

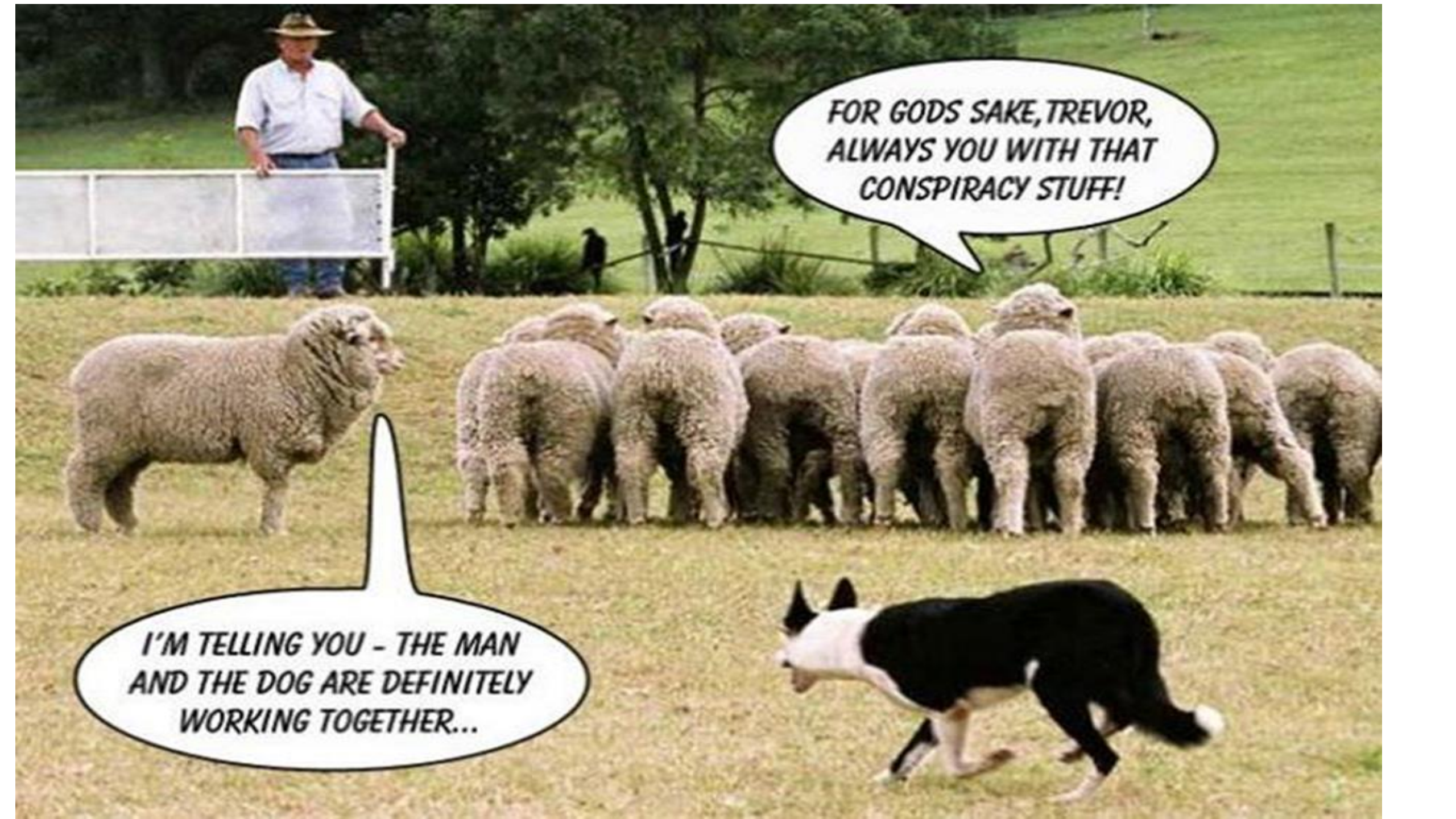
Care Capacity Demand Management



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

Hilary Graham-Smith
Associate Professional Services Manager





**FOR GODS SAKE, TREVOR,
ALWAYS YOU WITH THAT
CONSPIRACY STUFF!**

**I'M TELLING YOU - THE MAN
AND THE DOG ARE DEFINITELY
WORKING TOGETHER...**

Care Capacity Demand Management



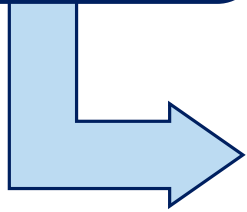
The right people, the right place... the right care!

- Where has CCDM come from?
- What does CCDM offer?

Two decades of health reforms

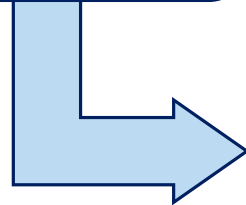
Mid
1980s

- Major health system review
- Average length of stay down 20%
- Response to cost pressures was to reduce the number of nurses in NZ hospitals by 36%



1990s

- Second wave of health reforms
- Even greater demand for efficiencies



2001

- NZNO members looking for legislated or mandated minimum staffing levels

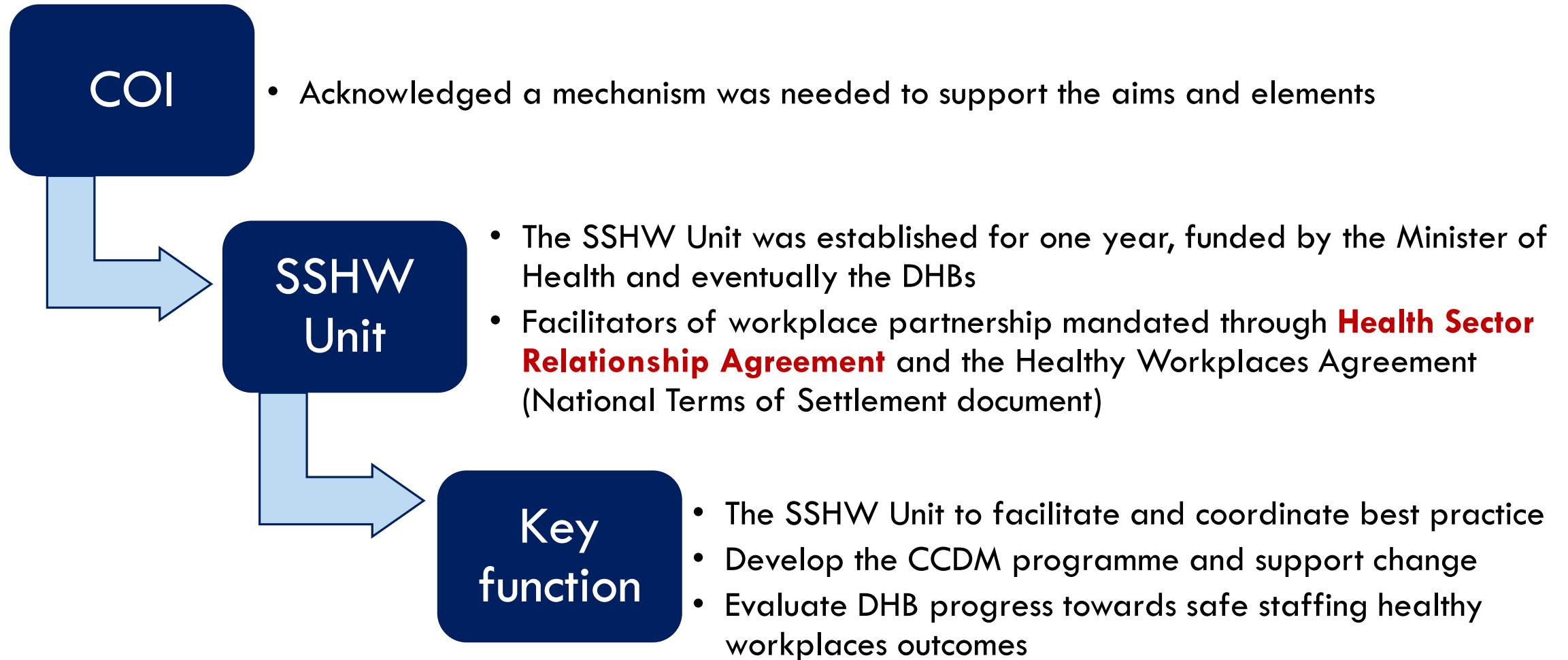
~~Nurse/patient
ratios~~

Committee of inquiry established

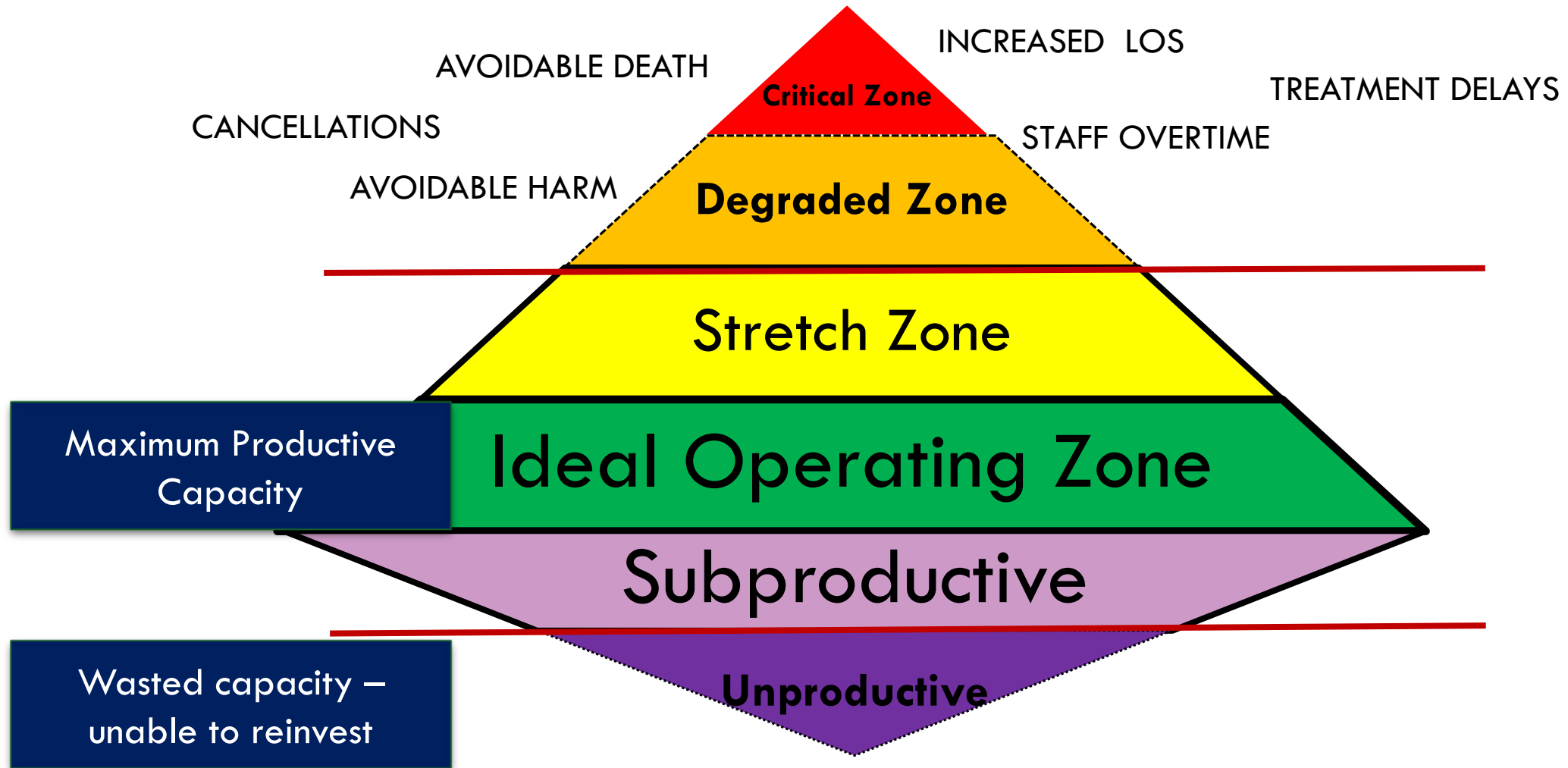


Objectives

A way forward



Organisational resilience - zones



- Reduce demand (cancel/defer) – affects productivity & volumes
- Increase capacity by using unbudgeted resources tagged for future activity (extras, overtime) – impacts financially and on future service provision
- Increase capacity by cancelling planned non clinical activity (e.g. education or leave) – impacts on workforce & ultimately service quality
- Require extraordinary work effort
- **reduce quality of service**

- Budget over run
- Queuing
- Production delays
- Service cancellation
- Care rationing
- Harm/error incidents/adverse events
- Poor patient placement
- Increased staff discretionary effort (missed breaks/overtime)
- Staff fatigue/anxiety or distress
- Staff feeling professionally compromised
- Avoidable patient deaths

How CCDM improves health system resilience



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)

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

Staffing methodology

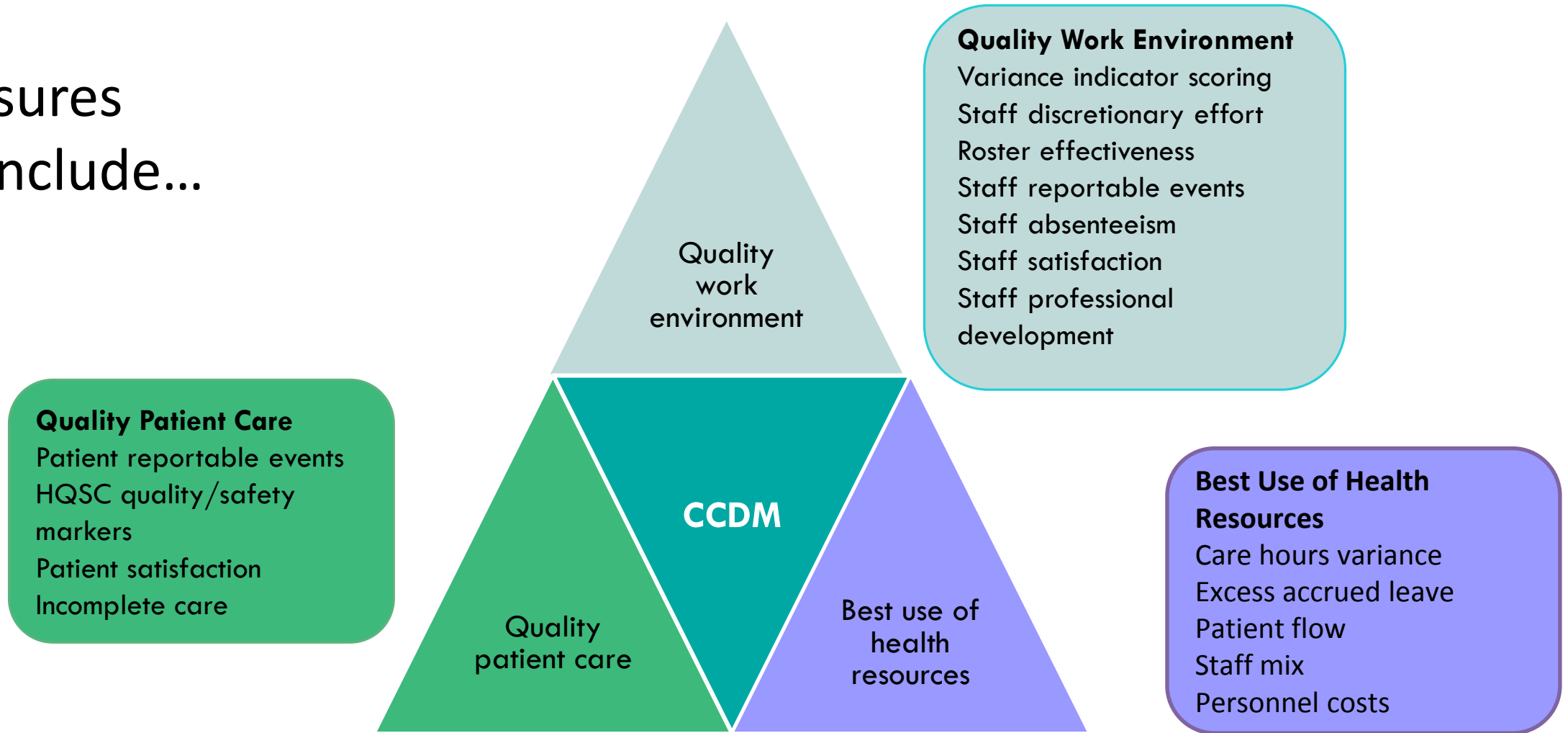
Variance Response Management

Core Data Set

CCDM: A force for change – improving health systems' resilience

What is a Core Data Set?

Measures
can include...



CCDM components



Service delivery
Accurate staffing models

Work Analysis
FTE Calculation



Effective planned
responses to deal
with residual
variance

VRM tools and process



Accurate planning
Resource
Design

Quality patient care
Best use of health resources
Quality work environment

Partnership – Validated Patient Acuity – Communication – Leadership

CCDM components

Letter of agreement between the parties signaling commitment

**DHB CCDM
Council**

Partnership

**Validated
Patient Acuity
Tool**

**Communications
Leadership**

**staffing
methodology**

**variance response
management**

**core
data set**

WHAT DOES CCDM OFFER

Historically rostering is based on

- 'Guestimate'
- Midnight census
- Flat Roster e.g. 6 – 6 – 2
- CNM vs 'top down' budget model

To Achieve all the Expected Outcomes of CCDM

All programme components need to be fully implemented.

AND

The identified required changes need to be put in place.

Progress report

- Slow patchy implementation
- The utilisation of only some of the tools and processes
- Staff change management readiness
- Limited ongoing resourcing of the programme
- There is national expectation of increase pace and scale but constraints & enablers are at the local level.

CCDM needs you

**HEY – SOMETIMES
CHANGE IS A
GOOD THING!**



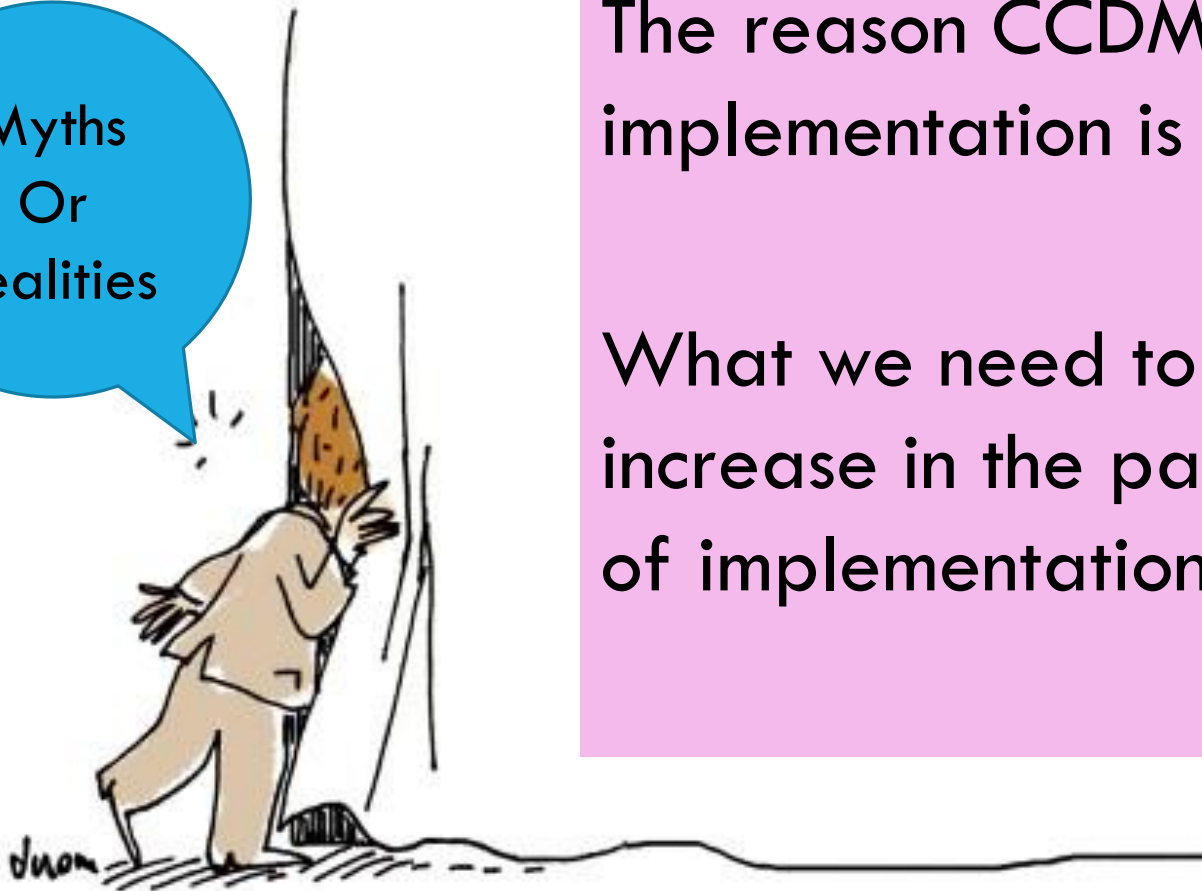
©2009 BALOOCARTOONS.COM





Time to pause....

Myths
Or
Realities



The reason CCDM
implementation is slow is...

What we need to support an
increase in the pace and scale
of implementation is....

Quality Improvement Enablers

Common success factors across most or all of the DHBs, included

Alignment to strategic goals

Executive and clinical **leadership**

Culture and capability

Measurement and results, and

Consumer engagement and patient experience

Advice for others:

Do not underestimate the amount of time it takes for changes to bed in & benefits to be realised.

Investment in analytical capability and data systems was often identified as a key enabler.

Attribution of savings, efficiencies or improved outcomes to specific programmes can be problematic in cases where multiple QI initiatives are introduced .

Quality improvement programmes can vary in their financial impact

Here's our wish list – it's all about you

Success in 2020

- All DHBs have a validated acuity tool
- Labour led government will mandate CCDM and provide sufficient resources
- Members will be enjoying safe and healthy workplace environment
- Readmissions will be reduced
- Sentinel events, reports to HDC, NZNC investigations are reduced

Success in 2025

- DHBs are resourced for to achieve all of above with the internal capacity to administer – throughout the whole system
- DHBs profit from sales of CCDM programme and invest the profits in Nursing
- Commitment to CCDM is mandated across all political parties
- Nursing is an attractive career choice
- Retiring nurses will have confidence in the health system to look after them – giving quality, safe care
- The wider healthcare team will have adopted the CCDM programme
- Public confidence in health services is restored – no waiting lists for elective surgery
- “There will be world peace!”

Some final thoughts.....

Nurse health and wellbeing – you cant be healthy unless you have a work environment that supports you to be the whole of who you are

Jacquie Kidd

Do nothing, say nothing and get nowhere Aristotle modified

Ramp it up and be courageous



**whakawhetai ki a koutou
thank you**