

## Care Capacity Demand Management history and timeline

### CCDM came from a commitment by DHBs and health unions to work together

During the 2005 MECA negotiations the New Zealand Nurses Organisation (NZNO) proposed nurse patient ratios. However agreement was reached to work on an alternative – acuity based staffing. As a result the Committee of Inquiry for Safe Staffing Healthy Workplaces was established. The committee was made up of DHBs, NZNO, Ministry of Health and an independent chair. The establishment of this group recognised that it was beyond the ability of either party to resolve the issues from a positional perspective. Collaboration and cooperation was required to find a solution.

The Committee of Inquiry identified the aims and elements of safe staffing. The Safe Staffing Healthy Workplace (SSHW) Unit was established to facilitate the implementation of the recommendations from the Inquiry. The SSHW Unit was initially established for one year and funded by the Minister of Health. The key functions of the Unit were to:

- Develop the CCDM programme and support change
- Facilitate and coordinate best practice
- Evaluate DHB progress towards safe staffing health workplaces outcomes

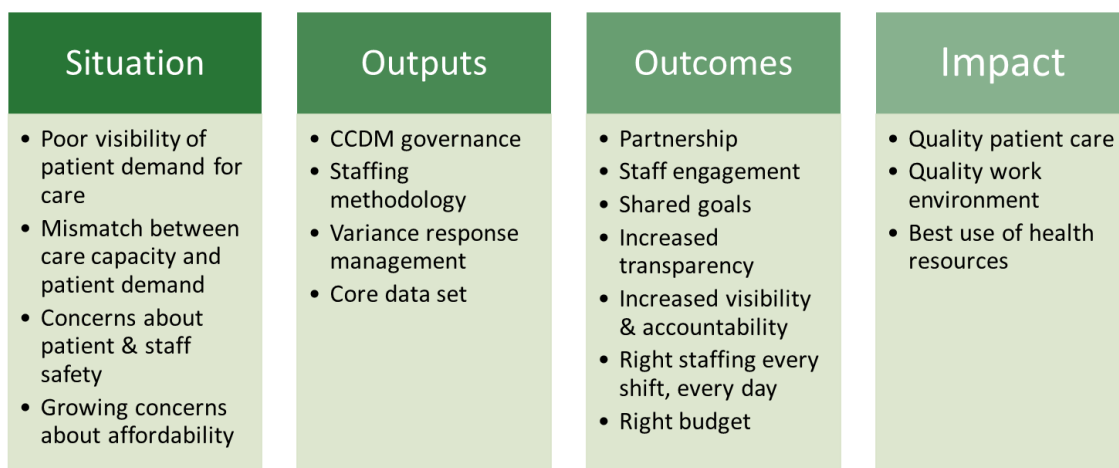
The SSHW Unit was to implement the programme using workplace partnership mandated through Health Sector Relationship Agreement and the Healthy Workplaces Agreement (National Terms of Settlement document).

Initial development of the CCDM programme focused on escalation plans for when workload became too great for clinical staff. This was quickly realised to be only part of the solution. In 2009 three DHBs (small, medium and large) were recruited as pilot sites. Two DHBs had a validated acuity system – TrendCare. Initial CCDM programme components were developed and trialled. The CCDM programme processes and tools continued to develop from the ground up.

The Unit is now permanently funded by all 20 DHBs. The value of the CCDM programme continues to be recognised by the partners supported by case studies and formal evaluation. The CCDM programme tools continuously improve to reflect best practices. An independent review by Martin Jenkins validated the methodology FTE calculation. A software tool for staffing methodology was launched in 2016. The programme obtain copy write status in 2017 and the programme resources were published on the web in 2018.

The programme logic (Figure 1) below describes how the CCDM programme is intended to work. The programme logic links where we have come from (situation) with where we would like to be (impact). The programme components (outputs) help hospitals transition to safe staffing healthy workplaces.

Figure 1 - CCDM programme logic



## The CCDM programme has evolved over 10 years

Table 1 below provides a detailed timeline of main events leading to where CCDM is today. Figure 2 is a summary of the timeline.

Table 1 – CCDM programme timeline and main events

Year	Main events
2005	<p>DHB and NZNO multiemployer collective agreement <b>MECA negotiations</b> underway.</p> <p>NZNO propose nurse patient ratios.</p> <p>Agreement on safe staffing reaches an impasse. There is joint agreement to pursue a more sophisticated mechanism in preference to ratios. An inquiry is agreed.</p>
2006	<p>Safe Staffing Healthy Workplaces <b>Committee of Inquiry</b> jointly agreed by DHBs and NZNO. Committee of Inquiry recommendations presented to and endorsed by DHBs and NZNO.</p>
2007	<p><b>SSHW Unit established</b> with DHB and NZNO joint governance.</p> <p>The initial approach is to develop DHB national escalation plans.</p>
2009	<p><b>3 DHBs recruited</b> as national demonstration sites for a new approach to developing safe staffing.</p> <p>The <b>CCDM programme emerges</b>. This includes the</p> <ul style="list-style-type: none"> <li>- Core data set</li> <li>- Staffing methodology</li> <li>- Variance response management</li> </ul> <p>Validated patient acuity data is determined as a foundation for the basis of safe staffing. The tool used in New Zealand in TrendCare.</p> <p>Mature leadership and communication processes are also foundation requirements of the programme.</p>
2010	<p>CCDM programme independently reviewed.</p>

Year	Main events
	Decision made by SSHW Unit Governance Group to progressively roll out the CCDM programme to all DHBs.
<b>2011</b>	<p>3 more DHBs commence the CCDM Programme. 6 CCDM councils (DHB/NZNO members) in total are implementing CCDM.</p> <p>The Public Service Association (PSA) and Service and Food Workers Union (SFWU) sign agreement to get involved in CCDM.</p> <p>A further 2 years funding is secured from DHBs to progress the CCDM work.</p> <p>Commitment made to start 12 DHBs in CCDM by June 2013.</p>
<b>2012</b>	<p>5 more DHBs commence the CCDM Programme. <b>11 CCDM councils</b> in total are implementing CCDM.</p> <p>DHB/NZNO MECA clause commits to ongoing safe staffing healthy workplace work</p> <p>Expert advisory groups are established to extend the work of CCDM. These include</p> <ul style="list-style-type: none"> <li>- Allied Health</li> <li>- District Nursing</li> <li>- Mental Health</li> <li>- Midwifery</li> </ul> <p>National CCDM forum held and well attended by the health and union sectors.</p>
<b>2013</b>	<p>The SSHW Unit develop case studies in collaboration with DHB clinical staff and NZNO members. The case studies illustrate the impact of CCDM interventions at the ward or unit level.</p> <p>Evaluation of variance response management is undertaken.</p>
<b>2014</b>	<p>Allied Health Programme Consultant employed into the SSHW Unit.</p> <p>The SSHW Unit Governance Group commission the New Zealand Institute of Community Health Care (NZICHC) to complete an <b>evaluation of CCDM</b> and the implementation.</p>
<b>2015</b>	<p>The NZICHC provide the evaluation of the implementation, outcomes and opportunities of the CCDM programme final report to the sector.</p> <p>2 more DHBs commence the CCDM programme. 14 CCDM councils in total are implementing CCDM.</p> <p>CCDM implementation wording is strengthened in the DHB/NZNO MECA to improve the uptake of the programme.</p> <p>The <b>FTE calculation is independently reviewed</b> by Martin Jenkins Consultants.</p>
<b>2016</b>	<p>Phase 1 of the staffing methodology software is released.</p> <p>There is growing international interest in the CCDM programme. Visitors from overseas are hosted to review the programme.</p>
<b>2017</b>	Phase 2 of the staffing methodology software is released.

Year	Main events
	<p>Copyright of the CCDM programme is attained. The <b>copyright</b> is agreed by the SSHW Unit Governance Group to align to the Ministry of Health.</p> <p>The CCDM standards are released. 13 CCDM councils complete and submit their assessments to the SSHW Unit Governance Group.</p> <p>CCDM core data set reviewed and updated to include 23 measures.</p> <p>The SSHW Unit Governance Group request quarterly reports from the CCDM councils.</p> <p>CCDM is included in the Ministry of Health Operational Policy Framework (OPF) for DHBs.</p> <p>DHB/NZNO MECA negotiations underway and include a commitment for all 20 DHBs to implement the CCDM programme by 2021.</p>
<b>2018</b>	<p>The <b>CCDM manual and web site</b> development is underway. Planned release this year.</p> <p><b>Phase 3 of the staffing methodology</b> software is released.</p> <p>17 DHBs have a validated patient acuity system. 2 DHBs are in the process of validating another patient acuity system. 1 DHB has no patient acuity system.</p> <p><b>14 CCDM councils</b> engaged with implementing the programme.</p>

Figure 2 - CCDM programme timeline

