



Government of **Western Australia**
Department of **Health**
Chief Nursing and Midwifery Office

Nursing Hours per Patient Day

Annual Report

Chief Nursing and Midwifery Office

1 July 2018 – 30 June 2019

FINAL NHpPD Annual Report V6.0

Document History

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1.0	15/08/2019	M. Book	Draft report compiled of NHpPD reporting and Variance reports sent to PNA & CNMO
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5.0	24/09/2019	M. Book	Feedback from SWRC meeting applied and report amended
6.0	04/09/2019	M. Book & R. Redknap	Final Report

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Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that should be applied in association with clinical judgement and clinical need. Each financial year, two reports are produced by the Chief Nursing Midwifery Office (CNMO) in collaboration with Health Service Providers; the NHpPD Interim Report for the period 1 July to 31 December and the NHpPD Annual Report for the period 1 July to 30 June.

Significant reform within Western Australia Department of Health (WA Health) continues which requires attention and includes but is not limited to the implementation of *the Health Services Act 2016* (HS Act), the WA Health Reform Program 2015-2020, the WA Health Strategic Intent and the Sustainable Health Review (SHR). In addition, challenges associated with alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool require consideration when interpreting and analysing the NHpPD data in this report.

Whilst every effort has been made to report upon all areas, some will be unreported for those reasons outlined above. It should also be noted that additional work is ongoing to describe definitions associated with Full Time Equivalent (FTE) when reporting data.

The WA health system is dynamic and as such some areas have changed functionality since the last annual report and therefore caution is advised in comparing NHpPD data with previous reports.

Data is reflective of both the Metropolitan Health Service Providers (HSP) and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and the Small Hospital (SH) and Primary Health Care Centres (PHCC). The body of the report includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. The Appendices provide data for all areas as well as variance reports where appropriate. Commentary has been provided by all managers and directors in areas which have reported between 0-10% below their NHpPD target.

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Introduction

This Nursing Hours per Patient Day (NHpPD) Annual Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2018 to 30 June 2019. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles as required and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018; and
- WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018.

The *HS Act*, together with its subsidiary legislation became law in Western Australia on 1 July 2016. The *HS Act* introduced new and contemporary governance arrangements for the WA health system, clarifying the roles and responsibilities at each level of the system and introducing robust accountability mechanisms. The Director General is established as the System Manager, and HSPs are established as statutory authorities, responsible and accountable for the provision of health services to their area. This Annual report has been collated by the CNMO on behalf of the Director General, subsequent to Schedule A – Exceptional Matters Order, Section 7.2.2 of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018*; and, Schedule A – Workload Management Exceptional Matters Order, Section 7.2.2 of the *WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018*.

This *NHpPD report 1 July 2018 to 30 June 2019*, acknowledges the ongoing *WA Health Reform Program 2015-2020* and how critical enablers identified in the WA Health Strategic Intent present challenges in terms of reporting NHpPD across the WA health system. Challenges highlighted included alignment of cost centres, change in the patient administration system (WebPAS), enhancements of the central reporting tool, and reconfiguring of services; all of which require consideration when interpreting and analysing NHpPD data in this report.

Every attempt has been made to report on all areas; however there are some areas where data did not retrieve adequately. In those instances supporting commentary will be included within the relevant tables. The CNMO, in collaboration with front line leaders, commit to collaborating and identify processes to rectify previous reporting challenges where areas were inadequately reported.

Nursing Hours per Patient Day Reporting

Context for reporting

The NHpPD report provides information on the staffing of wards and units which have been allocated a benchmark target. The report is released six (6) monthly to the Australian Nursing Federation (ANF) and United Voice (UV) by the WA Health Chief Executive Officer as the system manager in accordance with section 19 (2) of the *HS Act*. The report is designed to show the progress against the NHpPD targets and to report on areas that have not met their benchmark target.

Reporting tools

Historically NHpPD data has been collated centrally through a reporting tool which is supported through Health Support Services (HSS). HSS is WA Health's shared service centre, providing a suite of technology, supply, workforce and financial services to Western Australia's public health services. Whilst the NHpPD HSS tool provides an overview of NHpPD across WA Health, it does not provide data to assist front line leaders in staffing services in real time.

To meet the requirements of Health Service Providers (HSPs), local tools have been developed which are more agile. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by a number of HSPs. The fundamental business rules apply in both tools however the PULSE Tool provides more timely data. An example of this is measurement of occupancy which is calculated every minute in the PULSE Tool but only in fifteen minute snap shots in the HSS Tool.

In collating data for the annual report there are instances where variations in data have been highlighted. An element of caution is required in these situations. The CNMO continues to collaborate with HSS and HSPs identifying and repairing data anomalies, as well as testing the NHpPD HSS Tool to ascertain its capability against the PULSE Tool. However for the purpose of objective system governance, the PULSE Tool is mostly an adjunct tool used to support the NHpPD HSS Tool.

Reporting structure

This Annual Report provides an overview of all wards in Metropolitan HSPs, RRCs (Regional Resource Centres), and IDHSs (Integrated District Health Services). Wards reporting 10% or more below their target nursing hours are tabled within the body of the report and require variance reports explaining what action has been taken to relieve or alleviate the workload.

Table 1 provides NHpPD data for the Metropolitan HSPs, RRC and IDHS and the associated percentage of both above and below the NHpPD target. All areas that have reported between 0-10% below their target have provided commentary on action taken to relieve or alleviate the workload which is available in Appendix 6. All the other area specific data is provided in Appendix 1.

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC & IDHS

Reporting Period 1 July 2018 – 30 June 2019				
NHpPD reporting	Number of Wards			Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)
	Metropolitan HSPs	RRC	IDHS	
Above 10%	49	15	13	77 (40%)
Above 5 - 10%	17	6	4	27 (14%)
Above 0 - 5%	39	6	0	45 (23%)
Below 0 - 5%	23	2	2	27 (14%)
Below 5 - 10%	9	2	0	11 (6%)
Below 10% or more	5	0	1	6 (3%)
Total Wards	142	31	20	193

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Metropolitan Health Service Data

Data for the Metropolitan HSP hospitals that have reported 10% or more below their allocated NHpPD target are outlined in Table 2. Data provided includes the hospital, ward, NHpPD target, Year to Date (YTD) data and the variance both in figures and as a percentage. Variance reports for applicable inpatient areas that are between zero and -10% below target are provided in Appendix 5.

Table 2. Metropolitan HSP inpatient wards that are 10% or more below target

Nursing Hours per Patient Day Reporting					
Hospital	Ward	Target	YTD	Variance	% Variance
Rockingham General	Obstetric Unit	10.8	8.53	-2.27	-21.02
Fiona Stanley Hospital	Day Surgical Unit	4.37	3.64	-0.74	-16.82
Fiona Stanley Hospital	5D + Resp HDU	7.95	6.92	-1.03	-13.01
Fiona Stanley Hospital	4B (Burns)	11.91	10.50	-1.41	-11.85
Sir Charles Gairdner	Intensive Care Unit (Medical)	31.60	28.10	-3.50	-11.07

WA Country Health Service Data

WACHS facilities are delineated as follows:

- Regional Resource Centres (RRC),
- Integrated District Health Services (IDHS), and
- Small Hospitals/Primary Health Care Centres (SH/PHCC).

Regional Resource Centres (RRC)

RRCs form the basis network for their respective region and act as the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. maternity, mental health) and the coordination of outreach specialist services. WACHS operate six RRCs at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.

There were no RRCs reporting 10% or more below their NHpPD target. Workplace grievances were reported in two RRCs during the reporting period, in:

- February 2019, by Bunbury and Hedland Health Services
- May 2019, by Hedland Health Services

- however they were not escalated and were resolved in the workplace, as confirmed by the WACHS Executive Director of Nursing and Midwifery and the ANF.

Integrated District Health Services (IDHS)

IDHS provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health services at the district level.

The *WA Health Clinical Services Framework 2014-2024* state 15 IDHS are located at Busselton, Carnarvon, Collie, Derby, Esperance, Katanning, Kununurra, Margaret River, Merredin, Moora, Narrogin, Newman, Nickol Bay (Karratha), Northam and Warren (Manjimup). Five additional hospitals not considered SH/PHCC, and not classified IDHS, will be reported within the IDHS NHpPD, and these are Denmark, Plantagenet (Mount Barker), Fitzroy, Halls Creek, and Harvey.

Table 3 outlines the IDHS that are 10% or more below their NHpPD target, with a variance report in Appendix 5.

Table 3. IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Directorate	Ward	Target	YTD	Variance	% Variance
Wheatbelt	Moora inpatients	4.3	2.59	-1.71	-39.73

Small Hospitals/Primary Health Care Centres (SH/PHCC)

SH/PHCCs have been designed to deliver acute inpatient care, however over time there was a need to change focus at many facilities toward provision of residential aged care and limited emergency care and ambulatory care services which aligns more closely with the needs of local communities. There are currently 50 of these facilities across WACHS. SH/PHCC with a 2/2/2 roster are monitored on a regular basis in respect of workload management and safe staffing principles. The WACHS regional reporting tool for small hospitals 2.2.2 sites is available in Appendix 4.

There were no issues raised and no workplace grievances for SH/PHCC during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

Emergency Departments WA Health

ED models of care vary across WA, for example some EDs have both paediatric and adult areas and various nursing roles have been introduced to support the provision of patient care. Some of those roles include Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse which have historically not been considered when reporting on nursing workload within the ED. It is important to note that the ED is unpredictable in nature and therefore staffing is fluid dependant on the number of presentations, the acuity (based on the Australasian Triage Score) and complexity. The Emergency Department Data Collection (EDDC) unit, part of the Information Data and Standards, Purchasing and System Performance Division of WA Health, provides the ED data to all HSPs monthly.

Table 4 reflects the recommended FTE for the ED as well total number of presentations based on the EDDC data. All Executive Directors of Nursing and Midwifery for the respective health service providers (HSPs) have confirmed where there were or were not any grievances lodged associated with workloads within the ED (Metropolitan HSPs and RRC) in Table 4.

Table 4. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2018 to 30 June 2019			
Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from Health Service Providers (HSPs)
Metropolitan Health Sites			
Armadale	85.40	61,628	Includes 21.15% leave relief.
Fiona Stanley	134.39	111,346	Additional FTE provided for initiatives e.g. Ambulance Bay to reduce Ramping & Ambulatory Stream.
King Edward Memorial	5.26	10,731	Staffing profile to ensure appropriate cover for 24 hours/7 days is 14.96 FTE.
Perth Children's	63.98	67,584	Nil.
Rockingham	63.94	57,282	Casual and agency staff deployed to RD in times of high acuity. Workload grievances for 4 shifts were investigated and resolved with staff.
Royal Perth	138.93	73,841	Includes 21.15% leave relief & includes FTE for Observation Ward.
Sir Charles Gardiner	135.88	73,117	The current profile was increased in April 2019. This was to manage the increased ED presentations; however the complexity, acuity and admission rate is not adequately reflected within the NHpPP formula. It also does not accurately capture the increased LOS and code black occurrences within the department.

Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from Health Service Providers (HSPs)
WA Country Health Service			
Albany	24.25	27,011	Nil.
Broome	16.96	24,079	
Bunbury	48.00	41,737	
Hedland	16.53	24,418	
Kalgoorlie	22.05	25,848	
Geraldton	31.97	31,090	

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Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001 at which time all Metropolitan HSPs, RRC, IDHS and SH/PHHC were consulted, to identify categories for clinical areas. Subsequently all inpatient wards and units were allocated a benchmark NHpPD category.

Reclassification of NHpPD category can occur where the complexity or relative proportions of ward activity or a relative number of deliveries to Occupied Bed Days change. Submission of a business case is required to have an area reclassified and the associated category changed. Governance for reclassification is through the State Workload Review Committee (SWRC).

Table 5 reflects new benchmarks and reclassifications that have been approved over the reporting period from July 2018 to June 2019. The Reclassification for Graylands workload restructure has not been put into place within the NHpPD HSS Tool at this stage, while the NMHS Mental Health Service plan the best way to translate this reporting structure.

Table 5. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Sir Charles Gairdner	G74 General Medical	B (6.0)	B+ (7.0)
Graylands	Acute Stream Care	-	A+ (9.8)
Graylands	Hospital Extended Care Stream (HECS)	-	A+ (7.26)
Albany Health Campus	Acute Psychiatric Unit	A&C (6.28)	HDU & A (8.93)
Royal Perth	5G - Acute Spinal & Orthopaedic Trauma	B (6.0)	B+ (6.60)
Royal Perth	5H - Neurosurgical	A (7.50)	A- (7.30)
Royal Perth	6G - General Surgery & Vascular	B (6.00)	A (7.50)
Royal Perth	6H - Plastics, Ear, Nose & Throat & Maxillofacial	B (6.00)	B+ (6.20)

Workforce Excellence

The *WA Health Nursing and Midwifery Strategic Priorities 2018-2021* were launched in April 2018 incorporating the strategic priorities of Workforce Excellence, Optimise Activity and Enhance Care Continuum.

Key achievements associated with the *WA Health Nursing and Midwifery Strategic Priorities 2018-2021*, can be found in the quarterly Achievement Reports available on the [Nursing and Midwifery Office website](#).

Appendix 1: Metropolitan Health Services

Child and Adolescent Health Service - Perth Children's Hospital

Table 6. Child and Adolescent Health Service (CAHS) – Perth Children's Hospital (PCH)

CAHS – PCH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward 1A - Onc & Haem	12.00	11.56	-0.44	-3.67
Ward 1B - Burns Ortho Plast	7.70	7.83	0.13	1.69
Ward 2A - Specialty Medical	7.50	7.84	0.34	4.58
Ward 2B - General Medical	8.30	8.78	0.48	5.77
Ward 3A - Paed Crit Care	23.76	35.08	11.32	47.66
Ward 3C - Same Day	6.00	27.70	21.70	361.61
Ward 4A - Adolescents	7.00	7.74	0.74	10.55
Ward 4B - Gen Surg ENT Ophth	7.50	9.76	2.26	30.13
Ward 5A - Mental Health	12.00	14.79	2.79	23.22

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East Metropolitan Health Service

Table 7: East Metropolitan Health Service (EMHS) – Armadale Hospital

EMHS - Armadale Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Anderton Ward (Palliative)	5.50	5.50	0.00	0.00
Banksia Ward (Older Aged Mental Health)	8.00	8.37	0.37	4.39
Campbell (Paediatrics)	6.00	12.90	6.90	53.49
Canning Ward (Medical)	6.00	5.82	-0.18	-3.14
Carl Streich - Rehab & Aged Care	5.00	5.08	0.08	1.54
Colyer (Surgical)	5.75	5.74	-0.01	-0.13
Intensive Care Unit	23.70	31.65	7.95	25.12
Karri Ward (Mental Health)	8.00	8.36	0.36	4.33
Maud Bellas Ward (Maternity)	6.00	6.54	0.54	8.23
Medical Admissions Unit	6.00	7.56	0.06	0.79
Same Day Unit	6.00	28.27	22.27	78.78
Special Care Nursery	6.00	12.92	6.92	53.58
Moodjar/Yorgum (Mental Health)	7.50	8.22	0.72	8.77

East Metropolitan Health Service

Table 8: EMHS – Bentley Hospital

EMHS - Bentley Hospital	NHppD - Reporting			
Ward	Target	YTD	Variance	% Variance
John Milne Centre	5.00	6.10	1.10	18.01%
2 (Maternity)	6.86	14.31	7.45	52.07%
3 (Medical/Surgical)	5.00	8.34	3.34	40.07%
4 (Aged Care/Rehab)	5.00	5.68	0.68	11.95%
5 (Stroke/Rehab)	5.75	5.67	-0.08	-1.47%
6 (Secure Unit)	11.20	11.55	0.35	3.00%
7 (Adult Acute)	6.00	6.93	0.93	13.47%
8 (Adult Acute)	6.00	7.15	1.15	16.12%
10A (includes 10B & 10C)	7.50	7.83	0.33	4.18%
Ward 11 – MH Youth Unit	12:00	18.20	6.20	34.08%

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East Metropolitan Health Service

Table 9: East Metropolitan Health Service (EMHS) – Royal Perth Hospital (RPH)

EMHS - RPH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Acute Medical Unit	6.83	7.20	0.37	5.14%
Coronary Care Unit	11.10	15.48	4.38	28.31%
Intensive Care Unit	26.67	31.46	4.79	15.23%
SMTU	10.00	10.60	0.60	5.69%
2K (Mental health)	6.00	6.29	0.29	4.65%
3H (Orthopaedics)	5.75	6.55	5.80	88.55%
4A (D023/47)	6.00	16.44	10.44	63.51%
5G (Spinal/Ortho Trauma)	6.60	6.50	0.50	7.72%
5H (Neurosurgical)	7.30	7.09	-0.21	-2.93%
6G (Gen Surg/Vascular)	7.50	7.13	-0.37	-5.21%
6H (ENT/Plastics/Maxfac)	6.20	6.43	0.23	3.50%
7A (DGM/Ortho/Geri)	5.75	5.85	0.10	1.74%
8A (Neurology/Gastro)	6.00	6.20	0.20	3.20%
9C (Resp/nephrology)	6.85	6.82	-0.03	-0.42%
10A General Medicine	6.00	6.62	0.62	9.41%
10C (Immunology)	6.00	7.18	1.18	16.42%

North Metropolitan Mental Health Service

Table 10: North Metropolitan Mental Health Service (NMMHS) - Graylands Hospital

NMMHS - Graylands	NHpPD - Reporting			
	Ward	Target	YTD	Variance
Dorrington (Acute open)	7.5	7.50	0.00	0.04
Ellis (Hospital extended care)	7.5	8.17	0.67	8.97
*Frankland	9.3	10.14	0.84	9.03
Montgomery (Acute secure)	8.66	9.72	1.06	12.18
Murchison East	5.0	5.98	0.98	19.63
Murchison West	7.5	7.53	0.03	0.42
Smith (Acute secure)	8.66	10.50	1.84	21.21
Susan Casson (Hospital extended care)	8.51	9.00	0.49	5.77
Yvonne Pinch (Acute secure)	15.00	18.15	3.15	20.99
Selby Acute	7.53	8.54	1.01	13.45
Osborne Park (Older adult MH)	7.8	9.46	1.66	21.22
SCGH MH Observation Area	12.75	13.25	0.50	3.90
** SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	10.54	10.78	0.24	2.28

* NHpPD data for Frankland Centre months July 2018-September 2018 did not retrieve in the NHpPD HSS Tool, therefore data provided by the NMMHS NHpPD database

** NHpPD data did not retrieve from the NHpPD HSS Tool as accurate, in comparison to NMMHS NHpPD Database, therefore they whole 12 months data from the NHpPD HSS Tool replaced. CNMO to investigate why data not retrieving correctly.

North Metropolitan Health Service

Table 11: NMHS – Sir Charles Gairdner Hospital (SCGH)

NMHS - SCGH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit (Med Specs)	14.16	14.51	-0.09	-0.65
C 16 (Acute Medical/Delirium)	6.00	6.28	0.27	4.58
C17 Gem (medical)	5.75	5.90	0.15	2.58
G41 (Med Specs/Cardiology)	6.50	8.00	1.50	23.01
*G45 HDU (Medical)	12.00	18.2	6.2	51.66
G51 (Medical speciality)	6.75	7.03	0.28	4.09
G52 (Neurosurgery)	9.51	8.88	-0.63	-6.64
G53 (Surgical /orthopaedics)	6.80	6.99	0.19	2.81
G54 (Resp Medicine)	7.50	7.78	0.28	3.78
G61 (Surgical)	7.50	7.73	0.23	3.07
G62 (Surgical)	7.50	7.67	0.17	2.30
G63 (Med Specs)	6.80	7.28	0.48	7.08
G64 (ENT/Plastics/Ophthalmology/Surgical)	7.50	7.95	0.45	5.97
G66 (surgical/Neurosurgery)	7.00	7.33	0.33	4.73
G71 (Medical)	6.50	7.72	1.22	18.71
G72 (MAU)	7.50	8.58	1.08	14.37
G73 (Med Specials)	6.00	6.04	0.04	0.61
G74 (Medical)	7.00	7.47	0.47	6.73
Intensive Care Unit (Medical)	31.60	28.10	-3.50	-11.07

* NHpPD HSS Tool failed to record data from Jan – Jun 2019 for Ward G45 (HDU), due to WebPAS configuration issue in the system. The Tool cannot recover occupancy data. Data from Jan-Jun 2019 obtained from NMHS NHpPD Manual Database. The NHpPD HSS Tool has been re-processed and is now retrieving data effectively.

North Metropolitan Health Service

Table 12: NMHS – Osborne Park Hospital (OPH)

NMHS - OPH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
Birth Suite/Maternity	8.97	10.61	1.64	18.27
3 Aged Care & Rehab	5.00	4.76	-0.24	-4.87
4 Rehab	5.75	5.55	-0.20	-3.48
5 GEM & Rehab	5.75	5.39	-0.36	-6.25
6 Surgical	5.75	6.76	1.01	17.62

Women and Newborn Health Service – King Edward Memorial Hospital

Table 13: Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital (KEMH)

WNHS - KEMH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
3 (Maternity)	6.75	7.75	1.00	14.85
4 (Maternity)	6.75	7.09	0.34	4.98
5 (Maternity)	6.75	7.57	0.82	12.11
6 (Gynae/Oncology)	7.50	8.47	0.97	12.99
Adult Special Care Unit	12.00	21.87	9.87	82.24
Mother Baby Unit	12.00	16.27	4.27	35.61

South Metropolitan Health Service

Table 14: South Metropolitan Health Service (SMHS) – Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting			
	Ward	Target	YTD	Variance
Coronary Care Unit	14.16	13.94	-0.22	-1.56
*Day Surgical Unit	4.37	3.64	-0.74	-16.82
Intensive Care Unit	28.42	29.03	0.61	2.14
3A (Pads Med/Surg)	6.00	8.27	2.27	37.90
3B (Neonatal medicine)	12.00	11.34	-0.66	-5.47
3C (Maternity)	6.00	8.84	2.84	47.39
4A (Orthopaedics)	6.00	6.34	0.34	5.68
4B (Burns)	11.91	10.50	-1.41	-11.85
4C (Cardio/Vascular surgery)	7.50	7.23	-0.27	-3.60
4D (Cardiology)	7.50	7.13	-0.37	-4.97
5A (AMU) & 5B (+HDU)	8.22	8.11	-0.11	-1.36
5C (Nephrology & Gen Med)	6.50	6.02	-0.48	-7.46
5D +Resp HDU	7.95	6.92	-1.03	-13.01
6A (NeuroSurg/ENT/Plast/MaxFac/Urol)	6.00	8.76	2.76	45.97
6B (Neuro/Rheum/Derm)	6.00	6.52	0.52	8.60
6C (General Medicine)	6.00	6.97	0.97	16.17
6D (Acute care of the elderly)	6.00	5.97	-0.03	-0.56
7A (Colorectal, upper GI, Gen Surg)	6.00	6.27	0.27	4.42
7B ASU	7.50	7.19	-0.31	-4.16
7C (Oncology)	6.00	6.71	0.71	11.79
7D + BMTU	6.61	6.46	-0.15	-2.33
MHU- Ward A (MH Adolescent)	12.00	12.41	0.41	3.39
MHU - Ward B (MH Assessment)	12.00	11.13	-0.87	-7.27
MHU – (Mother Baby Unit)	12.00	12.81	0.81	6.76

SMHS - FSH	NHppD - Reporting	SMHS - FSH	NHppD - Reporting	SMHS - FSH
Ward	Target	YTD	Variance	% Variance
SRC - Ward 1A (Spinal Unit)	12.00	7.62	0.12	1.56
SRC - Ward 2A (Multi-trauma Rehab)	7.50	5.62	-0.13	-2.28
SRC - Ward A (Neuro rehab)	5.75	5.53	-0.22	-3.88
SRC - Ward B (Acquired Brain Injury)	6.00	6.29	0.29	4.79

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Table 15: SMHS – Fremantle Hospital (FH)

SMHS - FH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
4.1 (MH)	11.20	11.01	-0.19	-1.70
4.2 (MH)	6.00	6.03	0.03	0.50
4.3 (MH)	6.00	6.49	0.49	8.15
5.1 (MH)	6.00	6.03	0.03	0.53
*B7N	5.75	5.45	-0.30	-5.22
B7S	5.75	5.64	-0.11	-1.84
B8N	7.50	6.91	-0.59	-7.88
B9N	5.75	5.45	-0.30	-5.29
B9S (General Medicine)	5.75	5.55	-0.20	-3.52
Restorative Unit	5.75	5.59	-0.16	-2.86

* B7N – HSP provided PULSE data for month of Jan 2019 as missing from the NHpPD HSS Tool, as ward closed as part of Summer Bed Plan strategy.

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Table 16: SMHS – Rockingham General Hospital (RGH)

SMHS - RGH		NHpPD - Reporting		
Ward	Target	YTD	Variance	% Variance
*Aged Care Rehab Unit	5.75	5.77	0.02	0.35
Intensive Care Unit	23.70	22.13	-1.58	-6.65
Medical Assessment Unit/ Short Stay Unit	6.00	7.70	1.70	28.40
Medical Ward	5.75	5.84	0.09	1.52
Mental Health Adult (open)	6.00	9.32	3.32	55.32
**Mental Health Adult HDU (closed)	11.81	14.52	14.42	2.61
*Multi Stay Surgical Unit	5.75	6.02	6.02	0.27
Neonatal Unit	6.00	8.17	2.17	36.17
Obstetric Unit	10.80	8.53	-2.27	-21.02
Older Adult MH	7.50	9.45	1.95	26.02
Older Adult MH (open)	6.00	9.46	3.46	57.61
Paediatrics Ward	6.00	11.73	5.73	95.47

* It was identified that exclusion codes were being entered into RoStar which inadvertently excluded the coordinator shift from being retrieved in the *NHpPD HSS Tool*. This code has now stopped being used.

PULSE data has been utilised for the below areas as it would be too labour intensive to retrospectively edit rosters as far back as 12 months:

- Aged Care Rehab Unit
- Multi Stay Surgical Unit

** Data extracted from NHpPD HSS Tool still not correct and issue could not be isolated in time to correct for Annual Report. Data issue still ongoing and for solution by next report. PULSE data utilised.

Appendix 2: WACHS regional reporting of Regional Resource Centres

Table 17: Western Australia Country Health Service (WACHS) – Goldfields region

Kalgoorlie Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5.00	11.47	6.47	129.38
Dialysis Unit	2.18	2.40	0.22	10.09
High Dependency Unit	12.00	18.60	6.60	55.01
Maternity Unit and Special Care Nursery	10.28	10.38	0.10	0.96
Medical Ward	5.75	6.62	0.87	15.07
Mental Health Unit	7.71	13.38	5.67	73.55
Surgical Unit	5.75	6.20	0.45	7.87

Table 18: WACHS - Great Southern region

Albany Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Dialysis Unit	2.18	2.80	0.62	28.36
High Dependency Unit	12.00	15.20	3.20	26.70
Maternity	9.95	13.19	3.24	32.52
Medical/Paediatric/Surgical	5.50	6.02	0.52	9.38
Mental Health Inpatients	8.93	9.12	0.19	2.13
Subacute	5.00	5.17	0.17	3.30
Surgical	5.75	6.58	0.83	14.43

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Table 19: WACHS – Kimberley region

Broome Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
General Ward/Maternity/ HDU/Paediatrics	6.33	6.84	0.51	8.10
Psychiatric Ward	10.38	9.73	-0.65	-6.27

Table 20: WACHS - Mid-West region

Geraldton Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
General Ward	5.75	7.43	1.68	29.19
High Dependency Unit	12.00	16.24	4.24	35.31
Maternity Unit	8.55	9.93	1.38	16.41
Renal Dialysis Unit	2.18	2.37	0.19	8.83

Table 21: WACHS – Pilbara region

Hedland Health Campus	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Paediatric Ward	5.00	12.71	7.71	154.13
Dialysis Unit	2.18	2.04	-0.14	-6.38
Vickers Ward: High Dependency Unit (HDU), Medical, Surgical	6.37	6.15	-0.22	-3.39
Maternity Unit and Special Care Nursery	6.43	7.89	1.40	21.71

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Table 22: WACHS – Southwest region

Bunbury Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
*High Dependency Unit	12.00	12.00	14.22	2.22
Maternity Ward	10.22	9.73	-0.49	-4.78
Medical	5.75	6.09	0.34	5.88
Mental Health	6.16	6.28	0.12	2.00
Paediatrics	6.00	6.59	0.37	6.15
Psych Intensive Care Unit	12.00	13.82	1.82	15.18
Surgical	5.75	5.90	0.15	2.52

* Data provided for Bunbury HDU reported only from July – December 2018. The HDU service was combined with ICU in January 2019, and NHpPD data is not reported on in this area.

Appendix 3: WACHS regional reporting of Intergraded District Health Services

Table 23: WACHS – Goldfields region

Goldfields	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Esperance inpatients	4.88	5.83	0.95	19.43

Table 24: WACHS – Great Southern region

Great Southern	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
*Denmark	4.56	5.21	1.09	26.44
Katanning inpatients	4.94	7.24	2.3	46.52
*Plantagenet (Mt Barker)	4.68	8.07	3.39	72.36

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 25: WACHS – Kimberley region

Kimberley	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Derby inpatients	5.34	5.96	0.62	11.53
*Fitzroy inpatients	5.27	5.63	0.36	6.78
*Halls Creek inpatients	5.24	7.55	2.31	44.05
Kununurra inpatients	5.32	6.19	0.89	16.34

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 26: WACHS - Mid-West region

Mid-West	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Carnarvon inpatients	5.20	7.02	1.82	35.05

Table 27: WACHS – Pilbara region

Pilbara	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Newman inpatients	5.00	7.38	2.38	47.58
Nickol Bay inpatients	5.80	8.23	2.43	41.87

Table 28: WACHS – Southwest region

Southwest	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Busselton inpatients	5.26	5.68	0.42	7.91
Collie inpatients	4.72	4.67	-0.05	-1.09
*Harvey inpatients	4.54	4.92	0.38	8.39
Margaret River inpatients	4.72	5.00	0.28	5.84
Warren inpatients	4.71	5.41	0.70	14.83

* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 29: WACHS – Wheatbelt region

Southwest	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Merredin inpatients	4.23	12.08	7.85	185.64
Moora inpatients	4.3	2.59	-1.71	-39.73
Narrogin inpatients	5.16	5.11	-0.05	-0.97
Northam inpatients	4.73	5.42	0.69	14.59

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Appendix 4: WACHS regional reporting of Small Hospitals /Primary Health Care Centres 2.2.2 sites

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Goldfields				
Laverton	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Leonora	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Norseman	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Great Southern				
Gnowangerup	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Kojonup	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Ravensthorpe	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers • Roster shortage/unplanned leave 	All clinical events covered	Nil unresolved reported
Kimberley				
Wyndham	Multiple events	<ul style="list-style-type: none"> • Acuity • Transports/escorts/RFDS transfers 	All clinical events covered	Nil unresolved reported
Mid-West				
Dongara	Multiple events	<ul style="list-style-type: none"> • Acuity 	All clinical events covered	Nil unresolved reported
Exmouth	Multiple events	<ul style="list-style-type: none"> • Acuity 	All clinical events covered	Nil unresolved reported
Kalbarri	Multiple events	<ul style="list-style-type: none"> • Acuity 	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Mid-West (continued)				
Meekatharra	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Morawa	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
North Midlands	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Mullewa	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Northampton	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Pilbara				
Onslow	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Roebourne	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Paraburdoo	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Tom Price	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
South West				
Augusta	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Boyup Brook	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Bridgetown	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Donnybrook	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Nannup	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Pemberton	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Wheatbelt				
Beverley	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported

Hospital	Additional staff required	Reason	Additional staff supplied	Workload grievance
Boddington	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Bruce Rock	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Corrigin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Dalwallinu	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Dumbleyung	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Goomalling	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Kellerberrin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Kondinin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Kununoppin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Lake Grace	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Narembeen	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Quairading	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Southern Cross	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Wagin	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Wongan	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
Wyalkatchem	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported
York	Multiple events	• Acuity	All clinical events covered	Nil unresolved reported

Appendix 5: Formal Variance Reports

Hospital: Moora		Ward: General	
Target NHpPD: 4.30	Reported NHpPD Ave YTD: 2.59	Variance: -1.71	% Variance : -39.73
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Patient Care Assistants (PCA) are rostered in addition to nursing staff on every shift. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The rostering of PCA has been practiced at Moora for many years. The staffing mix meets clinical needs of the hospital 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The hospital is staffed according to clinical needs. • A clinical assessment is made on each shift by the Nurse Manager with additional staff being rostered where required. 		

Hospital: Rockingham General		Ward: Obstetric Unit	
Target NHpPD: 10.80	Reported NHpPD Ave YTD: 8.53	Variance: -2.27	% Variance : -21.02
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> NHpPD HSS Tool & Tableau reporting inaccurate as <i>unqualified</i> neonates were being captured in the data and counted as patients since the migration onto WEBPAS. Use of Staff development midwife (SDM), Clinical Midwifery specialist (CMS) and Maternity Unit Manager(MUM) to backfill the shortages not being captured in ROSTAR 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Corrections to data captured underway in Tableau Use of non-clinical staff in NHpPD when activity peaks not captured. ROSTAR clerks, SDM , CMS and MUM reminded to enter on daily sheets time worked clinically. Recruitment underway (Pool open) 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Reclassification of NHpPD work underway. 		

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Hospital: Fiona Stanley		Ward: Day Surgical Unit	
Target NHpPD: 4.37	Reported NHpPD Ave YTD: 3.64	Variance: -0.74	% Variance: -16.82
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • DSU is part of the Short Stay Unit and is not a traditional Day Surgery Unit. • It includes DOSA, Holding Bay and Discharge/Holding Lounge and does not report current NHpPD. • Short Stay currently staff safely with zero workload grievances reported in this area • FSH acknowledges the NHpPD HSS Tool anomaly and endeavour to explore a better form of reporting in this area. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As above. • Variance is not a true reflection on staffing profile within DSU/DOSA/Holding Bay/Discharge Lounge 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As above • Propose to remove “DSU” from this report and replace with Short Stay more accurate reflection of NHpPD. 		

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Hospital: Fiona Stanley		Ward: 5D + Resp HDU	
Target NHpPD: 7.95	Reported NHpPD Ave YTD: 6.92	Variance: -1.03	% Variance : -13.01
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • General NHpPD incorporates a winter and summer allocation to match seasonal respiratory demand. • NHpPD are managed with a flex dependant on the number of HDU vs Cat B beds in use - HDU beds are 3 as standard, not 6 as suggested in NHpPD allocation. • Additional staffing requirements are assessed on a shift by shift basis, managed by the NUM & Shift Coordinator. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Shifts are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Current seasoned changes to the bed allocation and patient demand is the most appropriate way to manage demand and achieve appropriate skill mix. 		

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Hospital: Fiona Stanley		Ward: 4B (Burns)	
Target NHpPD: 11.91	Reported NHpPD Ave YTD: 10.50	Target NHpPD: 11.91	Reported NHpPD: 10.50
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • There is fluctuation of admissions and acuity, therefore the nursing hours are adjusted to meet patients' needs and provide safe care. • Variance is influenced by outreach dressings to ICU with staff absent from NHpPD for that period. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The model of care meets the patient and staff needs of the unit that do not adversely affect workload. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • This NHpPD variance is not connected to safe workload but model of care within a diverse State Burns Unit • Nil reported ANF workload issues 		

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Hospital: Sir Charles Gairdner		Ward: Intensive Care Unit (Medical)	
Target NHpPD: 31.6	Reported NHpPD Ave YTD: 28.10	Variance: -3.50	% Variance: -11.07
<p>Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The workload of ICU is constantly reviewed and monitored. The patient population in this ICU often has at least 2 to 4 instances whereby those patients do not require 1:1 nursing as they only require HDU level of care. • At times when agency or casual staff are not available other clinical support staff such as SDN may take a patient load. • The flexibility of beds is monitored daily and in combination with general HDU needs. 		
<p>Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Sourcing appropriately skilled clinical staff from other areas. • Use of appropriately trained casual and agency staff. • Improve planning of patient flow between ICU & general HDU. • Robust management of any FTE shortfall and recruiting appropriate skilled staff. • Consider recruiting extra staff for known busy winter period in the future. 		
<p>Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Implementing a combined ICU and general HDU NHpPD approach. • Identification of opportunities for upskilling of general HDU staff to manage the care of ICU patients to increase the staffing pool. • Conducting upskilling course for Registered Nurses transitioning into ICU (previously successful). 		

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Appendix 6: Wards reporting less than 10% below target

(Information within the following table is presented from highest % variance to lowest)

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fremantle	B8N	7.5	6.91	-0.59	-7.88	There is fluctuation of admissions and acuity, therefore the nursing hours are adjusted to meet patients' needs and provide safe care.
Fiona Stanley	5C (Nephrology & Gen Med)	6.5	6.02	-0.48	-7.46	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. Within 10% variation.
Fiona Stanley	MHU - Ward B (MH Assessment)	12	11.13	-0.87	-7.27	Staffing levels reviewed and adjusted shift by shift to meet ward activity and occupancy. Due to unplanned leave has resulted in shifts not being covered and a Senior Nurse provides support during these times. On other occasions the ward acuity and demand is lower and, staffing levels are adjusted accordingly.
Rockingham	Intensive Care Unit	23.7	22.13	-1.58	-6.65	Mixed model of care with ICU and HDU – NHpPD 23.7 and the ANZICS ratio which ICU adhere to – ICU 1:1 with HDU 1:2 staffing ratios. Activity fluctuates therefore staffing numbers are dependent on the acuity of the patient required, more HDU admissions results in lower number of staff required. Periods of high acuity, occupancy and sickness, utilisation of the SDN and NUM to supplement staffing numbers if able to secure required staffing numbers that are not captured in the NHpPD as both positions are rostered non clinical.
Sir Charles Gairdner	G52 (Neurosurgery)	9.51	8.88	-0.63	-6.64	Ward swing - high dependency beds often not required, therefore not staffed as such. Staffing as per patient acuity.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Hedland Health Campus	Dialysis Unit	2.18	2.04	-0.14	-6.38	Unplanned leave not covered, no staff available to fill shift deficits. Supernumerary/portfolio days allocated to staff not backfilled.
Broome Regional	Psychiatric Ward	10.38	9.73	-0.65	-6.27	Specialised area which is difficult to recruit in the Kimberley. Attempting to recruit from an external source which is an ongoing process. Additional Aboriginal Health Workers employed to support nursing staff in providing culturally appropriate care for patients.
Osborne Park	5 GEM & Rehab	5.75	5.39	-0.36	-6.25	Sick leave replaced by shorter shifts. Occasionally unable to fill all shifts.
Fiona Stanley	3B (Neonatal medicine)	12	11.34	-0.66	-5.47	There is fluctuation of admissions and acuity, therefore the nursing hours are adjusted to meet patients' needs and provide safe care.
Fremantle	B9N	5.75	5.45	-0.3	-5.29	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Fremantle	B7N	5.75	5.45	-0.3	-5.22	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Royal Perth	6G (Gen Surg/Vascular)	7.5	7.13	-0.37	-5.21	Ward is still working towards updated NHpPD recruitment target.
Fiona Stanley	4D (Cardiology)	7.5	7.13	-0.37	-4.97	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. Within 10% variation.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Osborne Park	3 Aged Care & Rehab	5	4.76	-0.24	-4.87	Sick leave replaced by shorter shifts. Occasionally unable to fill all shifts.
Bunbury Regional	Maternity Ward	10.22	9.73	-0.49	-4.78	Ward assessed shift by shift ensuring safety for patients and staff. A 5% increase in activity from last financial year. Unplanned leave, ongoing recruitment to fill vacancies. Clinical Midwifery Specialist and Midwifery Unit Manager are utilised to provide direct patient care.
Fiona Stanley	7B ASU	7.5	7.19	-0.31	-4.16	Acute admitting unit based on % of emergency admissions.
Fiona Stanley	SRC - Ward A (Neuro rehab)	5.75	5.53	-0.22	-3.88	Staffing profile adjusted day by day to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite shift by shift tracking to specific patient needs and other measures to provide balanced nursing resource.
Perth Children's	Ward 1A - Onc & Haem	12	11.56	-0.44	-3.67	2018 saw a significant increase in new diagnosis that have impacted on activity of both the inpatient ward, and in 2019, the day treatment unit. The ward supports the activity of the day treatment unit through allocation of staff. Additional contracts were supported in 2018 and these have been extended in 2019 pending permanent recruitment before the end of the year. Percentage variance has decreased from 7.11% reported in January 2019 to 3.67% reported in July 2019.
Fiona Stanley	4C (Cardio/Vascular surgery)	7.5	7.23	-0.27	-3.60	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. Within 10% variation.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fremantle	B9S (General Medicine)	5.75	5.55	-0.2	-3.52	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Osborne Park	4 Rehab	5.75	5.55	-0.2	-3.48	Sick leave replaced by shorter shifts. Occasionally unable to fill all shifts.
Hedland Health Campus	Vickers Ward: High Dependency Unit (HDU), Medical, Surgical	6.37	6.15	-0.22	-3.39	Under target but within expected ebbs and flow of occupancy throughout the year. Introduction of 6 hour shifts for casuals, ability to flex up and down with bed occupancy and high acuity.
Armadale	Canning Ward (Medical)	6	5.82	-0.18	-3.14	There has been an inability to back fill short term personal leave on a consistent basis. Recruitment in process to increase permanent FTE that has been delayed and slowed by the CI23
Royal Perth	5H (Neurosurgical)	7.3	7.09	-0.21	-2.93	Reduction in overall occupancy. Ongoing monitoring and adjustment of staff profile.
Fremantle	Restorative Unit	5.75	5.59	-0.16	-2.86	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Fiona Stanley	7D + BMTU	6.61	6.46	-0.15	-2.33	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. Within 10% variation.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehab)	7.5	5.62	-0.13	-2.28	Staffing profile adjusted day by day to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite shift by shift tracking to specific patient needs and other measures to provide balanced nursing resource.
Fremantle	B7S	5.75	5.64	-0.11	-1.84	Patient needs are assessed on a shift by shift basis. Regular monitoring of NHpPD undertaken. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff
Fremantle	4.1 (MH)	11.2	11.01	-0.19	-1.70	Reduced staffing on weekends due to reduced activity within the ward i.e. no ward rounds, no escorts. Shorter shifts on a weekend 6/7hr depending on ward acuity
Fiona Stanley	Coronary Care Unit	14.16	13.94	-0.22	-1.56	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6 hour shift allocation. Within 10% variation.
Bentley	Ward 5	5.75	5.67	-0.08	-1.47	Increased occupancy - particularly over the summer period
Fiona Stanley	5A (AMU) & 5B (+HDU)	8.22	8.11	-0.11	-1.36	Staffing profile adjusted to meet activity requirements i.e. patient acuity for high dependency profile.
Collie	Collie inpatients	4.72	4.67	-0.05	-1.09	Large amount of unplanned sick leave. Delay in recruitment process, recruitment ongoing.
Narrogin	Narrogin inpatients	5.16	5.11	-0.05	-0.97	Ward assessed on a shift by shift basis to ensure staffing requirements meets service needs and acuity of patient mix.
Sir Charles Gairdner	Coronary Care Unit (Med Specs)	14.16	14.51	-0.09	-0.65	Sick leave replaced by shorter shifts.

Directorate	Ward	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	6D (Acute care of the elderly)	6	5.97	-0.03	-0.56	Patient needs are assessed on a shift by shift basis. Regular review of NHpPD and staffing increased to meet acuity. Additional staff would be deployed on a shift by shift basis predominantly filled with casual staff.
Royal Perth	9C (Resp/ Nephrology)	6.85	6.82	-0.03	-0.42	Negligible figure to make a meaningful assessment
Armadale	Colyer (Surgical)	5.75	5.74	-0.01	-0.13	Negligible figure to make a meaningful assessment

FINAL NHpPD Annual Report

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