# Allied health variance indicator scoring guideline

Variance indicator scoring is a set of capacity and demand questions that correspond to a traffic light colour.

The traffic light colour for each allied health team should be displayed on the hospital's capacity at a glance screen. This makes it immediately transparent and overt to the organisation when an allied health team is under pressure, and when an escalation process is required. Monitoring and response to variance indicator scoring occurs in real time. The number of times an allied health team goes outside of their optimal functioning is reported monthly (alongside other measures) to the CCDM council.

## Process

Once the allied health team has assessed their daily capacity and demand, they will complete the variance indicator scoring tool. This is usually completed by the team leader/coordinator/manager, in consultation with the wider team. The tool is quick and easy to use.

There are three parts of the tool:

   1.  **Complete the indicators**

Each question in the tool is responded to with a 'yes' or 'no' answer.

Five of the indicators (indicators 1 – 5) have a direct correlation to a traffic light colour (mauve, green, yellow, orange and red).

Indicator 6 - Sub-optimal skill mix / staff mix, does not correlate to a traffic light colour. This indicator can occur in combination with any of the other indicators and may not impact the ability to meet demand. The tool will record every time this indicator is selected as it is an important data source for the Allied Health Core Data Set.

Table 1 - Variance indicators and implications

| Indicator | Implication |
|---|---|
| 1.  **Priority 1 referrals exceed service capacity** | Not all high priority / priority 1 patients will be seen within specified timeframes. |
| 2.  **Priority 2 referrals exceed service capacity** | Not all medium priority / priority 2 patients will be seen within specified timeframes. |
| 3.  **Priority 3 referrals exceed service capacity** | Not all low priority / priority 3 patients will be seen within specified timeframes. |
| 4.  **Good match between capacity and demand** | Appropriate match between workload and staff/ resources available. All referred patients are treated in order of priority and within specified timeframes. |

| | | |
|---|---|---|
| 5. | **Additional service hours available** | Staff report that they have additional capacity beyond all clinical requirements. |
| 6. | **Sub-optimal skill mix / staff mix** | The staff mix or skill levels available are not ideal to meet the clinical care or service needs. |

Table 2 - Traffic light colour and descriptor

| Traffic Light | Descriptor |
|---|---|
| (purple) | **Excess care capacity** – the team has spare capacity at present |
| (green) | **Staffing meets demand** – the team has a good match between what needs to be done and the resources available. |
| (yellow) | **Early variance** – the team is stretched to maximum capacity and there are signs of stress on patient care delivery or staff. |
| (orange) | **Significant care capacity deficit** – the team is working past its maximum capacity, sacrificing decisions are being made, and there is a high risk of negative consequences. |
| (red) | **Critical care capacity deficit** – the team is operating in a critically degraded state with negative consequences apparent. |

Note: These traffic light descriptors are consistent with those used by the nursing and midwifery workforces as part of CCDM

## 2. Interventions used to manage variance

Allied health teams will employ available responses or interventions, to manage the impact of variance.

It should be noted that some responses, such as using outpatient or community resource, will likely result in shifting the impact of variance from one setting to another. However, if this is a response that is used, it is important to capture this and report on how often this occurs.

The tool provides a list of the following VRM interventions taken:

- Nothing required
- Cancel non-clinical activities
- Cross site cover
- Inter team cover
- Time in lieu, overtime, hours extended
- Casual cover
- Outpatient / community cover
- Clinical coordinator increases clinical
- Escalation process initiated
- Other

### 3. Update the traffic light colour

Implementing an intervention may be enough to alleviate a negative variance status (yellow, orange or red). The tool then provides for the team leader/coordinator/manager to reconfirm their initial traffic light status or adjust it if the variance has changed. By updating the traffic light status, the team leader/coordinator/manager can also apply professional judgement, and account for other impacting factors including skill mix and staff mix.

> **9**
>
> Updated status *
>
> *As a result of the intervention(s) taken our team's traffic light status is:*

○ Red

○ Orange

○ Yellow

○ Green

○ Purple

**This updated traffic light colour is the team's status and should be displayed on the Capacity at a Glance screen.**

The team should also follow their standard operating procedure as required.

# Creating visibility of unmet need

The variance indicator scoring questions directly relate to an allied health team's ability to meet demand. When the traffic light colour results are yellow, orange or red, this means there is unmet need (or care rationing) predicted / occurring. Unmet need refers to any patient with an identified allied health intervention need, that does not receive it. To capture the impact of variance response management, it is critical that an allied health team captures and reports on all unmet need.

Note: If the TrendCare system is used, unmet need can be recorded against the individual patient as 'activity not completed'. Reporting capability is available on a patient, allied health service and ward level.