Overview

Welcome to the April 2015 Safe Staffing Healthy Workplaces newsletter. This quarterly newsletter is to keep you up-to-date with the Care Capacity Demand Management programme (CCDM) news and events.

Allied Health Advisory Group

The first quarterly meeting of the year took place in February. A significant work priority was achieved with the finalisation of the National Core Data Set. This data set was developed as a standardised set of Allied Health patient related activities to enable benchmarking within the Allied Health workforce. The data set will be used within the TrendCare system, but is not restricted to any particular vendor. The data set will initially be piloted across five DHB sites (Auckland, Waitemata, Whanganui, Hutt Valley and Nelson/Marlborough) with a framework being developed to analyse and validate the data. With increasing pressures and demands on the allied work force it is critical that the sector is collecting and utilising quality data in service provision and strategic planning.

A note from: Huia Swanson
- Allied Health Programme Consultant

In addition to coordinating the work plan of the Allied Health Advisory Group, the year has gotten off to a good start with visits to various DHBs around the country to meet Allied Health staff and to support their engagement with various components of the CCDM Programme. Allied Health can be involved with the vast majority of the CCDM interventions and tools, and a large part of my role is to work with Allied Health to ensure that these tools and processes are suitable and responsive to our workforce. Over the next few months I hope to visit further DHBs - to provide education about the CCDM programme and to support Allied Health involvement where ever possible.

SSHW Unit Director Update

The year has certainly begun at an exciting pace. This has included the release of the CCDM evaluation, the progression of the Mix and Match Software and Hawkes Bay DHB commencing implementation of the programme.

CCDM Evaluation

The most significant news, on the back of the evaluation release, is that the DHB CEOs have approved the Unit’s funding to continue until June 2018. The SSHW Governance Group met on the 17th April to discuss the recommendations further and draft up an action plan which once finalised will be shared with the sector.

Mix and Match Software Update

The Mix and Match Software development is progressing however until advised otherwise all Mix and Match work should be planned around the current data collection systems and processes.

Progress so far:
1. Closed Tender requests sent out.
2. Expert User Group established and current members are: Colette Breton and Yasmina Azmutally (Hutt Valley DHB),

Continued over
Mental Health and Addictions Advisory Group

At the face-to-face meeting, the MHADAG reviewed the information and learnings from the Mix and Match pilot to-date. A number of modifications have been identified to make the SSHW Unit tools more user friendly for Mental Health staff and ensure the workload is accurately captured.

The SSHW Unit will undertake work with TrendCare to identify an appropriate benchmark to account for the ‘other productive’ aspect of work – being the work required to be delivered in the service that is not directly attributed to an individual patient. The evaluation is still in progress and a second pilot is planned to test the modified tools.

DHB Update

Hawkes Bay is the latest DHB to commence implementation of the programme. The discovery phase is currently underway.

Lisa Skeet
Director SSHW Unit

CCDM as an Agent of Change

The CCDM evaluation has unequivocally identified the programme as an agent of change. Implementation of CCDM has resulted in change at many levels and spheres of DHB activities. Some of the changes include - changes to budgeting and planning practices; the quality, credibility, use and sharing of data; ways of working within and across teams and disciplines; and collective approaches to managing variance where previously these have been managed in isolation. Some of these changes require the relationships to be developed where they have not previously existed, and new ways of thinking and working within these relationships.

So what can we all do to be agents and leaders of change?
And how do we build our skills in this area?

The SSHW Unit will share links, resources and ideas, in the capacity as curators of information, tools and knowledge to support change that assists everyone involved in implementing CCDM.

In the Edge, an open access resource for change activists, Helen Bevan, (Chief Transformation Officer at NHS Improving Quality and the designer of the Releasing Time to Care Programme) says she doesn’t believe that change is something we can “manage” through mechanistic, rational programmes in order to deliver the results we need because it is too risk averse and too slow. She recently shared John Kotter’s YouTube video which articulates the difference between change management, and change leadership.

Acuity Tool Update

In June 2014, TrendCare Australia released V3.5, a much anticipated upgrade to the current TrendCare nursing workload and patient acuity software. Since release the upgrade has been confirmed as having gone live in 10 District Health Boards. A further two DHBs have currently installed the upgrade in a test environment.

The upcoming plans for TrendCare are to release V3.5.1 which will incorporate changes made to the Allied Health module as well as small changes and additions to patient types, reporting and auditing functionality. V3.5.1 is due in New Zealand sites by mid 2015. Those DHBs who are yet to go live with V3.5 will have the option to upgrade directly to V3.5.1.

Mid Term Forecasting Group

The Mid Term Forecasting Advisory Group has recently completed an Interim Report following administration of the Mid Term Forecasting Sector Scan with eight DHBs. The DHBs that were chosen were those where one of the Advisory Group members was employed. The Group felt that this would enable on-site support to the scans completion. The report is currently with the Safe Staffing Healthy Workplaces Governance Group for review, feedback and decision regarding further direction and next steps to inform the MTFAG work plan.
What changes have you made to your Surgical Ward since you implemented the three week work analysis intervention and FTE calculation (Mix and Match)?

Quick Wins
Some of the initial quick wins achieved for staff included the purchase of new equipment such as observation machines, and a change in the PCA observation policy.

Breaks
Staff were surveyed about taking breaks and based on that information break times were changed and breaks were formally scheduled for each team. The introduction of the swing shift nurse was able to relieve staff to take their breaks and care for their patients.

Swing Shift
Survey and data was gathered to identify the busiest periods of activity and patient demand during the day. This evidence was examined by the nursing team who recommended the need for a swing shift nurse who would work over these times. Management approved the nurse’s proposal and the swing shift nurse trial was piloted.

Handover
A team of nurses identified the risks and benefits from the original system of handover and established what improvements could be made within the RTC framework. A new handover information sheet within the care plan framework was introduced. The roles of each team member were described in relation to handover expectations and tasks. Standard operating procedures and a handover audit tool were developed, then the team had training on handover and the changes were introduced.

Team Nursing
A group made up of RN’s and EN’s identified the risks and benefits of team nursing. Taking into consideration clinical skill mix, the layout of the department and the day to day tasks of each role; the team designed a tool so that they were able to communicate with each other regularly throughout the day, better prioritise their workload, and support and educate each other whilst managing their time more effectively. Utilising the ‘check list’ tool they designated areas where each team were able to meet and catch up on the plan of care for their patients. They then identified their breaks on the main handover board so that senior staff were able to identify who was going on what break.

Report Two FTE calculation is in the final preparation stage; however it has identified an additional 1 FTE requirement.

The second installment of the Surgical Wards journey with CCDM and RTC will continue in the next newsletter
In September 2014 the SSHW Unit released a case study written in conjunction with a DHB close to full implementation of the CCDM programme. This case study used a timeline approach to describe the implementation of both Releasing Time to Care (RTC) and Care Capacity Demand Management (CCDM).

This ward has just independently re-run a full work analysis to determine the impact of both programmes. From this data it will be possible to determine whether achieving the recommendations of these programmes has had an impact on patient care (measured by missed care/ care rationing data and harm markers) the match between demand and capacity (measured by demand hours required versus capacity hours provided, and variance data) and the impact on staff (measured by the End of Shift Sheet survey – work effort, staff satisfaction and discretionary effort).

In addition financial information will determine the accuracy of the base staffing (recommended by the CCDM FTE calculation) and the actual capacity purchased by the service to meet patient needs. A follow up report is proposed for June 2015.

And to end …