Allied health CCDM stocktake assessment

# Purpose

This document provides an assessment tool against the CCDM programme components for allied health. Completing the assessment will provide evidence of the degree to which the components have been attained from; not attained (NA), partially attained (PA), and fully attained (FA) to business as usual (BAU). The degree of attainment can in turn be used to develop the CCDM workplan.

The assessment can be completed prior to engaging with the CCDM programme, during the programme or as an assessment for completion of the programme (or anytime in between to assess progress with implementation).

Signed by Date: / / 20\_\_\_\_

|  |  |
| --- | --- |
| DAH | AH CCDM lead |
| Health union partner (1)  | Health union partner (2) |
| SSHW Unit Programme Consultant |  |

## Assessment contributors

|  |  |
| --- | --- |
| Name  | Role |
| Name  | Role  |
| Name | Role |
| Name | Role |

## Assessment attainment levels

|  |  |
| --- | --- |
| **Attainment level** | **Definition** |
| CI = Continuous improvement  | The DHB can in addition to demonstrating full attainment show a process of continuous improvement through evaluation and review of implementation. Actions taken are evaluated and there is evidence of improvement at a ward, service and hospital level.  |
| FA = Fully attained | The DHB can demonstrate implementation. This includes practice evidence, reporting and visual evidence of CCDM processes and systems that meet the criterion |
| PA = Partially attained | The DHB can demonstrate:1. Evidence of process implementation (systems / procedure / guideline) without supporting structures.

OR1. Documented processes / systems or structure is evident but unable to demonstrate this at all levels of the organisation ward – directorate – DHB where required
 |
| UN = unattained | DHB unable to demonstrate appropriate processes, systems, structures to meet the criterion |

Standard 1.0 - CCDM governance

| **Component**  | **Level** | **Current status/ comments** |
| --- | --- | --- |
| * 1. Permanent governance for CCDM is established for the organisation
* *AH & PSA representation on the CCDM governance council*
* *Evidence of strong partnership*
* *Routinely monitors AH workplan*
 | CIFAPAUN |   |
| * 1. AH Working Group operational
* *Meets routinely*
* *ToR developed*
* *Group develops a workplan that is endorsed by CCDM council*
* *Reports after each meeting to council on progress against plan*
 | CIFAPAUN |  |
| * 1. Allied Health Data Quality Group (Local Data Council) operational
* *This can be at either team or service level*
* *AH should be represented where appropriate on Ward Quality Groups*
 | CIFAPAUN |  |

Standard 2 - Activity data collection

| **Component**  | **Level** | **Current status/ comments** |
| --- | --- | --- |
| * 1. Data governance group established and is effective and operational
* *AH is represented on the TrendCare Steering Group if TrendCare is used*
 | CIFAPAUN |  |
| 2.2 Dedicated resource allocated for supporting the data collection system | CIFAPAUN |  |
| * 1. Processes in place to ensure the data collection system is used accurately and consistently
 | CIFAPAUN |  |
| * 1. Business rules are clearly defined and in use to ensure consistent use of the system
 | CIFAPAUN |  |
| * 1. Activity data is utilised in daily operational and annual planning activities
 | CIFAPAUN |  |

## Standard 3.0 – Core data set

| **Component**  | **Level** | **Current status/ comments** |
| --- | --- | --- |
| * 1. CCDM council has the authority, accountability and responsibility for setting, implementing and monitoring the Core Data Set
 | CIFAPAUN |  |
| * 1. The Core Data Set is used to evaluate the effectiveness of care capacity demand management in the DHB and make improvements
 | CIFAPAUN |  |
| * 1. The Core Data Set is monitored, reported and actioned at a team, service and hospital level
 | CIFAPAUN |  |
| * 1. The organisation annually reviews the relevance, frequency and effectiveness of the Core Data Set. Reporting on progress within quality improvement framework.
 | CIFAPAUN |  |

## Standard 4.0 - Staffing methodology

| **Component**  | **Level** | **Current status/ comments** |
| --- | --- | --- |
| * 1. The organisation has staffing budget setting procedures in place that are reviewed annually by the CCDM council.
 | CIFAPAUN |  |
| 4.3 Budget holders are involved annually in setting the roster model, FTE and budget | CIFAPAUN |  |
| 4.4 The roster model provides best match of staffing to patient demand | CIFAPAUN |  |
| 4.5 The organisation regularly evaluates the adequacy of staffing levels / skill mix and acts on findings  | CIFAPAUN |  |

## Standard 5.0 – Variance response management

| **Component**  | **Level** | **Current status/ comments** |
| --- | --- | --- |
| * 1. Capacity data is available
* *Systems exist for teams to collect and report on hours available each shift*
* *Ability to collect and report on clinical and non-clinical hours each shift*
 | CIFAPAUN |  |
| * 1. Demand data is available
* *Systems exist to report on / visualise the demand (i.e. electronic referral management) for allied health across the entire hospital*
* *Recommended demand capability includes: referral numbers, reason, time stamps, priority level*
* *Ability to collect and report on unmet need*
* *Prioritisation Guidelines developed for each service and triage level assigned to every patient*
 | CIFAPAUN |  |
| * 1. Variance indicator scoring tool utilised by all teams
* *TAS VIS tool used or metrics built into DHB’s system*
* *VIS status is displayed on CaaG screen and is accessible to all*
 | CIFAPAUN |  |
| * 1. VIS standard operating procedures (SOPs) operational
* *SOPs agreed and implemented by all teams*
* *Interventions collected and reported on*
 | CIFAPAUN |  |
| * 1. MDT daily care capacity meeting operational
* *Allied health representative(s) attends daily meeting*
* *Allied health involved in supporting decision making*
 | CIFAPAUN |  |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

## Suggested next steps / work plan development:

1. ***Governance***
2. ***Activity data collection***
3. ***Core data set***
4. ***Staffing methodology***
5. ***Variance response management***