

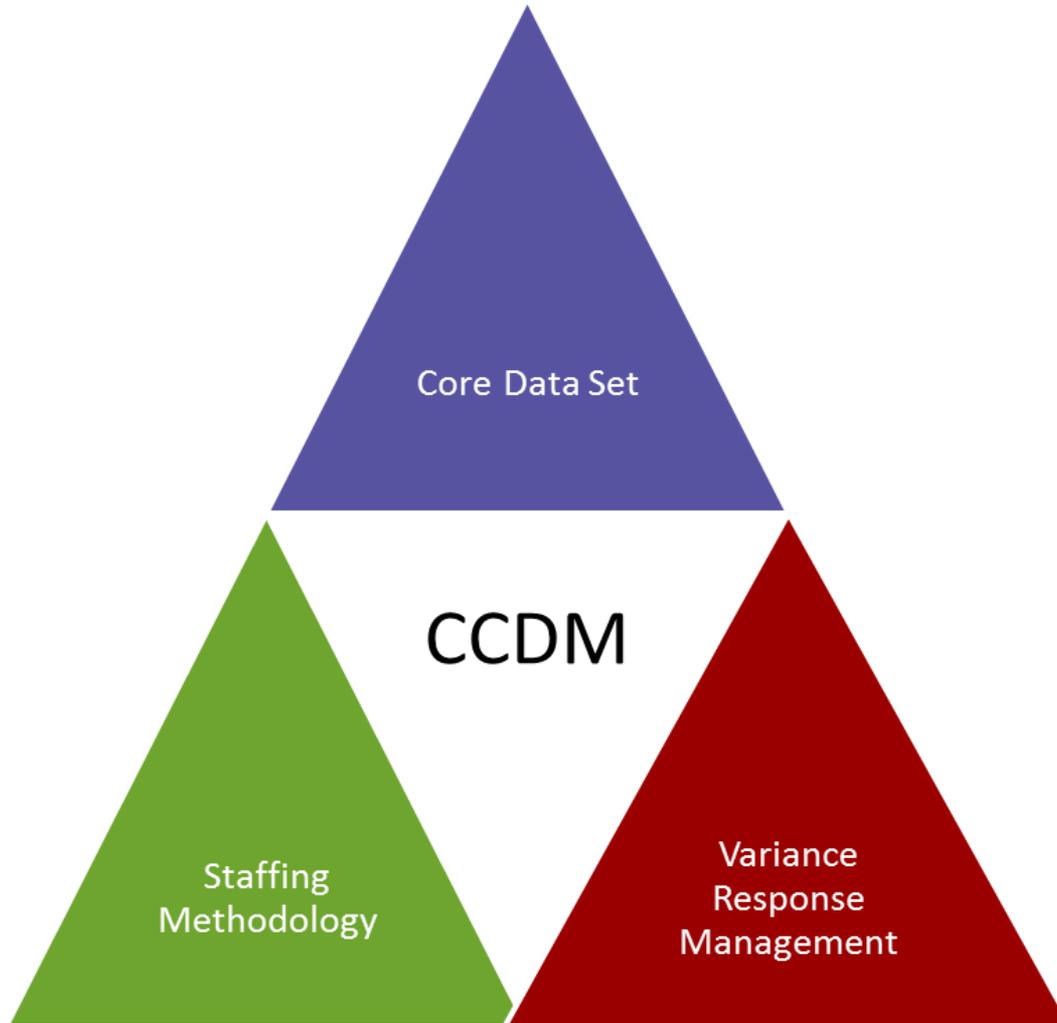
CCDM *councils*

How the programme uses TrendCare?

Safe Staffing & Healthy Workplaces Unit
June 2018

- What is the care capacity demand management programme?
- Why is TrendCare important?
- How does the programme use TrendCare?
 - FTE calculation
 - Core data set
 - Variance response management
- What do you need to do?
- Who needs to be involved?

CCDM programme

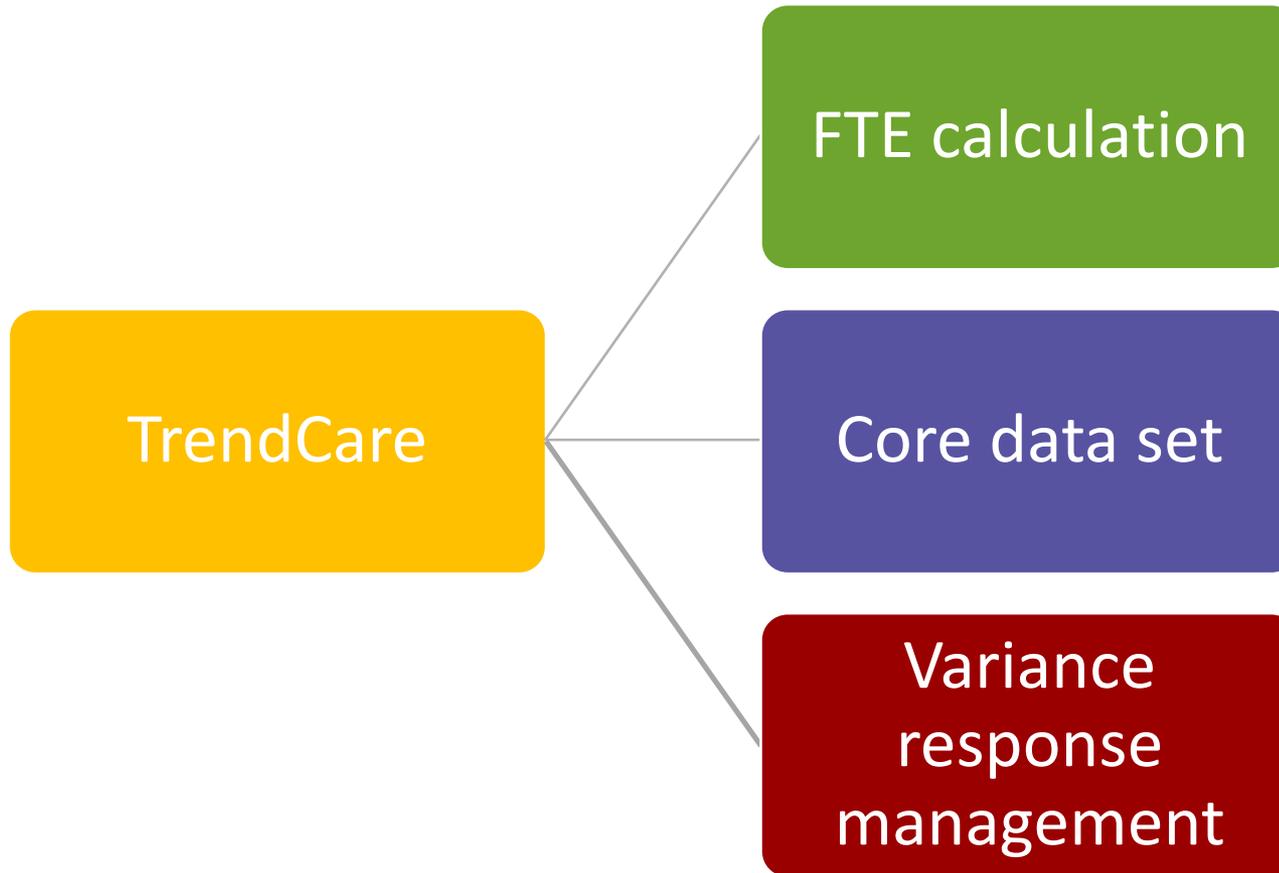


Partnership + Governance + Validated Patient Acuity

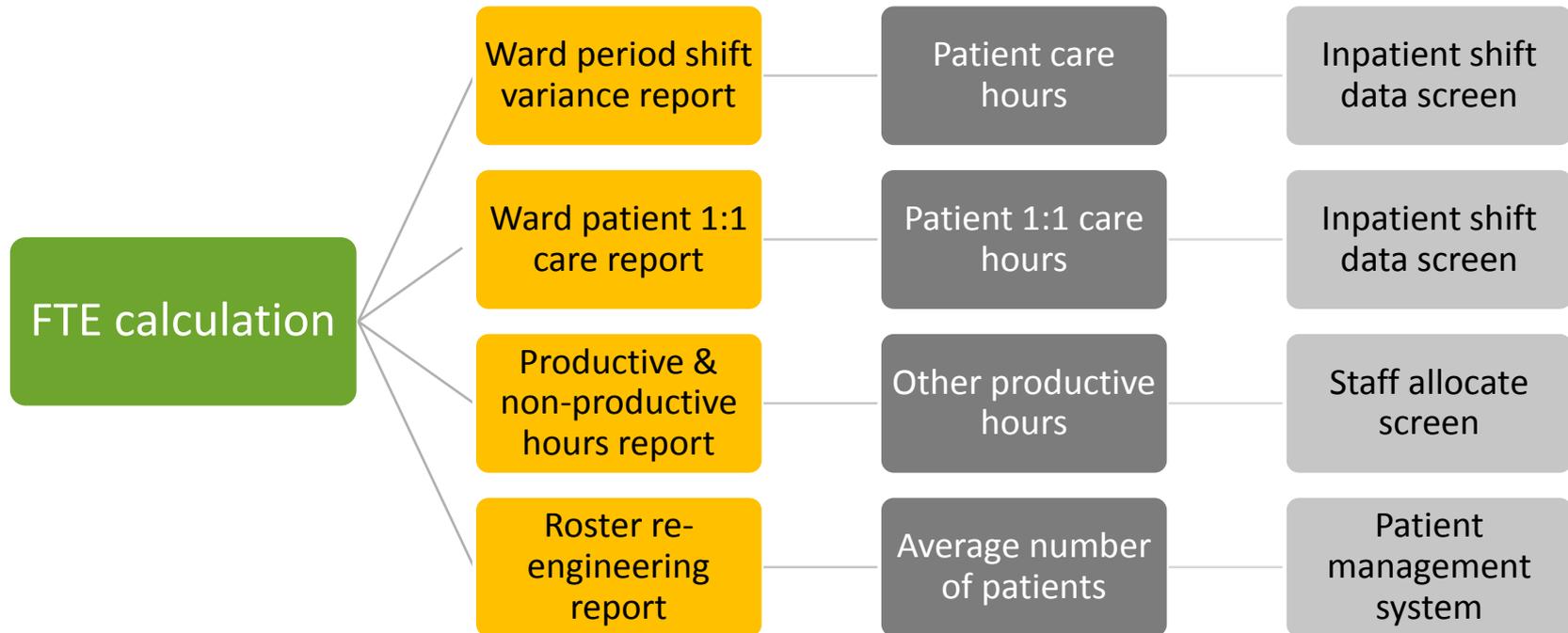
Why is TrendCare important?

- Nursing & midwifery are the largest workforce in healthcare
- Personnel costs account for 2/3 of the DHBs budget
- TrendCare is a workforce management tool
- TrendCare helps the user match personnel resources with patient acuity
- TrendCare is a critical IT system

How does the programme use TrendCare?



How does the programme use TrendCare?



Ward period shift variance report

- **What is this?** This is a report showing the number of patients, the required and available clinical hours and the variance in hours for each shift. The total hours and bed utilisation are also part of the report (not shown in the picture).
- **Why do you need it?** This report is used to establish patient demand for the FTE calculation. It is also used for several measures in the core data set.
- **Who is responsible?** Staff enter the data, clinical managers are accountable for data quality. Clinical managers work with service managers/nursing and midwifery leaders to monitor and trend overtime.
- **Where does it come from?** TrendCare, inpatient shift data screen and the allocate staff screen.
- **How do you find it?** File path
 Reports>Efficiency>Ward period shift variance report>Select date range

Ward Period Shift Variance Report

Ward:
 Month: **September, 2015**

Calendar Date	No. Of Pts.	DAY SHIFT			No. Of Pts.	EVENING SHIFT			No. Of Pts.	NIGHT
		Reqd.	Avail.	Var.		Reqd.	Avail.	Var.		
1/09/2015 Tue	17	45:15	43:00	-2:15	16	33:00	34:00	1:00	17	23:45
2/09/2015 Wed	21	49:40	50:00	0:20	20	36:45	42:00	5:15	18	23:00
3/09/2015 Thu	22	51:51	45:00	-6:51	20	36:51	34:00	-2:51	18	20:49
4/09/2015 Fri	23	53:25	52:00	-1:25	20	43:56	46:15	2:19	16	29:45
5/09/2015 Sat	17	44:40	54:00	9:20	13	35:15	32:00	-3:15	11	27:45
6/09/2015 Sun	14	37:05	42:00	4:55	12	19:40	22:00	2:20	16	14:15
7/09/2015 Mon	18	36:20	32:00	-4:20	19	28:35	29:00	0:25	16	15:15
8/09/2015 Tue	20	45:25	37:30	-7:55	17	41:54	39:30	-2:24	15	34:59
9/09/2015 Wed	19	57:58	55:15	-2:42	22	49:29	47:00	-2:29	17	22:03
10/09/2015 Thu	21	52:58	43:30	-9:27	21	48:25	46:00	-2:25	18	40:04
11/09/2015 Fri	22	62:20	53:00	-9:20	21	53:48	44:30	-9:17	20	40:28
12/09/2015 Sat	23	62:44	50:00	-12:44	20	49:41	45:15	-4:26	17	32:50
13/09/2015 Sun	19	59:55	42:00	-17:55	19	57:55	49:15	-8:40	18	45:55
14/09/2015 Mon	20	60:35	53:00	-7:35	20	47:08	47:00	-0:07	21	30:50
15/09/2015 Tue	26	66:20	49:00	-17:20	23	49:34	44:00	-5:34	21	36:48
16/09/2015 Wed	26	68:48	64:30	-4:17	19	47:09	50:00	2:51	18	35:25
17/09/2015 Thu	24	59:45	57:45	-2:00	24	55:03	35:15	-19:47	18	22:45
18/09/2015 Fri	19	44:25	43:00	-1:25	23	42:04	37:00	-5:04	18	22:03
19/09/2015 Sat	20	44:40	42:00	-2:40	17	36:09	32:00	-4:09	14	20:31
20/09/2015 Sun	16	36:18	34:00	-2:17	20	38:28	33:00	-5:27	17	23:31
21/09/2015 Mon	16	42:10	38:00	-4:10	21	42:15	38:00	-4:15	20	34:35
22/09/2015 Tue	23	60:28	56:00	-4:27	26	54:51	50:00	-4:51	21	36:57
23/09/2015 Wed	24	61:33	58:00	-3:32	17	37:36	42:00	4:24	15	27:56
	470	1204:34	1094:30	-110:04	450	985:29	919:00	-66:29	400	662:12

Productive and non-productive hours report

- What is this?** This is a report showing productive and non-productive hours. Productive hours are all hours that contribute to patient care (direct & indirect).
- Why do you need it?** This report is used to calculate the other productive hours needed to calculate an accurate FTE requirement.
- Who is responsible?** Staff enter the data, clinical managers are accountable for data quality. Clinical managers work with service managers/nursing and midwifery leaders to monitor and trend overtime.
- Where does it come from?** TrendCare, Allocate staff screen
- How do you find it?** File path
 Reports>Efficiency>Ward productive and Non productive Hours Report>Select date range

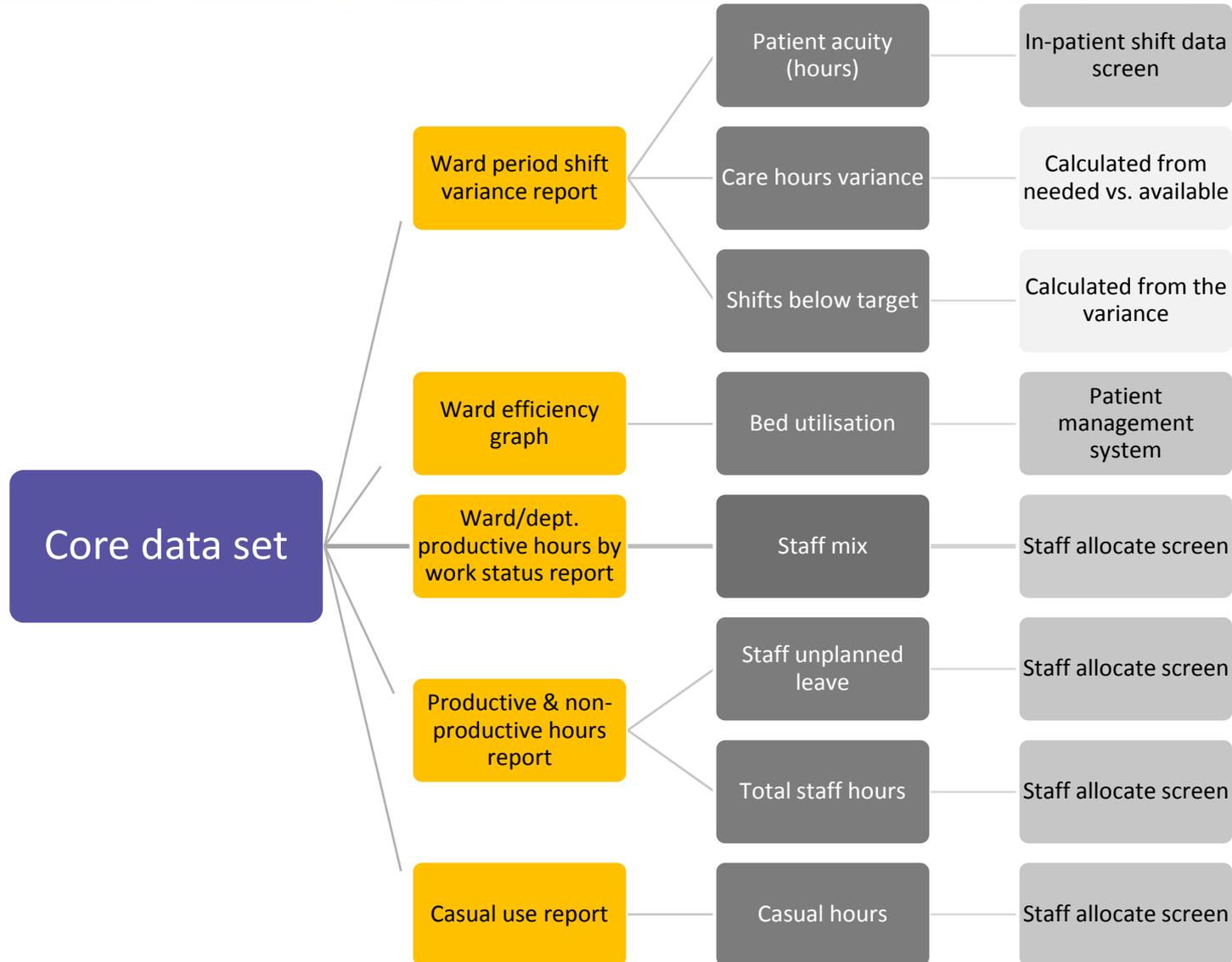
Ward Productive And Non Productive Hours Report

Ward:
 Date Range: 1/07/2015 to 30/06/2016

Staff: ** All Staff **
 Work Status Exclusion: Unpaid Student + Volunteer

CLINICAL					
Productive Hours	Hours	% Of Total Hours	Bed Util HPPD	Census + DayOnly HPPD	Budgeted HPPD
Clinical In Department	47709:05	78.79%	4.92		4.40
Clinical Administration	1425:30	2.35%	0.15		0.20
Clinical Admin Support	23:00	.04%			
Shift Coordination	3540:50	5.85%	0.37		
Escort	0:45	.00%			
Outpatient Care	1:00	.00%			
Patient Transfer	0:30	.00%			
X-Ray	0:30	.00%			
Phlebotomy	30:00	.05%			
	52731:10	87.08%	5.44		
CLINICAL Total:	52731:10	87.08%	5.44		
NON-CLINICAL					
Productive Hours	Hours	% Of Total Hours	Bed Util HPPD	Census + DayOnly HPPD	Budgeted HPPD
Quality Improvement	68:30	.11%			
Environment	1949:00	3.22%	0.20		
Orderly	727:00	1.20%	0.07		0.18
Clerical	710:30	1.17%	0.07		0.18
Meal Delivery	529:30	.87%	0.05		
Meal Preparation	2:30	.00%			
Menu Management	109:30	.18%	0.01		
Extensive Drug Count	4:00	.01%			
	4100:30	6.77%	0.42		
NON-CLINICAL Total:	4100:30	6.77%	0.42		
EDUCATION					
Non Productive Hours	Hours	% Of Total Hours	Bed Util HPPD	Census + DayOnly HPPD	Budgeted HPPD
Training	38:50	.06%			
Orientation	1207:30	1.99%	0.12		
Graduate Program	84:00	.14%			
	1330:20	2.20%	0.14		
EDUCATION Total:	1330:20	2.20%	0.14		
ABSENTEEISM					
Non Productive Hours	Hours	% Of Total Hours	Bed Util HPPD	Census + DayOnly HPPD	Budgeted HPPD
Sick	2264:50	3.74%	0.23		
Family Leave	16:00	.03%			
Bereavement Leave	96:00	.16%			
Paid Flood Leave	8:00	.01%			
Paid Snow Leave	8:00	.01%			

How does the programme use TrendCare?



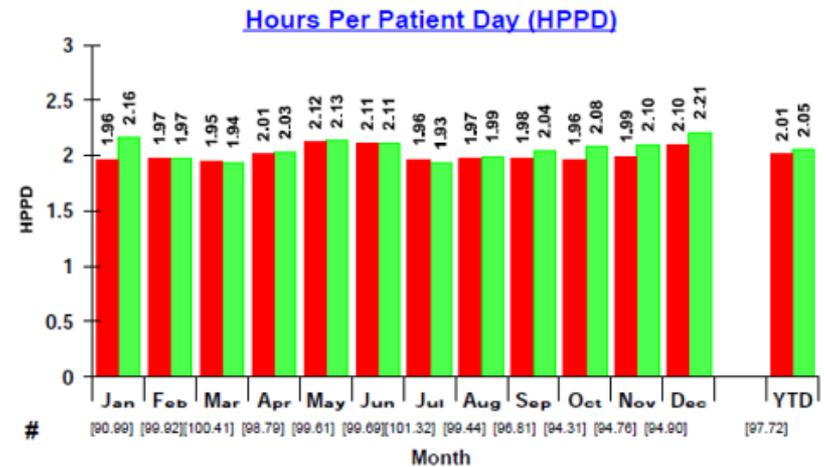
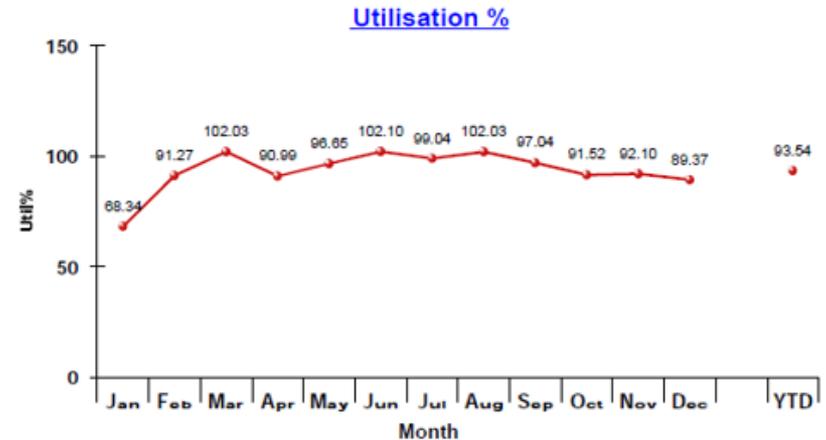
Ward efficiency graph

- **What is this?** This is a report showing bed utilisation and clinical HPPD required and worked. Can be viewed by AM, PM and night.
- **Why do you need it?** This report is used to monitor patient demand (bed utilisation & HPPD) and staff supply (clinical hours worked displayed as HPPD).
- **Who is responsible?** Staff enter the data, clinical managers are accountable for data quality. Clinical managers work with service managers/nursing and midwifery leaders to monitor and trend overtime.
- **Where does it come from?** TrendCare, in-patient shift data and the allocate staff screen
- **How do you find it?** File path
 Graphs>Efficiency>Ward efficiency graph>Select for calendar or financial year>Filter for shift

Ward Efficiency Graph

Printed: 29/01/2018
 10:13:02 a.m.

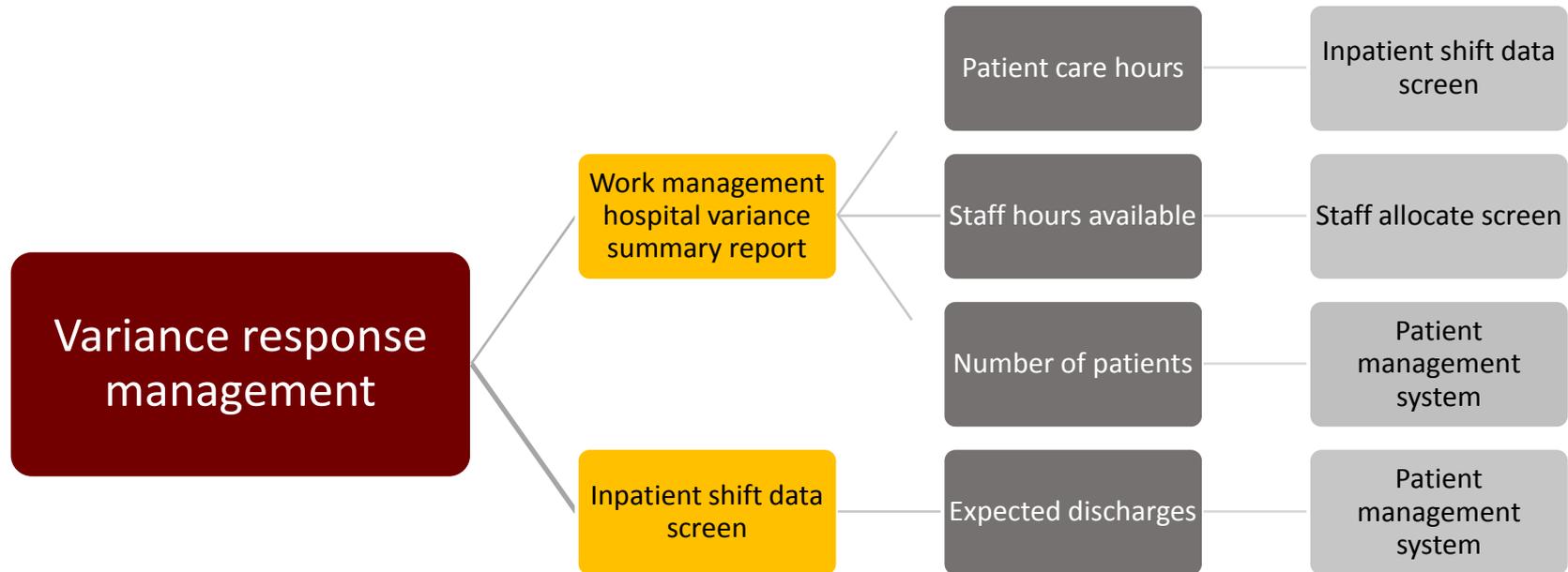
Ward: (Day Shift)
 Period: Calendar year 2017



LEGEND

- Required Inpatient Clinical Hours
- Actual Inpatient Clinical Hours Worked
- # Monthly Productivity [Ratio Actual To Required]

How does the programme use TrendCare?



Staff allocate screen

Allocate Staff (TrendCare)

Ward/Dept: Current Shift:
 Shift to Show: **** Key all times in either hh.mm format.**

POSITION	STAFF MEMBER	WS	Total Hours	Start Time	B	I/C	Over Time	Clinical In Dept	Clinical Admin	Day Coord.	Pat. Transfer	X-Ray	Clerical	House - keeping	Study Day Pd	Comments	Meal Hrs.	Meal Break
NM	SWIFT, TAYLOR	FT	8:00	7:00	<input checked="" type="checkbox"/>			1:00	7:00									
RN	BEE, Honey	PT	8:00	7:00	<input type="checkbox"/>			8:00										1st
RN	BERRY, Lilly	PT	8:00	7:00	<input type="checkbox"/>			8:00										2nd
RN	BONNY, Lynn	CS	8:00	7:00	<input type="checkbox"/>			8:00										1st
RN	BROWN, KRISTINA	FT	8:00	7:00	<input type="checkbox"/>			4:00		4:00								2nd
RN	HOUSTON, WHITNEY	FT	8:00	7:00	<input type="checkbox"/>										8:00	Adv. wound		3rd
RN	JACOBS, Genevieve	FT	8:00	7:00	<input type="checkbox"/>			8:00										3rd
EN_	KENNEDY, Sam	FT	8:00	7:00	<input type="checkbox"/>			7:00				1:00						3rd
HCA	COLLINS, JACKIE	FT	8:00	7:00	<input type="checkbox"/>			4:00						4:00				1st
HCA	CRAIG, YVONNE	FT	8:00	7:00	<input type="checkbox"/>			4:00			1:00			3:00				2nd
CLR	STILLER, ANNE	FT	7:00	8:00	<input type="checkbox"/>								7:00					

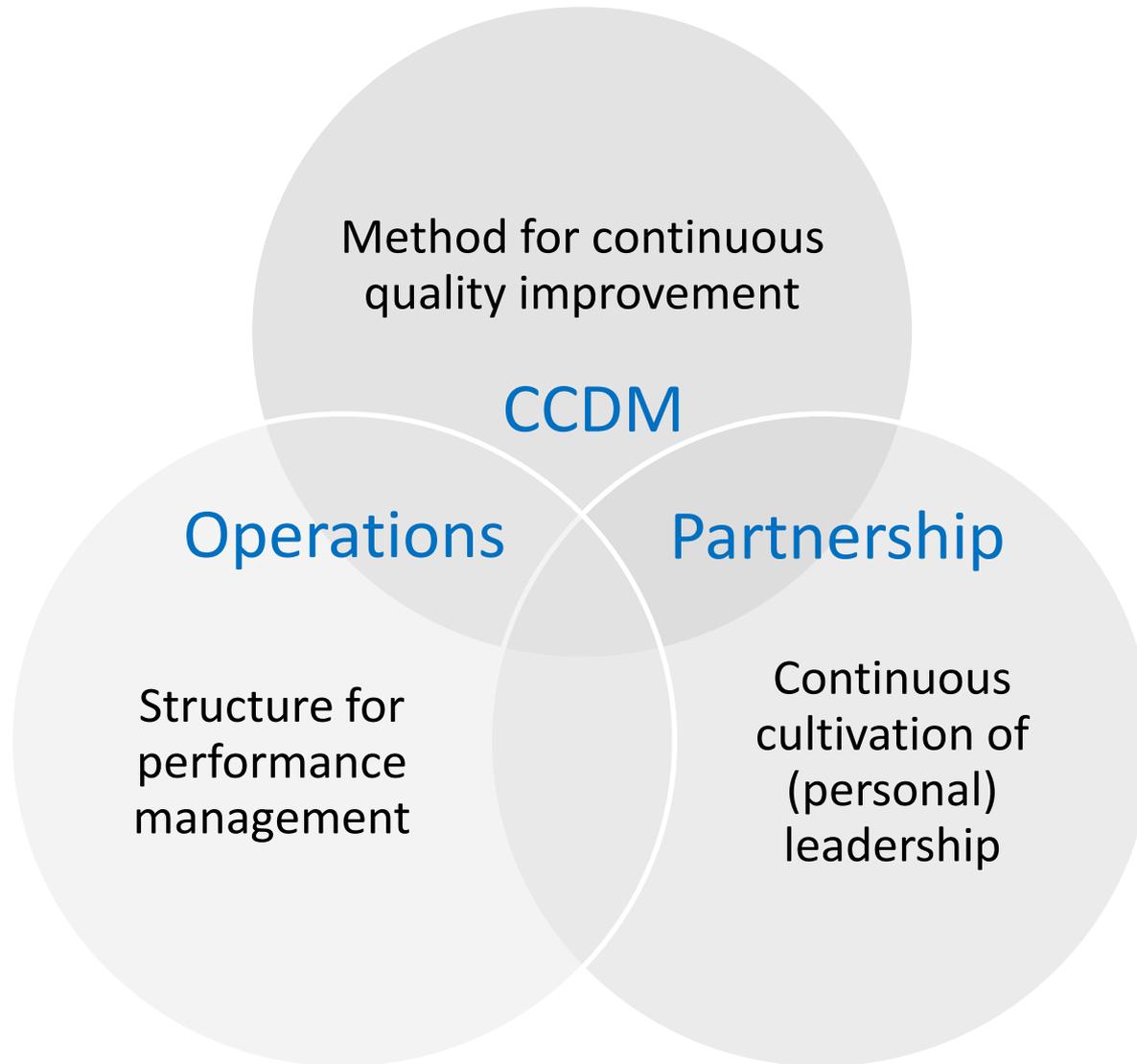
Inpatient Variances | Patient Breakdown | Clinical Profile | Staff Summary | Night Shift Adjust

	Hours	FTE	Var	Var FTE	Var per FTE
Available Clinical Hours	52:00	6.50			
Acuity Requirement	30:15	3.78	21:45	2.72	3:21

Select Staff | Get Roster | Shift Notes | Workloads | Additional

Staffing: Minimum | Export | Sort By | Refresh

What do you need to do?



What do you need to do?

- Establish TrendCare system ownership
- Set up good operational governance
- Perform annual maintenance
- Ensure audits are in place
- Complete annual IRR testing
- Deliver standardised staff education
- Ensure hardwiring through performance management structures & processes
- Ensure interfacing systems are functioning – human resources, patient management, roster

Who needs to be involved?

Ward staff

- Categorise & actualise every patient, every shift
- Update the allocate staff screen when changes happen
- Accurately record patient watches
- Complete discharges & discharge analysis
- Complete IRR testing when due

Local data council

Ward/unit managers

- Undertake TrendCare checks at specified times
- Hold staff to account for accurate use of TrendCare
- Ensure staff receive training & IRR testing
- Develop improvement plans with staff
- Reviews TrendCare KPIs with line manager

Working groups

Service/nursing leaders

- Monitors TrendCare KPIs for the directorate/service
- Discusses TrendCare KPIs with direct reports
- Link ward performance to DHB goals & priorities
- Provide oversight of service's improvement plans
- Discuss TrendCare KPIs with line manager

TrendCare committee

Executive team

- Appropriately resource TrendCare support
- Monitor TrendCare KPIs for the hospital (and DHB)
- Review TrendCare KPIs at CCDM council
- Align staff activities with DHB goals and priorities
- Provide direction and guidance on improvement plans

CCDM council

TrendCare KPIs

- The vendor has a number of KPIs – here are some examples:

Role	Key performance indicators
Nurses & midwives	<p>Every patient is categorised</p> <p>Every patient, every shift is actualised</p> <p>IRR testing is scheduled & completed annually</p> <p>Reasons for late discharge are completed</p>
Clinical manager	<p>Ensures 100% actualisation rate for the ward</p> <p>Ensures 100% IRR testing for the ward</p> <p>Allocate staff screen is accurate</p> <p>Late discharge analysis is completed monthly</p> <p>Data/reports shared with staff monthly</p> <p>Workload management reports used to manage staffing on ward & operations meeting</p>
Service manager/nursing & midwifery leaders	<p>Ward KPIs monitored monthly</p> <p>Workload management reports/data used to manage capacity & demand</p> <p>Reports generated & analysed monthly</p>
Executive	<p>Identified system owner</p> <p>IT system interfaces with TrendCare & are real time & accurate</p> <p>TrendCare steering committee & business rules are established & in use</p> <p>TrendCare Coordinator hours sufficient for effective system management</p> <p>Results monitored monthly e.g. discharge efficiency</p> <p>Budget for ongoing training/upgrades allocated</p>

The final word

Good, better, best.
Never let it rest.
Until your good
is better and your
better is best.

TREND CARE