

MATERNITY STAFFING ADVISORY GROUP

SAFE STAFFING HEALTHY WORKPLACES UNIT UPDATE

ADVISORY GROUP PURPOSE

The advisory group is mandated by the midwifery (DHB) sector and unions to collaborate with the Safe Staffing Healthy Workplaces Unit (SSHW) to ensure the Care Capacity Demand Management Programme is suitable for midwifery. The CCDM programme led by the SSHW Unit, has three main points of intervention:

1. An evidence based method for setting the staffing model (numbers, mix and schedule) based on validated patient acuity data. This is a more accurate way of staffing as patient acuity is a measure of total demand based on: patient complexity, patient dependency, time critical factors and physical, social, spiritual, emotional needs.
2. Developing a system of multiple response strategies to manage short and midterm variance so that demand can be met and safety and quality maintained
3. Developing technical and social processes around a core set of data that is meaningful from the floor to the board to ensure real time feedback on demand /capacity performance as well as supporting the ability to forecast and plan.

These programme interventions have been developed in response to the recommendations from the 2006 Committee of Inquiry Report to achieve a safe staffing healthy workplace vision.

This update provides an overview of the key focus areas of the advisory group including midwifery engagement with the TrendCare validated acuity tool, engagement with the CCDM programme and important sector activities that will influence the safe staffing healthy workplaces agenda for midwifery and nursing moving forward.

MIDWIFERY ENGAGEMENT WITH TREND CARE (VALIDATED ACUITY PROGRAMME)

The CCDM programme is underpinned by validated patient acuity data to support the CCDM staffing methodology. Although validated patient acuity data is only one aspect of the CCDM approach, acuity information is used to support all aspects of the CCDM programme. The uptake of acuity driven staffing is growing in NZ, but there is still a way to go for maternity and nursing to reach growth towards standardised use. To date there are 15 DHBs using TrendCare with 16 being projected by the end of 2014. Of the 15 DHBs using TrendCare there are 9 DHBs with maternity functionality. TrendCare functionality (web based) is being developed for the outpatient and community settings.

Midwifery enhancement recommendations to the TrendCare system based on stakeholder feedback from a 2011 Midwifery forum and further consultations via the advisory group have been implemented. These changes will be available in the 2014 TrendCare upgrade. The timetable for the TrendCare upgrade for each DHB is due at the end of March. Midwifery leaders and appointed champions (staff leaders) are encouraged to attend the generic training sessions. All DHB midwifery leaders will be notified by the SSHW Unit, TrendCare and the DHB's TrendCare Coordinator.

Providing access to information and training about the TrendCare system is a key improvement area and supplementary sessions delivered by the SSHW Unit on acuity methodology and how TrendCare is used for the CCDM programme is being communicated at midwifery and union leader meetings.

Moving forward the advisory group will focus on developing and negotiating strategies to grow TrendCare utilisation by the maternity sector and ensure the workforce are well supported in learning and using the system.

CCDM PROGRAMME ENGAGEMENT

A stock take on midwifery involvement in the CCDM programme demonstrates patchy implementation of the tools and interventions and this is consistent with other workforce groups. Therefore the ability to measure the impact of the CCDM programme for maternity to support a standardised approach is not yet available.. However with the new TrendCare enhancements and the early adopting maternity DHBs as a starting point, implementation of the CCDM methodology is promoted. It was noted at a previous advisory group meeting that midwifery representation on CCDM Councils is vital as this is how programme engagement is initiated. CCDM membership and good engagement with the DHB TrendCare Coordinators may support prioritisation of maternity in TrendCare utilisation plans. For DHBs wanting to implement CCDM for maternity we recommend contacting the SSHW Unit as there are resources available especially associated with Variance Response Management tools.

The advisory group will be better placed to make decisions about where to from here in terms of engagement with the CCDM programme upon the release of the CCDM Evaluation Report to the 'parties' (DHBs, unions, SSHW Unit) due by Feb 2015. The independent team are evaluating implementation, outcomes and opportunities of the Care Capacity Demand Management programme.

IMPORTANT SECTOR ACTIVITIES

The general election in 2014, Multi Employment Collective Agreement (MECA) renegotiations and the CCDM Evaluation Report in early 2015 are key activities in determining the on-going direction of safe staffing for midwifery. This year the parties are working to position themselves to influence the safe staffing agenda. . There has been significant investment into the adoption of acuity software (TrendCare) and the development and further refinement of the CCDM programme. In terms of being able measure the impact on workload and safe staffing we are not there yet. Unworkable workload is also a persistent challenge for midwives and the ability to show impact through CCDM is a current tension. Moving in a direction of mandated implementation would certainly help us measure impact. However the ability to act on CCDM knowledge is where the rubber hits the road and where the workforce will experience change. We are in a place where we have come far and the decision to continue to institute CCDM or establish alternative staffing options are all up for discussion.

NEXT STEPS

- The advisory group will make recommendations about the future governance goals of maternity engagement with TrendCare and CCDM
- Grow strategies to improve access to information about CCDM and TrendCare to key stakeholders
- Support CCDM implementation for maternity services using the 3.5 TrendCare version
- Encourage communication flow from maternity stakeholders to the advisory group

CONTACTING THE MATERNITY STAFFING ADVISORY GROUP

You can contact the advisory by email at tania.forrest@dhbss.health.nz

ADVISORY GROUP MEMBERS

Advisory group members are appointed based on nominations from the parties (DHB, union, SSHW) as follows:

District Health Boards (DHBs) , *Margret Norris*,(Bay of Plenty DHB), *Leona Dann* (MidCentral & Whanganui DHBs), *Jane Pannu* (NZNO Delegate Midwife), *Jenny Humphries* (Southland DHB)

NZ College of Midwives (NZCOM) *Norma Campbell*, *Jenny Woodley*,

Midwifery Employee & Advisory Representation Service (MERAS) *Bernard McIlhone*

NZ Nurses Organisation (NZNO) *Kate Weston*

