvement
- Myths (list of duties, role of Div 1 giving medications)
- Sustainability

# Where are we at now

## Ongoing process

Clinical policy “Enhanced scope of practice for nurses”

Competency documentation to be available on clinical policy web site.

Catheter management completed in pilot areas, nasogastric commenced and tracheostomy, planned for next month

Medication endorsement 50 % of div 2 medication endorsed, has allowed more div2’s to be recruited in a wide range of areas.

Models of care to support Div 2 nurses.

# What we have found

- Medication endorsement evaluation

Div 2's reporting greater satisfaction, increased autonomy and more holistic care. Endorsed med div 2's reported greatest satisfaction.

Div 1's like to work with med Endorsed Div 2's

- Ward evaluation employed more Div 2 nurses

Team model is working well

Div 1's accepting of increasing number of Div 2's as work load has not increased

# Where to from here

Formal educational opportunities for Div 2 nurses.

Wards are reviewing required nursing skill mix.

Expand competencies, across the hospital for Div 1 & 2 nurses.

Engaging with industry partners.

