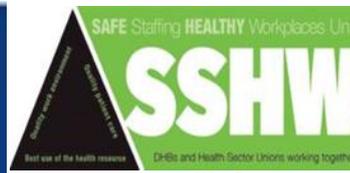


CCDM

Care Capacity Demand Management

Allied Health



December 2018

Overview

Welcome to the second Allied Health Care Capacity Demand Management (CCDM) newsletter for 2018. In this issue we provide a summary of the CCDM work undertaken this year, and set the scene for 2019.

It is predicted to be a productive year for allied health, as District Health Boards & PSA progress with implementation of CCDM, in accordance with the DHB/PSA Terms of Settlement.



In this issue

- Annual wrap-up from SSHW Unit Director
- Update from the Allied Health Advisory Group
- DHB/PSA Terms of Settlement – what does this mean for CCDM?

Annual wrap-up from the new SSHW Unit Director



Bridget Smith, Director SSHW Unit

As we say goodbye to 2018, I have now been in my new role for 2 months as Director of the Safe Staffing and Healthy workplaces Unit.

I was up for the challenge of moving from another well-established team and programme into a high profile and partnership environment. My previous role with TAS was Director for Regional Workforce Development and Director for Planning and Improvement. I am a registered Nurse with an APC and over 35 years' experience in the Health Care environment having moved from the UK to NZ in 2009.

It's been a fast initiation to get into the detail but I can honestly say I am enjoying it. I am working with a high caliber team of expert professionals, along-side passionate and experienced stakeholders and partners.

Next year will be a busy year as we see DHBs recruiting positions to help support CCDM and TrendCare and to get all DHBs onto the programme.

It will also be interesting to see programme roll out from mainly nursing to Midwifery, Allied Health and Community.

We've had some changes in the team, but with four new Programme Consultants and a Project Coordinator on board. We are also looking to get more dedicated Allied Health Programme Consultant resource to progress the work.

Next year we look forward to working differently and smarter, especially around building critical mass across the sector.



Update from the Allied Health Advisory Group

The Allied Health Advisory Group (AHAG) has had a productive year, with four face to face meetings taking place at TAS in Wellington.

AHAG is a group of DHB and PSA representatives, tasked with overseeing the delivery of a programme of work so that Care Capacity Demand Management (CCDM) programme methodology is accessible for DHB allied health services in New Zealand.

A core focus of the work is to develop a staffing methodology for allied health services - this means being able to determine how many staff are needed for inpatient care. A standardised Activity Data Set has been in use across six DHBs for a number of years. This data set was formally reviewed this year by the clinicians involved in using it.

Like the published HiSO Allied Health Standard, having a standardised activity level data set will support the visibility of allied health's contribution to clinical care and patient outcomes. Where possible, work has been undertaken to ensure the codes map to the international health classification system 'SNOMED'.

Key points

- This data set will be available for national release in January 2019.
- The Activity Data Set is a minimum activity level data set - a DHB can use additional activity codes as required.
- Advice on how to use the data set and data definitions will accompany the release.
- AHAG will undertake a further review of the Activity Data Set 12 months after the national release date, to accommodate feedback from the sector.

DHB & PSA Terms of Settlement (2018-2020)

The wording in the latest ratified Terms of Settlement is significant for the Allied Health, Scientific and Technical workforces covered by these MECAs.

Clause 3 relates to 'Workplace Well-being', and there are two (of the three) CCDM components that are referred to.

3.1 Clinical workload methodology / tool

- The parties acknowledge that a clinical workload methodology / tool for Allied Scientific and Technical (AHS&T) staff will align with the principles within the Care Capacity Demand Management (CCDM) programme.
- For employees under the coverage of the MECAs, the parties endorse the focus on the development of a clinical workload methodology / tool in order to maintain safe workloads.

3.2 Escalation plans

- The parties endorse the development of locally based variance response management processes and commit to constructive engagement with the Care Capacity Demand Management (CCDM) programme within the Safe Staffing Unit for implementation.
- The parties commit to developing these methodologies / tools throughout the term of this MECA.

What this means for the DHBs and PSA

To support the development and implementation of a CCDM plan for allied health, it is critical that the Director Allied Health (or appropriate proxy) and PSA Organiser are members of the CCDM council. The SSHW Unit is available to provide CCDM Allied Health workshops to DHB / PSA staff to support them to move forward with this work.

Who do I contact for more information?

If you want to know more about how you or your allied health service can be involved in CCDM, talk to your line manager, Director Allied Health or CCDM Site Coordinator/Manager.

If you have any questions please don't hesitate to contact Huia Swanson, Allied Health Programme Consultant, at: huia.swanson@tas.health.nz or your PSA Organiser.

The SSHW Unit wishes you all a happy and relaxing Christmas.