Care capacity meeting standard operating procedure

# A standard process used to run an efficient care capacity meeting

The purpose of this document is to describe the process for running the care capacity meetings. The care capacity meetings occur on a daily and weekly basis.

* The daily meeting is to establish the current operational status and plan for the next 24 hours
* The weekly meeting is to forecast for the upcoming week and identify process improvements

The appointed lead facilitates (typically the COO) a process where clinical and operational people are aware of what is happening, where and when. This point in time enables efficient decision making with all the right people in the room.

# Brings the right people together for effective operational decision making

Care capacity meetings bring together staff with operational knowledge at a local, directorate and hospital level. Staff have access to accurate real time and forecasting data at the meetings. The discussions allow everyone to understand the full operational picture. Solutions can be offered and actions agreed. The combination of right people and right information present at the same time results in operational decisions that are precise, agile, consistent, fast and effective.

# Held at a time that helps patient flow and staffing decisions

The daily care capacity meeting needs to occur at a time that best supports decisions about patient flow and staffing. TrendCare daily 24hr predictions are completed by staff on the day shift no later than 1000.

The weekly care capacity meeting needs to happen at a time that helps with forecasting patient demand and capacity planning for the upcoming week. It also needs to support timely decisions about improvements in processes and/or systems.

Both meetings should be periodically reviewed to see if they still support effective operational decision making.

# Appendix 1 – Daily care capacity meeting

Staff attending the daily care capacity meeting will include clinical managers (inpatient, perioperative and emergency department) and or shift coordinators, TrendCare/CCDM Site Coordinator, duty nurse managers or integrated operations centre manager, operational and nursing leaders, allied health, senior manager on call, and periodically executive team members. There should also be representatives from clinical support services, doctors and the registered medical officer coordinator, as needed.

## Table 1 - Items for discussion

|  |  |
| --- | --- |
| Item  | Details |
| Name and ward/unit |  |
| TrendCare updated* Patients predicted
* Roster pulled through
* Allocate screen correct
 |  |
| TrendCare predicted variance (if applicable)? |  |
| Variance indicator traffic light colour?* If mauve, orange or red discuss contributing factors
 |  |
| Number of inpatients (currently in a bed)? |  |
| Number of vacant beds? |  |
| Number of * Confirmed discharges/transfers
* Anticipated discharges/transfers
 |  |
| Expected admissions* Emergency department
* Day of surgery admission
* Other e.g. booked admissions
 |  |
| Discuss outliers* Number and type
* Expected date of discharge
 |  |
| Total number of vacant beds after churn? |  |
| Discuss patients of concern |  |
| Discuss if staffing satisfactory for the next 3 shifts |  |

# Appendix 2 - Weekly care capacity meeting

Staff attending the weekly meeting will include integrated operation centre manager, duty nurse manager, operational and nursing leaders, senior manager on call. Others as needed for specific activities e.g. allied health, data analyst, and business support.

## Table 2 - Items for discussion

|  |  |  |
| --- | --- | --- |
| Item  | Action | By who |
| Review the previous week * Data accuracy
* Significant nursing hours variance
* Review shifts below target
* Include shift notes
 |  |  |
| Review staff requests * No. of staff requests
* Staff requests approved
* Staff requests approved but unable to be filled
 |  |  |
| Review VIS traffic light colours* No. of colours
* Time in colours
 |  |  |
| Discuss areas of concern e.g.* Surge capacity issues
* Late discharges
* Long term sick not covered
 |  |  |
| Forecasting for next week* Admissions
* Discharges
* Staffing (planned, expected sick leave, training)
* Events
 |  |  |
| What can we improve? |  |  |