

CCDM

Care Capacity Demand Management

Allied Health



July 2018

Overview

Welcome to the first Allied Health Care Capacity Demand Management (CCDM) newsletter for 2018. In this issue we welcome back Huia Swanson from maternity leave. We then provide an update from the Allied Health Advisory Group and their 2018 work priorities. We then shine a Spotlight on Hauora Tairāwhiti DHB, as Carl McDonald gives his account of the benefits of having dedicated TrendCare coordinator resource in place for allied health.

In this issue

- Welcome back Huia Swanson, Allied Health Programme Consultant
- Update from the Allied Health Advisory Group
- CCDM Spotlight – Data capture

SSHWS Unit Update

We welcome back Huia Swanson, Allied Health Programme Consultant with the Safe Staffing Healthy Workplaces Unit. Huia has returned from 12 months maternity leave. Huia continues to act as secretariat to the Allied Health Advisory Group. Huia is also available to support all allied health staff with regards to CCDM.

The SSHWS Unit also welcomed interim director Jane Patterson, who will be supporting the Unit until September 2018.

Allied Health Advisory Group - Update

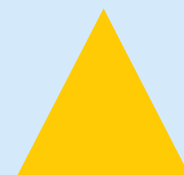
The Advisory Group has met twice this year (March & June). They are scheduled to meet a further two times this year.

The Advisory Group is tasked with overseeing the delivery of a programme of work so that CCDM programme methodology is accessible and suitable for DHB allied health services in New Zealand.

A core focus of their work has been to develop a staffing methodology for allied health services - this means being able to determine how many staff are needed for patient care.

A pilot has occurred where six DHBs have used a **standardised Activity Data Set** to capture clinical interventions. The DHBs involved are Auckland, Waitemata, Whanganui, Midcentral, Hutt Valley and Nelson Marlborough. The pilot has now concluded. The next steps are that the SSHWS Unit will undertake a formal review with the DHBs involved over the next 6 weeks. The aim of the review is to simplify the codes to make them clearer and simpler for clinicians to use. The review should be complete by September, and **the revised standardised Activity Data Set will then be available for national use.**

*“Help us to help you.
Your voice,
your chance”*



The Advisory Group has also tested a proposed staffing methodology. They have determined that it is not yet suitable for allied health's CCDM needs. Further work will take place to progress a staffing framework, which will incorporate the following elements:

- Patient flow
- Patient related outcomes
- Information to help balance workflow and staffing
- Integrating AH into variance response management
- Exploration of other methodologies to develop a safe staffing planning and forecasting tool / software

Allied Health Advisory Group – 2018 Work Priorities

1. Development of an allied health staffing model / workforce measure
2. Determining what the other CCDM components means for allied health: variance response management and core data set
3. Outpatient and community expansion
4. Engaging with Mental Health Services – development of an Activity Data Set for this service area

CCDM Spotlight – Data capture

Carl McDonald is currently Acting Clinical Leader Physiotherapy at Hauora Tairāwhiti DHB. Prior to this position, his role was Senior Physiotherapist and he also held 0.2FTE as **Allied Health TrendCare Coordinator**.

Within the TrendCare Coordinator role, Carl was able to set up the system with the standardised Allied Health Activity Data Set, provide training to all of the allied health staff and to be available to support staff post implementation.

Staff enter patient intervention data daily, and also use the Allocate Staff screen, which is a core feature for allied health; being able to account for both clinical and **non-clinical activities** - such as supervision, non-clinical meetings and training.

Carl said that the role was beneficial because it delivered, "Increased visibility of what allied health do. If they are visible, demands on services are considered and dealt with appropriately".

Carl said that some of the challenges included:

- A bottom up approach – whilst it's great to have buy in from staff, you also need support and a mandate from senior leadership.
- The need to have one system used by all – data has organisational implications, so having one system well maintained is so important.



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 of Allied Health, or CCDM Site Coordinator.

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