



Government of **Western Australia**  
Department of **Health**



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# NURSING & MIDWIFERY OFFICE NURSING WORKFORCE WORKSHOP



Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy Resources • Healthy Leadership

Delivering a Healthy WA



## Why Did We Do It?

The Exceptional Matters Order 2002 required a model for:

- Multi Day Wards
- Inpatient Mental Health Units
- Emergency Departments
- Intensive Care Units
- Coronary Care Units
- Surgical Operating Theatres
- The time was right - industrially and politically!



## Why Did We Do It?

- The ongoing management of nurses' workload is as per *the Nurses (WA Public Health Service) Agreement 2004*.
- In consultation with the Minister for Health, the Department of Health is committed to the ongoing implementation and monitoring of the Nursing Hours per Patient Day (NHpPD) model.
- Benchmarking measures for nursing work in wards or units



## General Business Rules

- Nurse hours are sourced from RoSTAR, the staff rostering system.
- Patient hours are sourced from TOPAS or HCARE, the patient management system used by your site.
- The hours are reported on a monthly basis and are to capture from the first to the last day (inclusive) of each month.
- Reports will be an average of the hours used against the patient activity.



## General Business Rules

- Nurses providing direct care only will be included (eg. Management staff, Administration staff & staff development nurses etc. are not counted)
- Total hours rostered used for direct patient will be declared against the relevant patient activity and will include any paid (or allocated TOIL) additional hours worked, overtime and any additional shifts to the current roster profile that were used.
- The amount of hours declared will include all those provided by permanent, temporary, casual, agency, pool or float nurses used for direct patient care.



## General Business Rules

- Hours worked are calculated on the shift duration provided to a ward/ unit by the nurse (excluding meal break) starting from the shift start time, regardless if the shift overflows to the next day or next roster.
- Hours relating to Nurses on any type of paid or unpaid leave are excluded. (eg Annual, ADO, NW leave, Study leave, Sick leave, Professional Development leave, Parental leave etc)
- All patient hours are counted, regardless if they stay less than 24 hours.



## General Business Rules

- No patient leave is counted
- Paid supernumerary shifts that are not part of standard orientation practices will be included in the nurse hours total when assigned a shift in RoSTAR.
- Adult mental health nurse hours will include open and locked/ secure wards.
- Boarder patient hours will be excluded. (It is recognised that they do not require any direct nursing intervention)



# General Business Rules

- All NHpPD data needs to be entered onto the DOH NHpPD web site by the 16th of each month.
- Sites must be able to be verified by audit the data submitted as to its accuracy and compliance to the business rules contained in this manual.



# How targets are determined



Targets are determined by:

- Applying definitions from the guiding principles
- Actual activity and occupancy levels
- Can be reviewed based on changes in activity, workload etc.



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
A	7.5	<ul style="list-style-type: none"> <li>• High Complexity</li> <li>• High Dependency Unit @ 6 beds within a ward</li> <li>• Tertiary Step Down ICU</li> <li>• High Intervention Level</li> <li>• Specialist Unit/Ward Tertiary Level 1:2 staffing</li> <li>• Tertiary Paediatrics</li> <li>• MH - high risk of self harm and aggression               <ul style="list-style-type: none"> <li>- Intermittent 1:1 /2 Nursing</li> <li>- Patients frequently on 15 minutely observations</li> </ul> </li> </ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
B	6.0	<ul style="list-style-type: none"> <li>•High Complexity</li> <li>•No High Dependency Unit</li> <li>•Tertiary Step Down CCU/ICU</li> <li>•Moderate/High Intervention Level</li> <li>•Special Unit/Ward including Mental Health Unit</li> <li>•High Patient Turnover<sup>(1)</sup> &gt; 50%</li> <li>•FHHS Paediatrics<sup>(2)</sup></li> <li>•Secondary Paediatrics</li> <li>•Tertiary Maternity</li> <li>•MH - High risk of self harm and aggression               <ul style="list-style-type: none"> <li>- Patients frequently on 30 minute observations</li> <li>- Occasional 1:1 nursing</li> <li>- Mixture of open and closed beds</li> </ul> </li> </ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
C	5.75	<ul style="list-style-type: none"><li>• High Complexity Acute</li><li>• Care Unit/Ward</li><li>• Moderate Patient Turnover &gt; 35%, OR</li><li>• Emergency Patient Admissions &gt; 50%</li><li>• MH - Moderate risk of self harm and aggression<ul style="list-style-type: none"><li>- Psychogeriatric Mental Health Unit</li></ul></li></ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
D	5.0	<ul style="list-style-type: none"><li>•Moderate Complexity</li><li>•Acute Rehabilitation Secondary Level</li><li>•Acute Unit/Ward</li><li>•Emergency Patients Admissions &gt; 40% OR</li><li>•Moderate Patient Turnover &gt; 35%</li><li>•Secondary Maternity</li><li>•MH - Medium to low risk of self harm and aggression</li></ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
E	4.5	<ul style="list-style-type: none"><li>•Moderate Complexity</li><li>•Moderate Patient Turnover &gt; 35%</li><li>•Sub Acute Unit/Ward</li><li>•Rural Paediatrics</li><li>•Rural Maternity</li></ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
F	4.0	<ul style="list-style-type: none"><li>•Moderate/Low Complexity</li><li>•Low Patient Turnover &lt; 35%</li><li>•Care Awaiting Placement/Age Care</li><li>•Sub Acute Unit/Ward</li><li>•MH Slow stream rehabilitation</li></ul>



# NHPPD Guiding Principles

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
G	3.0	<ul style="list-style-type: none"><li>•Ambulatory Care including:</li><li>•Day Surgery Unit &amp; Renal Dialysis Unit</li></ul>



# NHPPD Formulas

Occupied Bed Day (OBD) x Category = NHpPD

- Maternity
- Split Wards



The formula for calculating FTE is

$$\frac{\text{Nursing Hrs per week}}{1976} \times 52.16 = \text{FTE}$$

Add 20% for leave relief = Total FTE



## Your wards

CATEGORY	NHpPD	DAILY AVERAGE BEDS	7 DAYS	HOURS PER DAY	HOURS PER WEEK
G	3.00	17	7	51.00	357
F	4.00	17	7	68.00	476
E	4.50	17	7	76.50	535.5
D	5.00	17	7	85.00	595
C	5.75	17	7	97.75	684.25
B	6.00	17	7	102.00	714
A	7.00	17	7	127.50	892.5



# Benchmark Review Process

- Business case development if site or unit believes that any component of the current model needs review.
- This request will then be review by the Workload Committee and recommendations will be made



# Benchmark Review Process

When changes to the complexity or relative proportions of ward activity, or the relative number of deliveries to the Occupied Bed Days are identified



Health Site is required to submit a business case to have the currently assigned benchmarked altered to reflect the new conditions.



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.



Guiding Template for ward reclassification to ensure appropriate supporting information is provided in business case



# Supporting Documentation

All business cases must be accompanied by validated data for the preceding 2 years demonstrating:

- Current status.
- Changing complexity / clinical mix (weighted case mix)
- Acuity.
- Average length of stay (ALOS).
- Patient turnover.
- Births (if applicable).
- Occupied bed days - averaged.
- Admissions via emergency departments / community.
- Proposed category classification
- Statement for reclassification.



## Further Information

Contact the Nursing and Midwifery Office

9222 4075

Or [NHPPD@health.wa.gov.au](mailto:NHPPD@health.wa.gov.au)

