

variance response *management*

An introduction

Safe Staffing & Healthy Workplaces Unit
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Session outline

- What is Care Capacity Demand Management (CCDM)?
- What is variance response management?
- What does variance look like?
- Why variance response management?
- What are the tools and processes?
- Where are your gaps?
- Who is involved in variance response management?
- Where to from here?

What is CCDM?

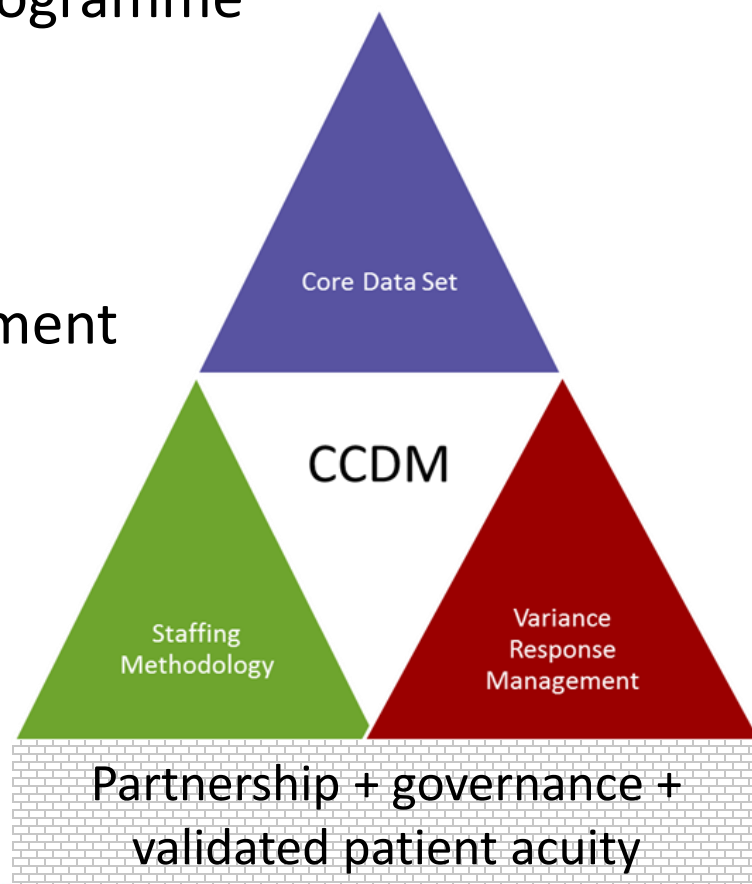
CCDM aims to ensure that you are in the right place, providing the right care, at the right time.

There are 3 main components in the programme

1. Core data set
2. Staffing methodology
3. Variance Response Management

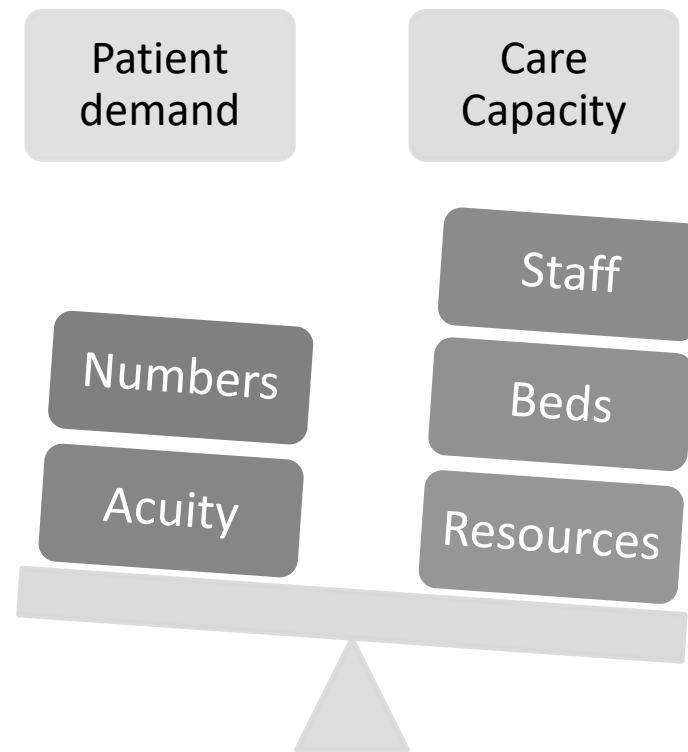
Each of the components depends on the other, to get the most out of the programme.

The following slides focus on variance response management.



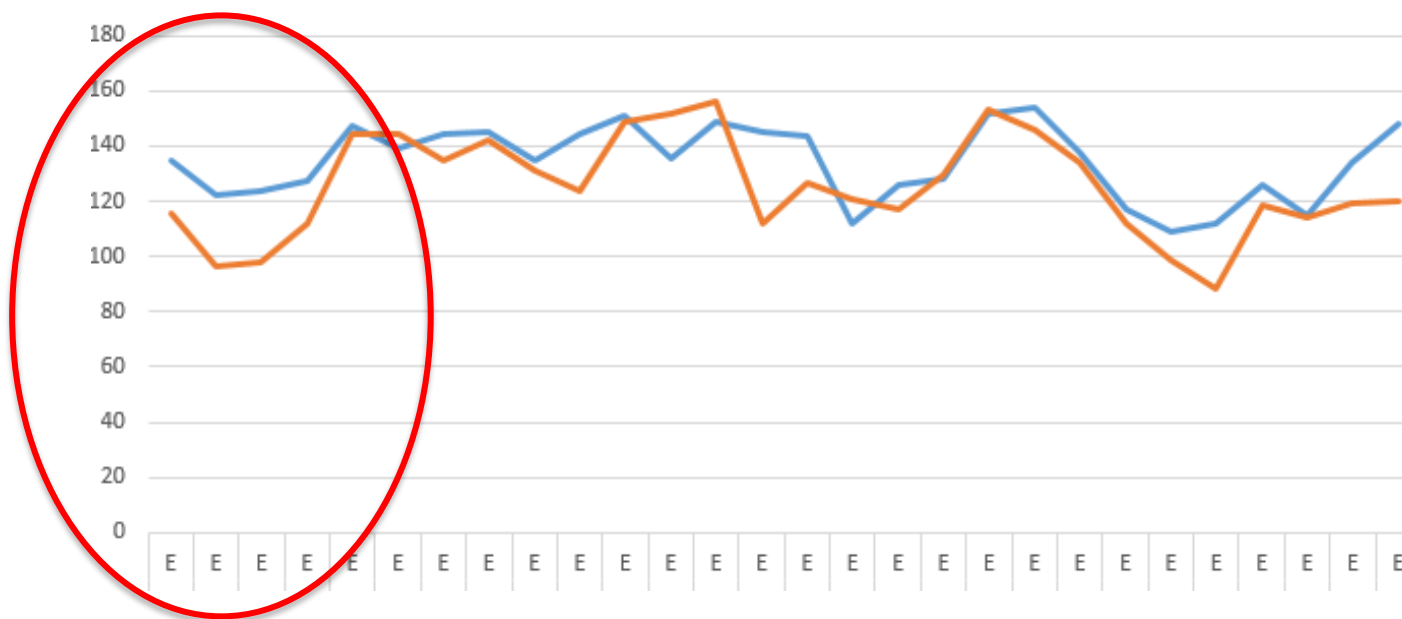
What is variance response management?

- A set of tools and processes used when there is a mismatch or variance between patient demand and capacity to care

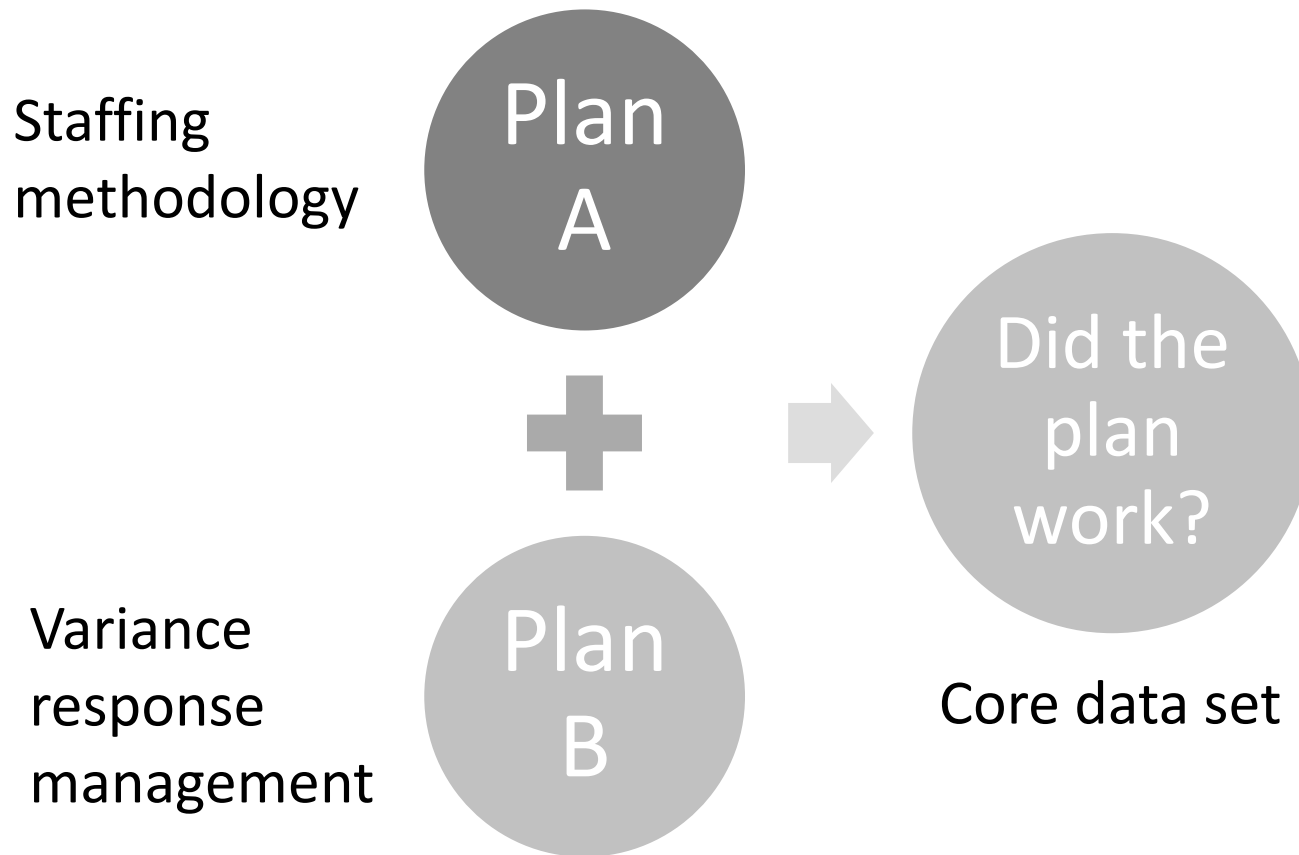


What does variance look like?

- Variance means a mismatch between care hours provided and patient demand



Why variance response management?



What are the tools and processes?

1. Integrated operations centre

2. Capacity
at a glance
screens

3. Variance
indicator
system

4. Standard
operating
procedures

1. Integrated operations centre

- Similar to an airport control tower
- The hospital operations centre provides patient and staff coordination for inpatient areas and ED



GCM, retrieved June 2018

2. Capacity at a glance screens

Displays:

- real-time patient numbers and acuity information
- each wards/units variance indicator status or traffic light
- in the IOC and around the hospital



Wix images, retrieved June 2018

3. Variance indicator system

- Completed by ward/unit staff
- Variance indicators have a weighted score
- The total score results in a traffic light colour
- Each colour has a standard operating procedure






Indicator	Yes	No
Missed breaks	<input type="radio"/>	<input type="radio"/>
Poor skill mix	<input type="radio"/>	<input type="radio"/>
Poor staff mix	<input type="radio"/>	<input type="radio"/>
Negative hours variance	<input type="radio"/>	<input type="radio"/>
Positive hours variance	<input type="radio"/>	<input type="radio"/>
Care rationing	<input type="radio"/>	<input type="radio"/>
Professional judgement deems it unsafe	<input type="radio"/>	<input type="radio"/>

4. Standard operating procedures

There are 4 standard operating procedures

1. Variance indicator
2. Care capacity meetings
3. Staff reallocation
4. Deployment of casual/bureau staff, extra shifts and overtime

Variance indicator

	Definition	Ward	Operations centre	Executive
	Excess care capacity	Re-assign duties	Re-assign staff	
	Staffing meets demand	Status quo Monitor Report	Status quo Monitor Forecast	
	Early variance	Team huddle Assess workload Report	Assess Re-assign staff Forecast	
	Significant care capacity deficit	Team huddle Re-assign workload Report/escalate	Assess Re-assign staff Report & plan Escalate	Review plan Monitor
	Critical care capacity deficit	Team huddle Emergency response Report	Assess Emergency response Update status & plan	Take charge Respond

Care capacity meetings

- Care capacity meetings held daily and weekly
- Review operational status on the day and for the past week
- Has right people for effective decision making
- Standard agenda for sharing information
- Uses accurate, real time data
- Promotes acuity based staffing



- The reallocation guideline standardises the process when staff move
- It includes a Smart 5 checklist for orientation and undertaking tasks in the ward
- Staff feedback is collected and collated for improvement of the process



Deployment of casual/bureau, use of extra shifts and overtime should be considered when:

- Redeployment of existing resources has been exhausted
- Roster gaps remain unfilled and the acuity of the ward requires additional regulated and non regulated workforces to be deployed
- There is a need to address staff and skill mix mismatch
- Management of Emergency situations such as critical events and major incidents.

All staff redeployments including use of casual/bureau staff, extra shifts and overtime should be monitored over time to assess the effectiveness of the variance response systems, processes and tools.

Pulling it all together

The operations centre, screens, variance indicator system and standard operating procedures work together. You can't have one without the other.

The result is a 'well oiled machine'.

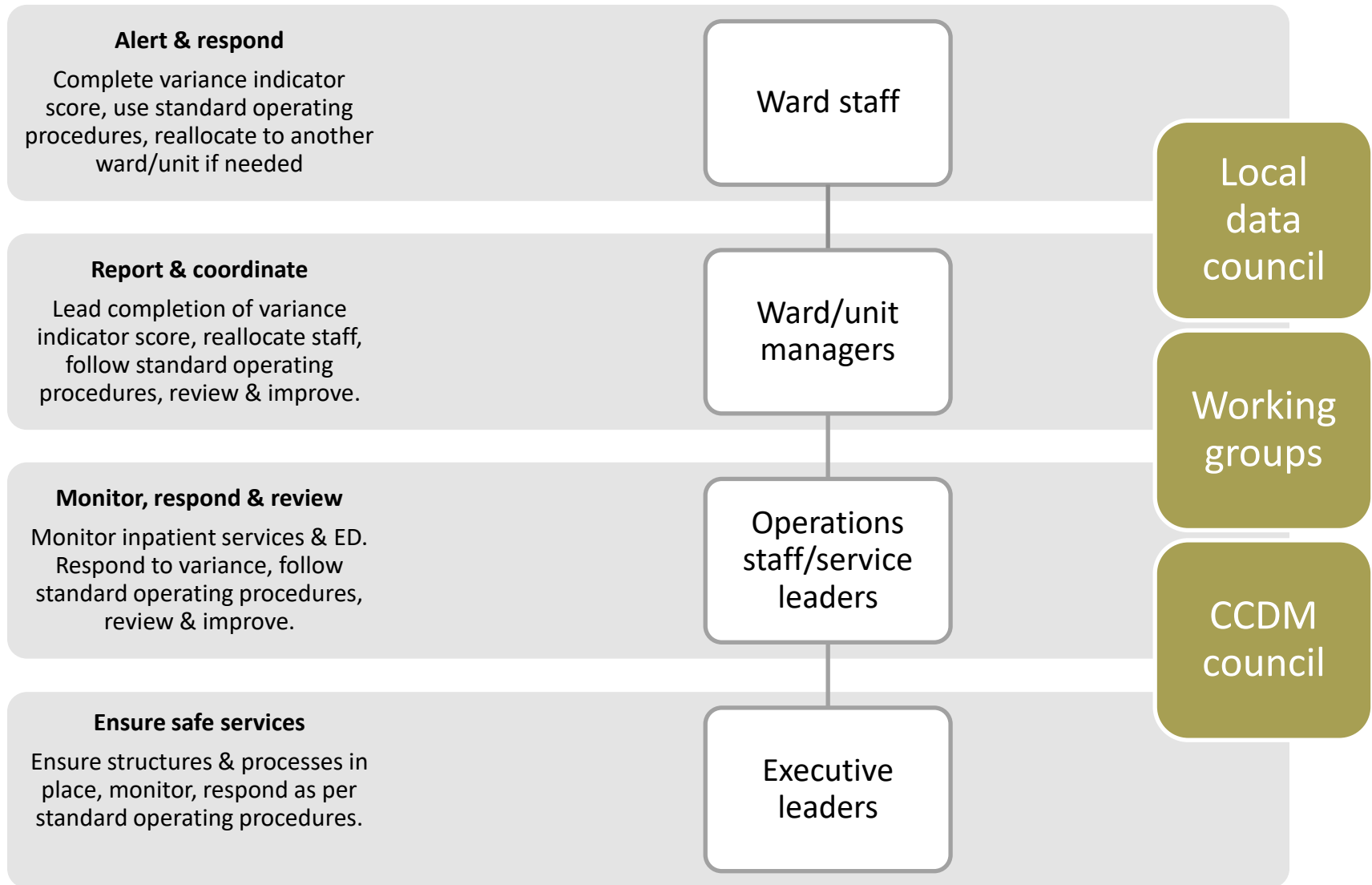
The well oiled machine....great pieces make a top notch team!



Where are your gaps?

- Use the stocktake tool to
 - Assess what you currently have
 - Highlight gaps
 - Develop an implementation strategy
 - Identify when and who needs to be involved
 - Report progress to the CCDM council
- The SSHW Unit Programme Consultant will work with you to complete the stocktake.

Who needs to be involved?



Where to from here?

1. Agree working group participants
2. Arrange meetings
3. Elect chair and agree terms of reference
4. Complete workshops
5. Undertake the VRM stocktake
6. Jointly agree overall workplan
7. Report to CCDM council
8. Communicate, communicate, communicate

Recipe for Success

Take one goal, one amazing attitude,
a willingness to do what most wont,
all of your potential, all of your
resilience, all of your courage,
humility and talent and mix
thoroughly.

Forever.