At the beginning of August the SSHW Unit released the revised core data set. The core data set measures how DHBs are doing against the three sides of the CCDM triangle:

1. Quality patient care
2. Quality work environment
3. Best use of health resources.

Measures are aligned with one side of the CCDM triangle or another according to the research. For example, staff mix is included under ‘quality patient care’. This is because higher levels of RNs have been associated with lower patient mortality rates and failure to rescue. The core data set places equal priority on quality patient care, quality work environment and best use of health resources. The core data set has a minimum of 23 recommended measures. Each of the measures is defined and method of calculation described. Most of the measures are already collected by DHBs. Four measures are likely to require manual data collection. These include care rationing, staff satisfaction/engagement, roster gaps and shifts below target. Of these four, two are collected quarterly. DHBs can choose to add additional measures or additional calculations e.g. percentage.

It is expected that at a ward level all 23 measures will be collected and reported by the nurse/midwife leader to their line manager and by the directorate to the CCDM Council. Value is gained from having a complete picture of all 23 measures over time. The premise is, if you don’t measure, you don’t know. If you don’t know, you can’t improve. Without measurement there is no improvement (except by chance).

For ward staff, 5-6 measures could be selected for discussion on a monthly basis. These measures give clinical staff a voice to lead through a common language and shared goals. Together staff can improve the quality of care, the quality of the work environment and in turn, achieve the best use of health resources.

Colette Breton - CCDM informatics Programme Consultant
Firstly we hope you like the new refreshed look for the spring edition of the CCDM newsletter.

One of the highlights over the past few months was the CCDM Site Coordinators face to face meeting in Wellington and a report on this day is included on page 4.

One of the highlights in the last couple of weeks was the CCDM Site Coordinators face to face meeting in Wellington and a report on this day is included on page 4.

The programme Standards Assessment and annual plans have now been completed by 13 DHBs. Formal feedback has been sent to each DHB CCDM Council via the Co-Chairs of the SSHW Governance Group.

The CCDM Staffing Methodology software is now being utilised by 10 DHBs with the majority of these planning on completing their FTE Calculations for the 2018/2019 budget round.

Work continues to progress well on the completion of the CCDM Manual which will be a How to Guide of implementation.

I recently attended the Hawke’s Bay DHB Hospital wide VRM launch which saw many months of hard work come to fruition. An excellent example of partnership in action and everyone involved should be very proud of what has been achieved. We will be featuring a story on their VRM journey in a future newsletter.

I recently visited MidCentral DHB and attended their CCDM Council meeting and a photo opportunity was available with some of the key stakeholders.

We were also very pleased to welcome a new member of staff – Megan Buckley. Megan will be working with Auckland DHB and she introduces herself further down the newsletter.

“No the CCDM Manual... a How to Guide of implementation.”
3 Questions

1. How do you see the CDS supporting DHBs to deliver Quality patient care, Quality work environment and the best use of health resources?

Hilary Graham-Smith
Co-Chair SSHW Governance Group

The CDS provides DHBs with a clear process for assessing and measuring how they are doing against the indicators for each measure. In my view, there is nothing in the CDS that a DHB would not want to do if they are committed to safe patient care, safe staffing and a safe working environment. We are all agreed that we want the best possible outcomes for patients that come into our care; making the CDS integral to the quality monitoring systems will provide a clear picture of areas DHBs are excelling and areas where improvements need to be made.

Megan Boivin,
GM Operations Southern DHB

The Core Data Set is a combination of data elements all presented in one place that reflects how our organisation is functioning in terms of quality of care and resource utilisation. Firstly the ability to display so many indicators all together is a really valuable and powerful presentation.

At a glance we can see how we are performing, where we have challenges with a demand / capacity mismatch, this is certainly a barometer we use each month. We use the CDS at our local data councils to inform our action plans, looking for opportunities, how can we do better for our patients and staff.

Julie Robinson (DON)
Co-Chair SSHW Governance Group

If we want to understand how safe our services are we need to measure and monitor them. Without measurement we will not know how good we are and where we need to improve. All three aspects are interdependent hence the need to have measures under patient care, work environment and health resource use. Measures not only tell us how good we are and where we need to improve. All three aspects are interdependent hence the need to have measures under patient care, work environment and health resource use. Measures not only tell us how good we are and where we need to improve. All three aspects are interdependent hence the need to have measures under patient care, work environment and health resource use. Measures not only tell us how good we are and where we need to improve. All three aspects are interdependent hence the need to have measures under patient care, work environment and health resource use. Measures not only tell us how good we are and where we need to improve. 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2. What do you see as the challenges of implementing the CDS and how could these be addressed?

Hilary Graham-Smith
Co-Chair SSHW Governance Group

The innate need to change the ‘recipe’ and make it work for ‘our’ place. Resist the urge to tweak, adapt, rework, and revise. At least in the first instance use the CDS as it is, accrue the data then contribute to a conversation about how it might be improved if indeed that is required.

Megan Boivin,
GM Operations Southern DHB

The biggest challenge is getting agreement on what should be reported and the definitions, as you certainly want to ensure they are well understood within the organisation, a common language is always important. The second thing for us was how to display them, so that they were able to be distributed across the organisation and also able to be displayed for everyone to see. While we have not yet been able to capture all of the elements we had identified we have been able to produce a significant number of them. The ones that continue to challenge us are those of patient satisfaction, complaints / compliments (while we capture this, fitting it into a our electronic systems in place. I have a dislike of burdening frontline staff with data collection. My recommendation would be to don’t wait for perfection just get started.

Julie Robinson (DON)
Co-Chair SSHW Governance Group

I think the number of measures can certainly be reduced if indeed that is required. To a conversation about how it might be improved if indeed that is required. At least in the first instance use the CDS as it is, accrue the data then contribute to a conversation about how it might be improved if indeed that is required. Resist the urge to tweak, adapt, rework, and revise. At least in the first instance use the CDS as it is, accrue the data then contribute to a conversation about how it might be improved if indeed that is required. The CDS is the gap)

3. What one change would you like to see it make?

Hilary Graham-Smith
Co-Chair SSHW Governance Group

The CDS creates an opportunity to monitor the outcomes of implementing the CCDM programme. I am hopeful that that will see DHBs budgeting to staff not staffing to budget.

Megan Boivin,
GM Operations Southern DHB

We need to also look to include the Health, Quality and Safety markers such as falls, hand hygiene, pressure areas, it would be great to have this all in one place rather than duplication of reporting.

Julie Robinson (DON)
Co-Chair SSHW Governance Group

Clearly and ideally, safe patient care and nurses who can come to work and deliver great care – oops two changes.

“...the ability to display so many indicators all together is a really valuable and powerful presentation.”
Last month the CCDM Site Coordinators and SSHW Unit spent a day together sharing knowledge, improving our understanding of CCDM, and simply being together. We asked two Site Coordinators to share their highlights from a packed agenda:

- Dianne Kerr from Whanagnui DHB particularly enjoyed the networking opportunity and gained useful know-how techniques for using the CCDM software to support a robust roster testing session with ward and union leaders.

- Hauora Tairawhiti’s Site Coordinator Jane Wilkie shared that there is generally only one CCDM Coordinator in a DHB, so networking with like-minded people is hugely beneficial to role satisfaction and sustainability of motivation. Jane’s forum highlight was a reflective practice model presentation by Emma Hooper of Taranaki DHB. Emma’s reflection was about her transition from a clinical role in ED to a CCDM Site Coordinator. The group were presented insights for self-managing in new unfamiliar territory. The adoption of being a fly on the wall so you can watch “yourself” and reflect both in the moment and in hindsight are useful mental models to regulate and improve your practice. Also taking the time and giving commitment to clarity and conviction about your own values helps you understand how to navigate relationships so vision and purpose are achieved. The CCDM Coordinator group will be meeting again in March 2018.

...a day together sharing knowledge, improving our understanding of CCDM, and simply being together.”

New SSHW Team Member

My name is Megan Buckley and I have recently started as CCDM Programme Consultant for the Safe Staffing Healthy Workplaces Unit. I have been a registered nurse for over 20 years. I have been fortunate to work in many areas of nursing over the years. My most recent position was with the New Zealand Nurses Organisation doing CCDM. This position required me to work closely with the Safe Staffing Healthy Workplaces Unit, so the transition so far has been fairly smooth.

Being in and around CCDM from its inception is a real advantage when working with CCDM Councils. I bring a practical, operational and pragmatic point of view to the table. I am currently working with Auckland DHB and co-leading writing the CCDM manual. I am excited about both prospects and look forward to seeing the outcomes.
**Validated Patient Acuity Tips**

**Hours Per Patient Day – HPPD is generated in many ways:**

- **HPPD**: Hours per Patient Day. This is the ratio of staff hours per patient day.
  - 8 hours available to deliver care, patient care hours closely match 8 hours

- **Clinical Hours**: all time available to provide patient care and associated clinical support activities

- **Non Clinical Hours**: time spent by staff working in nonclinical departments or by staff performing non clinical activities supporting the clinical care areas. These hours are not available to provide patient care.

- **Productive Hours**: are the paid hours for employees to perform work in the ward / department.

- **Non Productive Hours**: are the paid hours for employees relating to training, and other professional development activities.

- **Training Hours**: Paid hours spent in attending educational activities and unavailable for clinical care.

- **Absentee Hours**: are the paid and non-paid hours relating to absenteeism, e.g. sick leave, family leave

Nationally the TrendCare Coordinators have been working on Mental Health – understanding and applying the TrendCare User Guidelines. There were four teleconferences over two months increasing TrendCare Coordinator and Mental Health leaders’ knowledge.

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**Upcoming Events**

TrendCare Coordinators workshop 20th October. This year it is being held in Wellington and hosted by Capital and Coast DHB. Bookings are essential, contact TrendCare Australia via email support@trendcare.com.au.

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**Contact Us**

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