

FTE calculation report for multiple wards

Ward names

DHB

Document Information

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| **Author/s** |  |
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Document History

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# Summary

The following table provides a high level summary of the FTE calculation results for <xx wards/units or a directorate or the hospital>. The next pages provide further detail by ward/unit. CCDM software printouts accompany each ward/unit summary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ward/unit name | 1:1 patient care | Roster changes required | Total recommended FTE | FTE variance | Increase/decrease |
| Ward 4 | Excluded | Yes | 28.9 FTE | 3.24 FTE | Increase |
| Ward 5 | Excluded | Yes | 24.5 FTE | -0.8 FTE | Decrease |
| Ward 6 | Excluded | No | 32.30 FTE | -0.22 FTE | Decrease |
| Ward 7 | Included | Yes | 34.55 FTE | 4.25 FTE | Increase |
| TOTAL |  |  | **120.55 FTE** | **6.47 FTE** | **Increase** |

# Summary <Ward 4>

## Roster changes

Ward/Unit xx requires the following roster changes:

E.g.

* Roster 1 HCA on nights Monday to Sunday to cover patient one on one care.
* Reduce staffing on AM shifts Monday to Friday by 1 FTE to reflect drop in total care hours from previous year

## Total FTE

The following table provides a summary of the FTE calculation results.

|  |  |
| --- | --- |
|  | FTE |
| Current budgeted total FTE |  |
| Recommended total FTE to employ |  |
| Recommended total FTE to budget |  |
| Variance to current budgeted FTE |  |

The following screen shot from the CCDM software provides a breakdown of the final results by role type.

<Insert a screen shot of the Total FTE tab, as required>

## Limitations

There are xx limitations to the results of the study:

E.g

* The patient type HPPD is above the TrendCare benchmark by 0.11 HPPD.
* There are 229 patients that were never categorised during the study period.
* On all night duties a further 0.5 FTE is needed to meet patient demand for care, but is unable to be practically rostered.
* The FTE calculation does not provide a recommendation for staff mix.

## Recommendations

The recommendations for this ward/unit include:

E.g

* Increase the budgeted FTE for the ward/unit by 1.14 FTE.
* Move 0.8 FTE into the intergrated operations centre budget to allow for ad hoc use of bureau for one on one patient care.
* Include 4.23 FTE in the base budget to cover patient 1:1 care which totals 8.5FTE across the year.
* Implement the recommended roster model starting in April.
* Review the appointment of an HCA on night duty in 12 months time.

# Attachments <Ward 4>

The following printouts from the CCDM software are attached for further information:

E.g.

1. Available staffing hours
2. What if Scenario charts
3. Base FTE
4. Total FTE