

Sharing the load – rural health sharing staff resources

Pam Schubert, Naracoorte Health Service, on behalf of the South East Director of Nursing group, Naracoorte, SA

WHY A DIFFERENT APPROACH?

This paper describes how a collaborative approach to human resource management has allowed for a workable solution to be put in place with benefits to the regional workforce as well as the individual staff who participate in the program.

Located in the lower part of South Australia, and adjacent to the Victorian border, the South East Region consists of seven (7) health units, six of these public and one private with some supportive public funding. Mt Gambier is located at the lower part of the region and is the largest of all these organisations, with Millicent and Naracoorte assuming a sub regional role, and Bordertown, Penola and Kingston providing public hospital care to their communities. Keith is at the upper end of the region and is a private facility.

The South East of South Australia is like any other health area, and has experienced difficulty in the past in finding adequate staff to meet their nursing requirements. This experience has led the South East Director of Nursing (SEDON) group to come together and work as a team to achieve a solution. As a group of seven health care services spread across the lower southeast area of South Australia this group has developed an innovative solution – The South East Staff Sharing agreement.

This innovation has been in place for a number of years and is used by all hospitals in the area. This enables facilities to tap into local staff to meet the shortfall in nurses. It also provides nursing staff with the added attraction of additional hours of work, should they desire it, while retaining the tax advantages of having a single employer.

KEY ELEMENTS

The agreement ensures a sensible, workable arrangement that has provided local nursing staff with extra hours thus increasing their earning capacity in small rural communities. Initially the Director of Nursing group identified the need for a local solution to address immediate staffing needs. It was obvious that there was not the ability to source agency staff for short term gaps, but rather that this rural workforce needed to band together and share their staff, as assist each other when no other option was available from the units' staffing pool.

Following agreement at the SEDON level, approval was sought from the Senior Management Advisory group with endorsement of key concepts requiring ratification by the Department of Human Services (now Department of Health) Human Resource department. Issues that initially proved to be problematic included:

- potential for injury on the visiting site
- Workcover responsibilities.

- ability to ensure that staff we able to practice safely
- inclusion of a private hospital into the agreement.

These issues were addressed with all parties agreeing to the solutions proposed. Solutions included:

- any work injuries being the ongoing responsibility of the home employer
- development of an orientation checklist for the host organisation to complete on arrival at the unit. Checklist included sighting of Annual Practicing Certificate
- special clauses were developed to address any Private Hospital issues and included the ability to exercise the same rights as any other participating health unit.

The host organisation pays for fuel expenses, and the nurses have free meals and accommodation provided on the shifts when they agree to travel to the other town to undertake shifts. In order to avoid taxation problems with multiple employers one employer is maintained, with the staff '*shared*' to another health unit. Staff therefore have the ability to obtain addition experience with a potential for increased hours.

This program also allows staff to have exposure to alternate work environments, extending clinical knowledge, and providing a regional outlook to care. This process is supported further by the SEDON overseeing a regional education program and progressing to a common competency assessment process. This move provides further support to both the staff member and the receiving unit.

The program enhances working opportunities for rural nurses and supports a local workforce with reduced need to draw on agency services. Use of the staff sharing agreement allows for an extra management tool, providing a casual pool of staff to tap into when the need arises in a cost effective manner.

ONGOING COMMITMENT TO THE PLAN

The SEDON group are committed to this approach to assist in meeting their staffing needs, and express a high degree of satisfaction with the practical nature of the agreement that allows for common needs to be met with a regional approach while being an example of best practice in the rural context. This initiative provides a cost effective solution to agency staff, recognising that agency staff are not available at short notice and when they are available they come at a much higher cost.

While sharing of staff is not the answer to all staffing needs it does provide tangible benefits to the individual, the health unit and the region. This agreement is not the answer to long term staffing needs but does support the ongoing maintenance of essential clinical services to the region.

RECOMMENDATION

It is recommended that other like organisations consider adopting this approach in an effort to share resources, ideas and offer common support to assist with meeting our staffing needs.

PRESENTER

Pam Schubert has worked in health within South Australia for the past 25 years. At present she is the Director of Nursing at Naracoorte Health Service, a position she has held since 1996. Naracoorte Health Service is an 80-bed sub-regional organisation located in the south-east of South Australia. Throughout her nursing career Ms Schubert has been actively involved in advancing nursing issues and has been a member of a number of regional and state committees. Having undertaken a wide variety of roles throughout her nursing career, Ms Schubert has a strong commitment to improving quality of care and advancing rural practice.

