Welcome to our winter newsletter.

The overall theme of this edition is Resilience. This recognises the theme of the 2016 International Nurses Day - May 12 - NURSES A force for change - Improving Health System Resilience. The International Council of Nurses (ICN) released a toolkit to underpin the theme which is current for the whole of 2016. ICN is a federation of more than 130 national nurses’ associations (NNAs), representing millions of nurses worldwide. Nurses who are part of their national nurses association (in New Zealand this is the NZNO) are automatically part of ICN.

Getting validated acuity data ready for the FTE calculation

Acuity data is used as part of the CCDM programme Staffing Methodology - FTE calculation. To get the best and most accurate results wards/units and DHBs need to understand what is required from the acuity data. For the most accurate FTE results the ward/unit needs to aim for the following:

- 100% of the patients categorised on every shift every day.
- 100% of the patients actualised on every shift every day.
- Patient types are within accepted benchmarks or understand and be able to articulate differences.
- Allocate staff screen is 100% accurate, Right staff on the right shift at the right time.
- Capturing clinical care and time away from the ward/unit.
- Casual staff are captured.
- Sick staff are captured.
- Meets DHB staff allocation guidelines of ‘splitting’ staff hours for shift coordination or housekeeping etc.
- 100% of staff have been IRR tested within DHB guidelines and meet the minimum IRR requirements.
- Annual testing.
- Minimum 60 indicators.
- >90% accuracy when tested.

Exploring the Links between Quality Improvement Strategies and Organisational Outcomes in Four New Zealand District Health Boards:


This report showcases the quality framework of the four DHBs and CCDM is a strong feature in two of them.

Quote of the month -“If you want to go fast go alone if you want to go far go together”.

The year is certainly speeding by with winter now well upon us.

CCDM Forum registrations are starting to roll in. We have confirmed the keynote speaker and abstracts are starting to flow in.

The CCDM Software testing is going to plan with Hawke’s Bay DHB having nearly completed their first Work Analysis utilising the new system. The next step is to complete the FTE calculation testing and then run two pilots. See below for more information.

A key report has recently been released by the the Ministry of Health, the Treasury and the Health Quality & Safety Commission:

WHERE: Brentwood Hotel Wellington (7 minutes from airport in free shuttle).


KEYNOTE SPEAKER: Dr Carl Horsley - on Resilience in Health Care.

Dr Carl Horsley is a dual trained Intensivist, who is the current Clinical Head of the Critical Care Complex at Middlemore Hospital. He is a member of the Resilient Healthcare Network and recently co-authored a chapter on a project he introduced to enhance the ability of staff to adapt to changing situations within the Critical Care Complex.

This approach sees people as the key resource required to deal with the complexity of modern healthcare and has led to improved staff engagement, improved quality care and a more patient-centred view. Carl's keynote will be topical, relevant and relatable and is a good fit with this years ICN resilience theme and to the CCDM connect forum overall.

We are offering training on the new software, in Wellington on the 13th July for up to two key personal from each DHB. This will be at held at the Miramar Golf Club (by Wellington Airport) from 10-2pm. Travel cost will be required to be covered by each DHB. If required, another day will be run towards the end of August.

For those DHBs who are new to the programme, and have yet to do any of the staffing methodology, full training will be given as part of the CCDM programme implementation.

Prior to running a live Work Analysis and/or FTE Calculation in the software, the following is required:

- A Letter of Agreement and programme of work that includes FTE calculations and Work Analysis is in place.

- All the IT requirements are met (these will be made clear at the training).

- The validated acuity data meets the required standard for the FTE calculation to be run.

- Staff assigned to use the software are familiar with the FTE/Work Analysis process and competent in web programme use.

The SSHW Unit will provide:

- Support to use the software by telephone after the training.

- A Software User Guide.

Can you please reply by the 29th June, to lisa.skeet@dhbss.health.nz if staff from your DHB are able to attend the training in Wellington on the 13th July.
Answers to 3 questions about CCDM – In Your Experience
- Leona Dann, Regional Midwifery Director, Whanganui DHB - now working at The Health Quality and Safety Commission

Every newsletter we will ask a stakeholder to respond to 3 questions about the impact of CCDM.

1. What is the most obvious organisational change you have noticed as a result of CCDM?

When I reflect on this question and the obvious organisational change I decide that it has to be the variance response management (VRM) plans, and the second less obvious, but also beneficial, would be Releasing Time to Care (RTC) being run alongside CCDM.

Whilst in some wards I understand RTC went better than in others, it does seem to have made a difference for the nurse. VRM is making a difference, including in maternity services, and it appears that nurses and midwives are starting to believe in VRM.

At the end of the day this is what CCDM is about, maximising the time to provide care directly to the patients, in an environment within which the nurse (or midwife) feels safe and supported.

2. What difference has it made to your individual job?

As maternity was not involved in the initial CCDM at MidCentral, the maternity services has been less affected by the CCDM programme. At Whanganui, maternity was included from the commencement of CCDM which has been to the service’s advantage. However, for me as the Director of Midwifery it provided a vehicle by which staffing and safety concerns in maternity were discussed and I hope in due course that CCDM will be able to be more inclusive of Maternity services. There is an excellent opportunity to improve the service by the use of some of specific components including RTC.

3. What has been the most challenging aspect of implementing the programme?

This would have to be installing belief that CCDM is for the nurses and midwives in their day-to-day work.

I think CCDM needs to be tangible, something that nurses can identify as benefiting to them, which is why VRM is a great example. However, most wouldn’t associate VRM with CCDM. I think the best is just regular information sharing and updates that CCDM includes VRM etc.

What we have been reading

International Council of Nurses – International Nurses Day resource

An extensive list of the latest Nursing Research

From the NHS School of Health Care Radicals – Rolling with resistance (Go for No)
http://theedge.nhsiq.nhs.uk/school/module-3/

A toolkit for collaboration of front line and finance staff
http://www.futurefocusedfinance.nhs.uk/sites/default/files/CollaborativeToolkit.pptx

Milestones in Quality Improvement Measurement article
http://www.hfma.org/Leadership/E-Bulletins/2016/March/Milestones_in_Quality_Improvement_Measurement/?utm_campaign=E-Bulletins&utm_medium=email&utm_source=hs_email&utm_medium=email&utm_content=28283679&_hsenc=p2ANqtz-8PaZyfUKiy69eBYr-PiYFxcpZHYYUFexESNnGkIjynzirQus_z4amRITEcCQR9X5puDlyDaEjUIHCbkX2wu_amyuBtmA&_hsml=28283679

Story Telling an Important Change leadership tool
Safe Staffing Healthy Workplaces Unit developed a poster in keeping with the theme of International Nurses Day - NURSES a force for change - Improving Health Systems Resilience - that illustrates how the components of CCDM assists in health system resilience.

Improving Health System’s Resilience

12th May
International Nurses Day

How CCDM improves health system resilience

Comprehensive evidence based calculation of the required staffing base to meet demand 24/7
Capability to forecast & predict demand and capacity using quality data and cross system collaboration
Develop the relationships and trust that create a dynamic & elastic system

Real time whole of system visibility of demand and capacity
Real time clinician led alerting systems
Multiple strategies for responding effectively to the unexpected at all levels of the organisation

Uses multiple sources of high quality data to review function and responsiveness prior to and during disturbance
Establishes structures that lead to local adaptive governance for performance monitoring and continuous improvement

Resilience in healthcare is the healthcare systems ability to adjust its functioning
prior to
during
following
changes and disturbances, so that it can sustain required performance under both expected and unexpected conditions (Braithwaite, Hollnagel & Wears 2014)

The right people, the right place... the right care!