

CCDM *councils*

Local data council – learn today, lead tomorrow

Safe Staffing & Healthy Workplaces Unit
July 2018

This presentation....

.....is for all staff and aims to provide answers to the following questions:

- What is the care capacity demand management (CCDM) programme?
- Where are we at with CCDM?
- What is a local data council?
- Why have a local data council?
- How does the local data council work?
- What tools will you need?
- Who needs to be involved?
- Need more information?

This power point takes about 15 minutes to read.

What is the CCDM programme?

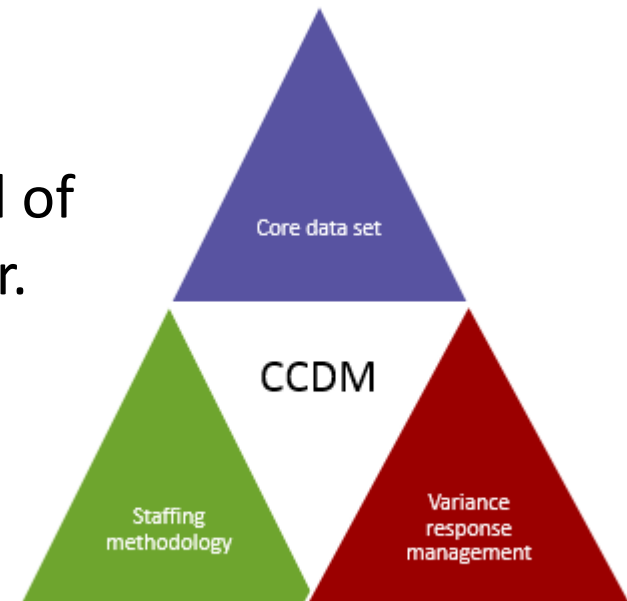
CCDM aims to have you in the right place, providing the right care, at the right time.

There are 3 main components in the programme

1. Core data set
2. Staffing methodology
3. Variance response management

To get the best for patients and staff all of the components need to work together.

The following slides focus on a foundation of the programme – governance and the local data council.



Partnership + Governance + Validated Patient Acuity

Where are we at with CCDM?

The DHB started CCDM in **XXXX**. Currently we are at different stages of the programme.

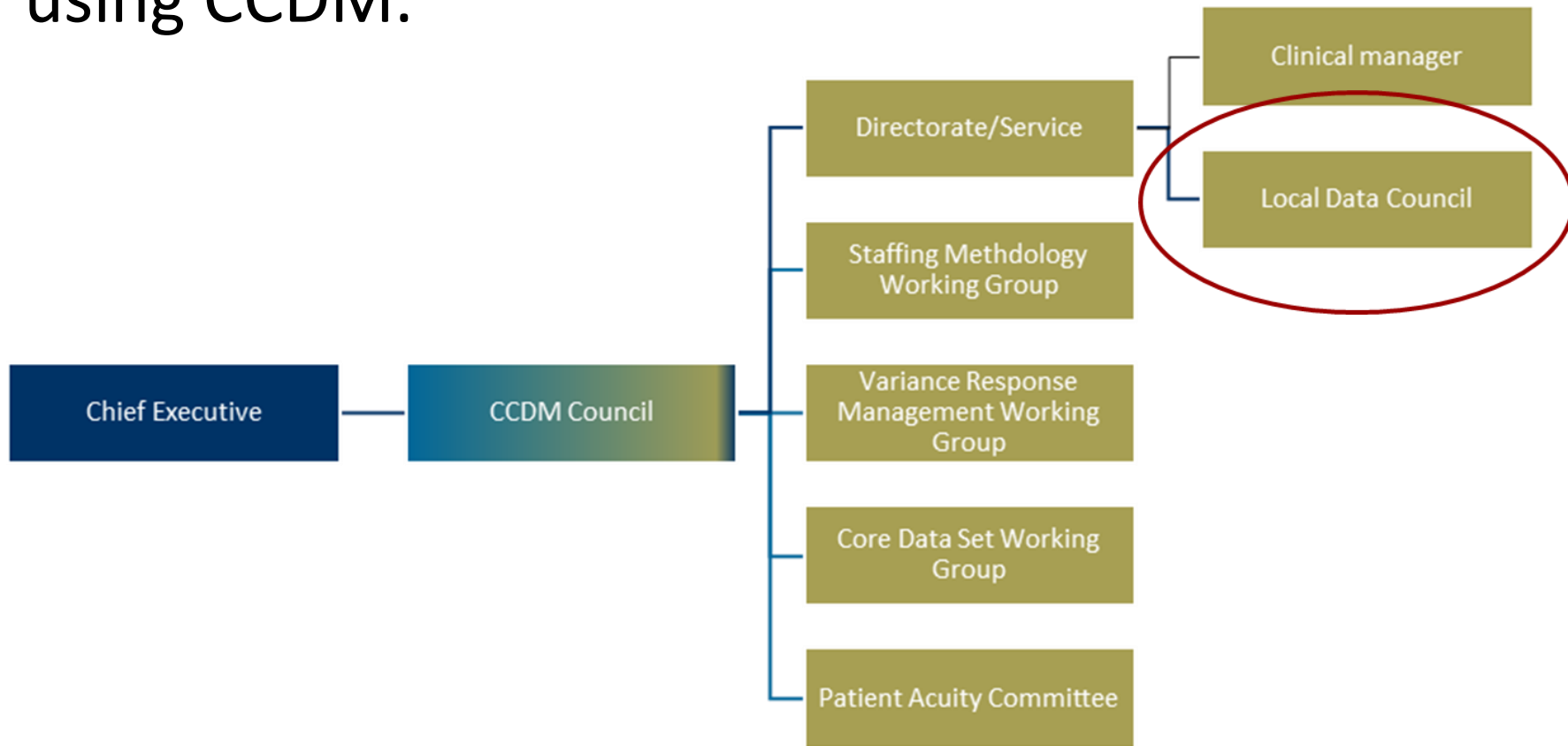
Recently we started involving staff in joint problem solving and improvement through local data councils. This will help us to better match our capacity to care with patient demand.

We are in the process of assessing what data the DHB currently collects.

Staff will be included in training on improvement techniques.

What is a local data council?

A local data council is part of a network that helps achieve safe staffing healthy workplaces using CCDM.

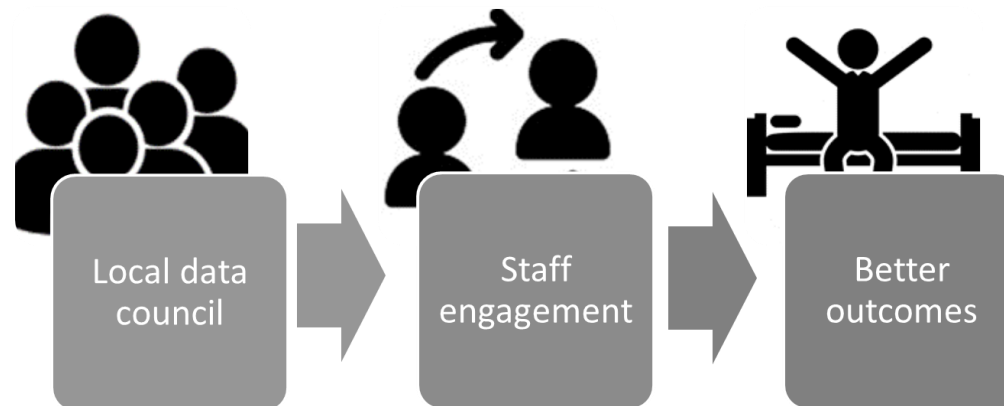


What is a local data council?

The local data council is a permanent group of frontline staff. They jointly identify and solve problems.

Their role is to set goals, measure results and spread successful practices with colleagues.

This may be a separate group or occur during a ward staff meeting.



Why have a local data council?

A local data council increases collaboration between frontline staff, managers and health union.

The council idea is based on the premise that the people closest to the problem are best at solving the problem. (You are the people closet to the problem).

Solving the problem starts by measuring how you are doing. This is done using the core data set.

Why have a local data council?



What you don't measure,
you don't know.
If you don't know, you can't
improve.
Without measurement
there is no improvement
(except by chance).

How does the local data council work?

You will meet monthly to talk about the measures. This can be at the ward staff meeting or a separate local data council meeting.

Together you will identify where you want to make improvements and write a plan.

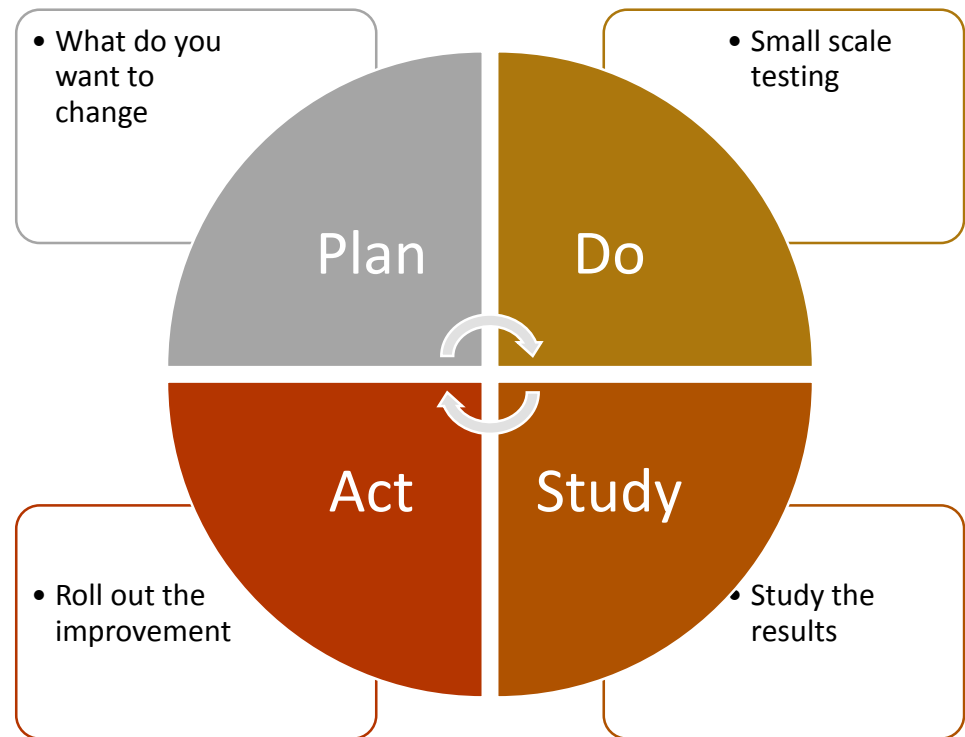
Your ward's improvement plan will be reported to the directorate, working group or CCDM council. Feedback will be provided via your clinical manager.

What tools will you need?

You will need a variety of tools. This will include

- group ground rules
- the core data set
- improvement tools (e.g. plan-do-study-act) and
- a decision making framework.

There will be help available to use these tools.



Who should be involved?

There will be a core group of people that will need to be part of your local data council e.g. nurses and health care assistants, health union and your clinical manager. The group should be diverse and multi disciplinary.

There will be others that will need to join your group from time to time. This might include the service or nursing leader, TrendCare/CCDM coordinator and quality advisor.

The final word



The achievements of an organisation are the results of the combined effort of *each* individual

(Vince Lombardi)



Need more information?

If you have questions about the local data council, talk with your clinical manager, DHB CCDM Coordinator, health union delegate or organiser.

If you just want more information on CCDM or local data councils go to the CCDM website: <https://www.ccdm.health.nz>

If you want to get involved, start with the data that you have control over e.g. TrendCare and reportable events. This makes a massive difference to the information that will be used every day to make decisions on staffing and patient outcomes.