Classification - Re-classification of Nursing Hours per Patient Day: Preparing a business case

Updated July 2018
Background

Nursing Hours per Patient Day (NHpPD) is the industrially supported Workload Monitoring System used by the WA health system, since 2002. An initial benchmarking process was undertaken in 2001/2002 at which time all sites in metropolitan and country, were consulted to identify the defining characteristics for all clinical areas. All inpatient wards/units were mapped against the NHpPD categories A-G (see page 6) into a table called the ‘NHpPD Guiding Principles’, based on information provided. Nursing hours and subsequent FTE are calculated on actual occupancy for each ward/unit.

For the purpose of workload management, the Employer will continue to manage nursing workloads and consult with employees in accordance with the principles established in the Nurses (WA Government Health Services) Exceptional Matters Order 2001 (PR914193) (the EMO) relating to workloads (Nursing Hours per Patient Day) during the life of the WA Health – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2016 (Clause 9) and WA Health – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers 2016 (Clause 12).

Process for Classification or Re-classification of a NHpPD category

The NHpPD model provides a systematic, benchmarked monitoring and measuring system to identify and report the number of direct nursing and/or midwifery hours required and provided to meet patient care needs in a specific clinical area.

Where there are new units created, the complexity or the relative proportion of ward/department activity changes or the ward/department has changed, the NHpPD model incorporates a classification or reclassification review process. This allows sites to submit a business case to have their category formally reviewed and updated against criteria.

A Nursing and Midwifery Office (NMO) ‘Secretariat’ coordinates all Classification or Reclassification requests, and consult directly with the WA Health State Workloads Review Committee (SWRC), who:

- review business cases submitted by the Health Service Providers (HSPs) where the complexity of the ward/department has changed.
- will assess and formally review the business case and make a decision as to whether the ward category and NHpPD should be updated.
- formally review the business case classification process annually to ensure practice remains contemporary and relevant.

A SWRC will comprise of the following membership (minimum of four):

- Department of Health - NMO
- Metropolitan Tertiary Hospital – Executive Director of Nursing and Midwifery
- Metropolitan Secondary Hospital – Director of Nursing and Midwifery
- WA Country Health Service – Executive Director of Nursing and Midwifery
- Specialty specific Director of Nursing for example in classifications such as mental health, paediatrics and maternity.

A committee member will excuse themselves from any decision making and co-opt another senior nursing staff member from an equivalent HSP if there is a direct conflict of interest where the ward requesting reclassification is within their HSP.
The NMO secretariat should be informed of the co-opted member, who must be familiar with the reclassification process through the SWRC Terms of Reference.

Any employee who believes that the benchmark category applied to a ward area does not reflect current activity or complexity can prepare the business case.

**Business Case Submission**

A **CLASSIFICATION-RECLASSIFICATION FLOW CHART** can be referred to on page 3.

All business cases must be accompanied by validated data as listed below:

- Complete and submit the **Classification-Reclassification Request Form** – see page 4/5
- NHpPD evidence for at least the preceding two years (for reclassifications)
- The inclusion of the following information may assist the Business Case:
  - Benchmarking of similar specialty wards/areas (locally/nationally);
  - Average length of stay (ALOS),
  - Patient turnover,
  - Births,
  - Occupied bed days averaged,
  - Admissions via emergency department/community/other,
  - Validate the criteria description of patient complexity/clinical mix

Prior to the business case being sent to the SWRC for decision, the NMO Secretariat may seek additional information.

**Endorsement**

Completed documentation must be endorsed and supported by both:

- Director of Nursing/Midwifery or Co-Director of the relevant service, and
- Area Executive Director of Nursing/Midwifery.

Endorsed documentation is to be forwarded by the Area Executive Director of Nursing/Midwifery to the SWRC for review via the Principal Nursing Advisor, Workforce at the NMO.

**Review and Decision**

The SWRC decision will be compiled by the NMO Secretariat. A formal letter outlining the decision will be signed by the Chief Nurse and Midwifery Officer and forwarded to the Area Executive Director of Nursing/Midwifery or Director of Nursing/Midwifery of the outcome.

It is the responsibility of the Area Executive Director of Nursing/Midwifery or Director of Nursing/Midwifery to notify and inform relevant personal of the outcome of the classification-reclassification review.
# NHpPD Classification - Reclassification Request Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>DD/MM/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service Provider:</td>
<td></td>
</tr>
<tr>
<td>Region/Hospital:</td>
<td></td>
</tr>
<tr>
<td>Ward name and Type:</td>
<td></td>
</tr>
<tr>
<td>Bed Numbers:</td>
<td></td>
</tr>
<tr>
<td>Current Category:</td>
<td></td>
</tr>
<tr>
<td>Current Hours:</td>
<td></td>
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<tr>
<td>Requested Category:</td>
<td></td>
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<tr>
<td>Requested Hours:</td>
<td></td>
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<tr>
<td>Application prepared by:</td>
<td></td>
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</tbody>
</table>

## Statement of background and current situation:

Additional Comments:
May include benchmarking data if applicable e.g. Benchmarking of similar specialty wards (locally or nationally); average length of stay (ALOS), patient turnover, births, occupied bed days averaged, admissions via emergency department/community/RFDS, validate the criteria description of patient complexity/clinical mix. References to clinical incidents, clinical indictors or workforce indicators were relevant.

## Statement for Classification - Reclassification:
Provide a statement summarising key drivers supporting the case of classification-reclassification.
NHpPD evidence for the previous 2 years

Table 1. 2016/2017 NHpPD

|------------------|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

Table 2. 2017/2018 NHpPD

|------------------|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

Table 3. 2018/2019 NHpPD

|------------------|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

ENDORSEMENT:

Director of Nursing/Midwifery or Co-Director

Signature
Name (print)
Date: DD/MM/YYYY

Area Executive Director of Nursing/Midwifery or Director of Nursing/Midwifery

Signature
Name (print)
Date: DD/MM/YYYY

OUTCOME: State Workload Review Committee

Recommendation:

Notification via email: Health Service Provider Date: DD/MM/YYYY
ANF & United Voice Date: DD/MM/YYYY

Updated on Database (NMO) Date: DD/MM/YYYY
<table>
<thead>
<tr>
<th>Ward Category</th>
<th>NHPPD</th>
<th>Examples of criteria for measuring diversity and complexity of patient care</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>31.6</td>
<td>Tertiary designated ICU</td>
</tr>
<tr>
<td>CCU</td>
<td>14.6</td>
<td>Designated stand-alone CCU</td>
</tr>
<tr>
<td>HDU</td>
<td>12.0</td>
<td>Designated stand-alone high dependency unit High Dependency Unit - 6 beds</td>
</tr>
<tr>
<td>A</td>
<td>7.5</td>
<td>High Complexity&lt;br&gt;High Dependency Unit @ 6 beds within a ward&lt;br&gt;Tertiary Step Down ICU&lt;br&gt;High Intervention Level&lt;br&gt;Tertiary Paediatrics&lt;br&gt;Mental health – high risk of self-harm</td>
</tr>
<tr>
<td>B</td>
<td>6.0</td>
<td>High Complexity&lt;br&gt;No High Dependency Unit&lt;br&gt;Tertiary Step Down CCU/ICU&lt;br&gt;Moderate/High Intervention Level&lt;br&gt;High turnover ↑50 %&lt;br&gt;Tertiary maternity</td>
</tr>
</tbody>
</table>
| C             | 5.75  | High Complexity Acute Care Unit/Ward<br>Moderate Patient Turnover > 35%, OR<br>Emergency Patient Admissions > 50%
Mental Health - moderate risk of self-harm psychogeriatric |
| D             | 5.0   | Moderate Complexity<br>Acute Rehabilitation Secondary Level<br>Acute Unit/Ward<br>Emergency patient admission > 40%
Secondary maternity<br>Mental health - low risk of self-harm |
| E             | 4.5   | Moderate Complexity<br>Moderate Patient Turnover > 35%
Sub-acute ward<br>Rural paediatrics |
| F             | 4.0   | Moderate/Low Complexity<br>Low Patient Turnover < 35%
Care Awaiting Placement/Age Care<br>Mental Health slow stream rehabilitation |
| G             | 3.0   | Ambulatory Care including:<br>Day surgery & renal dialysis |