



Government of **Western Australia**
Department of **Health**
Nursing and Midwifery Office

Nursing Hours per Patient Day

Interim Report

Nursing and Midwifery Office

1 July 2018 – 31 December 2018

FINAL NHpPD Interim Report V6.0

Document History

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1.0	14/02/2019	M. Book	Draft report compiled of NHpPD reporting and Variance reports sent to CNMO
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5.0	17/04/2019	L. Kerr & M. Book	No changes to Draft V4 after SWRC Committee meeting
6.0	17/04/2019	M. Book	Final Report

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Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that should be applied in association with clinical judgement and clinical need. Each financial year, two reports are produced by the Nursing Midwifery Office (NMO) in collaboration with Health Service Providers; the NHpPD Interim Report for the period 1 July to 31 December and the NHpPD Annual Report for the period 1 July to 30 June.

Significant reform within Western Australia Department of Health (WA Health) continues which requires attention and includes but is not limited to the implementation of *the Health Services Act 2016* (HS Act), the WA Health Reform Program 2015-2020, the WA Health Strategic Intent and the Sustainable Health Review (SHR). In addition, challenges associated with alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool; require consideration when interpreting and analysing the NHpPD data in this report.

Whilst every effort has been made to report upon all areas, some will be unreported for those reasons outlined above. It should also be noted that additional work is ongoing to describe definitions associated with Full Time Equivalent (FTE) when reporting data.

The WA health system is dynamic and as such some areas have changed functionality since the last annual report and therefore caution is advised in comparing NHpPD data with previous reports.

Data is reflective of both the Metropolitan Health Service Providers (HSP) and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and the Small Hospital (SH) and Primary Health Care Centres (PHCC). The body of the report includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. The Appendices provide data for all areas as well as variance reports where appropriate. Commentary has been provided by all managers and directors in areas which have reported between 0-10% below their NHpPD target.

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Introduction

This Nursing Hours per Patient Day (NHpPD) Interim Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2018 to 31 December 2018. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles as required and in accordance with the:

- WA Health System – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses, 2016 – Industrial Agreement; and
- WA Health System - United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers, 2016 - Industrial Agreement.

The *HS Act*, together with its subsidiary legislation became law in Western Australia on 1 July 2016. The *HS Act* introduced new and contemporary governance arrangements for the WA health system, clarifying the roles and responsibilities at each level of the system and introducing robust accountability mechanisms. The Director General is established as the System Manager, and HSPs are established as statutory authorities, responsible and accountable for the provision of health services to their area. This interim report has been collated by the Nursing and Midwifery Office (NMO) on behalf of the Director General, subsequent to Schedule A – Exceptional Matters Order, Section 7.2.2 of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses 2016 – Industrial Agreement*, and, Schedule A – Workload Management Exceptional Matters Order, Section 7.2.2 of the *WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers 2016 – Industrial Agreement*.

This *NHpPD report 1 July 2018 to 31 December 2018*, acknowledges the ongoing *WA Health Reform Program 2015-2020* and how critical enablers identified in the WA Health Strategic Intent present challenges in terms of reporting NHpPD across the WA health system. Challenges highlighted included alignment of cost centres, change in the patient administration system (PAS), enhancements of the central reporting tool, and reconfiguring of services; all of which require consideration when interpreting and analysing NHpPD data in this report.

Every attempt has been made to report on all areas, however there are some that are unreported. In those instances supporting commentary will be included within the relevant tables. The NMO in collaboration with front line leaders have collaborated and identified processes to rectify previous reporting challenges where areas were unreported.

Nursing Hours per Patient Day Reporting

Context for reporting

The NHpPD report provides information on the staffing of wards and units which have been allocated a benchmark target. The report is released six (6) monthly to the Australian Nursing Federation (ANF) and United Voice (UV) by the WA Health Chief Executive Officer as the system manager in accordance with section 19 (2) of the HS Act. The report is designed to show the progress against the NHpPD targets and to report on areas that have not met their benchmark target. Previous NHpPD Reports are available on then

Reporting tools

Historically NHpPD data has been collated centrally through a reporting tool which is supported through Health Support Services (HSS). HSS is WA Health's shared service centre, providing a suite of technology, supply, workforce and financial services to Western Australia's public health services. Whilst the NHpPD HSS tool provides an overview of NHpPD across WA Health, it does not provide data to assist front line leaders in staffing services in real time.

To meet the requirements of Health Service Providers (HSPs), local tools have been developed which are more agile. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by a number of HSPs. The fundamental business rules apply in both tools however the PULSE Tool provides more timely data. An example of this is measurement of occupancy which is calculated every minute in the PULSE Tool but only in fifteen minute snap shots in the HSS Tool.

In collating data for the annual report there are instances where variations in data have been highlighted. An element of caution is required in these situations. The NMO continues to collaborate with HSS and HSPs identifying and repairing data anomalies, as well as testing the NHpPD HSS Tool to ascertain its capability against the PULSE Tool. In June 2018 the NMO invited the ANF and UV to attend a demonstration of both the NHpPD HSS Tool and PULSE Tool to gain an understanding of the tools' capability and suitability for purpose. This meeting was attended by the ANF.

Reporting structure

This Interim Report provides an overview of all wards in Metropolitan HSPs, RRCs, and IDHSs. Wards reporting 10% or more below their target nursing hours are tabled within the body of the report and require variance reports explaining what action has been taken to relieve or alleviate the workload.

Table 1 provides NHpPD data for the Metropolitan HSPs, RRC and IDHS and the associated percentage of both above and below the NHpPD target. All areas that have reported between 0-10% below their target have provided commentary on action taken to relieve or alleviate the workload which is available in Appendix 6. All the other area specific data is provided in Appendix 1.

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC & IDHS

Reporting Period 1 July 2018 – 31 December 2018				
NHpPD reporting	Number of Wards			Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)
	Metropolitan HSPs	RRC	IDHS	
Above 10%	50	17	15	82 (44%)
Above 5 - 10%	13	4	1	18 (10%)
Above 0 - 5%	33	5	1	39 (21%)
Below 0 - 5%	20	3	1	24 (13%)
Below 5 - 10%	13	2	1	16 (9%)
Below 10% or more	5	0	1	6 (3%)
Total Wards	134	31	20	185

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Metropolitan Health Service Data

Data for the Metropolitan HSP hospitals that have reported 10% or more below their allocated NHpPD target are outlined in Table 2. Data provided includes the hospital, ward, NHpPD target, Year to Date (YTD) data and the variance both in figures and as a percentage. Variance reports for applicable inpatient areas that are between zero and -10% below target are provided in Appendix 5.

Table 2. Metropolitan HSP inpatient wards that are 10% or more below target

Nursing Hours per Patient Day Reporting					
Hospital	Ward	Target	YTD	Variance	% Variance
Rockingham General	Mental Health Adult HDU (closed)	11.81	7.95	-3.86	-32.68
Fiona Stanley	Day Surgical Unit	4.37	3.59	-0.78	-17.77
Sir Charles Gairdner	Intensive Care Unit (Medical)	31.60	27.91	-3.69	-11.68
Fiona Stanley	5D +Resp HDU	7.95	7.09	-0.86	-10.86
Fiona Stanley	4B (Burns)	11.91	10.63	-1.28	-10.78

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WA Country Health Service Data

WACHS facilities are delineated as follows:

- Regional resource centres (RRC),
- Integrated District Health Services (IDHS), and
- Small Hospitals/Primary Health Care Centres (SH/PHCC).

Regional Resource Centres (RRC)

RRCs form the basis network for their respective region and act as the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. maternity, mental health) and the coordination of outreach specialist services. WACHS operate six RRCs at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.

There were no RRCs reporting 10% or more below their NHpPD target. There were no issues raised and no workplace grievances for the RRCs during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

Integrated District Health Services (IDHS)

IDHS provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health services at the district level.

The *WA Health Clinical Services Framework 2014-2024* state 15 IDHS are located at Busselton, Carnarvon, Collie, Derby, Esperance, Katanning, Kununurra, Margaret River, Merredin, Moora, Narrogin, Newman, Nickol Bay (Karratha), Northam and Warren (Manjimup). Five additional hospitals not considered SH/PHCC, and not classified IDHS, will be reported within the IDHS NHpPD, and these are Denmark, Plantagenet (Mount Barker), Fitzroy, Halls Creek, and Harvey.

Table 3 outlines the IDHS that are 10% or more below their NHpPD target, with a variance report in Appendix 5.

Table 3. IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Directorate	Ward	Target	YTD	Variance	% Variance
Moora District Hospital	General / Aged Care	4.30	2.61	-1.69	-39.26

Small Hospitals/Primary Health Care Centres (SH/PHCC)

SH/PHCCs have been designed to deliver acute inpatient care, however over time there was a need to change focus at many facilities toward provision of residential aged care and limited emergency care and ambulatory care services which aligns more closely with the needs of local communities. There are currently 50 of these facilities across WACHS. SH/PHCC with a 2/2/2 roster are monitored on a regular basis in respect of workload management and safe staffing principles. The WACHS regional reporting tool for small hospitals 2.2.2 sites is available in Appendix 4.

There were no issues raised and no workplace grievances for SH/PHCC during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

Emergency Departments WA Health

Over 2017-2018, the NMO collaborated with HSPs and committed to establish more robust, centralised processes for the provision of ED data. The Emergency Department Data Collection (EDDC) unit is part of the Information Data and Standards, Purchasing and System Performance Division of WA Health.

ED models of care vary across WA, for example some EDs have both paediatric and adult areas and various nursing roles have been introduced to support the provision of patient care. Some of those roles include Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse which have historically not been considered when reporting on nursing workload within the ED. It is important to note that the ED is unpredictable in nature and therefore staffing is fluid dependant on the number of presentations, the acuity (based on the Australasian Triage Score) and complexity.

Table 4 reflects the recommended FTE for the ED as well total number of presentations based on the EDDC data. All Executive Directors of Nursing and Midwifery for the respective health service providers (HSPs) have confirmed where there were or were not any grievances lodged associated with workloads within the ED (Metropolitan HSPs and RRC) in Table 4.

Table 4. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2018 to 31 December 2018			
Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from Health Service Providers (HSPs)
Metropolitan Health Sites			
Armadale	37.40	30,776	1 clinical risk form when the staffing profile was not able to be filled. There was availability of a staff member to work extra hours that was declined by the after-hours nurse manager (AHNM). Communication with the AHNM team post this event has clarified that the extra hours were acceptable and within the NHpPD. Nil further.
Fiona Stanley	135.9	55,259	No staff grievances regarding workload have been received.
King Edward Memorial	5.26	5395	Currently staffing to 14.96 FTE due to number of safe staffing levels required for 24x7 service
Perth Children's	65.18	33 421	No staff grievances regarding workload have been received.
Rockingham	57.95	28,431	There were two staff grievances in December 2018 which were resolved.
Royal Perth	55.70	36,711	Casual and agency staff deployed to the ED in times of high acuity. No staff grievances regarding workload have been received.
Sir Charles Gardiner	105.81	36433	

WA Country Health Service			
Albany	28.81	13,314	No staff grievances regarding workload have been received.
Broome	22.16	11,914	
Bunbury	47.07	20,898	
Hedland	21.34	11,845	
Kalgoorlie	25.8	12,456	
Geraldton	32.74	15,682	

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Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001 at which time all Metropolitan HSPs, RRC, IDHS and SH/PHHC were consulted, to identify categories for clinical areas. Subsequently all inpatient wards and units were allocated a benchmark NHpPD category.

Reclassification of NHpPD category can occur where the complexity or relative proportions of ward activity or a relative number of deliveries to Occupied Bed Days change. Submission of a business case is required to have an area reclassified and the associated category changed. Governance for reclassification is through the State Workload Review Committee (SWRC).

Table 5 reflects new benchmarks and reclassifications that have been approved over the reporting period from July 2018 to December 2018. The Reclassification for Graylands workload restructure has not been put into place within the NHpPD HSS Tool at this stage, while the NMO and NMHS Mental Health Service plan the best way to translate the reporting structure.

Table 5. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Sir Charles Gairdner	G74 General Medical	B (6.0)	B+ (7.0)
Graylands	Acute Stream Care	-	A+ (9.8)
Graylands	Hospital Extended Care Stream (HECS)	B+ (7.13)	A+ (7.26)

Workforce Excellence

The *WA Health Nursing and Midwifery Strategic Priorities 2018-2021* were launched in April 2018 incorporating the strategic priorities of Workforce Excellence, Optimise Activity and Enhance Care Continuum.

Key achievements associated with the *WA Health Nursing and Midwifery Strategic Priorities 2018-2021*, can be found in the quarterly Achievement Reports available on the [Nursing and Midwifery Office website](#).

Appendix 1: Metropolitan Health Services

Child and Adolescent Health Service - Perth Children's Hospital

Princess Margaret Hospital closed and Perth Children's Hospital assumed total CAHS service delivery on 10 June 2018. PCH is now able to access and report on NHpPD data via the HSS Tool. Table 6 provides associated data by ward. Those areas that are less than below target have associated commentary provided in Appendix 6.

Table 6. Child and Adolescent Health Service – PCH

Nursing Hours per Patient Day - 1 July 2018 to 31 December 2018				
Ward	Target	YTD	Variance	% Variance
Ward 1A - Onc & Haem	12.00	11.15	-0.85	-7.11
Ward 1B - Burns Ortho Plas	7.70	8.07	0.37	4.78
Ward 2A - Specialty Medical	7.50	7.78	0.28	3.78
Ward 2B - General Medical	8.30	8.46	0.15	1.87
Ward 3A - Paed Crit Care	23.76	35.41	11.65	49.02
Ward 3C - Same Day	6.00	26.52	20.52	342.06
Ward 4A - Adolescents	7.00	7.21	0.21	3.02
Ward 4B - Gen Surg ENT Opht	7.50	9.00	1.50	20.02
Ward 5A - Mental Health	12.00	13.96	1.96	16.31

East Metropolitan Health Service

Table 7: East Metropolitan Health Service (EMHS) – Armadale Hospital (AH)

EMHS - Armadale Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Anderton Ward (Palliative)	5.50	5.41	-0.09	-1.73
Banksia Ward (Older Aged Mental Health)	8.00	8.13	0.13	1.63
Campbell (Paediatrics)	6.00	11.50	5.50	91.64
Canning Ward (Medical)	6.00	5.88	-0.12	-2.00
Carl Streich - Rehab & Aged Care	5.00	4.99	-0.01	-0.20
Colyer (Surgical)	5.75	5.76	0.01	0.17
Intensive Care Unit	23.70	30.59	6.89	29.06
Karri Ward (Mental Health)	8.00	8.19	0.19	2.31
Maud Bellas Ward (Maternity)	6.00	6.45	0.45	7.42
Medical Admissions Unit	6.00	7.45	1.45	24.17
Same Day Unit	6.00	29.89	23.89	398.22
Special Care Nursery	6.00	12.95	6.95	115.83
Moodjar/Yorgum (Mental Health)	7.50	8.26	0.76	10.09

East Metropolitan Health Service

Table 8: EMHS – Bentley Hospital (BH)

EMHS - Bentley Hospital	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
John Milne Centre	5.00	6.21	1.21	24.20
2 (Maternity)	6.86	14.74	7.88	114.82
3 (Medical/Surgical)	5.00	8.38	3.38	67.67
4	5.00	5.27	0.27	5.47
5	5.75	5.81	0.06	1.10
6 (Secure Unit)	11.20	11.65	0.45	4.05
7 (Adult Acute)	6.00	6.52	0.52	8.67
8 (Adult Acute)	6.00	6.96	0.96	16.00
10A (includes 10B & 10C)	7.50	7.86	0.36	4.73
Ward 11 – MH Youth Unit	12:00	20.93	8.93	74.43

East Metropolitan Health Service

Table 9: EMHS – Royal Perth Hospital

EMHS - Royal Perth Hospital Ward	NHpPD - Reporting			
	Target	YTD	Variance	% Variance
Acute Medical Unit	6.83	7.20	0.37	5.44
Coronary Care Unit	11.10	15.15	4.05	36.50
Intensive Care Unit	26.67	31.51	4.84	18.15
SMTU	10.00	10.60	0.60	6.03
2K (Mental health)	6.00	6.37	0.37	6.19
3H (Orthopaedics)	5.75	6.53	0.78	13.57
4A (D023/47)	6.00	17.43	11.43	190.47
5G	6.00	6.67	0.66	11.08
5H (Neurosurgical)	7.50	7.12	-0.38	-5.11
6G (Gen Surg/Vascular)	6.00	7.14	1.14	19.00
6H (ENT/Plastics/Maxfac)	6.00	6.29	0.29	4.75
7A	5.75	5.92	0.17	2.90
8A (Neurology/Gastro)	6.00	6.22	0.22	3.72
9C (Resp/nephrology)	6.85	6.75	-0.10	-1.46
10A General Medicine	6.00	6.65	0.65	10.78
10C (Immunology)	6.00	6.79	0.79	13.14

North Metropolitan Mental Health Service

Table 10: NMMHS - Graylands Hospital (GH)

NMMHS - Graylands		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Dorrington (Acute open)	7.5	7.48	-0.02	-0.22
Ellis (Hospital extended care)	7.5	7.43	-0.08	-1.00
Frankland	9.3	12.04	2.74	29.50
Montgomery (Acute secure)	8.66	9.50	0.84	9.66
Murchison East	5.0	6.29	1.29	25.87
Murchison West	7.5	7.47	-0.03	-0.36
Smith (Acute secure)	8.66	11.06	2.40	27.66
Susan Casson (Hospital extended care)	8.51	8.67	0.15	1.82
Yvonne Pinch (Acute secure)	15.00	18.77	3.77	25.13
Selby Acute	7.53	11.39	3.86	51.20
Osborne Park (Older adult MH)	7.8	8.88	1.08	13.87
SCGH MH Observation Area	12.75	17.16	4.41	34.55
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	10.54	10.76	0.22	2.07

North Metropolitan Health Service

Table 11: NMHS – Sir Charles Gairdner Hospital (SCGH)

NMHS - SCGH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit (Med Specs)	14.16	14.38	0.22	1.58
C 16 (Acute Medical/Delirium)	6.00	6.16	0.16	2.72
C17 Gem (medical)	5.75	5.87	0.12	2.14
G41 (Med Specs/Cardiology)	6.50	8.15	1.65	25.33
G45 HDU (Medical)	12.00	18.11	6.11	50.88
G51 (Medical speciality)	6.75	6.98	0.23	3.43
G52 (Neurosurgery)	9.51	8.87	-0.64	-6.73
G53 (Surgical /orthopaedics)	6.80	6.96	0.16	2.40
G54 (Resp Medicine)	7.50	7.81	0.31	4.07
G61 (Surgical)	7.50	8.34	0.84	11.18
G62 (Surgical)	7.50	7.65	0.15	1.98
G63 (Med Specs)	6.80	7.30	0.50	7.40
G64 (ENT/Plastics/ophthalmology/Surgical)	7.50	7.78	0.28	3.73
G66 (surgical/Neurosurgery)	7.00	7.29	0.29	4.14
G71 (Medical)	6.50	7.53	1.03	15.85
G72 (MAU)	7.50	8.59	1.09	14.49
G73 (Med Specials)	6.00	6.03	0.02	0.42
G74 (Medical)	7.00	7.41	0.41	5.86
Intensive Care Unit (Medical)	31.60	27.91	-3.69	-11.68

North Metropolitan Health Service

Table 12: NMHS – Osborne Park Hospital (OPH)

NMHS-OPH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Birth Suite/Maternity	8.97	6.75	1.00	17.42
3 Aged Care & Rehab	5.00	4.73	-0.28	-5.50
4 Rehab	5.75	5.55	-0.20	-3.48
5 GEM & Rehab	5.75	5.38	-0.37	-6.43
6 Surgical	5.75	6.75	1.00	17.42

Women and Newborn Health Service – King Edward Memorial Hospital

Table 13: Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital (KEMH)

WNHS - KEMH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
3 (Maternity)	6.75	7.83	1.08	15.93
4 (Maternity)	6.75	7.04	0.29	4.35
5 (Maternity)	6.75	7.54	0.79	11.70
6 (Gynae/Oncology)	7.50	8.27	0.77	10.29
* Adult Special Care Unit	12.00	-	-	-
Mother Baby Unit	12.00	16.53	4.53	37.72

* Due to possible misaligned cost centres and admin units, the HSS-NHpPD tool was unable to draw accurate data for Adult Special Care Unit.

KEMH can confirm that the NHpPD staffing levels run above the set NHpPD Target in order to maintain patient and staff safety.

NMO and WNHS will work towards resolving the data issue in preparation for the NHpPD Annual Report Jul 2018-Jun 2019

South Metropolitan Health Service

Table 14: SMHS – Fiona Stanley Hospital (FSH)

SMHS - FSH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit	14.16	13.94	-0.23	-1.59
Day Surgical Unit	4.37	3.59	-0.78	-17.77
Intensive Care Unit	28.42	28.41	-0.01	-0.05
3A (Pads Med/Surg)	6.00	7.89	1.89	31.42
3B (Neonatal medicine)	12.00	11.61	-0.39	-3.28
3C (Maternity)	6.00	9.79	3.79	63.17
4A (Orthopaedics)	6.00	6.22	0.22	3.64
4B (Burns)	11.91	10.63	-1.28	-10.78
4C (Cardio/Vascular surgery)	7.50	7.08	-0.42	-5.56
4D (Cardiology)	7.50	6.99	-0.51	-6.84
5A (AMU) & 5B (+HDU)	8.22	7.88	-0.35	-4.20
5C (Nephrology & Gen Med)	6.50	5.93	-0.57	-8.74
5D +Resp HDU	7.95	7.09	-0.86	-10.86
6A	6.00	8.87	2.87	47.75
6B	6.00	6.07	0.07	1.08
6C (General Medicine)	6.00	7.06	1.06	17.64
6D (Acute care of the elderly)	6.00	5.89	-0.11	-1.92
7A (Colorectal, upper GI, Gen Surg)	6.00	6.21	0.21	3.50
7B ASU	7.50	7.13	-0.37	-4.89
7C (Oncology)	6.00	6.38	0.38	6.25
7D + BMTU	6.61	6.39	-0.22	-3.28
MHU- Ward A (MH Adolescent)	12.00	12.40	0.40	3.36
MHU - Ward B (MH Assessment)	12.00	10.96	-1.05	-8.71
MHU – (Mother Baby Unit)	12.00	13.08	1.08	9.00

SMHS - FSH	NHpPD - Reporting	SMHS - FSH	NHpPD - Reporting	SMHS - FSH
Ward	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	12.00	7.92	0.42	5.62
SRC - Ward 2A (Multi-trauma Rehab)	7.50	5.65	-0.11	-1.83
SRC - Ward A (Neuro rehab)	5.75	5.47	-0.28	-4.87
SRC - Ward B (Acquired Brain Injury)	6.00	6.36	0.36	5.97

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Table 15: SMHS – Fremantle Hospital (FH)

SMHS - FH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
4.1 (MH)	11.2	11.07	-0.13	-1.13
4.2 (MH)	6	6.07	0.07	1.17
4.3 (MH)	6	6.19	0.19	3.17
5.1 (MH)	6	6.04	0.04	0.61
B7N	5.75	5.32	-0.43	-7.51
B7S*	5.75	5.58	-0.17	-3.01
B8N*	7.5	6.93	-0.57	-7.67
B9N*	5.75	5.28	-0.47	-8.17
B9S (General Medicine)	5.75	5.37	-0.38	-6.64
Restorative Unit	5.75	5.49	-0.27	-4.61

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Table 16: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
*Aged Care Rehab Unit	5.75	5.80	0.05	0.87
**Intensive Care Unit	23.70	23.77	0.07	0.30
Medical Assessment Unit/ Short Stay Unit	6.00	7.38	1.38	22.94
Medical Ward	5.75	5.79	0.04	0.64
Mental Health Adult (open)	6.00	10.43	4.43	73.75
Mental Health Adult HDU (closed)	11.81	7.95	-3.86	-32.68
***Multi Stay Surgical Unit	5.75	6.14	0.39	6.78
Neonatal Unit	6.00	8.04	2.04	33.94
Older Adult MH	7.50	8.31	0.81	10.78
Older Adult MH (open)	6.00	9.38	3.38	56.25
Paediatrics Ward	6.00	12.17	6.17	102.75

Due to possible misaligned cost centres and admin units, the HSS-NHpPD tool was unable to draw accurate data for the ward. Data was only able to be obtained through the PULSE Tool for the last 6 months for the following three wards:

- *Aged Care Rehab Unit
- **Intensive Care Unit
- ***Multi Stay Surgical Unit

Appendix 2: WACHS regional reporting of Regional Resource Centres

Table 17: WACHS - Goldfields

Goldfields - Kalgoorlie Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5.00	10.69	5.69	113.73
Dialysis Unit	2.18	2.34	0.16	7.49
High Dependency Unit	12.00	17.61	5.61	46.72
Maternity Unit and Special Care Nursery	10.28	10.34	0.06	0.57
Medical Ward	5.75	6.37	0.62	10.72
Mental Health Unit	7.71	12.54	4.83	62.62
Surgical Unit	5.75	6.30	0.55	9.57

Table 18: WACHS - Great Southern

Great Southern - Albany Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Dialysis Unit	2.18	2.82	0.64	29.13
High Dependency Unit	12.00	14.52	2.52	21.00
Maternity	9.95	13.15	3.20	32.11
Medical/Paediatric/Surgical	5.50	5.77	0.27	4.91
Mental Health Inpatients	6.28	10.52	4.24	67.46
Subacute	5.00	5.26	0.26	5.17
Surgical	5.75	6.21	0.46	8.03

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Table 19: WACHS - Kimberley

Kimberley - Broome Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
General Ward/Maternity/HDU/Paediatrics	6.33	7.36	1.03	16.27
Psychiatric Ward	10.38	10.02	-0.37	-3.52

Table 20: WACHS - Mid-West

Mid-West - Geraldton Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
General Ward	5.75	7.35	1.60	27.74
High Dependency Unit	12.00	15.92	3.92	32.68
Maternity Unit	8.55	10.02	1.47	17.19
Renal Dialysis Unit	2.18	2.25	0.07	3.36

Table 21: WACHS - Pilbara

Pilbara - Hedland Health Campus	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5.00	12.88	7.88	157.60
Dialysis Unit	2.18	2.01	-0.17	-7.65
Vickers Ward: High Dependency Unit (HDU), Medical, Surgical	6.37	6.32	-0.05	-0.73
Maternity Unit and Special Care Nursery	6.43	7.19	0.76	11.82

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Table 22: WACHS - Southwest

Southwest - Bunbury Regional Hospital	NHpPD reporting			
	Target	YTD	Variance	% Variance
High Dependency Unit	12.00	12	14.22	2.22
Maternity Ward	10.22	10.22	9.49	-0.73
Medical	5.75	5.75	6.02	0.27
Mental Health	6.16	6.16	6.32	0.16
Paediatrics	6.00	6	6.62	0.62
Psych Intensive Care Unit	12.00	12	14.15	2.15
Surgical	5.75	5.75	5.68	-0.08

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Appendix 3: WACHS regional reporting of Intergraded District Health Services

Table 23: WACHS - Goldfields

Goldfields	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Esperance inpatients	4.88	6.08	1.20	24.52
Katanning inpatients	4.94	7.72	2.78	56.31

Table 24: WACHS – Great Southern

Great Southern	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
*Denmark	4.56	6.82	2.26	49.52
*Plantagenet (Mt Barker)	4.68	6.78	2.10	44.84

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 25: WACHS - Kimberley

Kimberley	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Derby inpatients	5.34	6.75	1.41	26.31
*Fitzroy inpatients	5.27	5.74	0.47	8.82
*Halls Creek inpatients	5.24	7.39	2.15	41.06
Kununurra inpatients	5.32	6.39	1.07	20.08

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 26: WACHS - Mid-West

Mid-West	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Carnarvon inpatients	5.20	8.37	3.17	61.03

Table 27: WACHS – Pilbara

Pilbara	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Newman inpatients	5.00	6.43	1.43	28.67
Nickol Bay inpatients	5.8	9.09	3.29	56.72

Table 28: WACHS – Southwest

Southwest	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Busselton inpatients	5.26	5.83	0.57	10.77
Collie inpatients	4.72	4.47	-0.25	-5.23
*Harvey inpatients	4.54	4.56	0.02	0.40
Margaret River inpatients	4.72	5.35	0.63	13.35
Warren inpatients	4.71	6.00	1.29	27.46

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

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Table 29: WACHS – Wheatbelt

Southwest	NHpPD reporting			
	Ward	Target	YTD	Variance
Merredin inpatients	4.23	12.11	7.88	186.21
Moorra inpatients	4.3	2.61	-1.69	-39.26
Narrogin inpatients	5.16	4.92	-0.24	-4.68
Northam inpatients	4.73	5.34	0.61	12.97

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Appendix 4: WACHS regional reporting of Small Hospitals /Primary Health Care Centres 2.2.2 sites

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Goldfields				
Laverton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Leonora	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Norseman	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Great Southern				
Gnowangerup	Multiple events	<ul style="list-style-type: none"> • Ensuring clinical safety i.e. Triage • Roster shortage/sick leave • Transports/escorts 	All clinical events covered	Nil unresolved reported
Kojonup	Multiple events	<ul style="list-style-type: none"> • Roster shortage/sick leave • Transports/escorts 	All clinical events covered	Nil unresolved reported
Ravensthorpe	Multiple events	<ul style="list-style-type: none"> • Roster shortage/sick leave • Transports/escorts • Acuity 	All clinical events covered	Nil unresolved reported
Kimberley				
Wyndham	Multiple events	<ul style="list-style-type: none"> • Roster shortage/sick leave • Transports/escorts 	All clinical events covered	Nil unresolved reported
Mid-West				
Dongara	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Exmouth	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Kalbarri	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Meekatharra	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Morawa	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Mullewa	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Mid-West (continued)				
Northampton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
North Midlands	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Pilbara				
Onslow	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Roebourne	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Paraburdoo	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Tom Price	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
South West				
Augusta	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Boyup Brook	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Bridgetown	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Donnybrook	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Nannup	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Pemberton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	All clinical events covered	Nil unresolved reported
Wheatbelt				
Beverley	Multiple events	<ul style="list-style-type: none"> • Acuity 	All clinical events covered	Nil unresolved reported
Boddington	Multiple events	<ul style="list-style-type: none"> • Acuity 	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Bruce Rock	No	NA	-	-
Corrigin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Dalwallinu	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Dumbleyung	No	NA	-	-
Goomalling	No	NA	-	-
Kellerberrin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Kondinin	No	NA	-	-
Kununoppin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Lake Grace	No	NA	-	-
Narembeen	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Quairading	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Southern Cross	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Wagin	No	NA	-	-
Wongan	No	NA	-	-
Wyalkatchem	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
York	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported

Appendix 5: Formal Variance Reports

Hospital: Moora		Ward: Moora Inpatients (WACHS IDHS)	
Target NHpPD: 4.3	Reported NHpPD: 2.61	Variance: -1.69	% Variance : -39.26
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Patient Care Assistants (PCA) are rostered in addition to nursing staff on every shift. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The rostering of PCA has been practiced at Moora for many years. The staffing mix meets clinical needs of the hospital. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The hospital is staffed according to clinical need. • A clinical assessment is made on each shift by the Nurse Manager with additional staff being rostered where required. 		

Hospital: Rockingham General		Ward: Mental Health Adult HDU (closed unit)	
Target NHpPD: 11.81	Reported NHpPD: 7.95	Variance: -3.86	% Variance: -32.68
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Due to previous staffing structures within the Mental Health Inpatient Unit the FTE are not reflected accurately within the NHpPD reports. • Data Cleansing work is ongoing between MH and the HR department to align the correct positions with the correct cost centres – once complete this will provide a more accurate report regarding FTE and NHpPD. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The numbers in the report do not accurately reflect the NHpPD allocations. During the reporting period the rosters reflect the NHpPD and thus a more realistic picture of the staffing allocations. • As per the point above – work is still occurring via governance processes to more accurately reflect the allocation of staff to each inpatient area. • Daily clinical review of patients occur to ensure that treatment interventions are appropriate and reflective of the acuity of the patient. Where nursing specials are required these are implemented and monitored by the clinical team led by the NUM and Consultant Psychiatrist and the Nurse Lead/Program Manager for the inpatient unit. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As indicated above – the data cleansing work currently underway with MH and HR will provide information which will reflect a more accurate NHpPD report. • Maintenance of clinical reviews to accurately reflect the clinical needs of the patients. 		

Hospital: Fiona Stanley		Ward: Day Surgical Unit	
Target NHpPD: 4.37	Reported NHpPD: 3.59	Variance: -0.78	% Variance : -17.77
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • DSU is part of the SSU and is not a traditional Day Surgery Unit. It includes DOSA, Holding Bay and Discharge/Holding Lounge and does not report current NHpPD. • Short Stay currently report NHpPD through the PULSE Tool and manually, are a C class ward and are within the 10% variance. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As above. • Not a true reflection on staffing profile within DSU/DOSA/Holding Bay/Discharge Lounge. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Remove DSU from this report and replace with Short Stay more accurate reflection of NHpPD. 		

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Hospital: Sir Charles Gairdner		Ward: Intensive Care Unit	
Target NHpPD: 31.60	Reported NHpPD: 27.91	Variance: -3.69	% Variance : -11.68
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • This variance has occurred as 70% of the nursing staff work 12 hour shifts. This reduces the afternoon handover period by 2 hrs per day per patient for this 70% group of the workforce. • The department also cares for HDU patients. These patients are not nursed 1:1 ratio as their needs do not require it. This occurs due to ICU exit block on occasion. • Patient acuity is constantly monitored and nursing requirements are always maintained. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Daily completion of NHPPD templates. • Acuity assessment of each patient 3 x per day. • Rostering practices to ensure a safe skill mix across 24hrs / 7 days per week. • ICU bed block is monitored and escalated as required. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The combined model of measuring and recording NHPPD for both ICU and GHDU patients requires review to better reflect the required NHPPD on a daily bases. • Continue with recruitment, induction and upskilling programs as required. 		

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Hospital: Fiona Stanley		Ward: 5D + Resp HDU	
Target NHpPD: 7.95	Reported NHpPD: 7.09	Variance: -0.86	% Variance: -10.86
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Ward 5D models of care are “seasonalised” • HDU and category B beds within the unit manage the increase of HDU demand over winter, and reduce over summer, as per patient needs. As described below: <ul style="list-style-type: none"> • Winter: May- October <ul style="list-style-type: none"> ○ HDU beds 8 in total at 12 NHpPD ○ Cat B beds 16 in total at 7 NHpPD ○ Total is 6.75 NHpPD for this mix • Summer: Nov- Apr <ul style="list-style-type: none"> ○ HDU beds 3 in total at 12 NHpPD ○ Cat B beds 21 in total at 7 NHpPD ○ Total is 8.00 NHpPD for this mix • As this interim report is moving into summer period, the NHpPD reflects the appropriate level of staffing. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The HSP suggests the NHpPD be altered to reflect this change in requirements where possible - or noted within SMHS for this specific ward area. • Current seasonal changes to the bed allocation and patient demand is the most appropriate way to manage demand and achieve appropriate skill mix. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Request to formally to adjust the current NHpPD for the ward area. 		

Hospital: Fiona Stanley		Ward: 4B (Burns)	
Target NHpPD: 11.91	Reported NHpPD: 10.63	Variance: -1.28	% Variance: -10.78
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Variance is influenced by outreach dressings to ICU with staff absent from NHpPD for that period. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> The model of care meets the patient and staff needs of the unit that do not adversely affect workload. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> This NHpPD variance is not connected to 'safe workloads' but 'models of care' within a diverse State Burns Unit. Nil reported ANF workload issues. 		

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Appendix 6: Wards reporting less than 10% below target

(Information within the following table is presented from highest % variance to lowest)

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	5C (Nephrology & Gen Med)	6.50	5.93	-0.57	-8.74	PULSE Tool inadvertently had NHpPD Target of 6.00 and is being updated to 6.50 target. SMHS had 5C formal category set at B+ 6.5 to originally include 4 cardiac monitored patients. This did not initially occur due to skills deficit. Upskilling has occurred and patient cohort includes 4 endocrinology beds – with potential for monitoring requirements managed within the area. Staff have reduced hours on an ad hoc basis in conjunction with the NUM when the demand is reduced. They are using the time when patients are in the dialysis unit to take leave and finish shifts early when possible. Staffing has been appropriate for the past 6 months, assessed on a shift by shift basis.
Fiona Stanley	MHU - Ward B (MH Assessment)	12.00	10.96	-1.05	-8.71	The variance would account for leave and beds being booked awaiting patients
Fremantle	B9N	5.75	5.28	-0.47	-8.17	Profiles increased to meet patient demands. Active recruitment to meet establishment workforce
Fremantle	B8N	7.50	6.93	-0.57	-7.67	Ward NHpPD is B+(6.8) not A (7.5) hence calculations incorrect
Hedland Health Campus	Dialysis	2.18	2.01	-0.17	-7.65	Treatments performed more than Projected Daily Treatments of 24: During the month of December additional unscheduled patients were dialysed above the normal workload of 12 patients per two sessions. Staffing numbers were maintained to accommodate bookings impacted by the number of patients who did not attend treatment. WACHS Pilbara is currently reviewing Renal services regionally. Continue to monitor NHpPD target and variance
Fremantle	Ward B7N	5.75	5.32	-0.43	-7.51	Profiles increased to meet patient demands. Active recruitment to meet establishment workforce
Bunbury	Maternity	10.22	9.49	-0.73	-7.11	Unable to fill all staffing shortfalls, use of CMS/CMM FTE to support midwifery staff. Recent NHpPD increase approved and being actioned

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Perth Children's	Ward 1A - Onc & Haem	12.00	11.15	-0.85	-7.11	Higher occupancy than planned with a spike in new diagnosis; Nursing hours review occurred in September. Additional staff employed on fixed term contracts. Increase in productive FTE available to roster. Ongoing monitoring of NHpPD with permanent recruitment to increase in occupancy as required
Fiona Stanley	4D (Cardiology)	7.50	6.99	-0.51	-6.84	Staffing managed by reviewing patient needs, such as cardiac monitoring and needs across the ward. This is used to allow staff to opt for a shorter shift. NUM has oversight and assesses the shift needs on a shift by shift basis to determine requirements. Endocrine pts no longer managed as BAU on 4D
Sir Charles Gairdner	Ward G52 (Neurosurgery)	9.51	8.87	-0.64	-6.73	Ward swing, HDU beds not staffed or utilised.
Fremantle	Ward B9S (General Medicine)	5.75	5.37	-0.38	-6.64	Profiles increased to meet patient demands. Active recruitment to meet establishment workforce.
Osborne Park	Ward 5 GEM & Rehab	5.75	5.38	-0.37	-6.43	Short agency/Casual shifts replacing 8 hr shifts. Very occasionally unable to replace with nursing staff.
Fiona Stanley	4C (Cardio/Vascular surgery)	7.50	7.08	-0.42	-5.56	Staffing managed by reviewing patient needs, such as cardiac monitoring and needs across the ward. High number of vascular patients This is used to allow staff to opt for a shorter shift. NUM has oversight and assesses the shift needs on a shift by shift basis to determine requirements. Ward consists of 10 Cardiothoracic and 14 vascular patients.
Osborne Park	Ward 3 Aged Care & Rehab	5.00	4.73	-0.28	-5.50	Short agency/Casual shifts replacing 8 hr shifts. Very occasionally unable to replace with nursing staff.
Collie	General/maternity	4.72	4.47	-0.25	-5.23	Unplanned urgent leave X 2 staff, reduction in casual staff available. Resignations and retirement, recruitment process ongoing. Long term sick leave.
Royal Perth	Ward 5H (Neurosurgical)	7.50	7.12	-0.38	-5.11	Nurse staffing profile was adjusted based on occupied beds (which have been less than predicted), patient activity and acuity. The staffing profile will continue to be monitored to ensure safe levels of staffing.
Fiona Stanley	7B ASU	7.50	7.13	-0.37	-4.89	Acute admitting ward reliant on ED flow.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	SRC - Ward A (Neuro rehab)	5.75	5.47	-0.28	-4.87	Staffing reduced when beds empty and patients on weekend leave
Narrogin	General/maternity	5.16	4.92	-0.24	-4.68	Unplanned leave at short notice, overtime and double shifts, NM taking caseload when unable to back fill. Increased births December (17), Increased escorts to Albany and Perth. Increased nurse specials for high acuity patients.
Fremantle	Restorative Unit	5.75	5.49	-0.27	-4.61	Profiles increased to meet patient demands. Active recruitment to meet establishment workforce.
Fiona Stanley	AMU 5A & B +HDU	8.22	7.88	-0.35	-4.20	NHPD based on requirement for 8 HDU beds within 50 bed unit. Staffing allocated to meet patient demand; Variations occur based on patient acuity.
Broome Mental Health	Mental Health (APU)	10.38	10.02	-0.37	-3.52	Specialised area which is difficult to recruit in the Kimberley. Attempting to recruit from an external source which is an ongoing process. Additional Aboriginal Health Workers employed to support nursing staff in providing culturally appropriate care for patients.
Osborne Park	Ward 4 Rehab	5.75	5.55	-0.20	-3.48	Short agency/Casual shifts replacing 8 hr shifts. Very occasionally unable to replace with nursing staff.
Fiona Stanley	7D + BMTU	6.61	6.39	-0.22	-3.28	Management of the 8 HDU beds, reduce staffing according to patient acuity within those beds.
Fiona Stanley	3B (Neonatal medicine)	12.00	11.61	-0.39	-3.28	Fluctuation to level of baby care affects models of care ie 1:1, 1:2 or 1:4.
Fremantle	B7S	5.75	5.58	-0.17	-3.01	Profiles increased to meet patient demands. Active recruitment to meet establishment workforce.
Armadale	Canning Ward (Medical)	6.00	5.88	-0.12	-2.00	There has been an inability to back fill short term personal leave on a consistent basis. Recruitment in process to increase permanent FTE.
Fiona Stanley	6D (Acute care of the elderly)	6.00	5.89	-0.11	-1.92	Profile increased to meet patient demand.
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehab)	5.75	5.65	-0.11	-1.83	Staffing reduced when beds empty and patients on weekend leave.
Kalamunda	Anderton Ward (Palliative)	5.50	5.41	-0.09	-1.73	Adjustment in the staffing based on the occupied beds. Ongoing monitoring and adjustment of staff profile to ensure safe staffing levels

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	Coronary Care Unit	14.16	13.94	-0.23	-1.59	Reduction in cardiology demand- utilising the beds for general patients requiring A cat NHpPD.
Royal Perth	Ward 9C (Resp/nephrology)	6.85	6.75	-0.10	-1.46	Overall reduction in the number of respiratory patients seen in the ward, resulting in a decrease in utilisation of the RFU. Offset by an increase in Renal Patients who generally have a slightly lower acuity.
Bunbury	Surgical	5.75	5.68	-0.08	-1.3	Unable to fill all nursing shortfalls, currently investigating if shift profiles are correct and adjust accordingly (ANF aware). Agency to fill roster shortfalls as interim measure.
Fremantle	Ward 4.1 (MH)	11.20	11.07	-0.13	-1.13	Beds kept vacant, booked for patient admission, which affects the perceived to actual occupancy against the staffing numbers. Transport issues affect bed occupancy when bed is held until patient arrival to actually occupy bed and receive actual nursing hours/ care.
Graylands	Ellis (Hospital extended care)	7.50	7.43	-0.08	-1.00	High acuity and nursing specials across the hospital; Staff on workers compensation and unplanned leave.
Hedland Health Campus	Vickers	6.37	6.32	-0.05	-0.73	High patient acuity over month of December, increased patient numbers and overflow into HDU. Short notice unexpected leave in December, difficulty replacing with qualified staff. Staff supported with PCA/AIN.
Graylands	Murchison West	7.50	7.47	-0.03	-0.36	High acuity and nursing specials across the hospital; Staff on workers compensation and unplanned leave.
Graylands	Dorrington (Acute open)	7.50	7.48	-0.02	-0.22	High acuity and nursing specials across the hospital; Staff on workers compensation and unplanned leave.
Armadale	Carl Streich (Rehab & Aged Care)	5.00	4.99	-0.01	-0.20	Nursing staff profile adjusted to the occupied beds. Ongoing monitoring to ensure safe staffing.
Fiona Stanley	Intensive Care Pod 2	28.42	28.41	-0.01	-0.05	ICU staffed to accommodate unplanned admissions. This runs under profile and is normal practice for an ICU.

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