

staffing *methodology*

FTE Calculation – Learn today, lead tomorrow

Safe Staffing & Healthy Workplaces Unit
May 2018

This presentation....

....is for all staff and aims to answer the following questions:

- What is Care Capacity Demand Management (CCDM)?
- Where are we at with CCDM?
- Why do an FTE calculation?
- Is your ward or unit eligible?
- What is included in the FTE calculation?
- Who should be involved?

This power point will take you about 15 minutes to read.

What is CCDM?

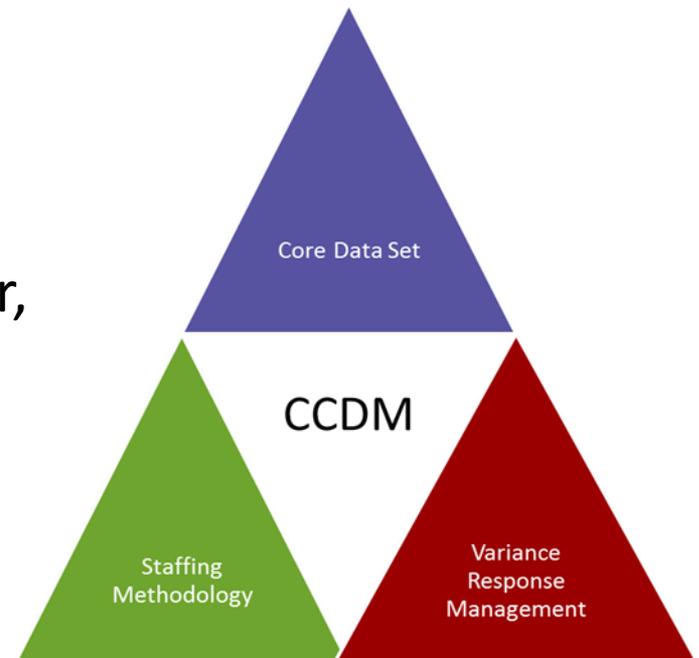
CCDM aims to have you in the right place, providing the right care, at the right time.

There are 3 main components in the programme

1. Core data set
2. Staffing methodology
3. Variance response management

Each of the components work together, to get the best for patients and staff.

The following slides focus on component 2 – staffing methodology, FTE calculation.



Where is this DHB at with CCDM?

The DHB started the CCDM programme in **XXX**.
Currently we are at different stages of each part of the programme.

Recently we started the FTE calculation process. The FTE calculation will help us establish better rosters. This in turn will help to better match our capacity to care with patient demand.

We are in the process of getting the tools and processes up and running. Staff training is part of the process.

Why do an FTE calculation?

FTE calculations support safe staffing, healthy workplaces and best use of resources. They are based on the actual hours of care your patients need.

The FTE calculation supports right rostering every shift, every day. The roster includes your DHB/NZNO MECA entitlements.

The right roster also reduces effort and time spent on moving staff.

Doing the FTE calculation annually means you get the chance to get it right every year.

Is your ward or unit eligible?

Your ward or unit is eligible if you have 12 months of accurate TrendCare data. The TrendCare data is checked before the FTE calculation starts. The quality checks are in the picture below.

Quality Checks

Group	KPI	Value	Check	Comment
IRR testing	100% of staff have undergone IRR testing in last 12 months	98.0%		Two new staff not yet tested
IRR testing	Minimum 60 acuity variables tested for each staff member	100.0%		
IRR testing	>=90% accuracy for each staff member	92.0%		
Categorisation	100% categorisation	100.0%		
Categorisation	100% of patient types (>1% bed days) are within benchmark	100.0%		
Actualisation	100% actualisation	100.0%		Improvement plan in place
Allocate Staff screen	100% accuracy of worked roster	100.0%		
Allocate Staff screen	100% accuracy of split of hours	100.0%		

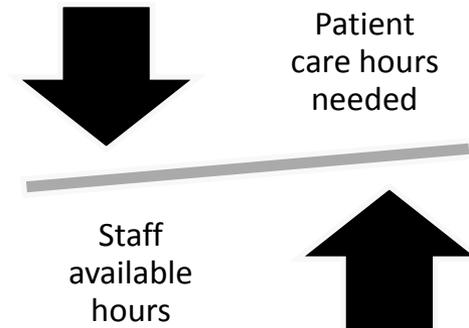
What is included in an FTE calculation?

The FTE calculation includes the actual hours of care your patients need. This data comes from TrendCare.

Your clinical manager works with the health union and others to choose a roster that meets the workload.

What is needed for the roster is then compared with the hours that staff are available to work.

The next slide shows you an example of what the roster charts look like.

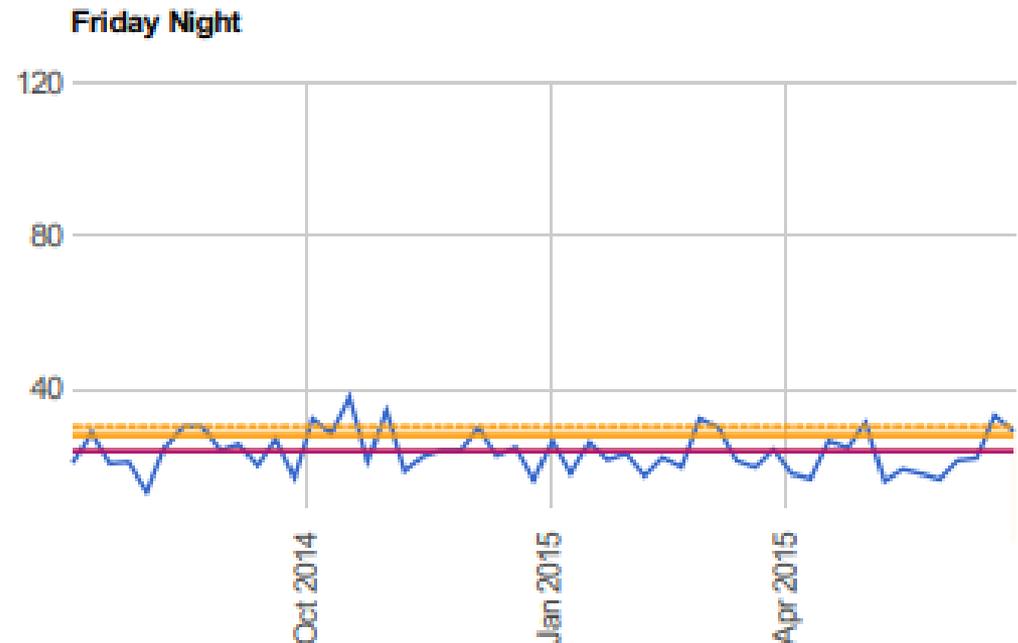


What does the roster chart look like?

The chart shows a Friday night shift. The y-axis is hours. The x-axis is the months of the year.

The blue squiggly line is the actual hours of care needed by patients across all 52 Fridays of the year.

The red line is the current roster. The yellow line is the recommended roster. An increase in the current roster is needed.



How many hours are staff available for work?

If you work full time you get paid for 2086 hours per year. However you are not available to work for all of those hours.

The FTE calculation accounts for all the time you are entitled to have off. This includes the MECA entitlements.

This means that you may be at work for only about 1740 hours per year.

Staff
available
hours

Total hours paid

- MECA leave entitlements

- Professional development/
training

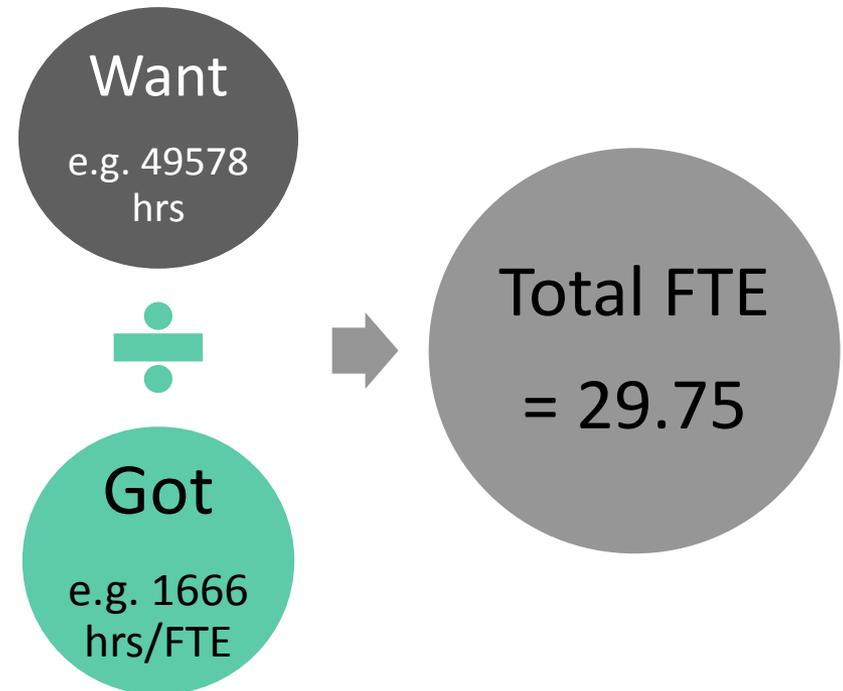
= Total hours available

How is the FTE calculated from the roster?

The FTE is calculated from the roster by adding up the hours from the roster chart i.e. what you want.

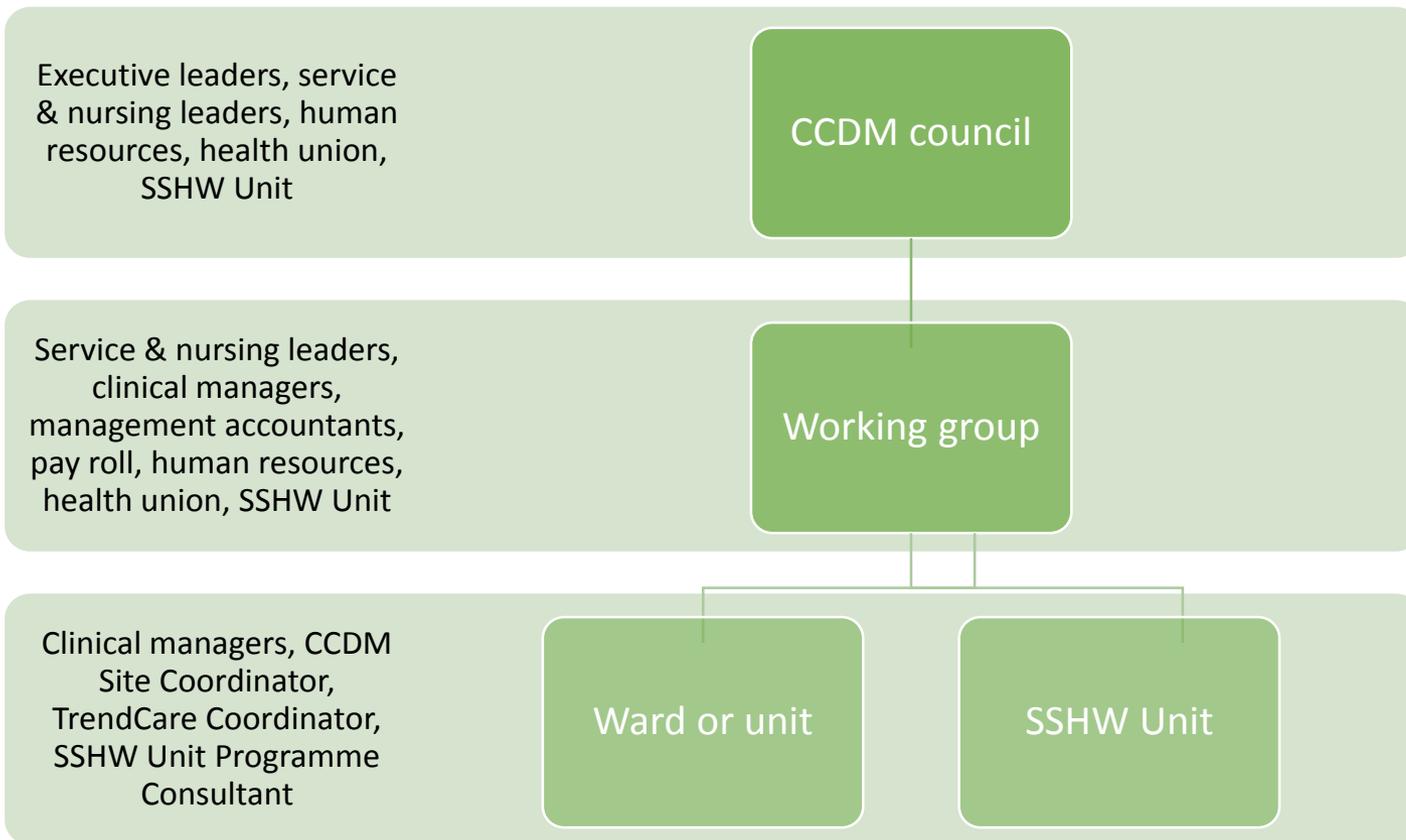
The hours that you want are then divided by the staff hours that you have available i.e. what you've got.

The result is the FTE that is needed.



Who's involved?

Staff are involved in the FTE calculation at every level.



What do the ward staff do?

If you are working on the ward, make sure your TrendCare data is right. Accurate and complete TrendCare data is the single most important thing you can do for right staffing.

Ward Clinical Hours Acuity Variance Report

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Ward: **Ward 3 East**

INPATIENT CLINICAL STAFF					PATIENT TYPE BREAKDOWN								
Start	Status	Position	Staff Members	hh:mm	Type	1	2	3	4	5	Sp.	Total	Hours
14:30	FT	RN L2 G2	BARTLET, Samantha	8:00	MED	1	1	1				3	4:15
14:30	PT	RN L2 G2	DOWNNS, Peter	8:00	SUR	5	13	6	1	1		26	44:13
13:30	FT	RN L2 G2	JOHNSTONE, Karlie	6:30		6	14	7	1	1		29	48:28
14:30	PT	RN L1 G7	LAVARCH, Angela	8:00									
12:00	PT	RN L1 G4	FLASH, Samantha	5:00									
14:30	PT	RN L1 G3	ANSOUL, Kate	8:00									
14:30	FT	RN L1 G1	KALIS, Tracey	8:00									
				51:30									
					Totals								
					AVAILABLE:	51:30					Number Of Beds:	30	
					REQUIRED:	48:28					Hours Per Patient:	1:47	
					Variance	3:03					Ward Utilisation:	96.67%	
						OVER (0:28 Per FTE)							

Your clinical manager will represent you during the FTE process. Your associate clinical manager and/or health union delegate may also be involved in choosing the right roster.

What does the clinical manager do?

If you are the clinical manager you have a key role to play in your wards FTE calculation. You will be involved in

- reviewing the quality of your ward's TrendCare data
- collating ward specific data
- selecting the right roster for your ward or unit
- implementing the roster model and budget for the FTE and
- communicating with your staff.



The CCDM Site Coordinator and SSHW Unit Programme Consultant will help you with each step until you get familiar with the process. The health union is also involved.

What do service and nursing leaders do?

If you are a service or nursing leader you will be testing and validating the FTE calculations for your service or directorate.

This means you will be

- applying standard calculations
- taking part in roster testing
- completing quality assurance checks
- making recommendations to the CCDM council and
- communicating with staff.



The CCDM Site Coordinator and SSHW Unit Programme Consultant will help you with each step until you get familiar with the process. The health union is also involved.

What does the CCDM Council do?

If you are part of the CCDM council you will be directing and delegating the work.

As a council member you will determine the processes to be used and who has decision-making authority for what. You will also review and endorse the final FTE for sign-off.



Need more information?

If you have questions about the FTE Calculation talk with your clinical manager, CCDM Site Coordinator, health union delegate or organiser.

If you just want more information on CCDM or the FTE calculation go to the CCDM website – ccdm.health.nz

If you want to get involved, start with TrendCare – **actualise every patient, every shift, every day**. This makes a massive difference to the data that will be used every day to make decisions on staff and patient allocation.