

Allied health variance response management overview

The Care Capacity Demand Management (CCDM) programme is about achieving an appropriate match of care capacity (available staffing hours) to clinical demand, and then managing any variance that occurs each day. Determining the capacity required to meet service demand is a core feature of an allied health staffing model and is fundamental to the attainment of clinical outcomes and staff wellbeing. The ability to identify and fluidly respond to changes in capacity and demand, is the basis for Variance Response Management (VRM).

The CCDM programme supports allied health services to develop processes and systems to achieve consistency, transparency and visibility. Allied health's utilisation of IT technologies and the application of standardised data sets will enable visualisation of allied health's contribution to the patient journey, clinical outcomes and system measures.

District Health Boards will likely have formal VRM processes in place. A summary of the main tools and processes is below:



1. Integrated Operations Centre (IOC)

An integrated operations centre is a dedicated space in which operational decisions are made about care capacity and demand management.

The following principals are critical:

- The integrated operations centre is used as the command centre for hospital operations
- Capacity at a glance screens are visible and used to support decision making

- The staff required to make holistic operational decisions are based in the integrated operation centre
- The integrated operations centre is the venue for multidisciplinary care capacity meetings
- The integrated operations centre is supported by senior and executive management.

2. Capacity at a Glance screens (CaaG)

Capacity at a glance screens are a visualisation tool for enabling real time display of capacity and demand data.

For the nursing and midwifery workforce, CaaG screens display:

- Up-to-date patient numbers
- Patient acuity data
- Nursing & midwifery hours available
- The contemporaneous Variance Indicator Score.

The integrated operations centre staff use this information to make decisions about ward staffing and patient allocation.

2.1 Allied health capacity and demand

For the allied health workforce, CaaG screens would likewise be the ideal platform to display real-time demand and capacity data. At a minimum, the CaaG screen should display the Variance Indicator Score for each allied health team.

In the absence of allied health data being visualised on a screen, other processes and tools will need to be used by allied health to create real-time visibility.

3. Variance Indicator Scoring (VIS)

The Variance Indicator Scoring tool enables allied health teams to identify if there is any mismatch between capacity and demand. It then enables meaningful communication with the wards and IOC manager, to assess and manage any capacity and demand surplus or deficit.

The VIS tool is ideally completed at the beginning of the working day by the team leader/coordinator/manager, in consultation with the team. It should be repeated to reflect any changes in variance throughout the working day.

4. Standard Operating Procedure (SOP)

Each allied health team should develop an agreed standardised procedure for how they will respond to each VIS traffic light colour.

Standard operating procedures enable a team to make consistent, rapid, informed decisions when under pressure, and to receive support via an escalation process.