Welcome to
*Action in Healthcare* – optimising nursing

a conversation with the Chief Nursing and Midwifery Officer
Aims of this Forum

• To have crucial and breakthrough conversations on context, cultural barriers traditional and customary influences of our practice

• To explore what we can do collectively and individually to improve health care for consumers.
Overview of the day

1 - Welcome and Introduction
2 – The Context of Health Care: National Perspectives
3 - Nursing and Midwifery in Queensland
   Action in Health – Optimising Health Care
4 – Nursing Potential: Scope, competencies and framework for practice
5 – Critical and Crucial conversations
6 – What will be different – how will you optimise your practice?
The National Health and Hospital Reform Commission

- On 28 July 2009, the National Health and Hospitals Reform Commission released its Final Report.
- Three major goals:
  - Access and equity issues affecting health outcomes now;
  - Redesigning the health system to respond to emerging challenges and
  - Long term sustainability of a new health system.
Australian Health Reform

- More focus on patient centred care
- Strengthen engagement of clinicians, consumers and community at the local level
- Provide Networks flexibility to innovate and respond to local health priorities
- More transparent and accountable health system with increased local decision-making
- Increase efficiency and ensure sustainable growth
Five Whole of Queensland Government Values – *informing how we practice*

Customers first
Know your customers
Deliver what matters
Make decisions with empathy

Ideas into action
Challenge the norm and suggest solutions
Encourage and embrace new ideas
Work across boundaries

Unleash potential
Expect greatness
Lead and set clear expectations
Seek, provide and act on feedback

Be courageous
Own your actions, successes and mistakes
Take calculated risks
Act with transparency

Empower people
Lead, empower and trust
Play to everyone’s strengths
Develop yourself and those around you.
Known Challenges for the Health Sector

- Queensland population will increase by 1/3 to 6.1 million between 2011 and 2026 – *majority of growth focused in QLD South east corner*

- Of this 6.1 million 1.1 million will be over 65 years of age

- Queensland’s population is the most geographically dispersed state in Australia

- Demands of chronic disease management
Key Queensland Government Strategic Drivers for the Department of Health
DoH Strategic Plan 2012-2016

Strategic Demands

- Healthy Queenslanders
- Accessible services
- Safe services
- Value for money
- Governance and innovation
- Partnership & engagement

Commission of Audit 2013

Strategic Demands

- Improve living standards
- Increase productivity performance
- Meet population demands – ageing and chronic disease
- Deliver innovative health services – accessible and affordable
Contextualising Health

‘The wealth of our nations depends on the health of our populations, and the health of our populations depends on nursing.’

Judith Shamian
President
International Council of Nurses
Nursing services represent 61% of the QH clinical workforce and consumes 36%/$2.63 billion of total employee expenses.
Reform priorities for nursing

- Patient-centred
- Full scope of practice
- Safe, quality health services
- Evidenced-based care delivery
- Clinician engagement
- Integrated team management & leadership

- Education & professional development pathways
- Resource management
- Business models
- Health information technology
- Healthcare research
- Health policy & legislation
- Political astuteness
We have research and evidence that improves health services and consumer outcomes

A higher proportion of registered nurses in the mix of licensed care providers has been associated with **shorter length of stays** and **lower rates** of shock and cardiac arrest, urinary tract infections, pneumonia and respiratory failure among medical and surgical patients

(Kane, Shamliyan, Mueller, Duval & Wilt, 2007; Needleman, Buerhaus, Mattke, Stewart & Zelevinsky, 2002).

**In-patient deaths could be avoided** by increasing the hours of care provided by registered nurses

(Dall, Chen, Seifert, Maddox & Hogan, 2009; Kane et al., 2007; Needleman, Buerhaus, Stewart, Zelevinsky & Mattke, 2006; Estabrooks, Midodzi, Cummings, Ricker & Giovannetti, 2005; Person et al., 2004).

A higher proportion of professional nurses on medical-surgical units has been associated with **lower rates of medication errors** and wound infections (McGillis Hall, Doran & Pink, 2004).

Increased **registered nursing time** in long-term care facilities has been associated with **reduced adverse outcomes** among residents in such areas as pressure ulcers, hospital admissions, urinary tract infections, weight loss and deterioration in ability to perform activities of daily living

(Horn, Buerhaus, Berstrom & Smout, 2005).

By increasing the number of entry points to care, coordinating care and assisting patients in navigating the health-care system, registered nurses are **reducing wait times and providing timely access to care** (CNA, 2009).
Midwives could save health system millions: study

A new world first study examining one-to-one midwifery has revealed that the specialised care is not only safe but also extremely cost effective.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61406-3/abstract
Nurses offer solutions

- Customer experience
- Better place to work
- Productivity and efficiency savings
  2012/13 - $76.8 million
- Reduced costs for Queenslanders
- Reduced adverse events

“... My discovery, as a patient first on a medical service and later in surgery, is that the institution is held together, glued together, enabled to function as an organism, by the nurses and nobody else.”

Lewis Thomas, MD
Challenges to change and improving services to the public

- Cultural barriers
- Systems that do not align with contemporary practice
- Policies and guidelines restricting practice
- Perception and myths about roles and scope of practice
Role of CNMO and NMOQ

- To provide authoritative advice to the Government, Minister, and Director General on all nursing and midwifery matters.
- To be a vehicle for safe, affordable, high quality health care and accessible health services for people of QLD.

- Optimising Nursing
- Sustainability and Redesign
- Maternity Services
- Professional Governance and Compliance
- Performance and Monitoring
Selected 2012/13 activity within NMOQ

Directors of Nursing and Midwifery Advisory Committee
During 2012–2013 met 11 times (once per month except January 2013). Regular agenda items for discussion included:
- EB8 and industrial relations
- graduate employment and priority graduate placement programs
- midwives and midwifery models of care
- nurse practitioners and advanced practice
- mental health nursing
- nurse and midwife registration processes.

The Maternity Services Development Committee (MSDC) was established in 2012–2013 to provide a shared focus across the department and improve the quality and timeliness of advice provided to the Minister for Health and the Director-General with respect to maternity services.

MSDC is chaired by the Queensland Chief Nursing and Midwifery Officer (CNMO) as executive sponsor and includes membership from: Clinical Access and Redesign Unit, Patient Safety Unit, Clinical Planning and Leadership Unit Policy and Planning Branch, Statewide Maternity and Neonatal Clinical Network, Statewide Rural and Remote Clinical Network.

Key activities progressed through the committee during 2012–2013 included the finalisation of a work plan to guide strategic directions, development of a maternity services intervention logic model and agreement to develop a maternity services dashboard.
Selected 2012/13 activity within NMOQ

Relationship Management Executive Committee
The Relationship Management Executive Committee (RMEC), chaired by Healthcare Purchasing, Funding and Performance Management Branch, is a sub-group of the Performance Management Executive Committee. The CNMO participates as a member of the RMEC.

During June 2013, following concerns of systematic increases in external nursing costs across rural and remote HHSs, NMOQ analysed key trends and issues impacting on these services and tabled a RMEC paper.

Responses to the paper were positive, and resulted in NMOQ representation at meetings with individual HHSs regarding performance. These meetings provide opportunities to share key data and information so that Hospital and Health Boards and Health Service Chief Executives are able to discuss with nursing and midwifery executive how their services can better support HHS activity and budget targets.

Internal committees and boards that NMOQ was represented on during 2012–2013 included:
• Queensland Health Occupational Health and Safety Steering Committee
• Food Services Statewide Steering Committee, Queensland Clinical Senate, Clinical Workforce Board
• Fraud and Corruption Working Group, Queensland Psychotropic Medication Advisory Committee
• Queensland Centre for Perinatal and Infant Mental Health Workforce Development Reference Group
• Aboriginal and Torres Strait Islander Health Workforce Working Group, Rural and Remote Health Program Governance Committee Meeting, Health Services and Clinical Innovation Division Executive Committee
• Integrated Planning Group
Selected 2012/13 activity within NMOQ

External committees and boards that NMOQ participated in during 2012–2013 included:
- Australian and New Zealand Council of Chief Nurses and Midwives
- EB8 Nursing and Midwifery Implementation Group (NAMIG)
- Credentialing for Mental Health Nurses ACMHN (Australian College of Mental Health Nurses) Project Steering Committee
- a range of external education committees overseeing research projects and curriculum development

Key achievements realised by NMOQ during 2012–2013 included:
- analysis and review of current and potential integrated care models
- undertaking literature reviews on nurse endoscopy, nurse sedation, nurse clinics, nurse triaging (elective surgery) and rural and remote nurse primary healthcare clinics
- identifying service, system and legislative barriers that impact on nursing and midwifery scope of practice
- finalising a position statement on delegated consent
- developing guidelines on nurse-led clinics
- facilitating investment management workshops focused on nurse endoscopy
- developing a business case for nurse endoscopy and integrated chronic disease nurse clinics
- monthly monitoring and analysis of HITH uptake and trends

2013 graduate recruitment round
During 2012–2013, NMOQ provided support and advice to HHSs and to recent registered nurse graduates, regarding the 2013 graduate recruitment round. In total:
- 2,563 eligible RN graduate applications were received (an increase of 191 applications compared to 2012)
- 75 per cent of applicants were domestic Queensland graduates
- 644 offers of employment were made by the HHSs.
Selected 2012/13 activity within NMOQ

Rural graduate program
To address concerns regarding both workforce sustainability in rural and remote areas, and to increase the number of registered nurse graduates employed, from January 2013, NMOQ developed and implemented Phase 1 of the rural registered nurse graduate employment model.

The initiative supports:
increased numbers of RN graduates participating in rural clinical practice
timely supervision and mentorship of novice clinician in rural programs
completion of clinical workshops relevant to a novice in the rural practice context.

As a result of the program:
an additional 101 RN graduates were employed into rural practice
RN vacancy levels were significantly reduced in rural health services
graduate employment contributed to the reduction of external agency use by $8.3 million (when compared to 2012–2013 spend levels) in participating HHSs.
Selected 2012/13 activity within NMOQ

Private Practice and Rural Midwifery Education Program
During 2012–13, NMOQ negotiated and secured department funding for the rural and private practice midwifery education model. The model provides clinical learning for midwifery students within private practice/continuity of care models for the entirety of their study. The model will see 50 new midwives prepared by July 2015 with the first 25 starting their study in July 2013.

This innovative model is a partnership between education providers, private practice midwifery groups and HHSs and will support midwifery students to have extensive clinical experience of providing midwifery care with a continuity of care focus within a predominately community environment. This model of midwifery education provision aligns to the wider strategic aims of increasing choices and access to quality maternity services for women.

Nurse Practitioners
During 2012-2013, NMOQ led a range of activities aimed at highlighting the role of nurse practitioners, including:
• identifying barriers to practice
• developing strategies to enhance consumer access to nurse practitioners across a range of settings
• streamlining regulatory structures
• formulating strategies that will ultimately optimise service inputs and outputs
• consumer outcomes
• value for money.

From January 2013, the office commenced its *Optimising the potential of the nurse practitioner role in Queensland* project. The project aimed to address barriers to nurse practitioner practice and resulted in an initial survey of Queensland nurse practitioners to identify issues. Survey results were analysed and are currently being used to inform development of a discussion paper which will be circulated to stakeholders during 2013–2014.
Selected 2012/13 activity within NMOQ

Legislative reform

In collaboration with the Regulatory Instrument Unit (RIU) and Medicines regulation and quality program, during 2012–2013 NMOQ provided input regarding initial work focused on review of the Health (Drugs and Poisons) Regulation 1996. This input has been instrumental in drawing attention to inefficiencies affecting the nursing and midwifery workforce.

The regulation, under the *Health Act 1937*, provides the basis for drug therapy protocols for a range of nursing and midwifery positions, including prescription by nurse practitioners and supply by eligible midwives, sexual health nurses, immunisation nurses and rural and isolated practice endorsed nurses (RIPEN).

The current review of the regulation will ideally result in the removal of barriers to nurse and midwife practice. It will also provide opportunities to clarify and improve understanding by HHSs and the private healthcare sector regarding nursing and midwifery prescribing and supply.

**Finally …..**

On average, the office has responded to 200 requests for information, advice and input on a monthly basis, totalling approximately **2,400 requests during 2012–2013**.
Role of the Nursing and Midwifery Office and Key Work Streams

Strategic Priorities

• Strengthen the Queensland healthcare system and optimise service provision through the promotion of safe and economically sustainable models of care.

• Promote best practice and policy to support government directions and to maximise public investment across the state.

• Enhance productivity, capacity and capability through learning and development opportunities, the utilisation of data intelligence, and promoting the impact of nurses and midwives.

• Enable and influence across the Queensland healthcare system to inform and drive innovative change that meets community need.

• Position the Nursing and Midwifery Office, Queensland as an agent for change across the Queensland healthcare system.
Our strategic priorities will be delivered through operational objectives focused on **five work streams** and their associated action plans.

**Work Stream 1: Optimising Nursing**

1.1 Expand the delivery of nursing services in a range of settings to increase service capacity and consumer choice

1.2 Enable nurses to work to their full scope of practice across all settings

1.3 Optimise the influence of nursing, improving the quality and value for money in health services

1.4 Support high performing nursing services through continual learning and evidenced based practice

1.5 Support nursing services through information systems and decision making tools to enhance patient care
Work Stream 2: Sustainability and Redesign

2.1 Increase the number of credentialed mental health nurses through service transformation and embedding education pathways

2.2 Support placement of graduates into areas of priority practice and provide oversight of the 2013-2014 graduate recruitment round

2.3 Support HHSs to undertake nursing resource management and modelling

Work Stream 3: Performance and Monitoring

3.1 Achieve 13-14 milestones as articulated in EB8 action plans focused on HR/PBF and productivity

3.2 Support realisation of and measure EB8 productivity and efficiency savings to fund increases in pay and allowances beyond 2.5%

3.3 Develop a state wide nursing performance scorecard to inform discussions between Boards, Chief Executives, and Nursing Executives.
Mental Health Nursing

Element One

Working towards a Credentialed Mental Health Nursing workforce

Expected Outputs and Achievement
- Contract with ACMHN – Approved and Signed
- Ambassador Workshops underway
- Ambassadors established at HHS’s
- January 2014 Report from ACMHN on number of new Credentialed MH Nurses in QLD
- June 2014 Report from ACMHN on final number of Credentialed MH Nurses in QLD

Element Two

Service Transformation through post graduate education

Outputs
PART 1 – EOI
- Establish Panel to review EOI Applications
- November 2013 Award Contract to University (s)
- January 2014 Allocate purchased places to Demonstration Sites based on service transformation plans
- February 2014 Students commence their studies
- Evaluate the success and impact of Study

PART 2 – Post Graduate Pathway
- Trial a ’3 + 1’ model for first year of practice nurses by funding one year postgraduate study

Element Three

Undergraduate Mental Health Nursing 2014/15

Outputs
PART 1 – Pilot Report
- Pilot Report completed by CQ University
- Review Recommendations
- Pilot in Queensland and influence nationally with GNOR New Grads

PART 2 – Direct Entry Undergraduate Course
- Host event with Education Providers to lead the debate.
- CQ University to present Pilot Report

AMBASSADOR SITE PLANS on SERVICE CHANGE by Jan/Feb 2014 from ACMHN – Comprehensive overview of sites and their service change

Indicators of Service Change:
- Seclusion and restraint
- Clinical Supervision
- Influence of Nursing
- Community Care Units
- Increase in credentialed mental health nurses
- Increase in nurses undertaking specialist study

Mental Health Nursing Dashboard
Work Stream 4: Professional Governance and Compliance

4.1 Meet departmental legislative, regulatory and compliance requirements as they relate to nursing and midwifery

4.2 Develop guidelines and position statements to communicate key issues related to nursing and midwifery and the impact of reform activities on practice

4.3 Advocate for nursing and midwifery across Government, with external stakeholders and through professional representation on high level committees and advisory groups

4.4 Support nursing and midwifery professional groups to develop credentialing arrangements

4.5 Provide professional governance to Department of Health nurses and midwives as appropriate
Work Stream 5: Maternity Services

5.1 Provide leadership and executive sponsorship to the Department regarding maternity services
5.2 Advocate for increased choice and range of maternity models and services including privately practising midwives (PPM)
5.3 Support midwifery services through targeted innovative education pathways
Nursing Capacity

Nurses are well placed to deliver on the agenda for change:

- Largest clinical workforce
- Professional knowledge and adaptive capacity
- Nursing delivers quality outcomes
- Delivering innovative/flexible models of care across the healthcare continuum
- Ability to participate and be successful in contestability processes
Optimise the influence of nursing, improving the quality and value for money in health services

- Disseminating evidence
- Networking
- Positions on Key Committees
- Building relationships
- Positive attitudes
- Leadership
Using Information to make the case:  
Scorecard Overview

• Uses existing DSS data sources: HR SAP, Activity Based Funding, Nurse Sensitive Indicators and Scorecard modules.
• Data displayed across four perspectives: skill mix; sustainability; productivity and efficiency; and quality measures.
• Data are reflected as it is reported in DSS and requires local contextualisation to definitively identify trends and issues.
• Electronic version is interactive and allows drilling through from HHS to facility level.
• Scorecard supports problem solving and decision making through visually linking interrelated data sets.
• Draft presented to August 2013 DONMAC. Feedback to date has been positive.
• Pending endorsement, Scorecard will be provided to HHS Boards and Chief Executives on a six monthly basis from January 2014.
State wide Nursing Scorecard

Skill Mix
- Nursing as percentage of total workforce
- Nursing skill mix
- RN skill mix
- Internal-external

Sustainability
- Age profile
- Graduate profile
- Workcover and leave over limit
- Leave profile

Productivity and Efficiency
- EB8 HR measures
- EB8 HR efficiency
- Draft productivity measures. Eg. Nursing cost per WAU

Quality
- Blood transfusion incidents
- Medication admin incidents
- Falls
- Pressure Injuries

Productivity and Efficiency
- Blood transfusion incidents
- Medication admin incidents
- Falls
- Pressure Injuries
HITH Dashboard Overview

- Nurses and Midwives EB Agreement identified significant Hospital in the Home (HITH) efficiency target.
- There is a departmental target to increase utilisation of HITH as a percentage of all separations.
- Current information systems that allow access to HITH data (DSS and QHERS) are neither contemporary nor user friendly being primarily text and table based.
- HITH data have been converted into a simple interactive visual analytic tool which displays HITH utilisation across facility and DRG;
- Visualisation of data supports better understanding and retention as well as supports decision making.
- Facility level data, as opposed to statewide trends, supports target setting. For example, it is easier to achieve an increase in HITH utilisation for cellulitis from 30% to 50% at a single facility rather than total utilisation across all DRGs or all facilities from 0.5% to 1.5%.
### HITH Dashboard – Cellulitis W/O CSCC

#### All ABF Facilities
- **977 referrals into HITH**
- **Average HITH utilisation 11.80%**
- **Average in Victoria approx. 90%**

#### Single Facility
- **280 referrals into HITH**
- **Average HITH utilisation 39.60%**
- **Estimated HITH efficiency for single DRG at this facility totals $470,000 (based on Deloitte modelling)**

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#### HITH Separations by ABF Facilities. July 2012 to May 2013

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<th>Facility</th>
<th>Total HITH Sep.</th>
<th>Total Non-HITH Sep.</th>
<th>Average %</th>
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#### ABF Facilities – All Separations - HITH and Non-HITH by DRG - No. and % HITH

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Commission of Audit – progress to date
Challenges

- Increasing population
- Ageing population
- Increasing burden of disease
- Increasing consumer expectations
- Geographically dispersed population
- New technology and treatments
The RN Professional Practice Paper

The RN Professional Practice Paper outlines the foundations supporting nursing practice:

- Enabling practice to the *full scope of a registered nurse* based on qualification, legislation and ability.

- Enabling growth and *increased capacity* based on continuous professional development and further education/qualifications.
Optimising the contribution of the registered nurse to healthcare
Nursing and Midwifery Office, Queensland (2013)
Delegated Consent

Why is there a need for position statement on delegated consent?

Purpose – clearly articulate the roles and responsibilities of registered nurses in the ‘Informed decision making process’

Key questions
Can consent be delegated to a health practitioner who is not performing the procedure?
What is the difference between battery and negligence?
Is ‘informed consent’ appropriate terminology?
What processes need to be in place to enable the provision of information?
What are the risks posed to a registered nurse?
Strengthening health services through optimising nursing (2013-2016)
Strengthening health services through optimising nursing

The Strategy

- The intent of the strategy is to facilitate action on the government’s priorities and lead to better healthcare for all Queenslanders.

- This is the first strategy and action plan to address productivity, care and efficiency improvements in nursing services in Queensland.

The Blueprint

- Health services focused on patients and people
- Empowering the community and our health workforce
- Providing Queenslanders with value in health services
- Investing, innovating and planning for the future
Five key strategies

1 Enable nurses to work to their full scope of practice across all settings

2 Expand the delivery of nursing services in a range of settings to increase service capacity and consumer choice

3 Optimise the influence of nursing, improving the quality and value for money in health services

4 Support high performing nursing services through continual learning and evidenced based practice

5 Support nursing services through information systems and decision making tools to enhance patient care
## Strengthening health services through optimising nursing

### Strategies
- Enable nurses to work to their full scope of practice across all settings.
- Expand the delivery of nursing services in a range of settings to increase service capacity and consumer choice.
- Optimise the influence of nursing, improving quality and value for money in health services.
- Support high-performing nursing services through continual learning and evidence-based practice.
- Support nursing services to enhance patient outcomes through information systems and decision-making tools.

### Goals
- Legislative, regulatory and policy frameworks maximise the potential of nursing.
- A flexible and efficient system supports effective and efficient models of patient-centred healthcare.

### Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Strategies</th>
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<tr>
<td>1. Remove the barriers to nurses practising to their full scope of practice in Commonwealth legislation.</td>
<td>Enable nurses to work to their full scope of practice across all settings.</td>
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<td>2. Expand access to the Medical Benefits Scheme (MBS) for services provided by nurses, streamlining clinical pathways and identifying patient-centred services.</td>
<td>Enable the delivery of nursing services in a range of settings.</td>
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<td>3. Remove requirement for nurse practitioners to be in collaborative arrangements.</td>
<td>Increase the influence of nursing, improving quality and value for money in health services.</td>
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<td>4. Expand access to the Pharmacetical Benefits Scheme (PBS) for nursing services.</td>
<td>Support high-performing nursing services through continual learning and evidence-based practice.</td>
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<td>5. Ensure that state legislation supports the optimisation of nursing.</td>
<td>Support nursing services to enhance patient outcomes through information systems and decision-making tools.</td>
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<td>6. Remove and influence the regulatory requirements for midwives, practitioners and therapeutic goods to remove unnecessary barriers or restrictions to nursing scope of practice.</td>
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<td>7. Ensure that Queensland Health policies and guidelines support the optimisation of nursing.</td>
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<td>8. Expand current provisions enabling access rights to public and private hospitals for nurses, including extended and exchange privileges.</td>
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<td>9. Optimise nursing models under public private partnerships.</td>
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<td>10. Promote flexible employment opportunities and new ways of working by optimising alternate business models.</td>
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<tr>
<td>11. Strengthen business acumen of nurses.</td>
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By virtue of the proportion of the clinical workforce and the adaptive capacity, nursing has the potential to effect wide-reaching changes in the healthcare system. Nurses' proximity to patients and the scientific understanding of health across the care continuum provides them with the unique ability to lead in the improvement and redesign of health services in Queensland.

### Statistics
- There are 66,795 nurses and midwives employed in Queensland.
- There are 33,000 nurses employed by Queensland Health.
- Nurses account for 65% of the clinical workforce.
- Nursing labour workforce expenses were $2.64 billion in 2011-12.
- Through improved resource management and productive savings for nursing services, $54.6 million has been saved in 2012-13.
An empowered nursing workforce can drive a more accessible, affordable, sustainable and safer health system

“Knowing is not enough; we must apply. Willing is not enough; we must do”

Goethe
Summary

To be part of health renewal nursing will need to:

- Remain customer focused
- Be innovative and courageous
- Understand and participate in contestability
- Deliver and measure healthcare excellence and service productivity
- Develop integrated governance, leadership and accountability frameworks
Questions?

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