

# CCDM celebrates two years and answers your questions

The Care Capacity Demand Management (CCDM) programme is about better matching staff resources to patient demand so we can improve patient care, make the best use of resources and provide a better work environment for our staff at the front line. CCDM is run as a partnership between the DHB and unions (NZNO, MERAS and the PSA).

## Why was CCDM introduced?

CCDM was introduced following the Safe Staffing and Healthy Workplaces committee of enquiry in 2005/6. CCDM became mandatory for all DHBs within New Zealand to implement as part of the 2018 NZNO MECA. Capital & Coast DHB started CCDM in October 2016.

## How does CCDM work?

Work streams are in place for five standards of the programme. The annual work plan lists all planned activities and outline the key areas of focus. These are developed in partnership and work plan progress has oversight from the national CCDM governance group and the Ministry of Health through quarterly reporting. You can read more about how CCDM works here: [www.ccdhb.org.nz/working-with-us](http://www.ccdhb.org.nz/working-with-us).

## Have more staff been added to clinical areas?

Yes. Since beginning CCDM in October 2016 Capital and Coast have approved 64 additional nursing and midwifery FTE. This has been done through using TrendCare and the core data set to identify 'hot spots'. Increases have been seen in NICU and 7 South as well as various areas using the Ministry of Health additional funding.

## What is the bi-monthly staffing report?

CCDM has increased the transparency of data at Capital & Coast DHB. The bi-monthly report provides a snapshot in time and was designed to ensure our staff are informed and there is transparency across the programme.

The report does have limitations. The data is not currently comparative – i.e. as it was only introduced this year we are unable to look at the same time last year.

A 'shifts under target' relates to a nursing or midwifery workload within an 8 hour shift that is more than 8 hours and 40 minutes. The under target component of a 'shift under target' could range from a minute, to a longer period over the 8 hour 40 minute benchmark. All DHBs are asked to record shifts under target through the core data set. The current measure is being used in the interim until CCDHB have developed variance indicator scoring and then more accurate information will be available.

## Where to next for CCDM?

We have increased the visibility and transparency of the nursing and midwifery workforce significantly over the last 12 months.

FTE calculations are in progress and will continue in partnership with the unions. The core data set (CCDM dashboard) is able to provide an good indication of where the 'hot spots' are and is enabling data driven decision making.

Local data councils are focusing on quality improvement using the core data set.

TrendCare improvements in various areas will continue to ensure we have accurate data to support the FTE calculation process.

The next step is to implement variance response management. An improved Capacity at a Glance screen including full visibility of acuity and a variance indicator scoring system is planned along with other tools to manage a variance between capacity and demand.

Development of escalation plans will continue for specialty areas and have already been implemented in ED and maternity.

CCDM is making the difference at all levels of our organisation.

