# Report of the High Level Group on Health Care Assistants Regarding the Implementation of the Health Care Assistants Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**February 2006**

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# 1. Introduction

**1.1 Background**
The High Level Group on Health Care Assistants was established as a consequence of the National Implementation Body's (NIB) recommendation of the 25$^{th}$ May 2005 (see Appendix 1 for full extract).

The Group was established and the first meeting took place in the HSE- Employers Agency on 30$^{th}$ June 2005.

Ms Anne Carrigy, Director of Nursing, Mater Misericordiae Hospital, and President An Bord Altranais chaired the Group. The membership of the Group composed as follows:

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| Ms Simonetta Ryan | Department of Health & Children |
| Ms Tracy O'Beirne | Department of Health & Children |
| Ms Mary McCarthy | Department of Health & Children |
| Mr Bernard Carey | Department of Health & Children |
| Mr Brendan Mulligan | HSE – Employers Agency |
| Ms Se O'Connor | HSE – Employers Agency |
| Ms Orlaith O'Brien | Midlands Regional Hospital- Tullamore |
| Mr Michael Shannon | Letterkenny General Hospital |
| Ms Eilish Hardiman | St. James's Hospital |
| Ms Fiona Barnes | St. Vincent's Hospital (HCA) |
| Ms Anne Kennedy | St. Patrick's Hospital, Waterford |
| Mr David Hughes | INO |
| Ms Phil Ní Sheaghdha | INO |
| Ms Annette Kennedy | INO |
| Ms Madeline Speirs | INO |
| Ms Ethel Leonard | INO |
| Mr Raymond O'Boyle | INO |
| Ms Sheila Dickson | INO |
| Ms Marie Gilligan | INO |
| Mr Des Kavanagh | PNA |
| Ms Helen Murphy | SIPTU Nursing |
| Ms Mary Durkin | SIPTU Nursing |
| Mr Kevin Figgis | SIPTU (Support Staff Representative) |
| Mr Thomas Kearns | An Bord Altranais |
| Mr Ken Fitzgibbon | Beaumont Hospital |
| Ms Aoife O'Riordan | HSE – Employers Agency *(Secretary to Group)* |

**1.2 Terms of Reference**
The terms of reference of the Group are as outlined in the statement from the National Implementation Body (25$^{th}$ May 2005) which recommended:

- That the INO had no principled objection to the implementation of all modules of the Health Care Assistants' programme and the HSEEA accepted that there were issues of implementation that required clarification
- immediate and full co-operation with all of the preparation and training arrangements necessary for the introduction of the FETAC level 5 programme/module at the earliest possible date

- the establishment of a High Level Group representative of the main interest groups (including An Bord Altranais) to examine the outstanding recommendations contained in the report on *The Effective Utilisation of Professional Skills of Nurses and Midwives May 2001 with* a view to developing an agreed programme of implementation. The work of the group should be concluded by the end September 2005
- the issue of nursing / midwifery practice and delegation raised by the parties and recommends that the HSE request early clarification of the issue by An Bord Altranais in light of the *Scope of Nursing and Midwifery Practice Framework*

(Full text outlined in Appendix 1)

**1.3 The Policy Context**

A joint working group representative of all nursing organisations, health service employers and the Department of Health and Children produced the *Effective Utilisation of Professional Skills of Nurses and Midwives* report, which was published in May 2001. The Report recommended that the grade of health care assistant/maternity health care assistant should be introduced as a member of the health care team to assist and support the nursing and midwifery function. The Report also recommended that the nursing/midwifery function remain the preserve of nurses and midwives. *"There is no substitution for the skilled expertise of the qualified nurse who must remain central to the assessment, planning, implementation and evaluation of patient-care and to the supervision and delegation of all activities relation to patient care."* (Shannon et al., 2001, pg 11*)*.

**1.4 Methodology**

A Steering Group was established out of the Plenary Group with an agreed work plan meetings and time frame. Sub-groups were formed to review (a) job description for health care assistants, (b) the training and awareness programme for nurses and midwives and the (c) evaluation of the implementation of health care assistants. Details of the membership and a schedule of meetings are included in Appendix 2.

## 2.  Work of the Steering Group

The following are the Groups findings based on the implementation of the recommendations of ***The Effective Utilisation of Professional Skills of Nurses and Midwives May 2001*** report*.*

- *Recommendation 1 – The Group recommends that the grade of health care assistant /maternity health care assistant be introduced as a member of the health care team to assist and support the nursing and midwifery function.*
  (Recommendation 2.1 of ***The Effective Utilisation of Professional Skills of Nurses and Midwives*** May 2001 report)

- *Recommendation 2 – The Group recommends that the title of health care assistant be adopted and employed uniformly across all health care settings.*
  It was agreed that the title of health care assistant should be adopted and employed for all those engaged in the role.  This includes those staff who have completed the training programme and those staff already engaged in the role of Health Care Assistant but who have not yet completed the FETAC level 5 programme.  The title health care assistant was included as part of the generic core job description.
  (Recommendation 2.2 of ***The Effective Utilisation of Professional Skills of Nurses and Midwives*** May 2001 report)

- *Recommendation 3 – The Group recommends that a national core job description for the health care assistants role be developed.*
  **A generic core job description for health care assistants was devised by a subgroup of the High Level Group and subsequently agreed** (Appendix 3). The draft job description used in the mental health sector pilot was used as a template with which to develop a generic job description.  The job description sets out the educational qualifications, reporting relationships, accountability and key activities for the health care assistant grade. Additions included a form of wording relating to those staff already engaged in the role of Health Care Assistant but who have not yet completed the FETAC level 5 programme. These staff will continue in their role and the agreed job description will apply to them.  This cohort together with all newly recruited Health Care Assistants will be required to undertake the programme as soon as it can be available to them. It is recognised that in exceptional circumstances individual staff members may not be in a position to undertake and complete the programme and in this context the job description will apply consistent with the appropriate delegation of duties from the nurse / midwife.

  Implementation of the job description will be the subject of normal local discussions and will reflect local service needs but will not amend the generic job description.

  It was noted that SIPTU Nursing had reservations about the inclusion of a paragraph relating to the role of nurses and the distinction between nurses and health care assistants in the nursing team.

  (Recommendation 2.3 of ***The Effective Utilisation of Professional Skills of Nurses and Midwives*** May 2001 report)

- *Recommendation 4 – The Group recommends that health care assistants engage in both direct patient care and indirect care activities following delegation by and under the supervision of a registered nurse or midwife.*
  (Recommendation 2.4 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 5 – The Group recommends that in carrying out their tasks and duties health care assistants report to and take direction from a registered nurse/midwife.*
  (Recommendation 2.5 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 6 – The Group recommends that the nursing/midwifery function remain the preserve of nurses and midwives*
  (Recommendation 2.6 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 7 – The Group recommends that in all circumstances nurses/midwives retain accountability for nursing/midwifery practice and that a clear line of accountability be established between the grade of health care assistant and clinical nurse/midwifery manager.*
  The Scope of Nursing and Midwifery Practice Framework clearly outlines the professional accountability of nurses and midwives (An Bord Altranais, 2000). They are accountable for their individual professional practice, including appropriate delegation.

  The health care assistant is accountable to the nurse/midwife. The health care assistant is also accountable to clients/patients and to their employer for performing all tasks and responsibilities, including those delegated to them, to the best of their ability.
  (Recommendation 3.7 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 8 – The Group recommends that nurses and midwives are involved in the selection process for health care assistants.*
  (Recommendation 3.8 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 9 – The Group recommends that registered nurses/midwives be facilitated to explore the concept of delegation at local level and develop appropriate guidelines.*

  An Bord Altranais provided clarification to the Group on the concept of delegation and issues surrounding it. In a statement at a meeting on the 8th of July An Bord Altranais stated that the Scope of Nursing and Midwifery Practice Framework provides a decision making framework in terms of scope of practice. The Framework states that *"delegation is the transfer of authority by a nurse or midwife to another person to perform a particular role/function. Each registered nurse and midwife is accountable for his/her own practice. The nurse or midwife who is delegating (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role/function is appropriate. There is a requirement for the organisations involved to ensure that support and resources (education, training, policies, protocols and guidelines) are available to the person to whom the role/function has been delegated. The nurse*

*or midwife (or other person) to whom the particular role/function has been delegated is accountable for carrying out the delegated role/function in an appropriate manner."*

The Scope of Practice framework is a broad enabling framework and is designed to guide nurses and midwives in their decision-making regarding developing new roles and skills to meet patients'/clients' needs in a changing clinical environment. The decision-making framework helps the registered nurse make a professional judgement as to whether to delegate an intervention.

An Bord Altranais also provide a range of resources for nurses and midwives in using the Scope of Practice decision-making framework. These include an e-learning programme with guided examples and an advisory service where nurses can seek clarification on particular queries. A database is kept of these queries and it would appear that while in some instances support might be needed most nurses and midwives can and do use the Scope of Practice Framework effectively.

(Recommendation 3.9 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report).

- *Recommendation 10 – The Group recommends that employers work with existing staff to enable the smooth integration of the health care assistant into the work environment.* (Recommendation 3.10 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 11 – The Group recommends that employers commit additional resources to the integration of health care assistants, where necessary, including non-pay costs*

  (Recommendation 3.11 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 12 – The Group recommends that an FETAC Level 5 Healthcare Support Certificate qualification be the preparation required for employment as a health care assistant.* The structure of the awards framework changed under the National Framework of Qualifications. The qualification is now at FETAC Level 5 rather than NCVA Level 2 but the currency of the award remains the same and is at post-Leaving Certificate Level. The core generic job description was updated to reflect this.

  (Recommendation 4.12 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 13 – The Group recommends that the registered nurses/midwives receive training to understand the principles of FETAC (formerly NCVA) assessment; appreciate the role of the health care assistant as related to FETAC criteria; and increase the qualified nurses'/midwives' knowledge and awareness of accountability in relation to delegation and supervision of health care assistants prior to the implementation of any programme.* **A subgroup was formed to devise an educational awareness programme for nursing staff on the FETAC level 5 programme and health care assistants.** A proposal for an in-service training course was prepared by Ken Brennan, Centre of Nurse Education and Patrick Glackin NMPDU (Appendix 4). The proposal was agreed by the group. An information pack with

presentation material is also being prepared by Tracy O'Beirne and Ken Fitzgibbon to aid delivery of the in-service training programme.

The course was designed to be given over an 8 hour timeframe and among the issues covered in the syllabus were scope of nursing and midwifery practice, role of the health care assistant, accountability and delegation, and assessment and mentoring.

It was agreed that the course would be rolled out to all registered nurses / midwives with flexibility where mentors are already in place. It was agreed that the course would be co-ordinated and administered by the Centres for Nurse Education with the aid of the NMPDUs and that it would run fortnightly over the course of the academic year commencing in October 2005.

Due to limited resources in some of the Centres for Nurse Education another 2 education streams were agreed. The Centres of Nurse Education and the NMPDU will design a 2-day train-the-trainer programme which will enable local delivery of the in-service training programme. The train-the-trainer programme will be aimed at nurse/ midwife managers and Nursing Support Supervisors on the basis of self-selection and will be piloted over 3 months and reviewed in January 2006.

The third stream will consist of nurse / midwives managers who have already experience of the training programme and have acted as preceptors. They will received the one day training in-service training programme and will act as training facilitators to assist local delivery of the programme.

The HSE has confirmed that funding has been identified and will be made available for this initiative.

The material will also be included other programmes such as the nursing degree programme and return to nursing practice courses.

(Recommendation 4.13 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 14 – The Group recommends that nurses/midwives lead the development and delivery of the FETAC programmes for health care assistants.*
  (Recommendation 4.14 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

- *Recommendation 15 – The Group recommends that the introduction of the health care assistants be monitored and evaluated in the short, medium and long term.*
  A subgroup was formed to devise the terms of reference for an evaluation of the introduction and implementation of the health care assistant grade. The subgroup agreed that it was necessary to put in place annual reviews of the programme over the course of the next two years. A questionnaire would be devised, which would be sent to all health care assistants, including those undertaking the FETAC Level 5 training programme and those who had completed the programme. The questionnaire would focus on the following issues:

o How the Health Care Assistants found the FETAC level 5 programme and transfer of learning into the workplace.
o Whether or not the HCA training programme FETAC level 5 was responsive to education and service needs.
o RGN / RM training and the task of delegation as an appropriate part of the nursing midwifery team.

The initial evaluation should take place by September 2006 and a further one by September 2007 and will be co-ordinated by the NMPDUs and the Centres of Nurse Education. An annual report will be published based on the information obtained. This report will be referred to the Plenary Group of the High Level Group on the implementation of the Health Care Assistants programme and any issues arising will be actioned. At the end of the two-year timeframe the process will be reviewed and a decision on the need for further evaluation will be made.

(Recommendation 4.15 of **The Effective Utilisation of Professional Skills of Nurses and Midwives** May 2001 report)

## Activities of Living Patient Module
The Activities of Living Patient Care module was agreed and signed off by the Group (Appendix 5). The module will be in the Healthcare Support Certificate programme as an elective module subject to final accreditation by FETAC at level 5. The module will be delivered according to service needs. It is suitable for a broad range of services.

The introduction of the Activities of Living Patient Care module does not represent mass delegation to HCA's who will continue to work under the supervision of a registered nurse or midwife.

The introduction of this module is based on service need and is designed to equip learners with the knowledge and skills to provide care for people in a variety of settings, working under the direction and supervision of registered nurses/ registered midwives.

The HSE- Employers Agency will communicate with employers to ask them to identify appropriate services for implementation of the module.

## Nurse/midwife / Health Care Assistant Ratios
The issue of nurse/midwife/patient ratios and nurse/midwife / health care assistant ratios was discussed over the course of several meetings of the group. The Department of Health and Children presented sample employment statistics on nurses and health care assistants in a sample of sites to the group at a meeting on the 14th July. The information was based on census figures[1]. Validation of the data was conducted to establish the true number of health care assistants as in some instances they have been classified with other grades of staff in the census return and where differences existed in the figures submitted in the census this was established.

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[1] Department of Health and Children employment census

The INO queried the validity of these figures as they represented global figures per hospital. They agreed to look at staffing levels in a sample of hospitals at the level of speciality and ward area and at the steering group meeting of 16th September a paper was circulated entitled *"Investigation of staff levels in Irish Hospitals"* which summarised international and Irish research on nurse to patient ratios and skill mix ratios (Appendix 6).

It was felt that the work of the **Working Group to Examine the Development of Appropriate Systems to Determine Nursing and Midwifery Staffing Levels** (7.63 Group) was relevant to these discussions. The Group was presented with the recommendations of the ***"Report of the Working Group to Examine the Development of Appropriate Systems to Determine Nursing and Midwifery Staffing Levels"***.

It was agreed that as per the priority recommendation of the 7.63 Group a pilot study would be undertaken, utilising the principles identified, across a number of care settings, taking account of geographic spread.

In order to progress this recommendation it was proposed that:

1)  A Steering Group will be established and will meet in October 2005. The Steering Group will include representatives from HSE (NHO, HR, PCCC) DoHC, Nursing Alliance, Health Care Assistants and Nurse Support Supervisor (HCA).

2)  The Steering Group will decide on the type of care settings (acute, mental health, care of the elderly etc.) in which the pilot study will be undertaken.

3)  The Steering Group will prepare and advertise by tender for an independent, external, expert to undertake the pilot. The successful tenderer will have to have the necessary knowledge, experience, track record in research etc, details to be finalised at the request for tender stage.

4)  Quarterly updates will be provided to the Steering Group

5)  This Group will be Chaired by Ms Anne Carrigy

**Appendix 1: Statement on behalf of the National Implementation Body regarding the Implementation of the Health Care Assistant Programme**

The National Implementation Body has met to consider ongoing difficulties between the Department of Health & Children and the HSE Employers Agency (HSE-EA) and the Irish Nurses Organisation (INO) in relation to the full introduction of the Health Care Assistant's programme.

The Body met with both management side and INO representatives and following these discussions and noted:

- That the INO had no principled objection to the implementation of all modules of the Health Care Assistants' programme and the HSEEA accepted that there were issues of implementation that required clarification;
- Recommends immediate and full co-operation with all of the preparation and training arrangements necessary for the introduction of the programme/module at the earliest possible date
- Recommends the establishment of a High Level Group representative of the main interest groups (including An Bord Altranais) to examine the outstanding recommendations contained in the report on *The Effective Utilisation of Professional Skills of Nurses and Midwives* with a view to developing an agreed programme of implementation. The work of the group should be concluded by the end September 2005
- Noted the issue of nursing practice and delegation raised by the parties and recommends that the HSE request early clarification of the issue by An Bord Altranais in light of the *Scope of Nursing and Midwifery Practice Framework*

The Body notes that subject to receipt of confirmation from both senior management and staff representatives of their agreement to the above recommendations and to the lifting of the notice of industrial action that the matter of the Health Care Assistants' programme would no longer provide a barrier to payment of the pay increases due with effect from 1st June 2005.

# Appendix 2: Working Group and Subgroups

## 1. Steering Group
A Steering Group was established at the first Plenary Group meeting on 30th June 2005 to establish a workplan and devise subgroups and timeframes to carry out the work plan based on the National Implementation Body's terms of reference.

The membership of the Steering Group is as follows:

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| Ms Anne Carrigy | Chairperson |
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| Ms. Eilish Hardiman | St. James's Hospital |
| Mr. Michael Shannon | Letterkenny General Hospital, HSE Representative |
| Ms. Anne Kennedy | St. Patrick's Hospital, Waterford |
| Ms. Simonetta Ryan | Department of Health & Children |
| Mr. Brendan Mulligan | HSE – Employers Agency |
| Ms. Madeline Spiers | INO |
| Mr. David Hughes | INO |
| Ms. Mary Durkin | SIPTU Nursing |
| Mr. Kevin Figgis | SIPTU (Support Staff Representative* |
| Mr. Des Kavanagh | PNA |

The Steering Group met on the 8th of July, at which meeting Thomas Kearns of An Bord Altranais provided clarification of the Bord's stance on delegation and accountability.

## 2. Working Group
A Working Group was formed, also chaired by Anne Carrigy, comprising members of the Steering Group from the management side and the union panel with expertise being invited as appropriate to each meeting.  The membership of the Working Group is as follows:

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|---|---|
| Ms Anne Carrigy | Chairperson |
| | |
| Ms. Eilish Hardiman | St. James's Hospital |
| Mr. Michael Shannon | Letterkenny General Hospital, HSE Representative |
| Ms. Anne Kennedy | St. Patrick's Hospital, Waterford |
| Ms. Simonetta Ryan | Department of Health & Children |
| Ms Tracy O'Beirne | Department of Health & Children |
| Mr. Se O'Connor | HSE – Employers Agency |
| Mr Ken Fitzgibbon | Beaumont Hospital |
| Ms Fiona Barnes | St Vincent's Hospital |
| Ms. Madeline Spiers | INO |
| Mr. David Hughes | INO |
| Ms Ethel Leonard | INO |
| Ms Sheila Dickson | INO |
| Ms Maria Gilligan | INO |
| Ms Annette Kennedy | INO |
| Mr Raymond Boyle | INO |
| Mr Des Kavanagh | PNA |
| Mr Seamus Murphy | PNA |
| Mr Oliver McDonagh | SIPTU Nursing |
| Ms. Mary Durkin | SIPTU Nursing |
| Mr Enda Moylan | SIPTU Nursing |

Mr. Kevin Figgis               SIPTU

It was agreed that the Working Group would examine the recommendations contained in Chapter 2, 3 and 4 *"Effective Utilisation of Professional Skills of Nurses and Midwives"* as well as the issue of staffing levels of nurses and health care assistants and an update would be given on the '*Activities of Living Patient Care'* module.

**Outline of meetings of the Working Group:**

| Date of Meeting | Areas covered |
|---|---|
| 14th July 2005 | <ul><li>Employment statistics on nurses and health care assistants were presented by Tracy O'Beirne, DOHC (Appendix 5)</li><li>The structure of the FETAC (NCVA Level 5) Healthcare Support was presented by Tracy O'Beirne, DOHC</li><li>The structure and content of the '*Activities of Living Patient Care'* module was presented by Tracy O'Beirne, DOHC</li><li>The recommendations contained in Chapter 2 *"Effective Utilisation of Professional Skills of Nurses and Midwives"* were discussed by the group</li></ul> |
| 21st July 2004 | <ul><li>Further discussion took place on the statistics provided by the DOHC on ratios of HCAs to nurses with INO refuting figures and seeking follow up research at ward/departmental rather than hospital level</li><li>Disagreement occurred on the appropriate forum for development of generic job description for health care assistants with a letter from Matt Merrigan to Se O'Connor (15th July 2005) referring to a separate process under the Recognising and Respecting the Role Agreement.</li></ul> *The meeting was suspended* |
| 28th July 2005 | *Meeting was postponing pending discussions between the INO and SIPTU on the job description for health care assistants.* |
| 18th August 2005 | <ul><li>The recommendations contained in Chapter 3 and 4 *"Effective Utilisation of Professional Skills of Nurses and Midwives"* were discussed by the group.</li><li>A subgroup to devise an educational awareness programme for health care assistants and a subgroup to devise a terms of reference for an evaluation of health care assistants were formed.</li></ul> |
| 1st September 2005 | <ul><li>The composition of the Evaluation Subgroup was agreed</li><li>It was agreed that the DOHC, HSE, Centres of Nurse Education and NMPDUs would meet to agree the logistics of rolling out the agreed training and awareness programme and that the HSE would be informed of funding implications.</li><li>The Activities of Living Patient Care was signed off by the Group.</li><li>Rollout of the module was discussed and it was agreed that employers would be requested to identify appropriate services for implementation of the module.</li><li>The Recommendations of the **"Report of the Working Group to Examine the Development of Appropriate Systems to Determine Nursing and Midwifery Staffing Levels" (7.63 Report)** were circulated</li><li>It was agreed that the priority recommendation from the 7.63 report regarding a pilot study utilising the principles identified, across a number of care settings, taking account of geographic spread would be the best method of dealing with the issue of systems to determine staffing levels. A steering group would be established to co-ordinate the pilot study and would be informed</li></ul> |

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| | by the doctoral research of Michael Shannon and the INO research and data gathering exercise. |
| 16th September | <ul><li>The findings of the Evaluation Subgroup were presented to the Group</li><li>An update was given in regard to the implementation arrangements for the education and awareness programme for nurses</li><li>A paper by the INO "Investigation of staffing levels in Irish Hospitals" was presented to the Group" (Appendix 6)</li><li>A proposal based on the priority recommendation of 7.63 Report regarding systems to determine staffing levels was presented and accepted by the group</li></ul> |

### 3. Subgroup on Job Description for Health Care Assistants

A subgroup was formed to devise a core generic job description for health care assistants.
The membership of the group is as follows:

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| Ms Anne Carrigy | Chairperson |
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| Ms Simonetta Ryan | Department of Health and Children (DOHC) |
| Mr Se O'Connor | HSE- Employers Agency |
| Mr Jack Kelly | SIPTU |
| Mr Kevin Figgis | SIPTU |
| Ms Annette Carpenter | Health Care Assistant, UCHG |
| Ms Fiona Barnes | Health Care Assistant, St Vincent's University Hospital |
| Mr Dave Hughes | INO |
| Ms Ethel Leonard | INO |
| Mr Seamus Murphy | PNA |
| Mr Oliver McDonagh | SIPTU Nursing |
| Ms Helen Murphy | SIPTU Nursing |

The Group met on the 16th August, 22nd August and 26th August.

### 4. Subgroup on Educational and Awareness Programme for Nursing Staff

A subgroup was formed to devise an educational awareness programme for nursing staff on the FETAC level 5 programme and health care assistants. The membership of this group included:

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| Anne Carrigy | Chairperson |

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| Ken Brennan | Centres of Nurse Education |
| Patrick Glackin | NMPDU |
| Annette Kennedy | INO |
| Ethel Kennedy | Representing Nursing Support Supervisors |
| Fiona Barnes | Health Care Assistant |
| Simonetta Ryan | Department of Health and Children |
| Mary McCarthy | Department of Health and Children |
| Mary Duffy | SIPTU |
| Ms Helen Murphy | SIPTU Nursing |
| Se O'Connor | HSE – Employers Agency |

The Group met on 22<sup>nd</sup> August and the 2<sup>nd</sup> September.

## 5. Subgroup on Terms of Reference for and Evaluation of the Implementation of Health Care Assistants

A subgroup was formed to draw up terms of reference and a timeframe for an evaluation of the implementation of health care assistants. The membership of the group included:

Anne Carrigy    Chairperson

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| Annette Kennedy | INO |
| Kevin Figgis | SIPTU |
| Se O'Connor | HSE – EA |
| Fiona Barnes | St Vincent's Hospital, HCA |
| Ms Ethel Leonard | INO |
| Ms Mary McCarthy | DOHC |
| Ms Simonetta Ryan | DOHC |

The Group met on the 16<sup>th</sup> September.

# Appendix 3: Job Description of Health Care Assistant

**Introduction**
The role of the HCA is to support the delivery of patient care under the supervision and direction of qualified nursing personnel (Shannon et al., 2001).

Nursing has been defined as *"The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best quality of life, whatever their disease or disability, until death"* (Royal College of Nursing, 2003). The difference between the registered nurse and the health care assistant is in the knowledge that is the basis of the assessment of need and the determination of action to meet the need, plus the clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation.

**Educational qualifications**:
The recognised qualification for Health Care Assistants is the FETAC (NCVA Level 5) Healthcare Support Certificate.

Staff engaged in the role of Health Care Assistant but have not yet completed this programme will continue in their role and the agreed job description will apply to them. This cohort together with all newly recruited Health Care Assistants will be required to undertake the programme as soon as it can be available to them.

It is recognised that in exceptional circumstances individual staff members may not be in a position to undertake and complete the programme and in this context the job description will apply consistent with the appropriate delegation of duties from the nurse / midwife.

**Title**
The title Health Care Assistant (H.C.A.) should be used nationally.

**Responsibility**
There is a clear report relationship between the Health Care Assistant and the Clinical Nurse Manager or their deputy.

**Accountability**
Health Care Assistants are accountable for their actions in the delivery of patient care and must not undertake any duty related to patient care for which he/she is not trained, in accordance with the educational qualifications outlined above.

The Health Care Assistant must report to and work under the supervision and direction of a Registered Nurse in relation to their duties/tasks and must be integrated into the ward/area team.

Nursing staff will delegate duties in accordance with their professional judgement and within the competence of the Health Care Assistant.

Nursing staff must not allocate any duty to the Health Care Assistant for which he/she has not been trained.

**Key Activities**

Patients/clients may require assistance in some or all activities of daily living. It is the duty of the nurse to assess, plan, implement and evaluate the care required by the patient. The primary role of the Health Care Assistant is to assist the nurse in the implementation of the care, as determined by the Registered Nurse.

Duties assigned to the Health Care Assistant will vary depending on the care setting and will include the following functions.  This is not an exhaustive list.

- To carry out assigned and delegated tasks involving direct care and all activities of daily living under the supervision of a Registered Nurse (e.g. to assist clients maintain standards of personal hygiene, laundry, dietary intake, physical and mental health).
- Assisting the Registered Nurse in the provision of quality nursing service by promoting and adopting a philosophy of care within the service area.
- Assisting the Registered Nurse in duties associated with the delivery of care and management of the ward/healthcare environment and other support duties as appropriate.
- To report any incident or potential incident which may compromise the health and safety of clients, staff or visitors and take appropriate action.
- Health Care Assistants should conduct themselves in a manner that conveys respect of the individual and ensures safe patient care. The personal characteristics that indicate these principles should include:
  - Confidentiality
  - Courtesy
  - Accountability
  - Communication
  - Dignity and privacy
  - Health and safety

**References**

Royal College of Nursing (2003) "*Defining Nursing*"
http://www.rcn.org.uk/downloads/definingnursing/definingnursing-a5.pdf

Shannon, M. et al. (2001) *"Effective Utilisation of Professional Skills of Nurses and Midwives: Report of the Working Group"*. Dublin: Department of Health and Children, Brunswick Press.

## Appendix 4: In-service Training Course for the Orientation of Qualified Nurses in relation to the introduction of the Healthcare Support Programme-FETAC Level 5

## Course Descriptor

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|---|---|
| **Title** | Orientation for qualified nurses in relation to the Healthcare Support Programme - FETAC level 5 award |
| **Location** | Centres of Nurse Education |
| **Co-ordinator** | Staff member from Centre of Nurse Education |
| **Aim** | To enable qualified nurses to integrate the utilization of the Healthcare Assistant into the local healthcare organisation |
| **Learning Outcomes** | On completion of the course the nurse will be able to:<br><br>1. Outline the structure of the Healthcare Support Programme-FETAC Level 5<br>2. Discuss the assessment processes in relation the Healthcare Support Programme<br>3. Outline the role of the nurse as a 'Preceptor'<br>4. Describe the job description of the Healthcare Assistant<br>5. Examine accountability and delegation in context of the role of the Healthcare Assistant<br>6. Explore interdisciplinary team work and best practice |
| **Teaching/Learning Methods** | Discussion groups<br>Lectures<br>Small Group Teaching |
| **Indicative Syllabus** | • Structure of Healthcare Support Programme<br>• Scope of Nursing and Midwifery Practice<br>• Role of the Healthcare Assistant<br>• Change Management<br>• Teamwork<br>• Reporting Mechanisms<br>• Assessment, Mentoring, feedback, supervision |
| **Time** | 8hrs (existing 'Preceptors' may require a shorter course) |
| **References** | An Bord Altranais (2000) Review of the Scope of Practice for Nursing and Midwifery. An Bord Altranais<br><br>Department of Health and Children (2001) Effective Utilization of Professional Skills of Nurses and Midwives: Report of the Working Group. Department of Health and Children<br><br>Further Education and Training Awards Council (2005) Guide |

| | |
|---|---|
| | to the Higher Education Links Scheme. FETAC |

# COMHAIRLE NÁISIÚNTA NA gCÁILÍOCHTAÍ GAIRMOIDEACHAIS

# NATIONAL COUNCIL FOR VOCATIONAL AWARDS

# Activities of Living Patient Care

# Level 2   L22441

## September 2005

# Level 2 Module Descriptor

## Summary of Contents

| | |
|---|---|
| **Introduction** | Describes how the module functions as part of the national vocational certificate framework. |
| **Module Title** | Indicates the module content.  This title appears on the learner's certificate.  It can be used to download the module from the website www.ncva.ie. |
| **Module Code** | An individual code is assigned to each module; a letter at the beginning denotes a vocational or general studies area under which the module is grouped and the first digit denotes its level within the national vocational certificate framework. |
| **Level** | Indicates where the module is placed in the national vocational certificate framework, from Foundation to Level 3. |
| **Credit Value** | Denotes the amount of credit that a learner accumulates on achievement of the module. |
| **Purpose** | Describes in summary what the learner will achieve on successful completion the module and in what learning and vocational contexts the module has been developed.  Where relevant, it lists what certification will be awarded by other certification agencies. |
| **Preferred Entry Level** | Recommends the level of previous achievement or experience of the learner. |
| **Special Requirements** | Usually 'none' but in some cases detail is provided here of specific learner or course provider requirements.  There may also be reference to the minimum safety or skill requirements that learners must achieve prior to assessment. |
| **General Aims** | Describe in 3-5 statements the broad skills and knowledge learners will have achieved on successful completion of the module. |
| **Units** | Structure the learning outcomes; there may be no units. |
| **Specific Learning Outcomes** | Describe in specific terms the knowledge and skills that learners will have achieved on successful completion of the module. |
| **Portfolio of Assessment** | Provides details on how the learning outcomes are to be assessed. |
| **Grading** | Provides details of the grading system used. |
| **Individual Candidate Marking Sheets** | List the assessment criteria for each assessment technique and the marking system. |
| **Module Results Summary Sheet** | Records the marks for each candidate in each assessment technique and in total.  It is an important record for centres of their candidate's achievements. |
| **Appendices** | Can include approval forms for national governing bodies. |
| **Glossary of Assessment Techniques** | Explains the types of assessment techniques used to assess standards. |
| **Assessment Principles** | Describes the assessment principles that underpin the NCVA approach to assessment. |

**Introduction**

A module is a statement of the standards to be achieved to gain an NCVA award. Candidates are assessed to establish whether they have achieved the required standards. Credit is awarded for each module successfully completed.

The standards in a module are expressed principally in terms of specific learning outcomes, i.e. what the learner will be able to do on successful completion of the module. The other elements of the module - the purpose, general aims, assessment details and assessment criteria - combine with the learning outcomes to state the standards in a holistic way.

While the NCVA is responsible for setting the standards for certification in partnership with course providers and industry, it is the course providers who are responsible for the design of the learning programmes. The duration, content and delivery of learning programmes should be appropriate to the learners' needs and interests, and should enable the learners to reach the standard as described in the modules. Modules may be delivered alone or integrated with other modules.

The development of learners' **core skills** is a key objective of vocational education and training. The opportunity to develop these skills may arise through a single module or a range of modules. The core skills include:

- taking initiative
- taking responsibility for one's own learning and progress
- problem solving
- applying theoretical knowledge in practical contexts
- being numerate and literate
- having information and communication technology skills
- sourcing and organising information effectively
- listening effectively
- communicating orally and in writing
- working effectively in group situations
- understanding health and safety issues
- reflecting on and evaluating quality of own learning and achievement.

Course providers are encouraged to design programmes which enable learners to develop core skills.

| 1 | **Module Title** | **Activities of Living Patient Care** |
|---|---|---|

| 2 | **Module Code** | **L22441** |
|---|---|---|

| 3 | **Level 2** | |
|---|---|---|

| 4 | **Credit Value** | **1 credit** |
|---|---|---|

**5      Purpose**

This module is a statement of the standards to be achieved to gain an NCVA credit in Activities of Living Patient Care.  It is an elective module for the National Vocational Certificate Level 2 – Healthcare Support.

This module is based on a model for nursing based on a model for living developed by Roper, Logan, Tierney "*The Elements of Nursing, a model for nursing based on a model of living* (Roper, Logan, Tierney 1980).

The module is designed to equip learners with the knowledge and skills to provide care for people in a variety of settings, working under the direction and supervision of registered nurses/ registered midwives.

**6      Preferred
       Entry Level**

National Vocational Certificate Level 1, Leaving Certificate or equivalent qualifications and/or relevant life and work experiences.

**7      Special
       Requirements**      None.

**8      General Aims**

*Learners who successfully complete this module will:*

**8.1**      demonstrate good work practices in the provision of holistic care for patients/clients

**8.2**      understand the elements of activities of living

**8.3**      demonstrate how to assist a patient/client in the activities of living

| 8.4 | enhance the quality of life of patients/clients |
|---|---|

**9 Units** The specific learning outcomes are grouped into 2 units.

| Unit 1 | **Activities of Living** |
|---|---|
| Unit 2 | **Caring for the Patient/Client Utilising Activities of Living** |

## 10 Specific Learning
**Outcomes**

| Unit 1 | **Activities of Living** |
|---|---|

*Learners should be able to:*

| 10.1.1 | list the activities of living |
|---|---|
| 10.1.2 | outline the role of the health care assistant in utilising the activities of living |
| 10.1.2 | list the five main concepts of the model of living |
| 10.1.3 | outline the meaning of the term 'activity of living' |
| 10.1.4 | understand the association of 'lifespan' in relation to the activities of living |
| 10.1.5 | understand the association of the 'dependence/independence continuum' in relation to the activities of living |
| 10.1.6 | discuss the factors influencing the activities of living |
| 10.1.7 | discuss the importance of individuality in living |

| Unit 2 | **Caring for the Patient/Client Utilising Activities of Living** |
|---|---|

*Learners should be able to:*

| 10.2.1 | understand the activity of maintaining a safe environment |
|---|---|
| 10.2.2 | discuss the following in relation to maintaining a safe environment: |

- risk of infection
- risk of accident

- risk of fire
- problems due to sensory impairment/loss

**10.2.3**      demonstrate effective communication skills while caring for a patient/client

**10.2.4**      understand the normal range of breathing, pulse rate and blood pressure

**10.2.5**      outline factors which influence breathing, pulse and blood pressure rates

**10.2.6**      demonstrate competence in observation, counting, recording and reporting any change in breathing habit (rate, rhythm, character)

**10.2.7**      demonstrate competence in counting, recording and reporting the pulse rate of patient/clients (rate, rhythm, volume, tension)

**10.2.8**      demonstrate competence in measuring, recording and reporting blood pressure rate manually and electronically

**10.2.9**      discuss eating and drinking under the following headings:
- effects of nutrition/malnutrition on patients/clients
- special dietary requirements
- aids to assist in eating and drinking
- social aspects of eating
- skills and techniques required to assist/feed a patent/client
- different methods of feeding patients/clients eg. nasogastric and peg feeding

**10.2.10**      demonstrate competence in measuring, recording and reporting a patient's/client's weight

**10.2.11**      discuss elimination under the following headings:
- privacy and dignity
- limited mobility
- promotion of continence
- care of the incontinent patient
- constipation
- urinary catheter care
- ileostomy/colostomy care
- change of environment and routine

**10.2.12**      recognise the normal and abnormal constituents of elimination

**10.2.13**      demonstrate competence in recording and reporting of fluid balance

**10.2.14**     demonstrate competence in the correct technique for emptying, recording and reporting the contents of a urinary catheter bag

**10.2.15**     demonstrate competence in:
- testing of urine (urinalysis)
- recording and reporting of results of urinalysis

**10.2.16**     discuss personal hygiene and dressing under the following headings:
- privacy and dignity
- dependence/independency continuum
- aids to assist with dressing
- oral  hygiene
- foot care
- care of prosthesis

**10.2.17**     outline and explain the need for pressure area care

**10.2.18**     state how the body controls temperature

**10.2.19**     define pyrexia, hyperpyrexia and hypothermia

**10.2.20**     list how the temperature of patient/client can be measured

**10.2.21**     demonstrate competence in measuring, recording and reporting the temperature of a patient/client

**10.2.22**     discuss mobilisation under the following headings:
- promotion of a healthy lifestyle
- aids to assist in mobilisation
- safe movement and position of patients/clients

**10.2.23**     recognise the impact of ill health on work and play

**10.2.24**     recognise the patient/client need to express his/her sexuality

**10.2.25**     outline measures to assist the patient/client in the activity of sleeping

**10.2.26**     discuss the role of the health care assistant in caring for the dying patient/client under the following headings:
- effective communication
- confidentiality
- cultural beliefs
- the grieving process
- support to family and colleagues

| 11 | Portfolio of Assessment | Please refer to the glossary of assessment techniques and the note on assessment principles at the end of this module descriptor. |

**11  Portfolio of**
    **Assessment**    Please refer to the glossary of assessment techniques and the note on assessment principles at the end of this module descriptor.

All assessment are carried out in accordance with NCVA regulations.

Assessments are devised by the internal assessor, with external moderation by the NCVA.

**Summary**    **Skills Demonstration**    **70%**
    **Project**    **30%**

**11.1  Skills**
    **Demonstration**    demonstration competence in taking and recording the following

- breathing
- pulse
- blood pressure
- weight
- fluid balance
- urinalysis
- temperature

Candidates will be observed and assessed in caring out each specific skill listed above.

Candidates will be required to demonstrate the following skills:
- organisation and preparation of the tasks, paying particular attention to meeting the needs of patients/ clients
- ability to competently carry out each task
- communication with the patient / client and any other appropriate person throughout the tasks, including the demonstration of consultation with the patient / client and demonstration of encouragement and empathy
- use of appropriate safety and health practices.

**11.2  Project**    The internal assessor will devise a project brief that requires candidates to demonstrate their understanding of the individual needs of patients/clients.

Through the project, candidates will demonstrate
- understanding and application of concepts associated with caring for patients/clients
- use of relevant research and sources of information
- ability to analyse, evaluate, and reflect on their interventions and to communicate and report these appropriately

The project maybe presented using a variety of media including written, oral, graphic, audio visual or any combination of these.

**12        Grading**

| | |
|---|---|
| Pass | 50 - 64% |
| Merit | 65 - 79% |
| Distinction | 80 - 100% |

<table>
<tr><td><strong>Individual Candidate<br>Marking Sheet 1</strong></td><td></td><td><strong>Activities of Living Patient Care<br>L22441<br>Skills Demonstration 70%</strong></td></tr>
</table>

**Candidate Name:** _____  **NCVA Candidate No.:** _____

**Centre:** _____  **Roll No.:** _____

| Assessment Criteria | Maximum Mark | Candidate **Mark** |
|---|---|---|
| • thorough organisation and preparation of the task, including identification of patients' /clients' needs | 14 | |
| • competent execution of the task | 35 | |
| • effective communication throughout the task | 7 | |
| • effective use of relevant safety and health practices | 7 | |
| • comprehensive record of the task | 7 | |
| **TOTAL MARKS**<br>*This mark should be transferred to the Module Results Summary Sheet* | **70** | |

*Internal Assessor's Signature:* _____  *Date:* _____

*External Examiner's Signature:* _____  *Date:* _____

| Individual Candidate Marking Sheet 2 | | Activities of Living Patient Care<br>L22441<br>Project 30% |
|---|---|---|

**Candidate Name:** _____ **NCVA Candidate No.:** _____

**Centre:** _____ **Roll No.:** _____

| Assessment Criteria | Maximum Mark | Candidate Mark |
|---|---|---|
| ▪ understanding and application of concepts associated with caring for patients/clients utilising the activities of living | 10 | |
| ▪ relevant research and sources of information | 5 | |
| ▪ appropriate presentation of work | 5 | |
| ▪ comprehensive reflective analysis of findings and logical conclusions and recommendations | 10 | |
| **TOTAL MARKS**<br>*This mark should be transferred to the Module Results Summary Sheet* | **30** | |

*Internal Assessor's Signature:* _____ *Date:* _____

*External Examiner's Signature:* _____ *Date:* _____

**NCVA Module Results Summary Sheet**

**Module Title:** **Activities of Living  Patient Care**

**Module Code:** **L22441**

| | | Assessment Marking Sheets | Mark Sheet 1 | Mark Sheet 2 | Total 100% | Grade* |
|---|---|---|---|---|---|---|
| | | Maximum Marks per Marking Sheet | 70 | 30 | | |
| *Candidate Surname* | *Candidate Forename* | | | | | |
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*Signed:*

*Internal Assessor:* _____ *Date:* _____

**This sheet is for internal assessors to record the overall marks of individual candidates.  It should be retained in the centre.  The marks awarded should be transferred to the official NCVA Module Results Sheet issued to centres before the visit of the external examiner.**

Grade*
D: 80 - 100%
M: 65 - 79%
P: 50 - 64%
U:  0 - 49%
W: candidates entered who did not present for assessment

# Glossary of Assessment Techniques

**Assignment**       *An exercise carried out in response to a brief with specific guidelines and usually of short duration.*

Each assignment is based on a brief provided by the internal assessor. The brief includes specific guidelines for candidates. The assignment is carried out over a period of time specified by the internal assessor.

Assignments may be specified as an oral presentation, case study, observations, or have a detailed title such as audition piece, health fitness plan or vocational area profile.

**Collection of Work**       *A collection and/or selection of pieces of work produced by candidates over a period of time that demonstrates the mastery of skills.*

Using guidelines provided by the internal assessor, candidates compile a collection of their own work. The collection of work demonstrates evidence of a range of specific learning outcomes or skills. The evidence may be produced in a range of conditions, such as in the learning environment, in a role play exercise, or in real-life/work situations.

This body of work may be self-generated rather than carried out in response to a specific assignment eg art work, engineering work etc

**Examination**       *A means of assessing a candidate's ability to recall and apply skills, knowledge and understanding within a set period of time (time constrained) and under clearly specified conditions.*

Examinations may be:

- practical, assessing the mastery of specified practical skills demonstrated in a set period of time under restricted conditions
- oral, testing ability to speak effectively in the vernacular or other languages
- interview-style, assessing learning through verbal questioning, on one-to-one/group basis
- aural, testing listening and interpretation skills
- theory-based, assessing the candidate's ability to recall and apply theory, requiring responses to a range of question types, such as objective, short answer, structured, essay. These questions may be answered in different media such as in writing, orally etc.

**Learner Record**       *A self-reported record by an individual, in which he/she describes specific learning experiences, activities, responses, skills acquired.*

Candidates compile a personal logbook/journal/diary/daily diary/record/ laboratory notebook/sketch book.
The logbook/journal/diary/daily diary/record/laboratory notebook/sketch book should cover specified aspects of the learner's experience.

**Project**     *A substantial individual or group response to a brief with guidelines, usually carried out over a period of time.*

Projects may involve:

research – requiring individual/group investigation of a topic
process – eg design, performance, production of an artefact/event.

Projects will be based on a brief provided by the internal assessor or negotiated by the candidate with the internal assessor.  The brief will include broad guidelines for the candidate.  The work will be carried out over a specified period of time.

Projects may be undertaken as a group o a collaborative project, however the individual contribution of each candidate must be clearly identified.

The project will enable the candidate to demonstrate: (*some of these – about 2-4*)

- understanding and application of concepts in (specify area)
- use/selection of relevant research/survey techniques, sources of information, referencing, bibliography
- ability to analyse, evaluate, draw conclusions, make recommendations
- understanding of process/planning implementation and review skills/ planning and time management skills
- ability to implement/produce/make/construct/perform
- mastery of tools and techniques
- design/creativity/problem-solving/evaluation skills
- presentation/display skills
- team working/co-operation/participation skills.


**Skills Demonstration**     *Assessment of mastery of specified practical, organisational and/or interpersonal skills.*

These skills are assessed at any time throughout the learning process by the internal assessor/another qualified person in the centre for whom the candidate undertakes relevant tasks.

The skills may be demonstrated in a range of conditions, such as in the learning environment, in a role-play exercise, or in a real-life/work situations.

The candidate may submit a written report/supporting documentation as part of the assessment.

Examples of skills: laboratory skills, computer skills, coaching skills, interpersonal skills.

## NCVA Assessment Principles

**1**    Assessment is regarded as an integral part of the learning process.

**2**    All NCVA assessment is criterion referenced.  Each assessment technique has **assessment criteria** which detail the range of marks to be awarded for specific standards of knowledge, skills and competence demonstrated by candidates.

**3**    The mode of assessment is generally local i.e. the assessment techniques are devised and implemented by internal assessors in centres.

**4**    Assessment techniques in NCVA modules are valid in that they test a range of appropriate learning outcomes.

**5**    The reliability of assessment techniques is facilitated by providing support for assessors.

**6**    Arising from an extensive consultation process, each NCVA module describes what is considered to be an optimum approach to assessment. When the necessary procedures are in place, it will be possible for assessors to use other forms of assessment, provided they are demonstrated to be valid and reliable.

**7**    To enable all learners to demonstrate that they have reached the required standard, candidate evidence may be submitted in written, oral, visual, multimedia or other format as appropriate to the learning outcomes.

**8**    Assessment of a number of modules may be integrated, provided the separate criteria for each module are met.

**9**    Group or team work may form part of the assessment of a module, provided each candidate's achievement is separately assessed.

# Appendix 6: INO Paper on Investigation of Staffing Levels in Irish Hospitals

**Investigation of staffing levels in Irish Hospitals**

1. A vast number of research studies have been undertaken by individual organisations into staffing levels / skill mix over the past 6 years with recommendations on workforce planning.

2. These studies have been undertaken by independent consultants.

3. All of them have been undertaken at the behest of management.

4. Various workload models have been used, eg criteria for care, activity analysis, RCN tool, timeframe analysis, patient dependency activity levels and professional expertise.

5. (i) Studies indicate wide variations in staffing levels not consistent with acuity or bed occupancy across hospitals.

5. (ii) Staffing levels have not taken into account changing patterns of service delivery particularly increased dependency and throughput of patients.

5. (iii) The most note-worthy factors which contributes to low staffing levels is the lack of replacement staff for;

   - annual leave
   - sick leave
   - study leave/meetings
   - maternity leave
   - compassionate leave
   - parental & force majeure

which can be in the region of 26% and over and this has been measured scientifically in some studies.

Preliminary investigation indicates a proported ward staffing levels which is much higher than the day to day actual staffing levels due to the above reasons which makes it very difficult to get true figures.

Replacement by agency staff is sporadic does not equate to the permanent staff in terms of productivity because of the need for orientation to the ward and supervision relative to level of experience.

Anecdotal information would suggest that in the large acute hospitals, maternity leave and parental leave is higher due to the age profile of nursing staff. Also absences due to meetings appears also to be higher.

6. Studies rarely take into consideration unpaid overtime, ie working through coffee breaks, lunch or not getting off on time.

There are many variables which need to be taken into account in addressing workforce planning which include;

(i)     layout and organisation of ward
(ii)    Access to services, Escort Duties
(iii)   Supporting staff over 24/7 ie portering, cleaning, catering, clerical
(iv)    Ward managers and protected time
(v)     Supervision of students, new graduates agency nurses and overseas nurses etc.
(vi)    Education and orientation of these nurses.

7. A national study would have been more cost effective and given uniformity, however, many of these studies provide invaluable information and should be given due consideration in any future National Research Survey.

**International Recommendations**

Recommended Nurse to Patient Ratio General Medical / Surgical Wards <u>Large Acute Hospital</u>

**Austrailia**

| | |
|---|---|
| Morning shift | 1:4 + in charge |
| Evening shift | 1:4 + in charge |
| Night duty | 1:8 |

**New Zealand**

| | |
|---|---|
| Morning shift | 1:4 + 1 in charge |
| Evening shift | 1:4 + 1 in charge |
| Night duty | 1:8 |

**California**     requested 1:3 have 1:5

<u>U.S</u>.          1:4

<u>U.K.</u>          1.1:1 + 1 in charge nurse per bed - which includes;
             - 13.5% Annual Leave
             - 8.5% Sick / Special Leave
             - 4% Educational Leave

             London University Hospital

2

## Costing Lives Saved

"If all patients were cared for in hospitals with 4:1 patients to nurse as many as 20,000 fewer deaths might be expected" Aiken et Al 2002

Based on { Study on 4 million surgical procedures
{ Study on 49,000 nurses in 585 hospitals in 5 countries

According to the Joint Commission on Accreditation of Healthcare Organisations 24% of 1609 sentinel events (unanticipated events that result in injury, death and permanent loss of function) were related to nurse staffing levels.

Rothberg M(MD) in a large study of Pennsylvania hospitals estimate that having a 4:1 ratio could potentially save 72,000 lives annually nationally.

In Massachusetts 29% of nurses surveyed knew of a patient death directly linked to understaffing.

## Irish Studies Recommendations

General Surgical  -  1.09 WTE registered nurses per occupied bed ⎫
                                                                  ⎬ + in charge
General Medical  -  .94 WTE registered nurses per occupied bed ⎭

In general 1 nurse per occupied.                     ⎫
                                                     ⎬ + in charge
Elderly Care .69 registered nurses per occupied bed. ⎭

Two main benchmarks should be used nurse : bed and registered : unregistered ratio staff, staff levels and skill mix should be within a range consistent with the norms of the specialty and quality outcome.

3

# RESEARCH REVIEWS UNDERTAKEN INTO STAFFING LEVELS / SKILL MIX

| Region | Service | Area | Year | By whom | Model |
|---|---|---|---|---|---|
| Southern | General | Mercy | 2005 | Nigel Cawley | Timeframe analyses |
| Eastern | General | Naas | 2004 | Breda Brisbane | |
| Eastern | Maternity | Rotunda & Drogheda | 2004 | Marie Washbrook | Birth Rate Plus |
| Western | Maternity | UCG | 2004/5 | | |
| Southern | Maternity | St Finbars & Erinville | | | |
| South West | Maternity | St Munchins | | | |
| Eastern | Coombe   Holles St | | ? In the process | | |
| ERHA | General | DATHs | | | |
| ERH | General | AMNCH | 1998 | Edna Cobain | |
| National | Elderly | All long stay institutions private & public | Commenced 2004 ongoing | UCG | Questionnaire Focus Groups Interviews |
| Midland Health Board | Elderly | St Josephs | December 2004 | Edna Cobain | Criteria for care |
| Eastern Health Board | Elderly | Welfare Homes | 1998 | EHB working party | |

*4*

| MORNING SHIFT | | | | |
|---|---|---|---|---|
| No of Beds | Speciality | Actual No of RN's | Actual No of HCA's | Actual no CNM |
| 33 | Medical | 7 | 3 | 1 |
| 31 | Medical | 5 | 2 | 1 |
| 31 | Medical | 6 | 1 | 0 |
| 28 | Surgical | 5 | 2 | 1 |
| 52 | Orthopaedic | 7 | 4 | 4 |
| AFTERNOON | | | | |
| 33 | Medical | 7 | 3 | 1 |
| 31 | Medical | 4 | 0 | 0 |
| 31 | Medical | 6 (4 after 5pm) | 1 | 0 |
| 28 | Surgical | 5 | 1 | 0 |
| 52 | Orthopaedic | 7 | 4 | 1 |
| NIGHT DUTY | | | | |
| 33 | Medical | 3 | 2 | 0 |
| 31 | Medical | 3 | 1 | 0 |
| 31 | Medical | 3 | 1 | 0 |
| 28 | Surgical | 2 | 1 | 0 |
| 52 | Orthopaedic | 5 | 0 | 0 |

5