Standard 1.0 – CCDM Governance

The CCDM governance councils (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients.

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| 1.1 The purpose, values, scope and direction of the organisation’s CCDM Council and ward/unit Local Data Councils is clearly identified and regularly reviewed | • There is a DHB-Union partnership approach to CCDM programme implementation.  
• There are documented and agreed terms of reference that are reviewed annually.  
• The CCDM Programme forms part of the organisations documented quality improvement strategy.  
• The Councils’ activities are focused on both programme implementation and ongoing monitoring of care capacity demand management.  
• Membership includes all agreed and required stakeholders. |
| 1.2 Permanent governance for CCDM is established for the organisation and for each ward/unit | • There is a CCDM Council for the organisation and Local Data Councils for each ward/unit  
• The councils are led by suitably qualified and/or experienced persons with authority, accountability and responsibility for service provision. This may include a union co-leader.  
• The councils meet according to their documented terms of reference.  
• All stakeholders demonstrate knowledge and understanding of the CCDM programme.  
• There is evidence of regular meetings with documented actions and timelines.  
• There are formalised agreed CCDM Action Plans which are reviewed at each meeting. |
| 1.3 Permanent governance for CCDM is effective and operational for a. CCDM Council and b. Local Data Councils | • The Councils meet according to stated frequency in their documented terms of reference.  
• Minutes show 80% attendance of all listed parties.  
• Both DHB and union partners actively lead programme implementation.  
• Councils at all levels of the organisation report from ‘floor to board’ against agreed CCDM Action Plans.  
• The organisation CCDM council regularly communicates with all stakeholders and levels of the organisation.  
• Meeting minutes include evidence of regular DHB-Union partnership review. |
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| 1.4 The CCDM Council and ward/unit Local Data Councils establish, monitor and act on CCDM data for continuous quality improvement. | • CCDM programme implementation is progressing according to agreed timelines.  
• The Core Data Set is used to evaluate the effectiveness of care capacity demand management over time.  
• The Core Data Set is reviewed at each council meeting at all levels of the organisation.  
• The Core Data Set results are used to inform the annual CCDM Action Plans.  
• There are regular reviews of variance response management including reported staffing shortfall events.  
• There is evidence of a bipartite approach to issue resolution.  
• The CCDM Council takes action on issues and escalates to the Board where appropriate. |
Standard 2.0 – Validated Patient Acuity Tool

The validated patient acuity tool underpins care capacity demand management for service delivery.

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| 2.1 There is a Validated Patient Acuity Committee that is effective and operational. | • The Committee meets according to its documented terms of reference.  
• The Committee has accountability, authority and responsibility for ensuring the vendor ‘gold standards’ are met.  
• Meeting minutes include evidence of regular review of data integrity and accuracy.  
• Minutes show 80% attendance of listed parties.  
• There is a formalised and agreed annual Action Plan reviewed at each meeting.  
• Escalation of issues from the Committee to the CCDM Council occurs when needed. |
| 2.2 There is dedicated coordinator FTE for managing the validated patient acuity system. | • The coordinator is suitably qualified and knowledgeable about the validated patient acuity system use and functionality.  
• The dedicated coordinator FTE is relative to the organisations size and sufficient to be effective in the role.  
• Regular quality audits are undertaken and reported to the Committee.  
• Staff training and education is scheduled delivered and evaluated.  
• System maintenance occurs as required to meet the business needs.  
• System upgrades are planned and coordinated effectively. |
| 2.3 The patient acuity system is supported and prioritised as a critical ‘service delivery’ IT system. | • System upgrades are scheduled and resourced.  
• System upgrades are installed within 3 months of release from the vendor.  
• The system effectively interfaces with other DHB IT systems e.g. roster, patient management system.  
• Electronic display of patient acuity data is supported by IT expertise. |
| 2.4 There are processes in place to ensure the validated patient acuity system is used accurately and consistently. | • Assessment against the vendor standards occurs annually by the Committee and results are reported to the DHB council.  
• There is 100% attainment of the vendor standards for the components of the validated acuity system in use.  
• All staff receive training at induction and updates as required.  
• Inter-rater reliability is tested at least annually for all staff using the system.  
• The HPPD by patient type/category is checked 6-12 monthly against benchmarks.  
• The worked roster is accurately recorded in the system. |
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<td>• Line managers monitor data accuracy daily, weekly and monthly.</td>
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<td>• Line managers report on patient acuity data monthly.</td>
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<td>• Results of audits are reported at each Committee meeting.</td>
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<td>2.5 Business Rules are clearly defined and in use to ensure consistent use of the system.</td>
<td>• There are documented and agreed business rules that are reviewed annually.</td>
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<td>• There is evidence that the business rules are applied in practice.</td>
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<td>3.6 Validated patient acuity data is utilised in daily operational and annual planning activities.</td>
<td>• Acuity measures are included in the Core Data Set and reported from floor to Board.</td>
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<td>• Validated patient acuity forms the basis of the daily operations meeting and variance response management.</td>
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<td>• Validated patient acuity data is used for forecasting and the staffing methodology.</td>
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Standard 3 – Core Data Set

**Standard 3.0**
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.

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| 3.1 The Council has the authority, accountability and responsibility for setting, implementing and monitoring the Core Data Set. | - The DHB has an agreed Core Data Set.  
- Policies and procedures define the measures, tolerances and describe the process for reporting.  
- The Core Data Set is centrally collected, collated and reviewed at each council meeting.  
- The Core Data Set is aligned to the DHB strategic goals.  
- Line managers from floor to Board have accountability for the measures in the Core Data Set.  
- The Core Data Set informs decision-making and actions taken at all levels of the organisation.  
- The Core Data Set includes measures form all three sides of the CCDM Programme triangle:  
  - Quality patient care  
  - Quality work environment  
  - Best use of health resources  
- The Core Data Set includes all of the CCDM programme measures.  
- Measures are trended over time and show improvement.  
- Control charts are used to identify special cause variation.  
- There are appropriate resources to support the collation, analysis and presentation of the Core Data Set.  
- Clinicians and managers work together to identify actions for improvement. |
| 3.2 The Core Data Set is used to evaluate the effectiveness of care capacity demand management in the DHB and make improvements. | - Staff at all levels of the organisation can identify CCDM measures and how they are performing.  
- Measures are reported monthly from the floor to the Board.  
- CCDM measures are on the ward/unit staff meeting agenda.  
- Budget holders discuss the Core Data Set as part of regular monthly meetings.  
- The Core Data Set is discussed at every council meeting.  
- Minutes document actions and timelines. |
| 3.3 The Core Data Set is monitored, reported and actioned at ward/unit, directorate and hospital wide level. | - Each measure in the Core Data Set is revised annually for currency and relevance.  
- Reviews are documented and communicated from floor to Board.  
- Recommendations for improvements to the Core Data Set are actioned. |
| 3.4 The organisation annually reviews the relevance, frequency and effectiveness of the Core Data Set reporting on progress with quality improvement. | - The DHB has an agreed Core Data Set.  
- Policies and procedures define the measures, tolerances and describe the process for reporting.  
- The Core Data Set is centrally collected, collated and reviewed at each council meeting.  
- The Core Data Set is aligned to the DHB strategic goals.  
- Line managers from floor to Board have accountability for the measures in the Core Data Set.  
- The Core Data Set informs decision-making and actions taken at all levels of the organisation.  
- The Core Data Set includes measures form all three sides of the CCDM Programme triangle:  
  - Quality patient care  
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- The Core Data Set includes all of the CCDM programme measures.  
- Measures are trended over time and show improvement.  
- Control charts are used to identify special cause variation.  
- There are appropriate resources to support the collation, analysis and presentation of the Core Data Set.  
- Clinicians and managers work together to identify actions for improvement. |

CCDM Programme Standards, October 2016
### Standard 4 - Staffing Methodology

**Standard 4.0**

A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix for to ensure the provision of timely, appropriate and safe services.

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| 4.1 The organisation has staffing budget setting procedures in place that are reviewed annually by the CCDM Council. | - The FTE calculation methodology is being used as the basis of annual staff budgeting.  
- The DHB has a formal process in place to validate FTE calculations.  
- The staffing budget is set using the results of the FTE calculation based on data from the past 12 months. |
| 4.2 The organisation uses the CCDM staffing methodology to establish staffing numbers, staff and skill mix for each ward/unit that uses a validated patient acuity system. | - The DHB meets the validated acuity system standards recommended by the vendor.  
- Patient acuity data is validated as accurate before proceeding with the FTE calculation.  
- The DHB uses the staffing methodology software provided by the SSHW Unit.  
- All inpatient wards/units (that use a validated patient acuity) have completed at least one work analysis (and repeated this where indicated).  
- The FTE calculation is completed annually for all inpatient wards/units that use a validated patient acuity system.  
- Recommendations from the FTE calculation and work analysis are transferred into the annual CCDM Action Plan.  
- Recommendations are implemented and evaluated.  
- Both DHB and union partners are actively involved in the staffing methodology process. |
| 4.3 Budget holders are involved annually in setting the roster model, FTE and budget. | - Ward/unit managers and service managers meet with management accountants to discuss and agree the staffing budget.  
- Changes to the budget are notified in advance of the budget being set.  
- Plans to mitigate staffing budget shortfalls are discussed and agreed by the Council. |
| 4.4 The roster model provides the best match of staffing to patient demand. | - Each ward/unit has documented roster model, staff and skill mix requirements.  
- The roster model in use reflects results from the FTE calculation and work analysis.  
- There is minimal variance between the posted roster and roster model.  
- Care hours variance is within accepted tolerances as evidence by outcomes in the Core Data Set.  
- The budget and roster pattern accommodates seasonal or predictable variation in patient demand.  
- FTE calculations are run for summer and winter, where |
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| 4.5 The organisation regularly evaluates the adequacy of staffing levels/mix and acts on the findings. | - The line manager reviews the roster model (daily, weekly and monthly) using validated patient acuity data.  
- The impact of the roster model is monitored using the Core Data Set, at each council meeting, at all levels of the organisation.  
- Issues raised by staff about inadequate staffing levels or mix are reviewed and actioned through a bipartite process in accordance with the MECA and Health and Safety Act (2016).  
- There is evidence of bipartite meetings, action plans and agreed time lines.  
- Issues of persistent concern are escalated to the CCDM Council and Board where needed. |
**Standard 5 – Variance Response Management**

**Standard 5.0**  
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.

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| 5.1 There is an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7. | • The organisation has electronic display of care capacity (staff and beds) and patient demand (numbers and acuity) in real time.  
• Patient flow, bed capacity and staff resource demand is visible for both acute and elective services.  
• There is hourly, daily, weekly and monthly monitoring and review of care capacity variance and responses. |
| 5.2 There is a suitably qualified and/or experienced person with authority, accountability and responsibility for managing staffing and patient flow 24/7. | • This person has management responsibility for the operations centre.  
• This person receives orientation and training to the role, including the validated patient acuity system.  
• Performance indicators for the role include accountability and reporting of care capacity demand management across the hospital.  
• This person is replaced when absent with suitably qualified and/or experienced person/s. |
| 5.3 The organisation consistently matches staffing resource with patient demand on a shift by shift basis. | • A Churchill Exercise has been held or determined not to be needed.  
• There are effective communication systems and working relationships to deliver coordinated management of care capacity and demand.  
• There is a functional multidisciplinary (MDT) operations meeting held at least daily.  
• The daily operations meeting follows a relevant and standardised format.  
• The daily operations meeting is attended by ward/unit managers (or delegate), duty nurse manager/s and operations managers and other members of the MDT.  
• There are appropriate and timely actions to variance in care hours in real time.  
• Validated acuity data is used to forecast current and future shifts up to 24hrs in advance.  
• A documented process is used to request and allocate staff for unplanned staffing shortfalls.  
• Line managers periodically review the required staff mix and skill mix levels are being met. |