

Capital and Coast DHB District Health Board – June 2018

CCDM high level plan – key deliverables

Standard	No.	Key deliverables	Timelines
1.0 Governance The CCDM governance group (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients.	1	Continue implementation of CCDM in full partnership in accordance with partnership charter, standard and framework.	Continuous
	2	Commitment to the CCDM programme implementation as a CCDHB priority in a changing health sector environment.	Continuous
	3	Implementation of local data councils.	July - December 2018
	4	Commitment to resource CCDM programme at all levels to ensure effective and timely implementation. Work in partnership to ensure how this resource is determined and implemented	Continuous
2.0 Patient acuity The validated patient acuity tool underpins care capacity demand management for service delivery.	1	Focus on MHAIDS to ensure that this is resourced appropriately for TrendCare.	August 2018
	2	Roll out of TrendCare to relevant ambulatory areas (e.g. transit; medical day ward; blood and cancer; dialysis; urology day ward)	End 2019
	3	TrendCare upgrades as per vendor release.	As per vendor release
	4	Inter rater reliability compliance annually to ensure TrendCare accuracy.	Annually
3.0 Core data set The organisation uses a balanced set of CCDM measures (core data set) to evaluate the effectiveness of care capacity and demand management overtime and to make improvements.	1	19 measures to be implemented via QLIKsense.	May 2018 - April 2019
	2	Operationalise CDS into all levels of CCDM governance and reported through to Board regularly.	End 2019

	3	Regular review of CDS metrics to ensure fit for purpose and respond to make improvements based upon this evidence.	Continuous
4.0 Staffing methodology A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix to ensure the provision of timely, appropriate and safe services.	1	Complete all FTE calculations for all acuity areas.	End 2019
	2	Transition FTE calculation methodology in to business as usual - informing budgets.	April 2021
	3	Commitment to ensuring staffing FTE (staff and skill mix) is correct prior to implementing variance response management.	End 2019
5.0 Variance response management The DHB uses a variance response management system to provide the right staff numbers, mix and skills at all times for effective patient care delivery.	1	Review and develop standard operating procedures for VRM.	Begin June 2019
	2	Redesign of Capacity at a Glance (CaaG) to incorporate variance indicator scoring system and reporting thereof.	Begin June 2019
	3	Fully operational acuity based variance response management and transition to business as usual.	End 2020

Opportunities

- Creating new resources for CCDM – critical mass education.
- Improved outcomes for patients and staff.
- Partnership based decision making across all CCDM governance levels.
- Best use of health resources.
- Improved staff engagement and job satisfaction.

Challenges

- Changing structure of the organisation and leadership– Chief Executive; General Manager of Hospital Services.
- Government review of DHB system.
- 2018/19/20 will be a period of intense activity for the DHBs, NZNO and the SSHW Unit. This will require dedicated resource from all involved to ensure timely implementation of CCDM in accordance with timeframes and annual work plans.
- IT – shared resource with Hutt Valley DHB. Impacts priorities for projects.
- TrendCare - release of upgrades. Notably 3.6 which is delayed indefinitely as advised by National Coordinator.