

# FACT SHEET

## Variance Response Management

### What

- Variance Response Management (VRM) is about matching demand and capacity using tools and processes that provide accurate forecasting, visibility in real time, early warning systems and review of performance over time.
- The tools and processes include the Churchill Exercise, Integrated Operations Centre, Capacity at a Glance Screens, Variance Indicator System, Standard Operating Responses, Re-allocation Policy and the Essential Care Guidelines.

### Why

- Patient demand for care and the capacity to care (physical resources and staffing) are constantly changing. Some of this change is predictable, but some changes occur on the day e.g. patients deteriorating, more presentations to ED than predicted, staff off sick.
- VRM provides the DHB with the tools to plan, monitor and respond to changes before, during and after they occur. This helps the DHB to smooth demand, supply staff to the right area at the right time and learn from their experience. This in turn helps with right staffing, organisational resilience and long term sustainability.

### Who

- VRM is a 'whole of hospital' approach. The DHB and Health Unions work in partnership to develop the best VRM design and implement this with clinical staff and IT support.
- All staff are involved and should have an opportunity to understand how VRM works and what VRM can do for them. Wards/units can tailor some of the VRM tools (e.g. variance indicator system) to suit their own environment. Everyone has a role to play in communicating how they are managing in real time.
- Critical to effective VRM is a centralised operations centre with Duty Nurse Manager, Capacity Screens and a dedicated manager responsible for care capacity demand management across the hospital 24/7.

### When

- VRM can be commenced at any stage during the implementation of Care Capacity Demand Management (CCDM). The CCDM Council will drive the VRM progress. But the sooner there is a functional Operations Centre with live Capacity Screens, daily meetings, an early warning system and standard operating procedure the sooner the DHB will be more effective at managing its resources.

### Where

- VRM should happen in every inpatient ward/unit and across the hospital no matter how big or small. Where to next depends on what CCDM activity has happened in your DHB so far. Your DHB may have some or all of these tools in place. If only some of these tools are in place then plans should be in place to implement the missing tools. If all of these tools are in place then the DHB should be monitoring the effectiveness of what has been implemented e.g. nursing hours variance, ED 6 hour wait and electives target.