

CCDHB CCDM Standards Assessment Summary
May 2020

Standard	Achievements	Opportunities for Improvement	Attainment
1 - Governance	<ul style="list-style-type: none"> • Exemplary partnership between unions and DHB supported through partnership charter and framework • Representation of whole of organisation through CCDM governance from CCDM Council to work streams • Representation from allied health, maternity, surgical, medical and MHAIDS throughout Council and all work streams. 	<ul style="list-style-type: none"> • Progress CCDM into allied health • Ongoing education to support data literacy. 	Fully attained.
2 – Validated patient acuity (TrendCare)	<ul style="list-style-type: none"> • Ownership and accountability of TrendCare at a ward level is now appropriately placed with the charge nurse and midwife managers and team leaders • TrendCare is used in collaboration CapPlan, WebPas and the bureau allocation tool in an automated report to the IOC and duty nurse managers eight times a day displaying utilisation, variance, expected admissions and discharges and bureau requests for the current and subsequent three shifts to enable safe and appropriate redeployment • Improvements in TrendCare compliance and accuracy are evidenced by the ability to undertake six FTE calculations in early 2019 and 16 in May 2020, including MHAIDS and maternity services • TrendCare has been successfully implemented into all MHAIDS units, including ID and forensic services • Formalised education and resources for all TrendCare using staff. 	<ul style="list-style-type: none"> • Current TrendCare resource meets the 1 per 600 FTE requirement as recommended by the Ministry of Health. However, this does not consider head count (part time staff). At present CCDHB is unable to expand TrendCare into other areas due to inadequate resource to facilitate • TrendCare education and improvements are continuous to ensure compliance and accuracy is maintained • Rapid ward changes during the Covid response posed some issues for ensuring TrendCare accuracy due to communication issues and a rapidly progressing situation. Opportunity to improve understanding and communication of the criticality of TrendCare throughout the organisation. 	Fully attained.
3 - Core Data Set	<ul style="list-style-type: none"> • The overall implementation of the core data set and its use within the organisation underpins and 	<ul style="list-style-type: none"> • Implementation of outstanding metrics as and when nationally available. 	Fully attained Within the constraints of

	<p>enhances the implementation of the entirety of the CCDM programme.</p> <ul style="list-style-type: none"> • The visualisation of the core data set through Qlik enables transparency and visibility throughout the organisation. • Heat mapping of the core data set to easily identify flags requiring further investigation. • The core data set is used from the local data councils to the CCDM Council and beyond to enable quality improvement and evidence based decision making. • The core data work stream is using the core data set to identify and understand issue within the wards and organisationally to support FTE calculations. • The core data set is being used to evidence the 'Week that Was' meetings to measure the success of the early stages of variance response management. • The CCDHB core data set and the way in which it is used is attracting much national attention within the sector and has been showcased at the Qlik conference in Sydney (August 2019), the Learning Collaborative for the CCDM programme and across NZ at various DHBs. 		<p>metrics available to implement nationally.</p>
<p>4 – Staffing Methodology</p>	<ul style="list-style-type: none"> • The core data set is driving decision making and implementation priorities. • Using the core data set within roster testing and reporting of FTE requirements to evidence the need for increase or decrease and to validate recommendations. • 16 wards/units in progress (including two MHAIDS units and 2 maternity units) with FTE calculations to be included in the budget for financial year 2020/21. • FTE calculation process is undertaken in partnership and includes the budget holders and professional nursing and midwifery leads. 	<ul style="list-style-type: none"> • Continue to ensure that FTE calculations progress as per annual work plan. 	<p>Partially attained.</p>

	<ul style="list-style-type: none"> • A standard operating procedure underpins the FTE calculation process and is followed for each calculation. • The process has been refined to enable a more efficient and effective process. • The required Covid response and redeployment of the CCDM and TrendCare coordinators had an inevitable effect and delayed progress with FTE calculations. However, this has been addressed by the CCDM team and the impact mitigated. FTE calculations are on schedule as planned. 		
5 – Variance Response Management	<ul style="list-style-type: none"> • The ‘Week that Was’ meeting is providing clear visibility to budget holders, decision makers, professional leads and ward/unit managers of shifts below target, care hours variance, safe staffing reportable events, TrendCare accuracy and compliance, bureau requests (filled and unfilled) and projections/forecasts for the week ahead. This has led to improved decision making for daily redeployment, leave and planning for the week ahead as well as clear visibility of the impacts on the wards/units • The VRMG report is sent to DNMs and IOC decision makers 8 times in 24 hours enabling safe and effective real time decision making to support wards and units and patient safety • The implementation of the variance response staff task lists has been well received and is enabling safe and effective redeployment throughout the inpatient areas with the ability for staff to feed back their experiences through an online survey • The CaaG screen development has involved utilising the existing Occupancy at a Glance platform and functionality and has grown its capacity and sophistication to include variance response 	<ul style="list-style-type: none"> • Implementation of the CaaG screen to enable 24/7 visibility in all inpatient areas including variance indicator scoring and acuity • Implementation of variance indicator scoring for allied health. 	Partially attained.

	<p>management tools – variance indicator score for wards and the overall hospital, acuity and overarching hospital variance, expected admissions and discharges and open, occupied and resourced beds. This also includes embedded standard operating procedures and reporting capability to enable CCDHB to meet Ministry of Health reporting requirements.</p>		
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