Overview
Welcome to the latest update from the Allied Health Advisory Group (AHAG) and the Safe Staffing Healthy Workplaces (SSHW) Unit. This update aims to keep you informed about the activities of the AHAG and SSHW Unit specifically in relation to the Allied Health workforce.

What is the Allied Health Advisory Group?
The Allied Health Advisory Group (AHAG) commenced in August 2012 with the vision of delivering a workforce environment that supports safe and effective patient care.

Update on the AHAG Work Plan:
Since the last Newsletter Update (April 2015) the Allied Health Advisory Group (AHAG) has been busy with their work plan to progress the development of validated patient acuity data so that allied health can participate in the full Care Capacity Demand Management (CCDM) Programme.

What is Care Capacity Demand Management (CCDM)?
CCDM is about improving the quality of care for patients, the work environment for staff and the organisation’s efficiency. All aspects are equally important and a balance must be achieved which does not sacrifice one aspect in order to achieve the others.

CCDM enables:
- The right number of staff,
- Who are appropriately skilled,
- In the right place,
- At the right time,
- With the appropriate resources (capacity),
- To meet the patients needs (demand) and deliver safe, effective and efficient care.

This all wraps up in ensuring that CCDM is accessible and suitable for all DHB Allied Health Services.
Work is currently underway with the support of Technical Advisory Services (TAS) to develop a process, data base and analysis framework to analyse and benchmark the data collected across the 5 pilot sites (Auckland, Waitemata, Whanganui, Hutt Valley and Nelson/Marlborough DHBs).

A core data set has been developed for 6 inpatient profession groups (physiotherapy, social work, occupational therapy, speech and language therapy, dietetics and therapy assistants). For the pilot sites, the data is being collected within the TrendCare system, but the intention of creating the core data set was that it could be applied to any other information management system that a DHB may use.

The desired outcome of the analysis framework is that it will enable benchmarking and visibility on allied health interventions, clinical outcomes, best practice models of care and associated costings.

Any DHB wishing to obtain a copy of the core data set can contact: huia.swanson@dhbss.health.nz (Note: they will be unable to be included in initial analysis work)

Allied health clinicians using TrendCare have provided some feedback about their experiences…

Feedback:
“I find TrendCare easy to use and efficient”
“If information is entered daily, it can be a good summary of work timeframes”
“I very much prefer this than the other stat collection system. It is very simple and less time consuming”

Response:
Clinicians are all busy people – entering data should be as efficient and simple as possible.

Feedback:
“At the end of the day it’s another task to complete on top of everything else. Will it benefit our service, my colleagues and our patients - not sure…?”
Response:
This is a good question. Remember that the aim of the AHAG is to develop a nationally approved staffing methodology suitable for allied health, and so allied health can fully participate in the CCDM Programme. By collecting, analysing and reporting on clinical data, the contribution of allied health becomes visible and clearly integrated into the patient pathway. So yes, by collecting this data, the analysis will be used to benefit your service, your colleagues and your patients.

Feedback:
“I would like to hear about the data collected”

Response:
Clinicians have often told us that they want to see reports and hear back on the data that they have been asked to collect. It is important that the feedback information is visual and simple to interpret. For the pilot sites, regular reports will go back to each DHB to meet the needs of clinicians, managers and those making service delivery decisions.

Feedback:
“I can't see how TrendCare can be used for service planning as it does not record patients who are not seen, that ideally would be seen if we had sufficient staffing”

Response:
For those DHBs who have TrendCare v3.5.1, the Allied Health Module now enables clinicians to enter those activities that they intended to deliver to a particular patient on a given day, but were not able to for a variety of reasons. So, as well as capturing those activities that were provided to a patient, capturing the unmet need is also of equal importance. If we can make visible a truer picture of patient need, we can promote sufficient staffing to meet that demand.

Care Capacity Demand Management

If your DHB is implementing CCDM, then speak to your line manager, Director of Allied Health, or someone else in the know, about what’s happening with CCDM and how allied health can also be involved.

Who do I contact for more information?

We are really keen to have Allied Health professionals involved in this journey and want an open engagement as we progress to a better future for our workforce and patients.

For further information contact the Allied Health Programme Consultant Huia Swanson at huia.swanson@dhbss.health.nz or PSA Organiser Sue McCullough at Sue.McCullough@psa.org.nz or your Union delegate.