

The next instalment of Gold Standards for Staffing Allocation Module



- Clinical and non-clinical hours are split up into specific staffing areas and represented accurately
- Overtime, TOIL and on call hours are tracked for all clinical and non clinical staff
- After hours managers use Work Management reports to manage staffing
- Communication about staffing via Shift Notes between team leaders/NUM/AH Managers
- NUMs/AH Managers/ADONs/DONs generate and analyse Ward/Business unit/Hospital reports at regular management meetings - Work management and Efficiency Reports and Graphs for Overtime, Sick Leave, Deployment, Productive and Non Productive Hours, Shift Variances, Acuity HPPD, Specialising, Cost Centre etc
- Reports used in management meetings – (Hospital Variance Summary Report, Shift Notes, Ward Acuity Variance Report and Bed Availability Report).

HANDY HINTS

Always keep your eye on TrendCare



Nurse user - Start of shift
- Predict and update diets /notes. Notify team leader of changes in activities. End of shift actualise patients and advise changes in staffing areas.

Team Leader – Start of shift - Check allocate staff, workloads , meal breaks,

correct patient types and patient bed allocation. End of shift - Check actualising, adjust allocate staff, add shift notes and patient notes, allocate workloads for oncoming shift & generate handover list.

NUM/ANUM -Start of shift - check allocate staff/workloads/meal breaks and inpatient beds and patient types are correct and ward shift notes from previous shifts. **Mid morning** - click get roster/check vari-

ances, adjust staff and ward shift notes. **End of shift** - check allocate staff workloads / meal allocations are correct for subsequent shifts, adjust shift notes, inpatient screen is correct, actualisations complete.

FREQUENTLY ASKED QUESTIONS

Can you please advise me why there is no separate indicator for invasive pressure monitoring using an arterial line in the Coronary Care patient type?

It is common for nurses to want to click an indicator for everything they do – particularly if it is a less common task. It is not necessary to have an indicator for all of the cares a patient requires. There is no time related to the indicators themselves as the time is allocated to the category assigned to the patient when categorised. Again, this time is the average time required to care for all patients assigned to that category for that patient type. Some patients will require more time, and others will require less, but on average, the time required to care for all of these patients divided by the number of patients assigned to this category should approximate the category timing.

The vital question to ask when the patient is accurately categorised on the appropriate patient type is, “Does the category timing provided by TrendCare approximate the time required to actually care for the patient on that shift?” If the answer to this question is no, then we need to look at Inter-rater reliability, ensuring all staff know how to accurately categorise patients, and, if it becomes evident that there is a problem, we will need to get involved to identify the care required, ensure that application of the acuity tool is correct and eventually, to consider whether there are any changes required to the Patient Type.

In comparison to general patient types, Coronary Care has a much higher baseline, indicating that coronary care patients have more complex and more time consuming care requirements.

Where in the world is TC?



Where can you see us next?

Duty and Clinical Nurse Managers Conference.

1st - 2nd November 2012. Wai-kato Hospital - New Zealand.

TrendCare is a major sponsor of this conference.

HINZ Conference & Exhibition (Rotorua - NZ) 7th - 9th November, 2012