



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

Nursing Hours per Patient Day Annual Report

Nursing and Midwifery Office
1 July 2017 – 30 June 2018

Final Annual NHpPPD Report V6.0

Document History

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6.0	25 September 2018	Terri Barrett	Final Report

Final Annual NHpPD Report V6.0

Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system and 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 2017 to 31 December 2017 and the NHpPD Annual Report for the period 1 July 2017 to 30 June 2018.

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 define 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 Small Hospital (SH) and Primary HealthCare Centres (PHCC). The body of the report includes specific commentary associated with Princess Margaret Hospital, the Emergency Departments and benchmark and reclassification. 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

The NHpPD annual report provides a summary of the workload of nursing and midwifery staff within the public health care system. 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 annual report has been collated by the 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 annual report 1 July 2017 to 30 June 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 PAS, enhancements of the central reporting tool, and reconfiguring of services; all of which require consideration when interpreting and analysing NHpPD data in this annual report.

Every attempt has been made to report on all areas, however there are some unreported areas. 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.

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 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 in collaboration with HSS and HSPs are still in the process of testing the capability of the HSS Tool to ascertain if it has similar capability to the PULSE Tool. In June 2018 the NMO invited the ANF and UV to attend a demonstration of both the 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 annual report provides an overview of all wards in both Metropolitan HSPs and RRCs. 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 and RRC 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 4. All the other area specific data is provided in Appendix 1.

Table 1 NHpPD data across Metropolitan HSPs and RRC

Reporting Period 1 July 2017 – 30 June 2018			
NHpPD reporting	Number of Wards		Total number of wards for Metropolitan HSPs and RRC (also represented as total %)
	Metropolitan HSPs	RRC	
Above 10%	54	16	70 (40%)
Above 5 - 10%	25	6	31 (18%)
Above 0 - 5%	29	2	31 (18%)
Below 0 - 5%	23	1	24 (13%)
Below 5 - 10%	5	3	8 (4%)
Below 10% or more	9	3	12 (7%)
Total Wards	145	31	176

Metropolitan Health Service Provider 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 3.

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

Nursing Hours per Patient Day Reporting					
Directorate	Ward	Target	YTD	Variance	% Variance
Rockingham Hospital	Mental Health Adult High Dependency Unit (closed)	11.81	3.93	-7.88	-66.74
Rockingham Hospital	Older Adult MH	7.5	3.89	-3.61	-48.13
Rockingham Hospital	Obstetric Unit	10.8	8.99	-1.81	-16.74
Rockingham Hospital	Aged Care Rehab Unit	5.75	5.04	-0.71	-12.33
Fiona Stanley Hospital	4B (Burns)	11.91	10.52	-1.4	-11.71
Fiona Stanley Hospital	5D +Resp HDU	7.95	7.07	-0.88	-11.04
Rockingham Hospital	Intensive Care Unit	23.7	21.14	-2.56	-10.81
Sir Charles Gairdner Hospital	Intensive Care Unit	31.6	28.19	-3.41	-10.80
King Edward Memorial Hospital	Adult Special Care Unit	12.0	10.72	-1.28	-10.68

WA Country Health Service

WACHS facilities are delineated of three types:

- RRC,
- Integrated District Health Services (IDHS) and
- SH/PHCC

Regional Resource Centre Data

RRC include Albany, Broome, Bunbury, Hedland Health Campus, Kalgoorlie and Geraldton Hospital. WACHS patient administration system has transitioned from HCare to WebPAS. This has caused reporting challenges and therefore Geraldton Hospital was excluded from the last annual NHpPD report. Table 4 outlines the RRC that are 10% or more below their NHpPD target, with relevant variance reports in Appendix 3. All other NHpPD data for RRC is available in Appendix 1.

Table 4 RRC inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Directorate	Ward	Target	YTD	Variance	% Variance
Hedland Health Campus	Dialysis Unit	2.18	1.94	-0.24	-10.84
Hedland Health Campus	Vickers Ward: High Dependency Unit, Medical, Surgical	6.37	5.29	-1.08	-17.01
Kalgoorlie Hospital	Maternity Unit and Special Care Nursery	10.28	9.06	-1.22	-11.82

Small Hospitals/Primary Health Care Centres

SH and PHHC with 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 2. There were no issues raised and no workplace grievances for SH/PHHC during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

Child and Adolescent Health Service - Princess Margaret Hospital

The Princess Margaret Hospital (PMH) data continued to be inaccessible from the HSS Tool so data has been sourced directly from PMH. The staged opening of the new hospital Perth Children's Hospital (PCH) took place over four weeks from 14 May 2018 as services transferred from PMH to PCH. The final move day for all remaining patient from PMH to PCH occurred on 10 June 2018. There have been technical issues transitioning PCH into the HSS Tool therefore data from June 11th to June 30th 2018 has been excluded from this report.

Table 3 provides associated data by ward. Those areas that are less than 10% below target have associated commentary provided in Appendix 4.

Table 3 Child and Adolescent Health Service – PMH

Nursing Hours per Patient Day - 1 July 2017 to 10th June 2018				
Ward	Target	YTD	Variance	% Variance
3B/HDU	12	11.29	-0.71	-5.91
5A	7.5	7.83	0.33	4.4
5C	7.7	7.95	0.25	3.24
6D PICU	31.6	34.27	2.67	8.44
7Teen	7	9.68	2.68	38.28
8A	7.5	8.84	1.34	17.86
9A	8.3	8.78	0.48	5.73

* PMH data within the annual report has been sourced directly from the Health Service

Emergency Departments WA Health

Over 2017-2018, the NMO has collaborated with HSPs 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 5 reflects the recommended FTE for the ED as well total number of presentations based on the EDDC data. Further work is required to define FTE in regards to the ED and what this incorporates. All Executive Director of Nursing and Midwifery have confirmed there were no grievances lodged associated with workloads within the ED (Metropolitan HSPs and RRC).

Table 5 Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2017 to 30 June 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	80.93	59,016	Casual and agency staff are deployed to the ED in times of high acuity. No staff grievances regarding workload have been received.
Fiona Stanley	126.31	107,748	
King Edward	15.2	11,339	
Princess Margaret/ Perth Children's	53.61	57,931	
Rockingham	61.8	55,713	
Royal Perth	130.1	72,883	
Sir Charles Gardiner	98.9	69,903	
WA Country Health Service			
Albany	23.11	26235	Casual and agency staff are deployed to the ED in times of high acuity.
Broome	18.09	24554	
Bunbury	45.12	39892	
Hedland	15.42	22939	No staff grievances regarding workload have been received.
Kalgoorlie	20.4	25000	
Geraldton	25.86	29565	

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 6 reflects new benchmarks and reclassifications that have been approved over the annual reporting period from July 2017 to June 2018.

Table 6 Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Bunbury	Maternity	D+ del 8.3	B+ del 10.22
Osborne Park	Older Adult Mental Health Program (OAMHP)	C 5.75	A 7.8
Selby Lodge	Pink Grey Blue Lemon	Pink - A+ 8.15 Grey - B+ 6.41 Blue - B+ 6.41 Lemon - B+ 6.41	A 7.53
Sir Charles Gairdner	Mental Health Observation Area (MHOA)	A+ 9.9	A+ 12.75
Sir Charles Gairdner	G53	B+ 6.5	B+ 6.8
Armadale	Medical Assessment Unit	B 6.0	A 7.5
Armadale (Mental Health Service)	Yorgum and Moodjar ward	A+ 8.6 /HDU 12	A+ 7.5
Armadale	Maud Bellas Ward (Maternity Services)	B+Delivery 7.02	B 6.0
Perth Children's Hospital	Ward 3A Paediatric ICU	ICU 31.6	ICU 23.76
Bentley (Mental Health)	East Metro Youth Unit (EMyU)	<i>New Classification</i>	HDU 12

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. NMO facilitate GradConnect which is the primary method of recruitment for nursing and midwifery graduates within WA Health. The 2018 GradConnect recruitment process has offered 760 positions across WA Health and some private providers, for Graduate Programs in 2019. NMO facilitates Refresher Pathway Connect annually, and from the 2018 recruitment process, 20 nurses and midwives combined were supported in an employment-education model back into the workforce. 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.

Appendices

Appendix 1: Metropolitan Health Services

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	5.36	-0.14	-3.0
Banksia Ward (Older Aged Mental Health)	8.00	9.00	1.00	13.0
Campbell (Paediatrics)	6.00	14.49	8.49	142.0
Canning Ward (Medical)	6.00	6.02	0.02	0
Carl Streich - Rehab & Aged Care	5.00	5.27	0.27	5.0
Colyer (Surgical)	5.75	6.29	0.54	9.0
Dialysis	2.18	2.36	0.18	8.0
Intensive Care Unit	23.70	29.92	6.22	26.0
Karri Ward (Mental Health)	8.00	8.40	0.40	5.0
**Maud Bellas Ward (Maternity)	6.00	8.77	2.77	46.0
Medical Admissions Unit	6.00	7.41	1.41	23.0
*Moodjar (Mental Health)	7.50	10.63	3.13	42.0
Same Day Unit	6.00	23.03	17.03	284.0
Special Care Nursery	6.00	10.69	4.69	78.0
*Yorgum (Mental Health)	12.00	8.22	0.72	10.0

* Moodjar and Yorgum are now a combined unit and will report as one in future NHpPD reports

**Maude Bellas Ward (postnatal and antenatal) and the birth suite have been separated to better reflect an accurate service delivery in both the maternity ward and birth suite. This has resulted in a revised NHpPD.

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	6.14	1.14	23.0
*Older Adult Mental Health	6.5	6.78	0.28	4.0
4B General and Stroke Rehabilitation	5.75	6.01	0.26	4.0
2 (Maternity)	6.86	15.36	8.50	124.0
3 (Medical/Surgical)	5.00	8.27	3.27	65.0
4	5.00	5.49	0.49	10.0
5	5.75	8.10	2.35	41.0
6 (Secure Unit)	11.20	12.24	1.04	9.0
7 (Adult Acute)	6.00	6.00	0.00	0
8 (Adult Acute)	6.00	7.29	1.29	21.0
10A	7.50	7.81	0.31	4.0

* Older Adult Mental Health was reported on in the Interim NHpPD report from July 2017-December 2017, however the ward did not appear on the HSS Tool NHpPD for an unknown reason. The above data has been obtained from the PULSE Tool, and is valid for the last 6 months

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	7.07	0.24	4.0
Coronary Care Unit	11.10	16.38	5.28	48.0
Intensive Care Unit	26.67	31.41	4.74	18.0
SMTU	10.00	9.99	-0.01	0
2K (Mental health)	6.00	6.11	0.11	2.0
3H (Orthopaedics)	5.75	6.48	0.73	13.0
4A (D023/47)	6.00	17.32	11.32	189.0
5G	6.00	6.49	0.49	8.0
5H (Neurosurgical)	7.50	7.19	-0.31	-4.0
6G (Gen Surg/Vascular)	6.00	6.91	0.91	15.0
6H (ENT/Plastics/Maxfac)	6.00	6.41	0.41	7.0
7A	5.75	5.83	0.08	1.0
9A (Neurology/Gastro)	6.00	6.44	0.44	7.0
9C (Resp/nephrology)	6.85	7.02	0.17	3.0
10A General Medicine	6.00	6.40	0.40	7.0
10C (Immunology)	6.00	6.65	0.65	11.0

* Due to a reconfiguration of services at RPH Ward 8A has not been included in the annual report.

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	8.41	0.91	12.17
Ellis (Hospital extended care)	7.5	8.47	0.96	12.87
Frankland	9.3	9.83	0.53	5.66
Hutchinson Forensic	4.56	9.45	4.89	107.18
Montgomery (Acute secure)	8.66	10.61	1.95	22.47
Murchison East	5.0	5.98	0.98	19.50
Murchison West	7.5	8.65	1.15	15.27
Osborne Park (Older adult MH)	7.8	7.73	-0.07	-0.88
Yvonne Pinch	15.00	19.02	4.02	26.81
SCGH Mental Health Unit	10.54	10.11	-0.43	-4.10
SCGH MH Observation Area	12.75	17.66	4.91	38.48
Selby Acute	7.53	9.73	2.20	29.22
Smith (Acute secure)	8.66	14.86	6.20	71.59
Susan Casson (Hospital extended care)	8.51	11.04	2.53	29.77

The three wings of Selby were combined and reclassified and reported as one unit since November 2017

* The three wings of the Franklin Centre were combined and have been reported as one unit in February 2017

* Osborne Park (Older adult MH) is reported over 5 months as the ward was reclassified in December 2017, the new target A+ (7.80),

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	14.47	-0.13	-0.9
C 16 (Acute Medical/Delirium)	6.00	6.25	0.25	4.1
C17 Gem (medical)	5.75	6.16	0.41	7.2
G41 (Med Specs/Cardiology)	6.50	8.41	1.91	29.4
G45 HDU (Medical)	12.00	15.81	3.81	31.8
G51 (Medical speciality)	6.75	7.02	0.27	3.9
G52 (Neurosurgery)	9.51	9.24	-0.27	-2.8
G53 (Surgical /orthopaedics)	6.80	7.08	0.28	4.1
G54 (Resp Medicine)	7.50	7.81	0.31	4.1
G61 (Surgical)	7.50	8.30	0.80	10.6
G62 (Surgical)	7.50	7.93	0.43	5.8
G63 (Med Specs)	6.80	7.20	0.40	5.8
G64 (ENT/Plastics/ophthalmology/Surgical)	7.50	8.02	0.52	7.0
G66 (surgical/Neurosurgery)	7.00	7.84	0.84	12.1
G71 (Medical)	7.50	7.65	0.15	17.7
G72 (MAU)	7.50	8.53	1.03	13.7
G73 (Med Specials)	6.00	6.19	0.19	3.1
G74 (Medical)	6.00	7.19	1.19	19.9
Intensive Care Unit (Medical)	31.60	28.19	-3.41	-10.8

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	9.47	0.50	5.6
3 Aged Care & Rehab	5.00	4.89	-0.11	-2.3
4 Rehab	5.75	5.62	-0.13	-2.2
5 GEM & Rehab	5.75	5.55	-0.20	-3.4
6 Surgical	5.75	6.74	0.99	17.2

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 (Obstetrics)	6.75	6.93	0.18	2.67
4 (Obstetrics)	6.75	6.89	0.14	2.07
5 (Obstetrics)	6.75	6.96	0.21	3.17
6 (Gynae/Oncology)	7.50	7.13	-0.37	-4.92
Adult Special Care Unit	12.00	10.72	-1.28	-10.68
Mother Baby Unit	12.00	17.79	5.79	48.27

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	14.22	0.06	0.39
Day Surgical Unit	4.37	9.12	4.75	108.58
Intensive Care Unit	28.42	28.53	0.11	0.39
3A (Pads Med/Surg)	6.00	8.91	2.91	48.54
3B (Neonatal medicine)	12.00	11.15	-0.85	-7.08
3C (Maternity)	6.00	8.30	2.30	38.35
4A (Orthopaedics)	6.00	6.35	0.35	5.81
4B (Burns)	11.91	10.52	-1.40	-11.71
4C (Cardio/Vascular surgery)	7.50	7.09	-0.41	-5.42
4D (Cardiology)	7.50	7.13	-0.37	-4.98
5A (AMU) & 5B (+HDU)	8.22	8.19	-0.03	-0.31
5C (Nephrology & Gen Med)	6.50	6.28	-0.22	-3.35
5D +Resp HDU	7.95	7.07	-0.88	-11.04
6A	6.00	7.49	1.49	24.85
6B	6.00	5.97	-0.03	-0.56
6C (General Medicine)	6.00	6.63	0.63	10.47
6D (Acute care of the elderly)	6.00	5.84	-0.16	-2.64
7A (Colorectal, upper GI, Gen Surg)	6.00	6.20	0.20	3.40
7B ASU	7.50	7.25	-0.25	-3.37
7C (Oncology)	6.00	6.24	0.23	3.92
7D + BMTU	6.61	6.34	-0.27	-4.02
MHU- Ward A (MH Adolescent)	12.00	12.07	0.07	0.62
*MHU - Ward B (MH Assessment)	12.00	11.75	-0.25	-2.08
MHU – (Mother Baby Unit)	12.00	13.47	1.47	12.22

SMHS - FSH	NHppD - Reporting	SMHS - FSH	NHppD - Reporting	SMHS - FSH
Ward	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	12.00	8.09	0.59	7.89
SRC - Ward 2A (Multi-trauma Rehab)	7.50	5.87	0.12	2.16
SRC - Ward A (Neuro rehab)	5.75	5.63	-0.12	-2.10
*SRC - Ward B (Acquired Brain Injury)	6.00	6.35	0.35	5.83

*MHU-Ward B (MH Youth Unit) & SRC-Ward B - due to misaligned cost centres 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.

South Metropolitan Health Service

Table 15: SMHS – Fremantle Hospital (FH)

SMHS - FH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
4.1 (MH)	11.2	11.30	0.10	0.87
4.2 (MH)	6	6.19	0.19	3.17
4.3 (MH)	6	6.55	0.55	9.19
5.1 (MH)	6	5.96	-0.04	-0.75
B7N	5.75	5.41	-0.34	-5.91
B7S*	5.75	6.06	0.31	5.42
B8N*	7.5	8.17	0.67	8.97
B8S**	5.75	6.01	0.26	4.58
B9N*	5.75	6.08	0.33	5.81
B9S (General Medicine)	5.75	6.14	0.39	6.74
Peri - Op Care Unit	12	78.79	66.79	556.58
Restorative Unit	5.75	5.60	-0.15	-2.68
V6***	5.75	5.40	-0.35	-6.09

*Due to reconfigurations within the SMHS data was recorded for 7S, 8N, and 9N from December 2017 onwards.

**Due to reconfiguration of services within the SMHS data was recorded for 8S from July-September 2017

*** Due to reconfiguration of services within the SMHS data was recorded for v6 from July-October 2017

South Metropolitan Health Service

Table 16: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	5.75	5.04	-0.71	-12.33
Intensive Care Unit	23.70	21.14	-2.56	-10.81
*Medical Assessment Unit/ Short Stay Unit	6.00	11.15	5.15	85.75
Medical Ward	5.75	5.75	0.00	-0.04
Mental Health Adult (open)	6.00	11.64	5.64	93.96
Mental Health Adult HDU (closed)	11.81	3.93	-7.88	-66.74
Multi Stay Surgical Unit	5.75	5.62	-0.13	-2.19
**Obstetric Unit	10.80	8.99	-1.81	-16.74
Older Adult MH	7.50	3.89	-3.61	-48.13
Older Adult MH (open)	6.00	8.87	2.87	47.89
Paediatrics Ward	6.00	11.88	5.88	97.93

*Medical Assessment Unit and Short Stay Unit reported as a combined unit

** Obstetric Unit and Neonatal Unit have a shared cost centre which is causing data integrity issues. The data retrieved by the HSS-NHpPD tool is not an accurate reflection of the activity and/or the opening and closure of beds process not capturing the correct occupancy rates.

Western Australia Country Health Service – Regional Resource Centres

Table 17: WACHS - Goldfields

Goldfields - Kalgoorlie Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5	9.87	4.87	97.44
Dialysis Unit	2.18	2.83	0.65	29.91
High Dependency Unit	12	17.19	5.19	43.28
Maternity Unit and Special Care Nursery	10.28	9.06	-1.22	-11.82
Medical Ward	5.75	6.67	0.92	16.08
Mental Health Unit	7.71	12.52	4.81	62.37
Surgical Unit	5.75	6.5	0.75	13.05

Table 18: WACHS - Great Southern

Great Southern - Albany Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Dialysis Unit	2.18	3.11	0.93	42.65
High Dependency Unit	12	16.23	4.23	35.23
Maternity	9.95	14.6	4.65	46.71
Medical/Paediatric/Surgical	5.5	5.83	0.33	5.85
Mental Health Inpatients	6.28	10.24	3.96	62.99
Subacute	5	5.39	0.39	7.81
Surgical	5.75	6.27	0.52	9.06

Western Australia Country Health Service – Regional Resource Centres

Table 19: WACHS - Kimberley

Kimberley - Broome Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
General Ward/Maternity/HDU/Paediatrics	6.33	6.87	0.54	8.53
Psychiatric Ward	10.38	9.32	-0.56	-5.39

Table 20: WACHS - Mid-West

Mid-West - Geraldton Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
General Ward	5.75	9.2	3.45	59.97
High Dependency Unit	12	43.38	31.38	261.47
Maternity Unit	8.55	10.11	1.56	18.3
Renal Dialysis Unit	2.18	4.03	1.85	84.7

Table 21: WACHS - Pilbara

Pilbara - Hedland Health Campus	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5	11.06	6.06	121.13
Dialysis Unit	2.18	1.94	-0.24	-10.84
Vickers Ward: High Dependency Unit (HDU), Medical, Surgical	6.37	5.29	-1.08	-17.01
Maternity Unit and Special Care Nursery	6.43	7.04	0.61	9.49

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Table 22: WACHS - Southwest

Southwest - Bunbury Regional Hospital	NHpPD reporting			
	Target	YTD	Variance	% Variance
High Dependency Unit	12	15.16	3.16	26.34
Maternity Ward	10.22	9.46	-0.76	-7.47
Medical	5.75	5.72	-0.03	-0.55
Mental Health	6.16	6.22	0.06	0.92
Paediatrics	6	6.59	0.59	9.8
Psych Intensive Care Unit	12	12.55	0.55	4.58
Surgical	5.75	5.32	-0.43	-7.53

Appendix 2: 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	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Leonora	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Norseman	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Great Southern				
Gnowangerup	Yes	<ul style="list-style-type: none"> • Ensuring clinical safety i.e. Triage • Roster shortage/sick leave • Transports/escorts 	Yes	0
Kojonup	Yes	<ul style="list-style-type: none"> • Roster shortage/sick leave • Transports/escorts 	Yes	0
Ravensthorpe	Yes	<ul style="list-style-type: none"> • Transports/escorts 	Yes	0
Kimberley				
Wyndham	Yes	<ul style="list-style-type: none"> • Roster shortage/sick leave • Transports/escorts 	Yes	0
Mid-West				
Dongara	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Exmouth	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Kalbarri	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Meekatharra	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Morawa	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Mullewa	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Mid-West (continued)				
Northampton	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
North Midlands	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Pilbara				
Onslow	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Roebourne	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Paraburdoo	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Tom Price	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
South West				
Augusta	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Boyup Brook	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Donnybrook	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Nannup	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Pemberton	Yes	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/sick leave 	Yes	0
Wheatbelt				
Beverley	Yes	<ul style="list-style-type: none"> • Acuity 	Yes	0
Boddington	Yes	<ul style="list-style-type: none"> • Acuity 	Yes	0
Bruce Rock	Yes	<ul style="list-style-type: none"> • Acuity 	Yes	0
Corrigin	Yes	<ul style="list-style-type: none"> • Acuity 	Yes	0

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Dalwallinu	Yes	• Acuity	Yes	0
Dumbleyung	No	• NA	-	-
Goomalling	No	• NA	-	-
Kellerberrin	Yes	• Acuity	Yes	0
Kondinin	Yes	• Acuity	Yes	0
Kununoppin	Yes	• Acuity	Yes	0
Lake Grace	No	• NA	-	-
Narembeen	Yes	• Acuity	Yes	0
Quairading	Yes	• Acuity	Yes	0
Southern Cross	Yes	• Acuity	Yes	0
Wagin	Yes	• Acuity	Yes	0
Wongan	No	• NA	-	-
Wyalkatchem	Yes	• Acuity	Yes	0
York	Yes	• Acuity	Yes	0

Appendix 3: Variance reports

Hospital: Kalgoorlie Regional Hospital		Ward: Maternity	
Target NHpPD: 10.28	Reported NHpPD: 9.06	Variance: -1.22	% Variance -11.82
<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"> • Unit is staffed according to activity/acuity - this is dependent on birth numbers, Special Care Nursery admissions, intervention rates, transfers and caesarean section numbers. • Use of agency nurses and midwives. • Clinical Nurse Manager (CNM) and Staff Development Midwife provide clinical support to the Maternity Unit. • Maternity Escalation Plan implemented to support the unit during times of increased activity/acuity. 		
<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"> • Imminent recruitment of midwives for the Unit including graduate, registered and clinical midwife positions. • Appropriately skilled nursing staff deployed from the Paediatric Ward to the Special Care Nursery • Registered nurses deployed to assist on the post-natal ward, working within scope of practice and under the direction of a midwife. • Fixed term contract employees sourced from NurseWest and other recruitment agencies has provided continuity and stability for the unit. • Central Office casual midwife pool established. 		
<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"> • Recruitment is an ongoing process which is reviewed and in constant progress. Continue to monitor workloads, acuity, length of stay and birth rates +/- interventions. • The staffing profile will continue to be monitored to ensure safe levels of staffing and increase in staffing at times of high acuity. • Ongoing monitoring of staffing skill mix and profile will continue to ensure replacement of nursing shortfalls with appropriately skilled staff and support. 		

Hospital: Hedland Health Campus		Ward: Dialysis Unit	
Target NHpPD: 2.18	Reported NHpPD: 1.94	Variance: -0.24	% Variance -10.84
<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"> The current patient numbers identify as 96.29% Aboriginal or Torres Strait Islander. This patient cohort influences the variance as historically, these patients commence dialysis as acute on chronic and may require transfer to metropolitan health service to commence dialysis. Patient Suitability and Dependency Criteria is assessed on a shift by shift basis. 		
<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"> CNM support clinically as required at times of increased activity and acuity – assisting with complex vascular access, unstable patients, dialysis complications, and patient transfers. 		
<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"> Proposed Strategy: Nurse Coordinator to partially cover morning and afternoon shifts, with no patient allocation for the Coordinator role. This will increase fortnightly FTE from 7.2 to 8.2 stabilising the NHpPD from 1.94 to approximately 2.19/2.20, whilst improving patient safety, alleviating staff fatigue, and reducing the potential of clinical incidents. 		

Hospital: Hedland Health Campus		Ward: Vickers Ward: HDU, Medical, Surgical	
Target NHpPD: 6.37	Reported NHpPD: 5.29	Variance: -1.08	% Variance -17.01
<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"> • Advertisement of vacant permanent clinical nurse (CN) and registered nurse (RN) positions commenced on 30/07/2018. • Staff redeployed from other clinical areas of the hospital, tempered by balancing their area's own staffing requirements. • Ongoing use of Agency staff in skilled positions such as shift coordinator and critical care (HDU) • Accommodating casual staff requirements for flexible hours such as late starts or early finishes if that is all they are available. 		
<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"> • Two permanent nursing staff are undertaking post graduate critical care HDU course. • Currently in process of advertising for CN and RN positions (closes 13/08/2018). • It is expected Enrolled Nurse positions will be advertised soon. 		
<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"> • Recruitment campaign to fill existing vacancies is ongoing, it is expected these positions will be filled at the conclusion of this process. • Site has increased request for Nurse West staff to fill known vacancies. • Use of Central Office pools to fill positions. 		

Hospital: Rockingham General Hospital		Ward: Mental Health Adult HDU (closed)	
Target NHpPD: 11.81	Reported NHpPD: 3.93	Variance: -7.88	% Variance -66.74
<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 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. 		
<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: Rockingham General Hospital		Ward: Older Adult Mental Health	
Target NHpPD: 7.5	Reported NHpPD: 3.89	Variance: -3.61	% Variance -48.13
<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 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. 		
<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: Rockingham General Hospital		Ward: Obstetric Unit	
Target NHpPD: 10.8	Reported NHpPD: 8.99	Variance: -1.81	% Variance -16.74
<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"> • NHpPD and shift by shift review of workload / acuity takes place regularly during the day by the Midwifery Unit Manager / After-Hours Duty Nurse Manager. • This continual monitoring suggests that the data in this report may be inaccurate and that the actual NHpPD is on target or slightly above target and there are no workload issues. • Daily review of open beds has identified inconsistency with number of beds open; this has resulted in potential inconsistencies with data collection regarding NHpPD. Strategies have been put in place within the unit to ensure data accuracy. 		
<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 monitoring of NHpPD via daily roster sheets, combined reports and NHpPD website as advised by the BAU. • Monthly reporting of NHpPD management to Co-Director in consultation with Finance. • Monthly directorate finance meetings. 		
<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"> • Nil workload issues. 		

Hospital: Rockingham General Hospital		Ward: Aged Care Rehab Unit	
Target NHpPD: 5.75	Reported NHpPD: 5.04	Variance: -0.71	% Variance -12.33
<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 attributed to shortages through sickness that were covered by the ward SDN and the NUM. SDN is not reflected in the NHpPD data so every shift she worked on the floor is not captured. SDN keeps a report that identifies the dates worked on the floor. • ACRU has a high level of patients leaving the unit with a nurse escort, there are also occasions when more than one patient is absent for a full shift. Variance is also attributed to patients attending other sites. • 		
<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"> • A spreadsheet is maintained by NUM capturing patients out on leave and the additional nurse escort. • The SDN maintains a monthly report that lists all clinical hours working on the floor. • All daily sheets are reviewed and kept to ensure sufficient staffing. • NUM assesses the unit every weekday and sources additional support if required. • There is a large allied health component on ACRU that supports the multi-disciplinary team in providing care for patients. 		
<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"> • SDN hours to be changed when she is working on the floor to show up in the NHpPD, as this is done but not currently captured. 		

Hospital: Fiona Stanley Hospital		Ward: 4B (Burns)	
Target NHpPD: 11.91	Reported NHpPD: 10.52	Variance: -1.4	% Variance -11.71
<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"> • The area is staffed according to occupancy and acuity. • As a state service, variance is influenced by long periods of patients having multiple operations/procedures off ward. • Staff provide “out-reach” dressings in Intensive Care which also affects the staffing 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"> • NHpPD flexibility to fluctuation of patients and staff present on ward at different intervals. 		
<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 workloads are equitable and flexible related to presence of patients on the ward. Factors that influence workloads could be reduction of bed numbers or separation of on and out of ward processes but this is not a current intention. Flexibility of NHpPD related to occupancy will continue to be monitored. Resources are increased as acuity changes in the form of nurse specials but is not consistent to staff profile. 		

Hospital: Fiona Stanley Hospital		Ward: 5D + Resp HDU	
Target NHpPD: 7.95	Reported NHpPD: 7.07	Variance: -0.88	% Variance -11.71
<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 area has a HDU + B Category bed split which is managed via a planned winter and summer bed strategy based on previous year's requirements for the ward area and patient needs. • Winter bed strategy Nov- April (8 HDU beds / 16 Cat B at 8 NHpPD). • Summer May extending to June if patient condition allows- Oct (3 HDU beds / 21 Cat B at 6.75NHpPD). • Average NHpPD with this strategy is a 7.37 target which would fall 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"> • NHpPD are managed with this flex. Nursing requirements depending on HDU/Cat B demand are assessed shift by shift. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual where this changes daily, and own staff if known in advance. • NHpPD are flexed up and down depending on the number of HDU v Cat B beds required for nursing care delivery on a shift by shift basis. This is monitored strictly by the NUM and shift coordinator and there is a mechanism in place to be able to flex up 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"> • This strategy to maintain safe NHpPD will continue. 		

Hospital: Rockingham General Hospital		Ward: Intensive Care Unit	
Target NHpPD: 23.7	Reported NHpPD: 21.14	Variance: -2.56	% Variance -10.81
<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"> • ICU work under two models – NHpPD 23.7 and the ANZICS ratio which ICU adhere to - ICU 1:1 & HDU 1:2 ratios. • During periods of high acuity, occupancy and sickness, and when staff cannot be sourced the Staff Development Nurse (SDN) and Nurse Unit Manager are utilised within the NHpPD but this may not be captured as both positions are non-clinical in RoStar. 		
<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"> • ICU is often blocked with ward patients awaiting beds for either the medical or surgical wards, this alters the NHpPD ratio. 		
<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"> • Ongoing monitoring of staffing skill mix and profile will continue to ensure replacement of nursing shortfalls with appropriately skilled staff and support. 		

Hospital: Sir Charles Gairdner Hospital		Ward: Intensive Care Unit	
Target NHpPD: 31.6	Reported NHpPD: 28.19	Variance: -3.41	% Variance -10.80
<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"> • The workload of ICU is constantly monitored. The patient population in this ICU often has at least 2 to 4 instances whereby those patients do not require 1:1 nursing as they only require HDU level of care. • Occasionally when agency and casual staff are unavailable, other clinical support staff such as SDN may take a patient load. • The flexibility of beds is monitored daily and in combination with general HDU needs. 		
<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"> • Sourcing appropriately skilled clinical staff from other areas. • Use of appropriately trained casual staff, agency staff. • Improve planning of patient flow between ICU and general HDU. • Robust management of any FTE shortfall and recruiting appropriate skilled staff. • Review the ability to take a greater number of junior nurses in to the ICU area e.g. graduate nurses with relevant support. 		
<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"> • Modelling and trialling a combined ICU/ general HDU NHpPD approach. • Identification of opportunities for upskilling of general HDU staff to manage the care of ICU patients to increase the staffing pool. • Look at doing the upskilling course for registered nurses transitioning into to ICU (previously successful). 		

Hospital: King Edward Memorial Hospital		Ward: Adult Special Care Unit	
Target NHpPD: 12.00	Reported NHpPD: 10.72	Variance: -1.28	% Variance -10.68
<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"> The variance in ASCU NHpPD is due to a decrease in medical consultant FTE which has impacted on activity. The variance reported of -1.28 can be explained by this low activity. 		
<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 NHpPD are reviewed on a daily basis and aligns staffing levels with activity/acuity. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis and adjustments are made accordingly. 		
<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"> There is a plan in place to review the FTE and activity as we move forward. 		

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Appendix 4: 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
Bunbury Hospital	Surgical	5.75	5.32	-0.43	-7.53	Casual RN shift hours adjusted to meet ward acuity needs (i.e. 6hr shifts increased to 8 hrs). Ward vacancies for CN and RN advertised with hospital wide redeployment of casual and permanent staff to address shortfalls. A Business Reclassification for Bunbury Hospital Surgical Ward is planned to review current NHpPD v current activity/acuity in progress.
Bunbury Hospital	Maternity	10.22	9.46	-0.76	-7.47	4FTE of staff resigned and recruitment currently underway to return staffing levels to NHpPD FTE requirements. All applicants in the current recruitment pool are graduates which doesn't meet the skill mix requirement for the ward. Casual pool staff utilised.
Fiona Stanley Hospital	3B (Neonatal medicine)	12.00	11.15	-0.85	-7.08	There is fluctuation of admissions and acuity, therefore the nursing hours are adjusted to meet patient needs and provide safe care
Fremantle Hospital	V6	5.75	5.4	-0.35	-6.09	Due to reconfiguration of services within the SMHS V6 was closed in November 2017 and the area was staffed based on patient needs on a shift by shift basis
Fiona Stanley Hospital	4C (Cardio/Vascular surgery)	7.5	7.09	-0.41	-5.42	Patient needs are assessed on a shift by shift basis. Nursing requirements are assessed for current patient need. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual staff where this changes daily, and own staff if known in advance.
Broome Hospital	Psychiatric Ward	10.38	9.32	-0.56	-5.39	Specialised area which is difficult to recruit to in the Kimberley. There is ongoing recruitment to fill vacant positions. Additional Aboriginal Health Workers employed to support nursing staff in providing culturally appropriate care for patients. Additional graduates employed

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Princess Margaret Hospital	3B/HDU	12.00	11.29	-0.71	-5.91	Ward is often used for surgical over flow patients who require a lesser NHpPD resulting in a negative variance. Patient needs are assessed on a shift by shift basis.
Fiona Stanley Hospital	4D (Cardiology)	7.5	7.13	-0.37	-4.98	Patient needs are assessed on a shift by shift basis. Nursing requirements are assessed for current patient need. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual where this changes daily, and own staff if known in advance.
King Edward Memorial Hospital	6 (Gyn/Onco)	7.5	7.13	-0.37	-4.92	Patient needs are assessed on a shift by shift basis.
Graylands Hospital	SCGH Mental Health Unit	10.54	10.11	-0.43	-4.1	Senior staff assisted ward staff where there were shortages on the floor. Nursing staff are moved to other programs within the service in order to maintain an efficient nursing workforce.
Fiona Stanley Hospital	7D + BMTU	6.61	6.34	-0.27	-4.02	Patient needs are assessed on a shift by shift basis. Depending on BMT/ Cat B patient needs. Nursing requirements are assessed for current patient need. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual staff where this changes daily, and own staff if known in advance.
Royal Perth Hospital	5H (Neurosurg)	7.5	7.19	-0.31	-4.00	Staffing profile was adjusted to meet activity requirements base on patient activity and acuity. On occasion, the ward was staffed to a decreased bed capacity due to lack of demand
Fiona Stanley Hospital	7B ASU	7.5	7.25	-0.25	-3.37	Acute admitting unit based on the percent of emergency admissions
Osborne Park Hospital	5 GEM & Rehab	5.75	5.55	-0.2	-3.40	Absenteeism replaced by short shifts and Shift Coordinator excluded in am; Shift Coordinator will be included from now on

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley Hospital	5C (Nephrology & Gen Med)	6.5	6.28	-0.22	-3.35	Patient needs are assessed on a shift by shift basis. Nursing requirements are assessed for current patient need. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual where this changes daily, and own staff if known in advance. Variability of monthly NHpPD is noted and considered
Armadale Hospital	Anderton Ward (Palliative)	5.5	5.36	-0.14	-3.00	Staffing profile adjusted to meet activity demands
Sir Charles Gairdner Hospital	G52	9.51	9.24	-0.27	-2.80	Mixed Ward/HDU model with 2 ward swing beds often not utilised as HDU beds therefore higher level of staffing not required.
Fremantle Hospital	Restorative V5	5.75	5.6	-0.15	-2.68	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Fiona Stanley Hospital	6D	6.00	5.84	-0.16	-2.64	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Fiona Stanley Hospital	6D (Acute care of the elderly)	6.00	5.84	-0.16	-2.64	Patient needs are assessed on a shift by shift basis. Regular review of NHpPD and staffing increased to meet acuity. Additional staff would be deployed on a shift by shift basis predominantly filled with casual staff.
Osborne Park Hospital	3 Aged Care & Rehab	5.00	4.89	-0.11	-2.30	Absenteeism replaced by short shifts and Shift Coordinator excluded in am shift. Shift Coordinator will be included from now on.
Osborne Park Hospital	4 Rehab	5.75	5.62	-0.13	-2.20	Absenteeism replaced by short shifts and Shift Coordinator excluded in am; Shift Coordinator will be included from now on

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Rockingham Hospital	Multi Stay Surgical Ward	5.75	5.62	-0.13	-2.19	MSSU has a 30 bed capacity but is only open to 24 beds. NUM monitoring indicates MSSU NHpPD should be on target to slightly over target; this result is likely due to data entry requirements in regards to opening and closing beds and is not a workload issue. NHpPD monitored daily via daily roster sheets, combined reports and NHpPD website as advised by the BAU.
Fiona Stanley Hospital	SRC - Ward A (Neuro rehab)	5.75	5.63	-0.12	-2.10	Patient needs are assessed on a shift by shift basis. Regular review of NHpPD with staffing increased/decreased according to acuity to patients. Additional staff would be deployed on a shift by shift basis and reviewed within the State Rehabilitation Service and deployed elsewhere as required. Shortfalls are filled using casual staff leading to shorter shifts, which equals decreased NHpPD on each shift (6 hour shifts not 8 hour shifts). Movement of patients on weekend leave and return at variable times can affect efficiency of NHpPD. Variability of monthly NHpPD is noted and considered.
Fiona Stanley Hospital	MHU - Ward B (MH Assessment)	12.00	11.75	-0.25	-2.08	Variance for Ward B MH is related to in part by staffing deficits which are often filled by the clinical educator in part. The ward acuity is assessed daily/shift by shift and additional resources sourced if needed. The acuity has been somewhat lower over the past 3 months.
Sir Charles Gairdner Hospital	Coronary Care Unit (Med Specs)	14.16	14.47	-0.13	-0.90	Shift coordinator was excluded. Short shifts in replacement.
Graylands Hospital	Osborne Park Older Adult	7.8	7.73	-0.07	-0.88	Multiple patients on 1:1 specials for clinical acuity reasons. The specials are reviewed daily by the treating team as per policy. Specials can often be long term due to dementia specific symptoms being long term. Additional staff are required to perform the specials due to low baseline staff numbers in clinical areas and inability to absorb from ward complement.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fremantle Hospital	5.1 (MH)	6.00	5.96	-0.04	-0.75	For the period of the 1 st July until the 30 th of June 2018 the ward has experienced fluctuating patient numbers on a day to day basis. When the service experiences high levels of staff sick leave the fluctuating over census staff member may be pulled to accommodate. A recent FTE review has clarified FTE requirements for Ward 51. As of the 3 rd of September the rostering has been updated to reflect the NHPPPD 840 hours per week
Fiona Stanley Hospital	6B	6.00	5.97	-0.03	-0.56	Patient needs are assessed on a shift by shift basis. Nursing requirements are assessed for current patient need. Additional staff requirements are reviewed on a shift by shift basis and increased as required using casual staff for short notice relief and own staff if known in advance.
Bunbury Hospital	Medical	5.75	5.72	-0.03	-0.55	Unable to fill some shifts due to short notice, Bunbury are currently recruiting to a casual pool to assist with unexpected roster shortages.
Fiona Stanley Hospital	5A (AMU) & 5B (+HDU)	8.22	8.19	-0.03	-0.31	Patients are transferred for investigations and procedures. This is tracked as the bed is vacant for this duration reducing staff requirements. AMU daily volume of admissions and transfers leads to multiple beds vacant awaiting cleans in between this activity. Rostered personal leave shifts being covered by shorter backfill shifts.
Rockingham Hospital	Medical Ward	5.75	5.75	0	-0.04	Staffing profile adjusted to meet activity demands
Fremantle Hospital	B7N	5.75	5.69	-0.06	-0.01	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis, predominantly filled with casual staff.

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