SUPPORT FOR THE HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK

WORKSHOP 4 - SUMMARY REPORT
'HEALTH WORKFORCE PLANNING, QUALITY OF CARE, PATIENT SAFETY AND WORKING CONDITIONS

13-14 February 2020

Leuven, Belgium

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This workshop is organised by KU Leuven and Semmelweis University and is part of a series of workshops foreseen in the frame of EU Health Programme 2014-2020 under a service contract (no. 20167301) with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in the workshop are those of the author(s) and do not necessarily reflect the official opinion of the Commission/Executive Agency. The Commission/Executive Agency do not guarantee the accuracy of the data included in the workshop. Neither the Commission/Executive Agency nor any person acting on the Commission's/Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein.

The contract is signed with the joint tender led by Semmelweis University (SU), and further partners are KU Leuven, the Italian National Agency for Regional Health Services (AGENAS), the Italian Ministry of Health (MDS) and the Standing Committee of European Doctors (CPME).

INTRODUCTION

On 13 and 14 February 2020, experts from across Europe came together in Leuven for a workshop on "Health Workforce Planning, Quality of Care, Patient Safety and Working Conditions" in the context of the joint tender 'Support for the health workforce planning and forecasting expert network' (SEPEN)[1]. The workshop addressed the topics of quality of care, patient safety and working conditions that have not been discussed very often by experts in health workforce planning context. This focus enabled experts to exceed their comfort zones and open planning perspectives wider. In Health Workforce (HWF) planning, we often concentrate on the supply side and needs-based approach, where the composition of the HWF and the vacancies could be mapped. Health policy shall pay attention to these in order to manage the workforce and prepare appropriate staffing for the future. Obviously, the demand side has also a significant influence on projections and planning practices, because health consumption and the utilization of health services might be modified by chronic conditions and altered care demand from the population.

LEARNING OBJECTIVE AND THE DISCUSSION QUESTIONS OF THE WORKSHOP

The workshop addressed two overarching topics for the first time in the context of HWF planning:

1. The impact of the provision of HWF on quality of care and patient safety.
2. The impact of working conditions on quality of care and patient safety.

The learning objectives of this workshop were:

1. To create awareness and understanding on the relationships between quality of care, patient safety and working conditions.
2. To discuss indicators and models to integrate quality of care, patient safety & working conditions into HWF planning.

SUMMARY OF DISCUSSIONS, THE KEYNOTE SPEECHES, AND KEY LEARNING ELEMENTS

Four keynote presentations were delivered.

On the first day of the workshop, Dr. Luk Bruyneel and Prof. Dr. Paul Aylin delivered the first, plenary, session on 'a scientific update on the impact of health workforce conditions on quality of care and patient safety'. Dr. Bruyneel presented the relationship between nursing workforce and patient safety. He demonstrates the effect of an increase in nurses' workload on the likelihood of an inpatient dying within 30 days of admission. Improved work environments and lower patient-to-nurse ratios are associated with increased care quality and patient satisfaction. Dr. Aylin discussed research results of mortality during weekend admissions. The issue here is not exactly the weekend, but rather situations where medical (mainly medical residents) and nurse staffing is lower and can be extended to off-duty hours. Evidence suggests that stroke patients admitted on weekends are less likely to receive urgent treatments and have worse outcomes across a range of indicators, that the likelihood of 7-day in-hospital mortality for Sunday admissions was 26% higher compared with weekday admissions and that babies born at the weekend have an increased risk of being still born or dying in hospital within the first 7 days. The main hypotheses for explaining these effects were that residents in weekends cover a number of wards, being overloaded so that

[1] Representatives from the European Commission, Directorate general for Health and from the Consumers, Health, Agriculture, Food Executive Agency (Chafea) attended the workshop as observers.

worrying blood results are not seen until late hours of the day, or that fluids, antibiotics and medications are not prescribed on time.

On the second day, two keynote speakers presented on the topic of mental health issues and well-being of health workforce and the impact on the quality of care: Dr. Maria Panagioti, University of Manchester and Prof. Dr. Kris Vanhaecht, Associate Professor KU Leuven presented. Dr. Panagioti discussed the high burnout rate among healthcare workers. The key drivers of burnout are inefficient work environment, excessive workload, lack of organizational support, problems with work-life integration, loss of autonomy and loss of values and meaning in work. The impact of physician burnout on quality of care is high. Organizational interventions in removing toxic environments (focusing on balance and prioritization, effective practice arrangements, professional relationships and communication) have a larger impact in reducing burnout than individual interventions, showing that burnout is a problem of the whole healthcare organization rather than individuals. Dr. Vanhaecht extended the impact of patient safety incidents on patients (called first victims), on healthcare professionals (second victims) and on healthcare organizations (third victims). Out of the care for providers, the attention for mangomoments were born as small unexpected acts or gestures, which are of great value in the care experience of patients, residents, families and healthcare professionals. They take place during normal care activities and ask nearly no additional resources, time or energy.

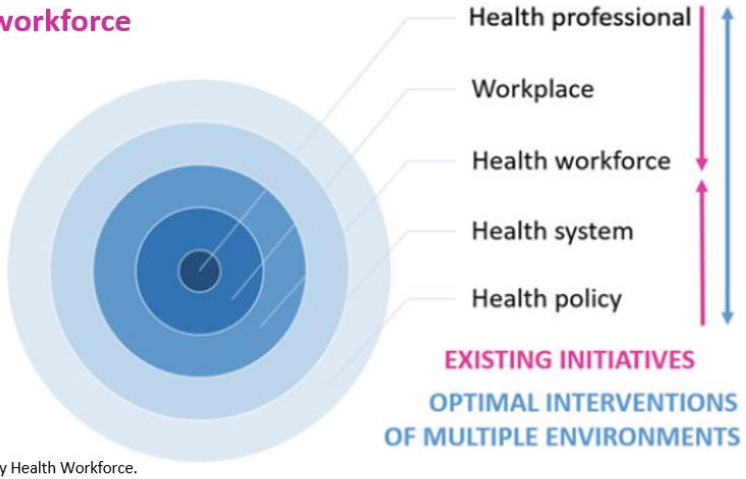
The last plenary session was given by Peter Szegner, Semmelweis University, who introduced the topic of the impact of healthcare digitalization on HWF planning in a future minded session. He focused on different innovations and developments such as electronic patient records, telemedicine, video-assisted surgery, intraoperative telemonitoring, virtual reality education and communication, virtual reality in service provision, robotics, health information systems and big data, eHealth digital service infrastructure, artificial intelligence (AI) for image interpretation and predictive analysis.

MAIN MESSAGES OF THE WORKSHOP

The main messages of the workshop are the following:

1. More and more evidence become available on the impact of the health workforce on patient and job outcomes. The problem is that this evidence is not always brought into practice, leading to quality and patient safety issues, exhausted health workforce, decreased productivity, high turnover rates. The gap between the evidence and policy should be bridged. A recommendation is that emphasis should be given to build business cases and to perform more economic evaluations to monetarize the relationship of health workforce, quality and productivity.
2. The evidence should be used to build more sophisticated HWF planning models. Examples are the integration of quality and safety elements, work environment dynamics, modelling the impact of burnout, work engagement, turnover intentions, team approaches. This would make the models more dynamic and probably more accurate. However, these more sophisticated models probably will not solve the health workforce shortages that we envisage.
3. To deal with future demands, new models of care should be envisaged. Examples are a changing focus on the needs of the population rather than continuing the current organisation of healthcare; person-centered care or the integration of primary care and hospital care around patients' needs; changing roles of health professionals, roles of patients as co-creators; and healthcare digitalization.
4. Future attention in health workforce planning should be given to:
    - The building of supportive, non-toxic, safe working environments in which healthy health professionals are engaging.
    - Patients and their families to fully involve them as partners in healthcare.
    - Leaders in healthcare as they are key players in managing change.

The health workforce can be developed efficiently only
if the health workforce is healthy
AND
we need the healthy health workforce
for better health outcomes



Kovacs E., Tandari-Kovacs M., Kozak A. (2019)
Challenges in Health Workforce Planning: Caring for a Healthy Health Workforce.
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PROPOSED FOLLOW-UP ACTION

Several aspects discussed in diverse sessions brought new insight to the topic of HWF planning and are potential subject for future HWF research, webinars, conferences and dialogue for policy making, for instance:

a. Linking Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) with HWF planning data to enhance current projection models and to result in more sophisticated models and projections.
b. Challenging the traditional demand-supply model with new directions to incorporate new aspects of quality of care, working conditions or digitalization
c. Managing drivers for policies and change: incorporating safety climate and supportive working environment into leadership mindset is crucial for developing organisational culture and a healthy health workforce.