Variance indicator standard operating procedure

The standard operating procedure takes the guess work out of responding to variance

The variance indicator standard operating procedure is a list of standardised actions to respond to variance. It takes the guess work out of who does what, when. The list includes the main actions that need to be taken but is not necessarily everything. The standard operating procedure is used in response to the variance indicator score and resulting traffic light. Depending on the traffic light colour there is a standard procedure to get the ward/unit back into green.

# The standard operating procedure is different for each team

There are three different procedures below that describe what actions are required for each team.

## Clinical team procedure

Clinical teams include the clinical manager, shift coordinator, and ward staff. They routinely complete the following and have specific additional actions for the traffic light colours (see table 1).

* Clinical manager determines plan for shift and communicates
* Review CaaG for admissions, transfers (theatre and regions), discharges, and outliers that need repatriation to the ward/unit.
* Review staffing for next 24 hours
* Negotiate staff breaks and schedule into workloads.
* Check TrendCare is correct and is updated throughout the shift (all patients predicted, roster pulled through, staff allocate screen adjusted if needed).
* Hold team huddle and complete variance indicator score.
* Expedite discharges and transfers

Table – Additional actions for traffic light status

| Traffic light | Actions |
| --- | --- |
| MAUVE | Routine actions as listed above* Provide staff training as scheduled
* Undertake quality improvement activities
* Update patient care/management plans and charts
* Pull patients from outlying wards/units
* Continue to care for outliers if it will assist other wards workload
* Reallocate staff to other ward/units as needed
* Offer staff short notice leave in consultation with Duty Nurse Manager and line manager
* Respond to and manage unexpected events.
* Routine liaison with Duty Nurse Manager, medical and allied teams.
 |
| GREEN | Routine actions as listed above* Provide staff training as scheduled
* Undertake quality improvement activities, as scheduled
* Expedite discharges and transfers
* Update patient care/management plans and charts
* Pull patients from outlying wards/units
* Accept admissions and ward transfers from wards needing to decant
* Continue to care for outliers if it will assist other wards workload
* Reallocate staff where required
* Respond to and manage unexpected events
* Routine liaison with Duty Nurse Manager, medical and allied teams
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| YELLOW | Routine actions as listed above* Clinical manager on the floor coordinating
* Redistribute workload allocation as needed
* Reprioritise patient care and management plans
* Escalate to medical team any patients not seen in previous 24 hours
* Prioritise discharges/transfers with the medical and allied team
* Negotiate staggering admissions
* Assess need for additional staff (part and/or full shifts)
* Discuss staff requests with Duty Nurse Manager and line manager
* Alert Duty Nurse Manager if there are unexpected events
* Have smart 5s and workload allocation ready for staff arrival
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| ORANGE | As per yellow and:* Escalate variance to Duty Nurse Manager and line manager, discuss
* diverting admissions to other areas
* cancelling elective procedures
* Cancel staff training sessions
* Re-allocate non assigned nurses to clinical tasks
* Inform patients and on-ward visitors of ward status
* Complete reportable event, once variance returned to green
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| RED | As per orange and:* Mandatory 30 minute reporting of variance to Duty Nurse Manager and line manager
* Stop admissions to ward/unit
* Implement life and limb policy, where applicable
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## Operations team procedure

The operations team includes the integrated operation center manager, service and/or operations managers, and clinical leaders such as the duty nurse manager, nurse unit managers, emergency management role, allied leaders and representatives from ward support.

They routinely complete the following and have specific additional actions for each wards/units traffic light status (see table 2).

* Operations centre manager/designated delegate determines plan for shift and communicates
* Review CaaG for admissions, transfers (theatre and regions), discharges, and outliers that need repatriation to ward/unit.
* Review staffing for next 24 hours
* Check TrendCare is accurate and up to date. Follow-up with ward/unit coordinator, as needed.
* Update TrendCare and staff allocation as needed, throughout the shift (bureau, casual, staff movement between wards).
* Check variance indicator score completed for each ward/unit.

Table - Additional actions for traffic light status

| Traffic light | Actions |
| --- | --- |
| MAUVE | Routine actions as listed above and liaison with clinical teams* Consider scheduling additional planned treatments e.g. transfusions
* Review all sites and reallocate staff across sites if appropriate
* Reallocate staff to areas of greater need
* Close beds/ward/unit
* Offer wards/units staff short notice leave
 |
| GREEN | Routine actions as listed above and liaison with clinical teams* Forecasting for next 24 hours (staffing and patient demand)
 |
| YELLOW | Routine actions as listed above and liaison with clinical teams* Review areas in yellow within 30 minutes, assess situation and help as indicated
* Review hourly until ward/unit in green
* Expedite patient transfer/discharge out of ward/unit
* Delay admissions/transfers into ward/unit
* Facilitate reallocation of staff to areas in yellow
* Approve overtime/additional staff as necessary
* Consider notifying senior manager on call
 |
| ORANGE | As per yellow and:* Review ward/unit/service variance every 30 minutes
* Hold patients in current areas i.e. PACU, endoscopy recovery
* Facilitate patient movement to discharge lounge
* Repatriate patients to home wards if able
* Open beds and increase staffing
* Share staff across wards/units if able
* Mobilise non-floor and ancillary staff to assist under direction of RN/RM
* Coordinate additional bed meeting to discuss management of variance
* Notify executive team and senior manager on call
* Discuss cancellation of elective surgery/procedures, if applicable
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| RED | As per orange and:* Invoke major incident plan per ward/unit/ service/ hospital, depending on variance impact
* Establish emergency operations coordination (EOC) as necessary
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## Executive team procedure

The Executive team may include, Directors of Nursing and Allied Health, the Chief Operating Officer (or equivalent), Chief Executive, and other senior managers.

They routinely complete the following and have specific additional actions for each wards/units traffic light status (see table 3).

* Ensure there are systems and processes in place for effective care capacity demand management
* Monitor the core data set
* Routine liaison with senior managers/teams
* Periodically attend daily care capacity meetings

Table – Additional actions for traffic light status

| Traffic light | Actions |
| --- | --- |
| YELLOW | Routine actions as listed above and:* Note communication of variance and monitor
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| ORANGE | As per yellow and:* Support service/directorate to implement variance response
* Senior manager on call attend additional bed meeting and facilitate decision making to relieve pressure
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| RED | As per orange and:* Executive team attend additional bed meeting to facilitate decision making to relieve pressure
* Lead and/or contribute to emergency operations coordination (EOC) as necessary
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