

# CCDM

Care Capacity Demand Management

# connect



## overview

Welcome to the second quarterly Care Capacity Demand Management (CCDM) newsletter for 2018.



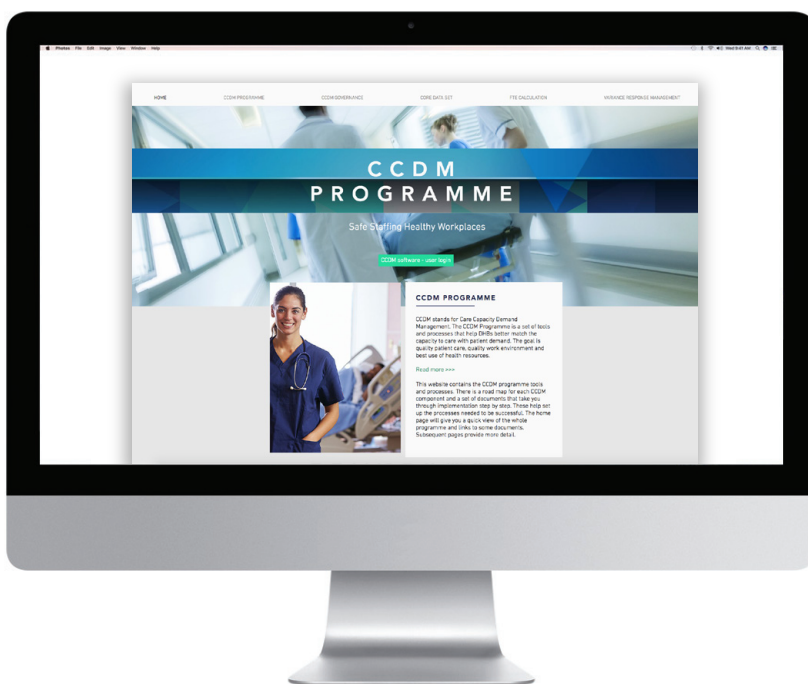
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ISSUE JULY 2018

## CCDM Website is now live!

*The much anticipated CCDM website is now live. This means the programme resources and tools are in one place, accessible anytime, anyplace and on mobile devices.*



[www.ccdm.health.nz](http://www.ccdm.health.nz)





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## Director Update

### Welcome to Jane Patterson

With the departure of Lisa Skeet from the director role, the SSHW Unit has welcomed Jane Patterson as interim director.

Jane is an experienced senior manager with more than 20 years' experience in human resources and organisational development. Her experience, spanning the public and private sectors, includes coaching and mentoring, organisational change, leadership development and Generalist Human Resources.

Jane has a demonstrated ability to implement pragmatic solutions that deliver genuine changes in organisational culture.

It has been a very busy start to the year, with much activity occurring in the Health sector. Notably, the bargaining between the New Zealand Nurses Organisation and the District

Health Boards. The SSHW Unit was very pleased to see the value placed on the CCDM programme within the Final Report and Recommendations of the Independent Panel Process. In particular that there should be increased resourcing by DHBs for CCDM programme implementation. This rightly positions the SSHW Unit's Programme Consultants as specialist consultancy experts. DHBs and the Union partners will take ownership of CCDM implementation.

### Website release

The much anticipated CCDM website is now live. This means the programme resources and tools are in one place, accessible anytime, anyplace and on mobile devices.

The website resources are for everyone - clinical staff, managers, professional leaders, executives and health unions. The website has the following pages:

- Home page - snap shot of the whole programme
- CCDM programme
- CCDM governance
- Core data set
- FTE calculation
- Patient acuity and variance response management are still under development.

The programme resources are what we've always used plus there are some new additions. The SSHW Unit's Programme Consultants are available to support you using the tools and processes. They are also experts in sequencing CCDM programme implementation.

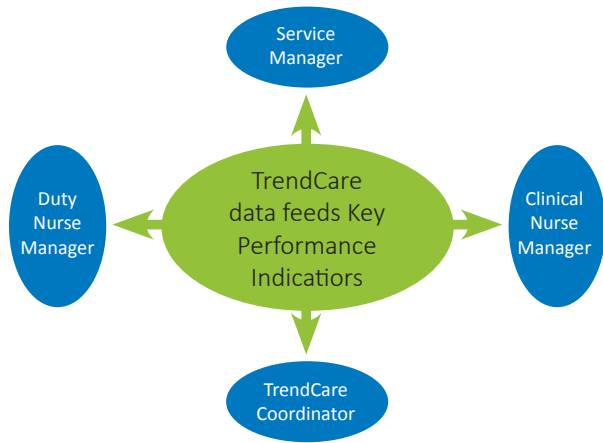
To access the web go to – [www.ccdm.health.nz](http://www.ccdm.health.nz).

### Staffing changes

Huia Swanson has returned from parental leave to resume her position as Programme Consultant Allied Health. Huia acts as secretariat for the Allied Health Advisory Group, who continue to work on the development of CCDM for allied health. Huia is also available to support any allied health staff with their CCDM queries.



“... the CCDM website is now live!” [www.ccdm.health.nz](http://www.ccdm.health.nz)



# CCDM Spotlight – TrendCare accountability is critical...

TrendCare data is critical to all aspects of the CCDM programme: FTE calculation, variance response management and core data set.

During visits to DHBs around the country, the SSHW Unit has noted the importance of a clear accountability framework for TrendCare (TC).

An accountability framework is critical to ensure roles and responsibilities are clear around who does what. There needs to be routine accountability mechanisms in place, such as agreed KPIs. This enables people to trust and rely on the data, in order to make decisions and drive safe staffing outcomes. As one Clinical Nurse Manager said, "There's always something to do. Without an accountability framework you don't know how you're doing".

We interviewed a selection of key roles in the accountability structure. By sharing these experiences, we hope you can consider what you could adopt to help improve TC quality in your DHB.

We share interviews from:

- TrendCare Coordinator – Carolyn Peckston
- Clinical Nurse Manager – Shelley Williams
- Manager Applications and Clinical Systems Innovation, 3DHB ICT - Adrian Lumsden
- CCDM Programme and Patient Acuity Consultant – Rebecca Ferguson

## SHELLEY WILLIAMS

From a **Clinical Nurse Manager** perspective, **Shelley Williams** shares her views:

You need a TC coordinator who is on to you. You have to trust that TrendCare works. This means keeping on top of IRR testing and ensuring our data is within industry benchmarks.

The TC coordinator set up 'favourites' for me – the reports and graphs that I use most often. Some of the most useful ones are the Ward Discharge Profile, Ward Activity & Shift Variance reports.

As part of our accountability structure, the TC coordinator has regular meetings with all the CNMs. There is also a weekly TC leadership meeting, where

the coordinator is able to give ward context to the reports. This is critical because you can't look at the data in isolation.

Key Performance Indicators (KPIs) are at the centre of accountability.

We (myself and the other CNMs in the Directorate) have been using a balanced scorecard to monitor our KPIs for some time, but it took at least 1 year to become confident with it.

Having KPIs makes you look at the TC reports. You have to manually transfer the TC information into the scorecard, but this becomes a reasonably quick process. The scorecard is then printed off and becomes the talking point at line manager meetings.

There are a number of ways in which the scorecard helps drive quality improvements:

- The TrendCare data helps you examine how you're doing
- The measures are tracked and trended and are then shared with staff

You absolutely need an accountability framework, and this has to be driven by the boss.



Shelley Williams

# TrendCare accountability is critical continued...

## ADRIAN LUMSDEN

From an **ICT** perspective, **Adrian Lumsden** shares his views:

I think the key factors to successful TC implementation are:

- Having someone like our TrendCare coordinator who owns TC like it's her baby
- She understands the system really well, and when there is an issue she is the driver for getting it rectified
- She not only understands the front end (how to use the system) but also the back end (how it connects to other systems)
- She is also very proactive in using TC functionality, which results in the system being used to near its full potential
- Another advantage is having the TC Coordinator being active within the National User Group. She will know what issues other sites are having and can mitigate issues at her site
- The most important factor is having the product owned by someone who understands the clinical context

Another important aspect is that for the last couple of upgrades we have had the same IT team involved. This includes the technical lead, programmer, project manager & testers. Using the same team has a number of benefits including:

- Consistency
- Knowing the application well (from the back end)
- Knowing that they work well together

There are numerous considerations when planning an upgrade, and ICT is just one part of the process. Other aspects to consider are:

- Ensuring upgrades are booked into the annual IT planning and upgrade schedule
- Early identification of timelines and roll out plans
- Post upgrade issue resolution processes
- Any training and support required by staff

If the owner is not the TC coordinator, it needs to be someone else with 'moral' authority – the authority to tell people to do their TrendCare work and do it now! It should be a nurse so that when they are working with other nurse users they fully understand the clinical context and can take ownership for the product.

## CAROLYN PECKSTON

From a **TrendCare coordinator** perspective, **Carolyn Peckston** shares her views:

### Reporting structures

Having an effective reporting line is essential. I report to the Service Manager Clinical Support & 24 Hour Operations. It's important to have a reporting line who also has clinical understanding, to interpret the data. For example: If a unit has positive variance - what is that made up of, what's the skill mix, is it minimum staffing, etc.?

I provide a weekly report to all CNM/ CMM + ACNM/ACMM as well as Service Managers. I also provide a monthly exception report to both the CCDM and TC Steering Committee.

### Knowing the system inside and out

There are a few critical activities I do daily, including TC review and maintenance, and reviewing the staff allocate screen to ensure the DHB business rules are being met. If any errors are found, I follow up with the CNMs so they can tidy up the data if they need to.

### Ensuring user competence

All managers, including the DNM's need a good understanding of the business rules & splits. As well as regular meetings with the CNMs/CMM/Managers I also attend staff meetings to provide education.

### Accountability mechanisms

You need accountability up and down. There is a weekly data review meeting, attended by the Director of Nursing, Inpatient Associate Director of Nursing & Ops Manager. You also need TC data built into everyone's KPIs.

TrendCare data is critical to all aspects of the CCDM programme: FTE calculation, variance response management and core data set.



Carolyn Peckston

# TrendCare accountability continued...

## REBECCA FERGUSON

Rebecca Ferguson, CCDM Programme and Patient Acuity Consultant, shares her views:

### Acuity based staffing is demonstrated through:

- Visible live TC data on Capacity at a Glance screens. Data automatically pulled from the Allocate Staff screen (hours required / hours available), number of non-categorised patients and PMS refreshed frequently
- Operations centres being able to see the patient flow (including ED, theatre)
- Adjusted variance is taking the current and predicted staffing hours and making adjustments for acute and elective care. The DNMs role is critical because you need a good understanding of the TC data AND clinical knowledge of the ward context

### Key enablers for TrendCare data assurance:

- Effective daily bed meeting that looks ahead for 24 hours
- Sufficient amount of TC coordinator resource
- Having the TC coordinator and CCDM coordinator co-located and closely working with the DNMs to support data driven decision making
- Training (both internal DHB training and accessing regular training from the vendor)
- Decision makers looking at the whole picture, not just the numbers

### Key enablers for organisational accountability:

- Operation Centres need clear KPIs. TC data enables everyone to monitor and report on safe staffing KPIs - staff mix, skill mix, acuity, patient flow, casual placement, staffing requests. The KPIs need to be aligned to financial measures, and should be reported on weekly.



- Operation Centre personnel should report to a manager who understands the clinical context and shared with budget holding. It is important to be able to link the data to make a story.
- TC needs an 'owner'. This should be the Director of Nursing. There can be a co-owner, such as the Chief Operating Officer.

## NZNO Section

NZNO has appointed Maree Jones to the role of NZNO CCDM project implementation coordinator. Prior to her appointment Maree has been with the SSHW Unit for the previous nine years.

Maree's key tasks and role in NZNO will include:

- Providing support through education to NZNO staff and delegates regarding the CCDM Programme
- Support NZNO to progress CCDM nationally
- Offer assistance and advice as necessary, to those directly involved with the programme

- Facilitate and support the partnership approach
- Act as NZNO's conduit between the Safe Staffing Healthy Workplaces Unit and NZNO to support national programme consistency, partnership and communication.



## Contact Us

Jane Patterson

Interim Director, Safe Staffing  
Healthy Workplaces Unit  
M: 0272340015

Jane.patterson@tas.health.nz