

Queensland Health BPF, Notional Ratios and TrendCare

Frequently Asked Question:

Queensland Health has a policy to post notional ratios. Does this replace TrendCare?

This is a question that is raised from time to time, and is the result of a misapprehension that TrendCare, the Business Planning Framework (BPF) and notional ratios are at cross purposes.

This is not the case. The Queensland Health Nursing Workload Management Policy (HR Policy B5) specifically provides for the use of a Patient Nurse Dependency System, such as TrendCare, to define notional ratios and to evidence changing patient acuity and nursing staff requirements, with this information being made available to staff within the department.

The policy requires that notional nurse:patient ratios are calculated from the negotiated nursing hours per patient day (NHPPD) for each ward. The policy states that the “required nurse:patient ratio may vary on an hour to hour basis and requires consideration of patient acuteness and staff skill mix.” It also requires that various strategies are employed to balance supply of nursing hours to service demand. These are all central tenets of the acuity system in TrendCare – measurement of patient acuity, calculation of required nursing hours, calculation of demand (acuity) versus supply (nursing time available to provide clinical care) and taking a hospital-wide view of staffing issues to achieve balance between nursing supply and patient demand across all departments.

Direction is made in the policy, to also consider clinical skill mix when making staffing decisions. TrendCare has the ability to define a planned or budgeted clinical skill mix profile, and display variance to the defined profile on a shift-by-shift basis as well. There are also a number of reports and graphs which assist in the identification of clinical skill mix within a ward and hospital.

The policy directly allows for the utilisation of acuity systems such as TrendCare: “...nursing hours required versus supplied on any shift may be identified by an agreed Patient Dependency System and Staffing Methodology Policy providing that the information is available to nurses within the unit concerned.” This information from TrendCare is achieved through completion of patient acuity ratings and reviewing the variance data in Allocate Staff.

Furthermore, recording of patient acuity and worked hours data allows for the identification of trends in acuity, with the very powerful ability to develop rostering patterns around these trends through the Roster Reengineering report. Through the use of the Staffing Areas in Allocate Staff, it is also possible to identify the scope of service that an individual ward provides, allowing the organisation to budget for the scope of service, or to reengineer the scope of service to return more nursing hours to patient care.

Another important issue to consider is the number of patients on each shift, rather than the number of occupied beds by midnight census. Over the last 10 years, there has been a significant trend in healthcare to decrease the length of stay, which consequently increases patient throughput, patient acuity and the demand for nursing hours. Midnight census measures were initially implemented to

measure over-night stays for billing purposes , but have been retained generally as the standard method of measuring patient activity. This effectively caps the possible occupancy at 100% of available beds, whereas, high patient turnover may require 30% of beds to be utilized by more than one patient. Each of these patients causes a demand on nursing hours. These additional patients requiring care on the morning and day shifts will be missed in the midnight census count. TrendCare uses a Bed Utilisation method which counts all patients cared for within the ward on each shift, adjusts this value to patient days (number of patient shifts/number of shifts) and provides a more accurate measure of the nursing hours required and the nursing hours provided based on each patient shift, not just based on the patients remaining in a bed at midnight.

For specialties with very high turnover, such as Maternity and Urology/Gynaecology, the effect of turnover on the workload can be greater than 30%. Bed Utilisation does not cap the activity at 100%, as there are generally more patients than beds on average throughout the day. This phenomenon may be “hidden” unless there is some system of collecting and displaying this data to explain the effect of high turnover on the nursing workload in a ward

The TrendCare acuity system, rather than being at odds with or extraneous to the BPF and notional ratios, is a very valuable tool when used to provide valid evidence of trends in patient acuity, department activity, clinical skill mix and scope of services .These trends are essential considerations when making the resource planning decisions required by the BPF. Notional ratios are then calculated from this plan. Using TrendCare to provide evidence of changes in acuity and clinical skill mix for each shift, nurses are able to identify changes to the required hours to meet the direction of the policy to balance supply (nursing hours) with demand (patient acuity).

Please contact Trend Care Systems support staff on 07 3390 5399 or email support@trendcare.com.au for further information regarding the use of Trendcare data to establish Notional Ratios and to assist with the development of the BPF requirements.

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