

# Care Capacity Demand Management



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

***Are we there????***



***IT IS A JOURNEY***  
***WE ARE MOVING TOWARDS***  
***COMPLETING IT***

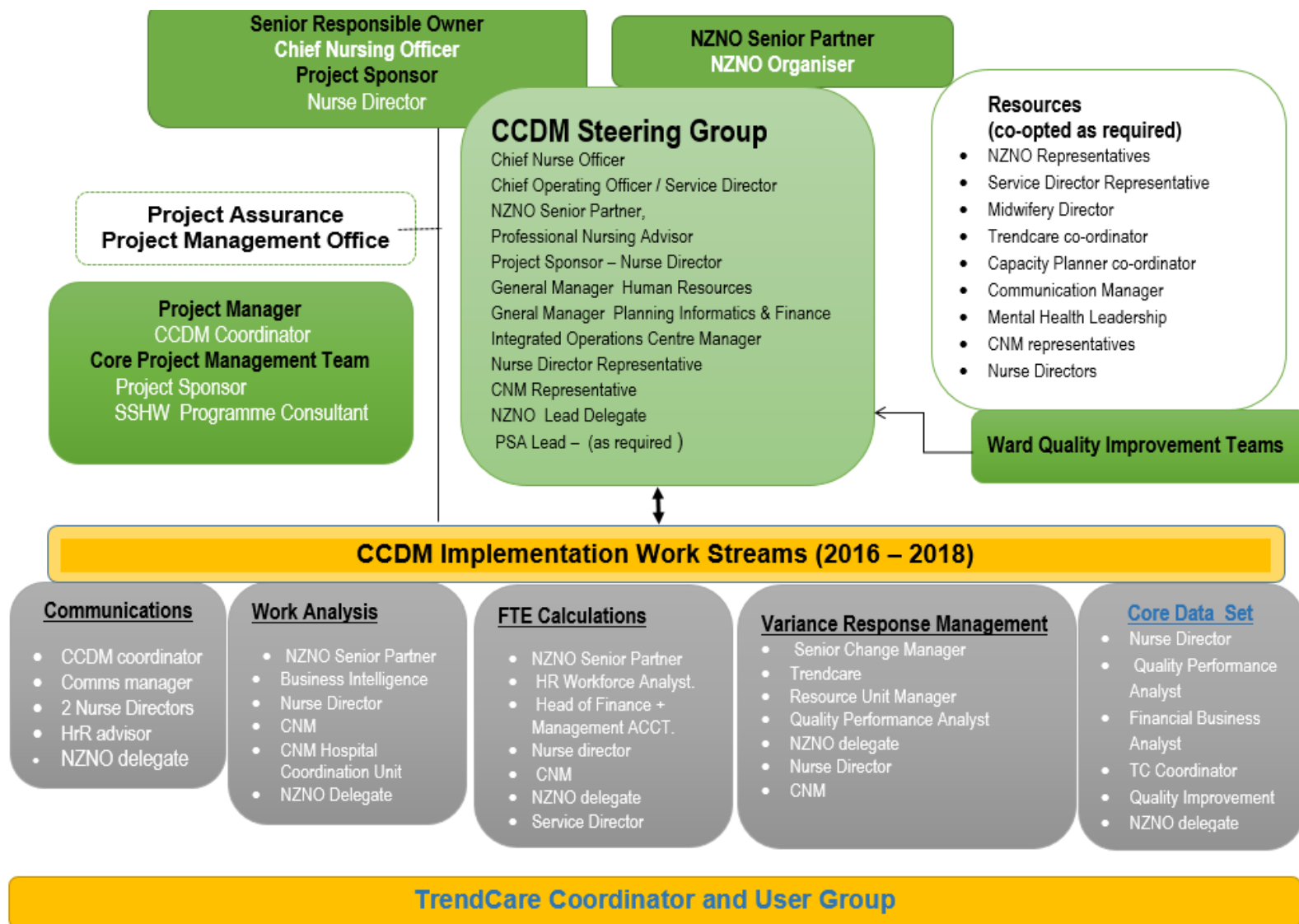
# Our Journey



- CCDM Structure
- Project management
- Leadership – people and culture
- Quick wins
- Key considerations
- Key messages
- Next Steps



# CCDM Steering Group Structure





# Leadership

Chief Nursing Officer  
Senior Responsible Owner



Chief Executive

Executive Leadership Team

CCDM Steering Group

CCDM Programme  
Manager

Nurse Leader  
Project Sponsor

NZNO Organiser



SSHW Programme  
Consultant

# Process Management

- **CCMD Letter of Agreement** – Set out activity scope, including timelines. This also provided a description of the people and roles required to be involved with CCDM implementation and governances. First initial critical mass.
- **PMO** Each month a CCDM project progress report is submitted to the PMO, Chief Nursing Officer, and CE. The CCDM Programme is on the DHB's Project register and prescribes the framework for how the programme will be implemented. This ensured an appropriate accountability pathway to the Executive. Initial investment tapers off as project is consolidated and progress is settled

**The Project Terms of Reference is re-visited between the Site Coordinator and PMO on a regular basis to ensure changes are managed effectively and transparently**

SAFE Staffing HEALTHY Workplaces

**CCDM**

Care Capacity Demand Management

NZ District Health Boards & Health Unions working together

### MAJOR MILESTONES/ TIMELINE AND RESOURCES REQUIRED

[illegible]

# How Work Streams Work?

- Meet once a month for one hour a day prior to the CCDM Steering group meeting
- Management of CCDM Programme components
- Test timelines and assumptions
- Barriers and enablers to success identified
- Timelines established
- Recommendations endorsed and checked
- Recommendations to Steering Group



# Communication

- For a 3 year programme of activity we needed to keep communication regular (no news is still news, keep it brief, communicate quick wins and progress to maintain momentum, with lots of pictures)
- Regular newsletters with standard format
- Detailed communication pathways to finalise ward FTE and rosters and Work Analyses decisions from CCDM Steering Group.  
**(recommendation + decision + action for change + expectation)**
- So far there have been 185 people involved in CCDM implementation just for Work Analysis + FTE Calculation.

## CARE CAPACITY DEMAND MANAGEMENT

March 2017

Variance Response Management goes live in A4 and A1

A1 and A4 staff are now using a variance indicator scoring system showing live ward status data using a coloured traffic light model on the hospital at a Glance (Haag) screens.

A4 Clinical Nurse Manager Alison Olsen said the new Variance Response Management (VRM) scoring system had already proved invaluable for staff having shown A4 to be amber on several occasions and red on one occasion.

Means	Additional capacity
Green	Staff meets Demand
Yellow	Early Escalation
Amber	Significant Care Capacity Deficit
Red	Critical Care Capacity Deficit

"The launch been really positive because we've been able to quickly identify the need for extra resources and have been able to call in RN's and CA's to help," said Alison.

"We have gone from a situation of staff feeling overwhelmed with the acuity and workloads to feeling well supported thanks to the extra help. All this results in patient care not being compromised and continuing to be delivered in a timely manner."

Alison said since the launch, staff from other inpatient areas had also volunteered to support the wards by helping to return their status back to green.

"This is a culture change being led by staff themselves. It has been fantastic to witness this proactive approach and how teams are pulling together to push through busy periods."



Staff in A4 and A1 updating their ward status on HAAG screen based on the VRM indicators

- right number of staff
- appropriately skilled
- at the right time
- in the right place



Work Analysis Data Collection with a 100% completion achieved in B3 (Orthopaedic Ward)



B3 nursing staff geared up to start Work Analysis.



Shelly, RN and Trish Wilkens, ACNM B3 discuss the Work Analysis data collection work sheet.

Once again nurses and health care associates have put in 100% effort to collect data for CCDM work analysis.

For two weeks staff ticked boxes every half hour during their shifts, capturing all aspects of their daily demands. Work analysis identifies a ward's workload characteristics and how it could be better managed or supported to ensure a smooth efficient working environment.

While there were initial teething problems to keep the momentum going when shifts were busy, staff have enjoyed reviewing the collected data.

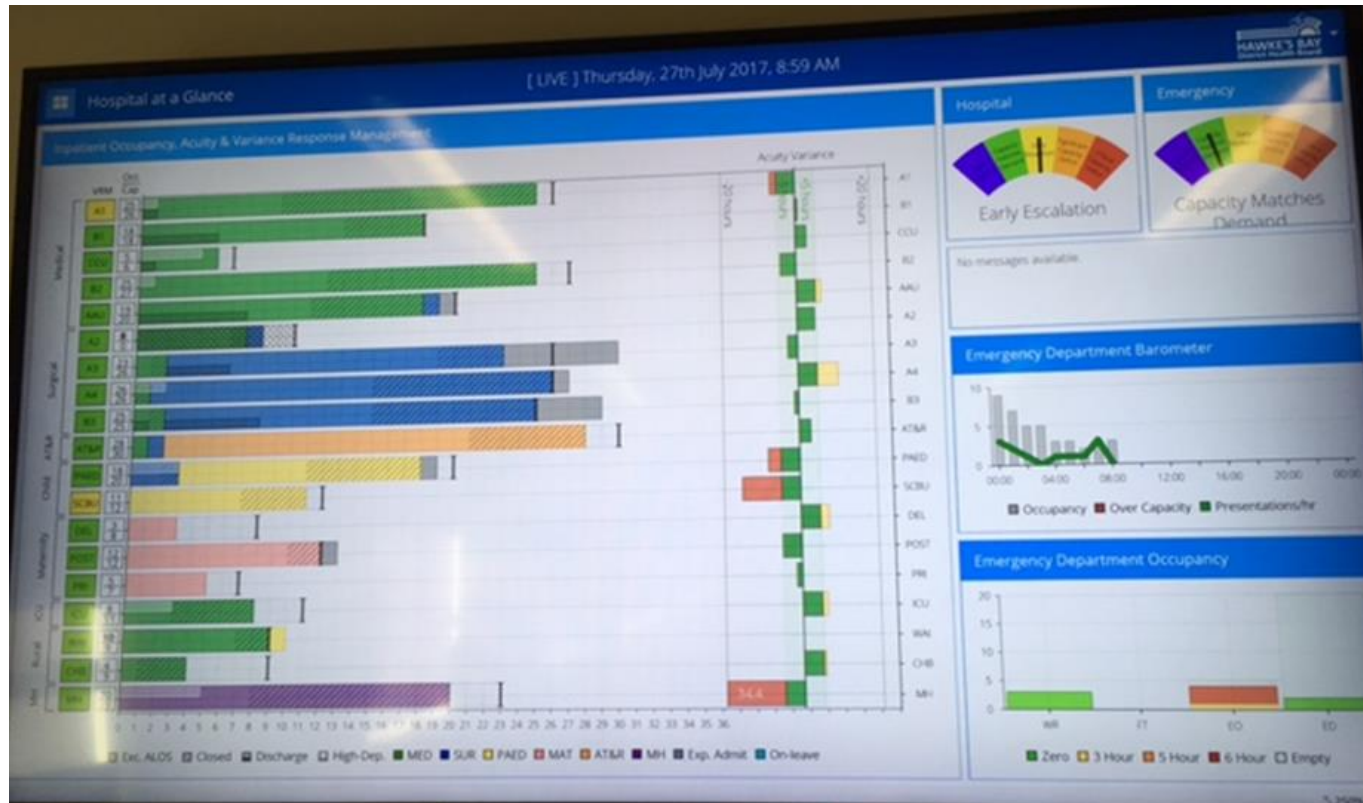
"I was unsure in the beginning whether I was ticking the right boxes or ticking everything but as the time went on I became confident. We had great support from Neera who was there at the beginning and end of each shift to attend to the questions," said one staff member.

"All the ticking reinforced how much work we do and that nursing tasks are not just singular jobs," said another.

# Quick wins

## Variance Response Management system

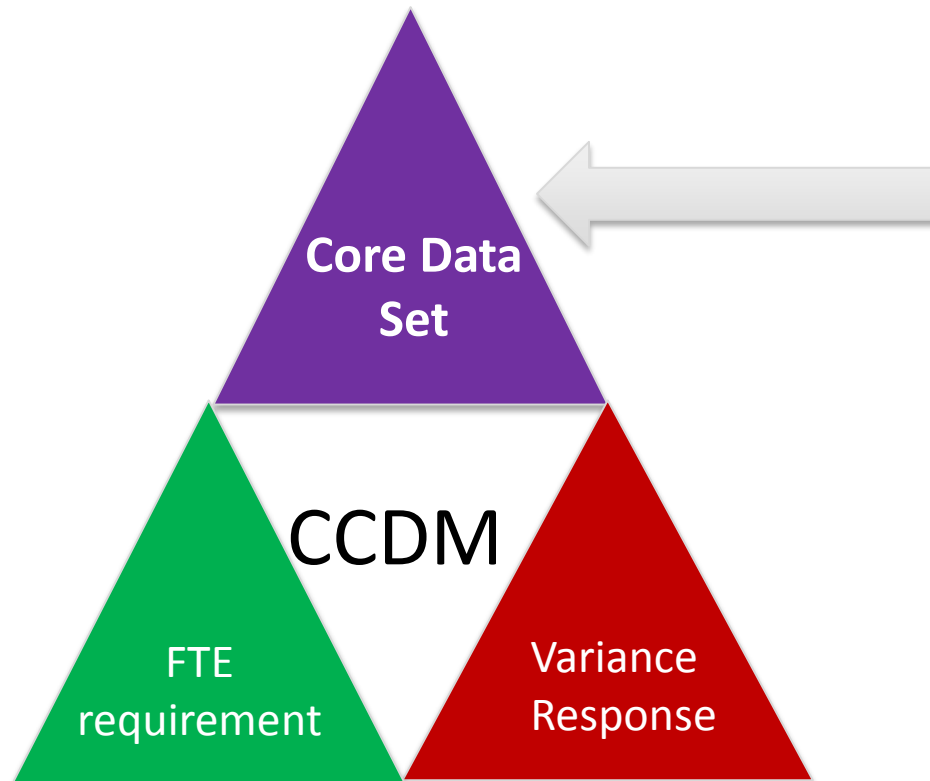
- CCDM status on screens for all to see.
- Decision making based on data, one system, once set of patients, one team





	Closed Beds	Current patients	Empty Beds	Definite discharge	Possible discharge	Known Admits	Patient Balance (excl Possible discharges)	Patient Balance (including possible discharges)	Resourced Beds	Beds available with definite discharges	Beds Available incl possible discharges	RN - PM	RN - Night	RN - AM	CA - PM	CA - Night	CA - AM
							0		0	0							
	25	1		7		25	18	26	1	8							
	17	1		1	1	18	17	18	0	1							
	5	1				5	5	6	1	1							
	22	5	3	2		19	17	27	8	10	1			1		1	
	18	2		2		18	16	20	2	4				1			
0	87	10	3	12	1	85	73	97	12	24	1	0	0	2	0	1	
	10	0	1	4		9	5	10	1	5			1				
	28	-2	1	6	5	32	26	26	-6	0							1
	28	-2	3	1	1	26	25	26	0	1							
	25	0	3	1	2	24	23	25	1	2	1						
0	101	-4	8	12	8	91	79	87	-4	8	1	0	1	0	0	1	
	29	1	2			27	27	30	3	3							
	11	1	2			9	9	12	3	3							
	5	7				5	5	12	7	7							
	5	3			1	6	6	8	2	2							
	10	2	1		2	11	11	12	1	1							
	2	5				2	2	7	5	5							
	7	4		2	2	9	7	11	2	4							
	4	5				4	4	9	5	5							
	9	0				9	9	9	0	0							
	20	3		1		20	19	23	3	4							
0	280	37	16	27	14	278	251	317	39	66	2	0	1	2	0	2	

# How do we measure if our care capacity demand management system is working?



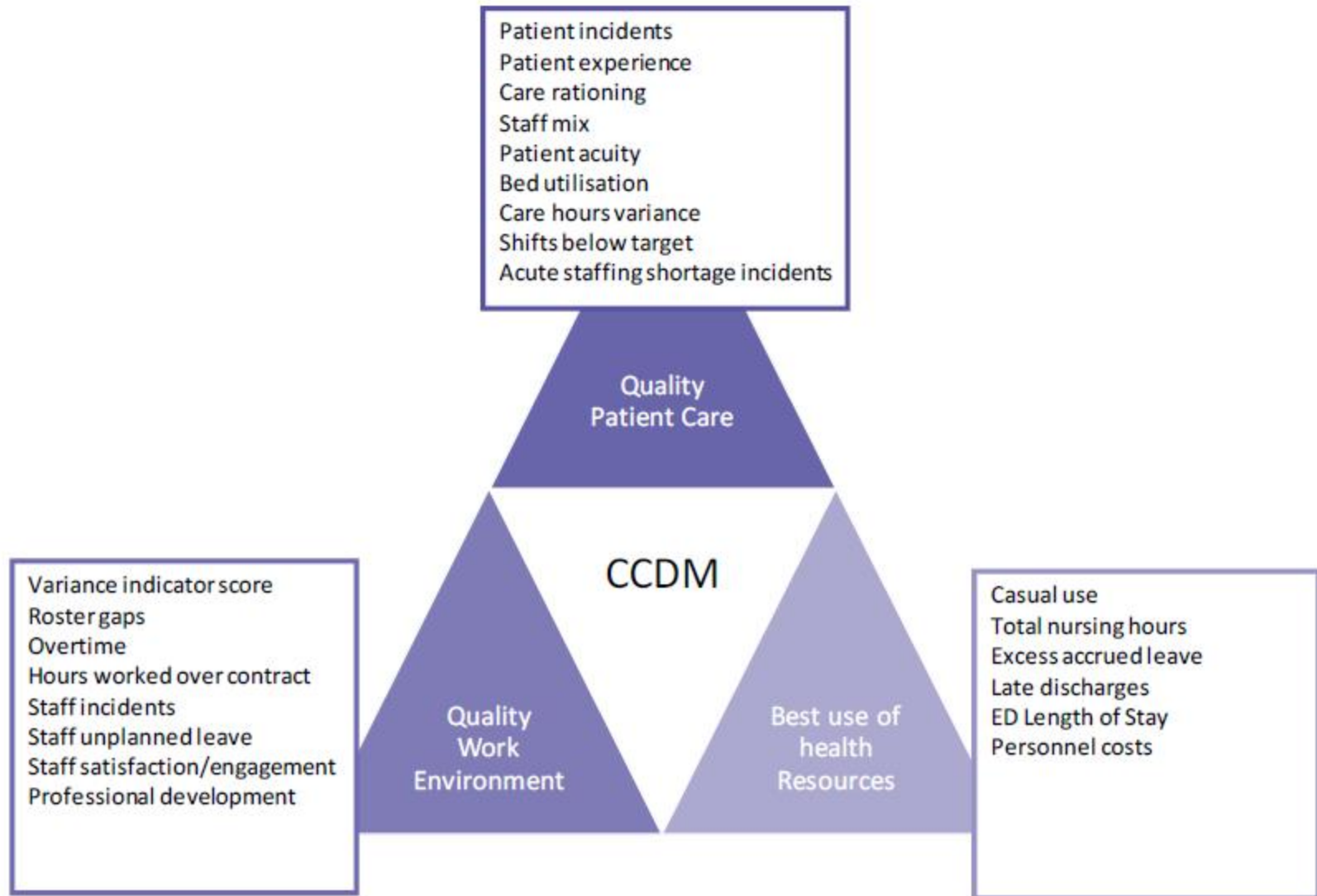
## We are here.

- we have CDS metrics
- we have the reporting specs
- We have the project working group

## We are working on:

- Who will manage collection of what
- Dashboard or visual tool to be used
- Data management protocols
- Detailed project plan
- Future proofing of data (national rules)
- Endorsement from EMT to deliver on project

# What is the core data set?





- As a result of recommendations from Work Analysis and FTE calculation the newly appointed Care Associate (CA) is focused on providing direct patient care. This new role has led to strategic discussions proposing changes to the CA model of care.
- Phlebotomy support for weekends
- Staff and Clinical Nurse Managers trust that their cases for change are being examined and acted upon as able by the organisation.

# Quick Wins

## Proposed increase in Nursing FTE

- CCDM Programme
  - 17 FTE
  - 8.85 FTE
- Relief Team
  - 10 FTE
- CEO Contingency
  - 13.13 FTE
- MECA Allocation (approved and funded by MOH)
  - 16.51 FTE

## Proposed increase in Care Capacity Demand Management and Trend Care support

- A total of 1.5 FTE of Trend Care Coordinator supporting staff in maintaining robust data.
- One FTE CCDM programme manager to implement, monitor and maintain CCDM programme
- 0.5 FTE fixed term of CCDM coordinator to support implementation of CCDM CORE data set and Ward Quality improvement teams
- 0.5 fixed term Business analyst to support operational and functional management of CORE data set

# Finding Nurses

- National approach through GMs HR
- Local and talent pool recruitment
- Internationally qualified nurses
- Graduate Programmes
- Orientation, Mentoring and Preceptors
- Closing the recruitment on boarding times
- Being aware of the impact of all of this with our Community and Primary Care partners.

# Key Enablers/Challenges

- Quality patient acuity data every day and every shift- Trend Care
- Roles and responsibilities are known, operational and providing benefits to the users
- Trusting the CCDM Staffing Methodology
- Managing perceptions
- We cannot all know the same things all at once
- Courage to share decision making



# Next Steps

- Variance Response Management - Monitor, regularly review, audit and make changes as required to meet individual area requirement
- Annual FTE for inpatient wards- to ensure consistent move towards achieving and maintaining safe staffing – In progress for 9 inpatient area
- Core Data Set (operational and functional)
- Ward Quality Improvement Teams (operational and functional)

# Connecting People with Purpose



Good, better, best.  
Never let it rest.  
Until your good  
is better and your  
better is best.

HUMANITY CENTRAL