CCDM programme standards

Standard 1.0 – CCDM governance

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| **Standard 1.0**  The CCDM governance councils (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients. |

| **Criteria** | **Guidance** |
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| 1. The purpose, values, scope and direction of the organisations CCDM council and ward/unit local data councils is clearly identified and regularly reviewed | * *There is a combined DHB and health union partnership approach to CCDM Programme implementation.* * *There are documented and agreed terms of reference that are reviewed annually.* * *The CCDM Programme forms part of the organisations documented quality improvement strategy.* * *The councils’ activities are focused on both programme implementation and ongoing monitoring of care capacity demand management.* * *Membership includes all agreed and required stakeholders.* |
| 1. Permanent governance for CCDM is established for the organisation and for each ward/unit | * *There is a CCDM council for the organisation and local data councils for each ward/unit.* * *The councils are led by suitably qualified and/or experienced persons with authority, accountability and responsibility for service provision. This may include a DHB and health union co-lead.* * *The councils’ meet according to their documented terms of reference.* * *All stakeholders demonstrate knowledge and understanding of the CCDM Programme.* * *There is evidence of regular meetings with documented actions and timelines.* * *There are formalised agreed CCDM workplans which are reviewed at each meeting.* |
| 1. Permanent governance for CCDM is effective and operational for    1. CCDM council and    2. Local data councils | * *The councils’ meet according to frequency stated in their documented terms of reference.* * *Minutes show 80% attendance of all listed parties.* * *Both DHB and health union partners actively lead programme implementation.* * *Councils’ at all levels of the organisation report from the floor to the board against agreed CCDM workplans.* * *The organisation CCDM council regularly communicates with all stakeholders and levels of the organisation.* * *Meeting minutes include evidence of regular DHB and health union partnership review.* * *CCDM Programme implementation is progressing according to agreed timelines.* |
| 1. The CCDM council and ward/unit local data councils establish, monitor and act on CCDM data for continuous quality improvement. | * *The core data set is used to evaluate the effectiveness of care capacity demand management over time.* * *The core data set is reviewed at each council meeting at all levels of the organisation.* * *The core data set results are used to inform the annual CCDM workplans.* * *There are regular reviews of variance response management including reported staffing shortfall events.* * *There is evidence of a bipartite approach to issue resolution.* * *The CCDM council takes action on issues and escalates to the Board where appropriate.* |

Standard 2.0 – Validated patient acuity tool

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| **Standard 2.0**  The validated patient acuity tool underpins care capacity demand management for service delivery. |

| **Criteria** | **Guidance** |
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| 1. There is a validated patient acuity committee that is effective and operational. | * *The committee meets according to its documented terms of reference.* * *The committee has accountability, authority and responsibility for ensuring the vendor ‘gold standards’ are met.* * *Meeting minutes include evidence of regular review of data integrity and accuracy.* * *Minutes show 80% attendance of listed parties.* * *There is a formalised and agreed annual workplan reviewed at each meeting.* * *Escalation of issues from the committee to the CCDM council occurs when needed.* |
| 1. There is dedicated coordinator FTE for managing the validated patient acuity system. | * *The coordinator is suitably qualified and knowledgeable about the validated patient acuity system use and functionality.* * *The dedicated coordinator FTE is relative to the organisation’s size and sufficient to be effective in the role.* * *Regular quality audits are undertaken and reported to the committee.* * *Staff training and education is scheduled, delivered and evaluated.* * *System maintenance occurs as required to meet the business needs.* * *System upgrades are planned and coordinated effectively.* |
| 1. The patient acuity system is supported and prioritised as a critical ‘service delivery’ IT system. | * *System upgrades are scheduled and resourced.* * *System upgrades are installed within 3 months of release from the vendor.* * *The system effectively interfaces with other DHB IT systems e.g. roster, patient management system.* * *Electronic display of patient acuity data is supported by IT expertise.* |
| 1. There are processes in place to ensure the validated patient acuity system is used accurately and consistently. | * *Assessment against the vendor standards occurs annually by the committee and results are reported to the CCDM council.* * *There is 100% attainment of the vendor standards for the components of the validated acuity system in use.* * *All staff receive training at induction and updates as required.* * *Inter-rater reliability is tested at least annually for all staff using the system.* * *The HPPD by patient type/category is checked 6-12 monthly against benchmarks.* * *The worked roster is accurately recorded in the system.* * *Line managers monitor data accuracy; daily, weekly and monthly.* * *Line managers’ report on patient acuity data monthly.* * *Results of audits are reported at each committee meeting.* |
| 1. Business rules are clearly defined and in use to ensure consistent use of the system. | * *There are documented and agreed business rules that are reviewed annually.* * *There is evidence that the business rules are applied in practice.* |
| 1. Validated patient acuity data is utilised in daily operational and annual planning activities. | * *Acuity measures are included in the core data set and reported from the floor to the Board.* * *Validated patient acuity forms the basis of the daily operations meeting and variance response management.* * *Validated patient acuity data is used for forecasting and the staffing methodology.* |

Standard 3 – Core data set

| **Standard 3.0**  The organisation uses a balanced set of CCDM measures (core data set) to evaluate the effectiveness of care capacity and demand management overtime and to make improvements. |
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| **Criteria** | **Guidance** |
| 1. The CCDM council has the authority, accountability and responsibility for setting, implementing and monitoring the core data set. | * *The DHB has an agreed core data set.* * *Policies and procedures define the measures, tolerances and describe the process for reporting.* * *The core data set is centrally collected, collated and reviewed at each council meeting.* * *The core data set is aligned to the DHB strategic goals.* * *Line managers from the floor to the Board have accountability for the measures in the core data set.* * *The core data set informs decision-making and actions taken at all levels of the organisation.* |
| 1. The core data set is used to evaluate the effectiveness of care capacity demand management in the DHB and make improvements. | * The *core data set* includes *measures from all three sides of the CCDM Programme triangle:* * *Quality patient care* * *Quality work environment* * *Best use of health resources* * *The core data set* *includes all of the CCDM Programme measures.* * *Measures are trended over time and show improvement.* * *Control charts are used to identify special cause variation.* * *There are appropriate resources to support the collation, analysis and presentation of the core data set.* * *Clinicians and managers work together to identify actions for improvement.* |
| 1. The core data set is monitored, reported and actioned at ward/unit, directorate and hospital wide level. | * *Staff at all levels of the organisation can identify CCDM measures and how they are performing.* * *Measures are reported monthly from the floor to the Board.* * *CCDM measures are on the ward/unit staff meeting agenda.* * *Budget holders discuss the core data set* *as part of regular monthly meetings.* * *The core data set* *is discussed at every council meeting.* * *Minutes reflect actions and timelines.* |
| 1. The organisation annually reviews the relevance, frequency and effectiveness of the core data set. Reporting on progress with quality improvement. | * *Each measure in the core data set* *is revised annually for currency and relevance.* * *Reviews are documented and communicated from the floor to the Board.* * *Recommendations for improvements to the core data set* *are actioned.* |

Standard 4 - Staffing methodology

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| **Standard 4.0**  A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services. |

| **Criteria** | **Guidance** |
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| 1. The organisation has staffing budget setting procedures in place that are reviewed annually by the CCDM council. | * *The FTE calculation methodology is being used as the basis of annual staff budgeting.* * *The DHB has a formal process in place to validate FTE calculations.* * *The staffing budget is set using the results of the FTE calculation based on data from the past 12 months.* |
| 1. The organisation uses the CCDM staffing methodology to establish staffing numbers, staff and skill mix for each ward/unit that uses a validated patient acuity system. | * *The DHB meets the validated acuity system standards recommended by the vendor.* * *Patient acuity data is validated as accurate before proceeding with the FTE calculation.* * *The DHB uses the staffing methodology software provided by the SSHW Unit.* * *All inpatient wards/units (that use a validated patient acuity) have completed at least one work analysis (and repeated this where indicated).* * *The FTE calculation is completed annually for all inpatient wards/units that use a validated patient acuity system.* * *Recommendations from the FTE calculation and work analysis are transferred into the annual CCDM workplan.* * *Recommendations are implemented and evaluated.* * *Both DHB and health union partners are actively involved in the staffing methodology process.* |
| 1. Budget holders are involved annually in setting the roster model, FTE and budget. | * *Ward/unit managers and service managers meet with management accountants to discuss and agree the staffing budget.* * *Changes to the budget are notified in advance of the budget being set.* * *Plans to mitigate staffing budget shortfalls are discussed and agreed by the CCDM council.* |
| 1. The roster model provides the best match of staffing to patient demand. | * *Each ward/unit has a documented roster model, staff and skill mix requirements.* * *The roster model in use reflects results from the FTE calculation and work analysis.* * *There is minimal variance between the posted roster and roster model.* * *Care hours variance is within accepted tolerances as evidence by outcomes in the core data set.* * *The budget and roster pattern accommodates seasonal or predictable variation in patient demand.* * *FTE calculations are run for summer and winter, where appropriate.* |
| 1. The organisation regularly evaluates the adequacy of staffing levels/mix and acts on the findings. | * *The line manager reviews the roster model (daily, weekly and monthly) using validated patient acuity data.* * *The impact of the roster model is monitored using the core data set, at each CCDM council meeting, at all levels of the organisation.* * *Issues raised by staff about inadequate staffing levels or mix are reviewed and actioned through a bipartite process in accordance with the MECA and Health and Safety Act 2015.* * *There is evidence of partnership meetings, workplans with agreed time lines.* * *Issues of persistent concern are escalated to the CCDM council and Board where needed.* |

Standard 5 – Variance response management

| **Standard 5.0**  The DHB uses a variance response management system to provide the right staff numbers, mix and skills at all times for effective patient care delivery. |
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| **Criteria** | **Guidance** |
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| 1. There is an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7. | * *The organisation has electronic display of care capacity (staff and beds) and patient demand (numbers and acuity) in real time.* * *Patient flow, bed capacity and staff resource demand is visible for both acute and elective services.* * *There is hourly, daily, weekly and monthly monitoring and review of care capacity variance and responses.* |
| 1. There is a suitably qualified and/or experienced person with authority, accountability and responsibility for managing staffing and patient flow 24/7. | * *This person has management responsibility for the operations centre.* * *This person receives orientation and training to the role, including the validated patient acuity system.* * *Performance indicators for the role include accountability and reporting of care capacity demand management across the hospital.* * *This person is replaced when absent with suitably qualified and/or experienced person/s.* |
| 1. The organisation consistently matches staffing resource with patient demand on a shift by shift basis. | * *A Churchill exercise has been held or determined not to be needed.* * *There are effective communication systems and working relationships to deliver coordinated management of care capacity and demand.* * *There is a functional multidisciplinary (MDT) operations meeting held at least daily.* * *The daily operations meeting follows a relevant and standardised format.* * *The daily operations meeting is attended by ward/unit managers (or delegate), duty nurse manager/s and operations managers and other members of the MDT.* * *There are appropriate and timely actions to variance in care hours in real time.* * *Validated acuity data is used to forecast current and future shifts up to 24hrs in advance.* * *A documented process is used to request and allocate staff for unplanned staffing shortfalls.* * *Line managers periodically review the required staff mix and skill mix levels are being met.* |