



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

# Nursing Hours per Patient Day (NHpPD)

## Annual Report

**Nursing and Midwifery Office**

**1 July 2016 – 30 June 2017**

## Document History

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1.0	30 August 2017	Regina Browne	First Draft
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5.0	8 November 2017	Jo Reid	Final Report

## Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system and should be applied in association with clinical judgement and clinical need. Each financial year two reports are produced by the Nursing Midwifery Office in collaboration with Health Service Providers. The NHpPD Interim Report, for the period 1 July 2016 to 31 December 2016 and the NHpPD Annual Report for the period 1 July 2016 to 30 June 2017.

Significant reform within Western Australia (WA) Department of Health has occurred over the annual reporting period 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 and the WA Health Strategic Intent. 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 and include the Emergency Departments and Geraldton Regional Resource Centre (RRC). Confirmation has however been received by all Executive Directors of Nursing and Midwifery that no formal grievances have been lodged by nurses or midwives, in these areas for the reporting period. Health Service Providers have advised that correspondence regarding workloads has been received from Unions. Issues identified have been resolved through investigation and exploration of the context. Ongoing reform and transformation continues across the WA health system and as such some areas will have changed functionality and therefore caution is advised in comparing NHpPD data with previous reports.

Data is reflective of both the Metropolitan Health Service Providers and WA Country Health Service including Small Hospital and Primary HealthCare Centres. The body of the report includes specific commentary associated with Princess Margaret Hospital, the Emergency Departments and benchmark and reclassification. The Appendices provide data for all areas as well as variance reports were 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

The 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. This is consistent with the Western Australian (WA) Department of Health, continued application of NHpPD principles as required and in accordance with the WA Health – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement and the WA Health United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement.

Reform within WA Department of Health is ongoing, and this annual NHpPD report requires attention in regards to the implementation of the Health Services Act 2016 (HS Act), which 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 Health Service Providers (HSPs) are established as statutory authorities, responsible and accountable for the provision of health services to their area.

The NHpPD Interim Report 1 July 2016 to 31 December 2016, acknowledged the WA Health Reform Program 2015-2020 and how critical enablers identified in the WA Health Strategic Intent had presented challenges in terms of reporting NHpPD across the WA health system. Challenges highlighted include alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool; all of which require consideration when interpreting and analysing NHpPD data in the annual report.

Every attempt has been made to report on all areas, however similar to the Interim Report, a number of areas will be unreported. The Nursing and Midwifery Office (NMO) are working with front line leaders and have established working groups to address and rectify the reporting challenges within those areas that are unreported.

## Nursing Hours per Patient Day (NHpPD) 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 by the Department 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.

All NHpPD data within the report is 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. The tool has undertaken a number of enhancements over the past twelve months, aligned to the many reforms that have occurred. The most significant in terms of central reporting is the transition of WA Country Health Service (WACHS) sites to the WebPAS patient administration system. The NMO will continue to work with HSS and HSPs to ensure that central reporting of NHpPD accurately reflects the nursing and midwifery workforce across the WA health system.

The report represents an overview of all wards in both Metropolitan HSPs and Regional Resource Centres (RRC). 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. Variance reports are included in Appendix 2.

Table 1 provides NHpPD data for the Metropolitan HSPs and RRC 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 and is available in Appendix 3, all the other area specific data is provided in Appendix 1.

**Table 1: NHpPD data across Metropolitan HSPs and Regional RRC**

Reporting period 1 July 2016 – 30 June 2017			
NHpPD reporting	Number of Wards (also represented as total %)		Total number of wards for Metropolitan HSPs and RRC (also represented as total %)
	Metropolitan HSPs	RRC	
Above 10%	73	15	88 (53%)
Above 5 – 10%	26	3	29 (17%)
Above 0 – 5%	18	5	23 (14%)
Below 0 – 5%	16	1	17 (10%)
Below 5 -10%	4	0	4 (2%)
Below 10% or more	3	3	6 (4%)
Total Wards	140	27	167

## Metropolitan Health Service Provider Data

Data for the Metropolitan HSP hospitals that have reported 10% or more below their allocated NHpPD target are outlined in Table 2. All table represent the directorate, ward, NHpPD target, Year to Date (YTD) data, the variance both in figures and as a percentage. The variance reports for these inpatient areas are reflected in Appendix 2.

**Table 2: Metropolitan HSP inpatient wards that are 10% or more below NHpPD targets**

Nursing Hours per Patient Day Reporting					
Directorate	Ward	Target	YTD	Variance	% Variance
Bentley Hospital	Ward 5	C (5.75)	4.91	-0.84	-14.67
*Fiona Stanley Hospital (FSH)	Coronary Care Unit (CCU)	14.16	6.02	-8.14	-57.47
Princess Margaret Hospital	3B/HDU	12	10.65	-1.35	-11.21

*\*CCU data is not reflective of the actual NHpPD. The reporting period reports above NHpPD but Rostar data for the Month of November 2016 and February 2017 is inaccurate, and as such this is being explored. No variance report is included in Appendix 2 and no Grievances have been lodged in the reporting period.*

## Child and Adolescent Health Service (CAHS) - Princess Margaret Hospital (PMH)

PMH data within the Interim Report was excluded. Data challenges continue in regards to central reporting for NHpPD, so for the annual report data has been sourced directly from PMH. Table 3 provides PMH data by area with further commentary on variance within Appendix 2.

**Table 3: CAHS – PMH**

Nursing Hours per Patient Day				
Ward	Target	YTD	Variance	% Variance
3B/HDU	12	10.65	-1.35	-11.21
5A	7.5	7.6	0.1	1.36
5C	7.7	7.56	-0.14	-1.76
6D PICU	31.6	35.06	3.46	10.94
7Teen	7	9.68	2.68	38.28
8A	7.5	8.35	0.85	11.33
9A	8.3	8.06	-0.24	-2.88

## WA Country Health Services (WACHS)

WACHS facilities are delineated of three types: RRC, Integrated District Health Services (IDHS) and Small Hospitals/Primary Health Care Centres (SH/PHCC)

## Regional Resource Centres (RRC) Data

RRC include Albany, Broome, Bunbury, Hedland Health Campus, Kalgoorlie and Geraldton Hospital. WACHS patient administration system has transitioned from HCare to WebPAS, which has provided central reporting challenges and therefore data for Geraldton Hospital has been excluded pending a review by front line leaders. Confirmation has been received from the WACHS Executive Director of Nursing and Midwifery that no grievances have been lodged in this time period. Table 4 outlines those RRC that are 10% or more below their NHpPD target with the associated variance reports available within Appendix 2. All other NHpPD data for RRC is available in Appendix 1.

**Table 4: RRC that are 10% or more below NHpPD target**

Nursing Hours per Patient Day Reporting					
Directorate	Ward	Category	YTD	Variance	% Variance
Broome Regional Hospital	Acute Psychiatric Unit	A+ (10.38)	7.99	-2.39	-23.00
Hedland Health Campus	Satellite Dialysis Unit	2.18	1.93	-0.22	-11.51
Kalgoorlie Regional Hospital	Maternity and Special Care Nursery (SCN)	D+Del+SCN (10.28)	8.53	-1.75	-17.07

## Small Hospitals/Primary Health Care Centres

Small Hospitals and Primary Health Care Centres (SH/PHHC) with 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/PHHC during the reporting period as confirmed by the WACHS Executive Director of Nursing and Midwifery.

## Emergency Departments WA Health

Emergency Department Data Collection (EDDC) is a state-wide data repository of emergency department activity in WA public hospitals and public emergency department (ED) activity from private hospitals under contract with the WA Government. The EDDC repository is managed by the EDDC Unit of the Data Collections Directorate, Information Data & Standards, Purchasing and System Performance Division of the Department of Health, WA.

In preparing for the annual report variances within ED reporting at a system and HSP level has been identified, and therefore data for ED in this annual report has been excluded. The NMO have taken a lead role in exploring the variances in collaboration with front line leaders within the HSPs. One of the strategies to mitigate this for future reports is to provide ED data centrally from the EDDC which will ensure a consistent data set aligned to the agreed methodology for ED NHpPD.

In preparing this report, all Executive Director of Nursing and Midwifery have confirmed no formal grievances have been made associated with workloads within the ED (Metropolitan HSPs and RRC).

## Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001 at which time all MHS, RRC, IDHS and SH/PHHC were consulted, to identify categories for clinical areas. Subsequently, all inpatient ward 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 annual reporting period from July 2016 to June 2017.

**Table 5: Areas that have applied for a benchmark or reclassification**

Hospital	Ward	Previous NHpPD classification	Revised NHpPD classification
Bentley Hospital	John Milne Centre	N/A	D (5.0)
Bentley Hospital	Ward 10 A,B,C	B+ (6.5)	A (7.5)
*Grayland Hospital	Frankland Centre (Now combined as one unit)	Acacia – A+ (11.81) Banksia – B+ (6.49) Caesia – B+ (6.49)	A+ (9.3)
Osborne Park Hospital	Ward 5	5.33	C (5.75)
Sir Charles Gairdner Hospital	Ward G53	B+ (6.5)	B+ (6.8)
Sir Charles Gairdner Hospital	Mental Health Observation Area (MHOA)	A+ (9.9)	A+ (12.72)

*\*Note previous annual and interim reports have incorrectly reported 10 NHpPD for Banksia and Caesia. Both areas have always reported against 6.49 NHpPD which has been verified by the hospital site and through the reclassification request which was submitted and approved in February 2017.*

## Appendices

### Appendix 1: Metropolitan and Regional Health Service Providers

#### North Metropolitan Health Mental Health Service (NMMHS)

**Table 6: NMMHS- Graylands Hospital (GH)**

NMMHS - Graylands	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Dorrington (Acute open)	7.50	8.17	0.67	8.94
Ellis (Hospital extended care)	7.50	8.15	0.65	8.61
Frankland	9.30	8.83	-0.47	-5.09
Hutchison (SFMH Rehabilitation)	4.56	12.49	7.93	173.79
Montgomery (Acute secure)	8.66	10.29	1.63	18.87
Murchison East	5.00	6.12	1.12	22.35
Murchison West	7.50	8.24	0.74	9.83
Osborne Lodge	5.75	7.30	1.55	27.00
SCGH MH Observation Area	12.75	18.91	6.16	48.33
SCGH Mental Health Unit	10.54	10.46	-0.08	-0.75
Selby Lodge (OAMHS)	6.41	7.51	1.10	17.12
Selby PICU	8.15	8.63	0.48	5.85
Smith (Acute secure)	8.66	14.37	5.71	65.89
Susan Casson (Hospital extended care)	8.51	10.68	2.17	25.53
Yvonne PINCH (Acute Secure)	15.00	49.32	34.32	228.81

**North Metropolitan Health Service (NMHS)****Table 7: NMHS – Osborne Park Hospital (OPH)**

NMHS - OPH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward 1 and Birth Suite	8.97	9.33	0.35	3.96
Ward 3 Aged Care & Rehab	5.00	5.02	0.01	0.30
Ward 4 Rehab	5.75	5.85	0.09	1.65
Ward 5 GEM & Rehab	5.75	5.50	-0.25	-4.33
Ward 6 Surgical	5.75	7.12	1.37	23.81

**Table 8: - NMHS –Sir Charles Gairdner Hospital**

NMHS - SCGH	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit (Medical Specials)	14.16	15.03	0.87	6.17
C16 (Acute Medical/Delirium)	6.00	6.39	0.39	6.43
C17 Gem (Medical)	5.75	6.15	0.40	6.99
G41 (Medical Specials/Cardiology)	6.50	8.52	2.02	31.10
G45 HDU (Medical)	12.00	17.80	5.80	48.35
G51 (Medical Speciality)	6.75	7.31	0.56	8.32
G52 (Neurosurgery)	9.51	9.50	-0.01	-0.11
G53 (Surgical/Orthopaedics)	6.50	7.09	0.59	9.09
G54 (Respiratory Medicine)	7.50	7.85	0.35	4.68
G61 (Surgical)	7.50	7.88	0.38	5.12
G62 (Surgical)	7.50	7.91	0.41	5.48
G63 (Medical Specials)	6.83	7.42	0.59	8.69
G64 (ENT/Plastics/Ophthalmology/Surgical)	7.50	8.47	0.97	12.99
G66 (surgical/Neurosurgery)	7.00	8.18	1.18	16.89
G71 (Medical)	7.50	7.57	0.07	0.97
G72 (MAU)	7.50	8.76	1.26	16.83
G73 (Med Specials)	6.00	6.39	0.39	6.50
Intensive Care Unit (Medical)	31.60	31.38	-0.22	-0.70

## Women and Newborn Health Service (WNHS)

**Table 9: WNHS – King Edward Memorial Hospital (KEMH)**

WNHS - KEMH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Adult Special Care Unit	12.00	39.98	27.98	233.15
Mother Baby Unit	12.00	25.24	13.24	110.29
3 (Obstetrics)	6.75	12.13	5.38	79.63
4 (Obstetrics)	6.75	17.64	10.89	161.27
5 (Obstetrics)	6.75	12.06	5.31	78.64
6 (Gyn/onco)	7.50	13.96	6.46	86.10

## South Metropolitan Health Service (SMHS)

**Table 10: Fiona Stanley Hospital (FSH)**

SMHS - FSH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Coronary Care Unit	14.16	6.02	-8.14	-57.47
*Day Surgical Unit	4.37	9.64	5.27	120.67
3A (Paediatric)	6.00	9.28	3.28	54.60
3B (Neonatal Medicine)	12.00	11.63	-0.38	-3.13
3C (Maternity)	6.00	8.36	2.36	39.36
4A (Orthopaedics)	6.00	6.68	0.68	11.31
4B (Burns)	11.91	11.26	-0.65	-5.49
4C (Cardio/Vascular surgery)	7.50	7.36	-0.14	-1.86
4D (Cardiology)	7.50	14.38	6.88	91.76
5A (AMU) & 5B (+HDU)	8.22	8.34	0.12	1.42
5C (Nephrology & Gen Med)	6.50	6.88	0.38	5.82
5D +Resp HDU	7.95	7.25	-0.70	-8.79
6A	6.00	6.77	0.77	12.86
6B	6.00	6.14	0.14	2.29
6C (General Medicine)	6.00	6.25	0.25	4.22
6D (Acute Care of the Elderly)	6.00	5.74	-0.26	-4.32
7A (Colorectal, Upper GI, Gen Surg)	6.00	6.59	0.59	9.86
7B ASU	7.50	7.74	0.24	3.19
7C (Oncology)	6.00	6.60	0.60	10.04
7D + BMTU	6.61	6.69	0.08	1.25
Intensive Care Unit	31.60	30.16	-1.44	-4.56

SMHS - FSH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
MHU - Ward A (MH Assessment)	12.00	14.58	2.58	21.51
MHU - Ward B (Adolescent)	12.00	14.92	2.92	24.32
MHU – (Mother Baby Unit)	12.00	15.63	3.63	30.24
SRC - Ward A (Neuro Rehab)	5.75	6.23	0.48	8.42
SRC - Ward B (Acquired Brain Injury)	6.00	6.78	0.78	12.97
SRC - Ward 1A (Spinal Unit)	7.50	8.87	1.37	18.23
SRC - Ward 2A (Multi-Trauma Rehab)	5.75	6.09	0.33	5.83

*\*DSU has combined with the Short Stay Unit (both have different ward classifications) this has resulted in skewed data which requires manual separation due to complexities in separating the data.*

**Table 11: Fremantle Hospital (FH)**

SMHS - FH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
B7N	5.75	6.10	0.35	6.12
B8S (General Surgery & Vascular Surgery)	5.75	6.06	0.31	5.35
B9S (General Medicine)	5.75	6.07	0.32	5.48
Peri-Op Care Unit	12.00	17.05	5.05	42.04
Restorative Unit	5.75	5.54	-0.21	-3.70
V6	5.75	5.38	-0.37	-6.36
4.1 (MH)	11.20	12.03	0.83	7.39
4.2 (MH)	6.00	6.42	0.42	6.93
4.3 (MH)	6.00	7.18	1.18	19.60
5.1 (MH)	6.00	6.31	0.31	5.24

**Table 12: Rockingham General Hospital (RGH)**

SMHS - RGH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	5.75	5.61	-0.14	-2.38
Intensive Care Unit	23.70	24.04	0.34	1.42
*Neonatal Unit/obstetrics	10.80	12.07	1.27	11.75
Medical	5.75	5.90	0.15	2.57
**Medical Assessment Unit (MAU)	6.00	11.19	5.19	86.43
Mental Health Adult (open)	6.00	10.95	4.95	82.51
**Short Stay Unit	5.75	6.42	0.67	11.67
Older Adult MH (open)	6.00	9.44	3.44	57.38
Paediatrics Ward	6.00	11.91	5.91	98.53

*\*Neonatal Unit and Obstetrics are separate units, and therefore caution is advised in interpreting this data.*

*\*\* MAU and Short Stay Unit now a combined 15 bed unit which should be considered when interpreting the data.*

**East Metropolitan Health Service (EMHS)**

**Table 13: Royal Perth Hospital (RPH)**

EMHS - RPH	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Acute Medical Admissions (AMU)	6.83	7.77	0.94	13.80
Coronary Care Unit	11.10	17.14	6.04	54.40
Intensive Care Unit	26.67	31.91	5.24	19.65
SMTU	10.00	9.98	-0.02	-0.18
2K (Mental Health)	6.00	7.07	1.07	17.78
3H (Orthopaedics)	5.75	6.13	0.38	6.54
4A (Plastics/DO23/same day)	6.00	11.52	5.52	91.93
5G	6.00	6.63	0.63	10.43
5H (Neurosurgical)	7.50	7.29	-0.22	-2.87
6G (Acute surgical)	6.00	6.28	0.28	4.67
6H (ENT/Plastics/Maxfac)	6.00	6.71	0.71	11.75
8A (Neurology/gastro)	6.00	6.22	0.22	3.65
9A (General Medicine/Orthogeri)	5.75	5.94	0.19	3.36
9C (Resp/Nephrology)	6.85	9.04	2.19	32.01
10A (General Medicine)	6.00	6.01	0.01	0.19
10C (Immunology/Haematology)	6.00	5.72	-0.28	-4.68

**Table 14: Armadale Kalamunda Group (AKG)**

EMHS - AKG	NHpPD - Reporting			
Ward	Target	YTD	Variance	% Variance
Anderton Ward	5.50	6.70	1.20	21.74
Banksia MHS for Older People	8.00	9.41	1.41	17.61
Campbell Paediatrics	6.00	15.11	9.11	151.82
Canning Ward (Medical)	6.00	6.86	0.86	14.36
Carl Streich - Rehab & Aged Care	5.00	5.47	0.47	9.45
Colyer Surgical	5.75	7.53	1.78	30.97
Dialysis	2.18	2.21	0.03	1.57
Intensive Care Unit	23.70	30.99	7.29	30.74
Karri Ward (MH)	8.00	8.74	0.74	9.28
Maternity Unit	7.02	12.20	5.18	73.73
Medical Admissions Unit	6.00	8.07	2.07	34.43
Moodjar (Mental health)	8.60	8.34	-0.26	-2.98
Nursery 2	6.00	13.39	7.39	123.08
Same Day	6.00	34.13	28.13	468.79

**Table 15: Bentley Hospital (BH)**

EMHS - BH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
John Milne Centre	5.00	6.40	1.40	27.90
2 (Maternity)	6.68	9.36	2.68	40.04
3 (Medical/Surgical)	5.00	11.38	6.38	127.55
4	5.00	5.67	0.67	13.40
5 (Stroke/Rehab)	5.75	4.91	-0.84	-14.67
6 (Secure Unit)	11.20	14.61	3.41	30.44
7 (Adult Acute)	6.00	6.94	0.94	15.72
8 (Adult Acute)	6.00	7.25	1.25	20.89
10 (Older Adult)	7.50	8.47	0.97	12.96

## Regional Resource Centres (RRC)

**Table 16: Great Southern**

Great Southern - Albany Regional Hospital	NHpPD reporting			
Ward	Target	YTD	Variance	% Variance
A (Surgical)	5.75	6.23	0.48	8.38
B (Maternity)	9.95	12.35	2.40	24.10
C (Paediatric/Medical/Surgical)	5.5	5.81	0.31	5.65
E (Medical/General)	5	5.03	0.03	0.61
G (Mental Health)	6.28	10.12	3.84	61.20
Dialysis Unit	2.18	2.64	0.46	21.22
High Dependency Unit	12	14.07	2.07	17.21

**Table 17: Southwest**

Southwest – Bunbury Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
High Dependency Unit	12	14.28	2.28	19.02
Maternity	8.3	8.57	0.27	3.20
Medical	5.75	5.54	-0.21	-3.63
Mental Health	6.16	6.36	0.20	3.29
Paediatrics	6	6.57	0.57	9.48
Psychiatric Intensive Care Unit	12	14.25	2.25	18.76
Surgical	5.75	5.94	0.19	3.33

**Table 18: Pilbara**

Pilbara - Hedland Health Campus	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Dialysis unit	2.18	1.93	-0.25	-11.51
Maternity / SCN	6.43	8.40	1.97	30.71
Med/Surg/ HDU (Vickers)	6.37	6.55	0.18	2.83
Paediatric	5	11.67	6.67	133.49

**Table 19: Kimberley**

Kimberley - Broome Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Acute Psychiatric Unit	10.38	7.99	-2.39	-23.00
General / Maternity	6.33	7.15	0.82	12.97

**Table 20: Goldfields**

Goldfields - Kalgoorlie Regional Hospital	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
B (Medical)	5.75	6.75	1.00	17.42
D (Surgical)	5.75	7.07	1.32	23.04
Dialysis Unit	2.18	3.82	1.64	75.40
High Dependency Unit	12	16.75	4.75	39.62
Maternity and Special Care Nursery	10.28	8.53	-1.75	-17.07
Mental Health	7.71	12.07	4.36	56.52
Paediatrics	5	9.61	4.61	92.17

**Appendix 2: Variance reports – wards reporting 10% or more below target.**

Hospital: Bentley Hospital	Target NHpPD: 5.75		
Ward: Ward 5	Reported NHpPD: 4.91	Variance: -0.84	% Variance -14.67%
<p><b>Clause 7.2.2.2</b></p> <p>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>	<p>An error in data extraction occurred July 2016 to February 2017. This resulted in the NHpPD being inaccurately reported. The issue was identified within Rostar and subsequently this was rectified. To mitigate the risk local data was collated manually to ensure NHpPD targets were met.</p>		
<p><b>Clause 7.2.2.3</b></p> <p>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>	<p>The error has been identified and rectified.</p>		
<p><b>Clause 7.2.2.4</b></p> <p>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>	<p>Data validation processes are in place to ensure that any variations within NHpPD are addressed and rectified in a timely manner.</p> <p>Managers continue to liaise with front line staff to ensure that safe staffing levels are maintained.</p>		

Hospital: Broome Regional Hospital	Target NHpPD: A+ (10.38)		
Ward: Acute Psychiatric Unit (APU)	Reported NHpPD: 7.99	Variance: -2.39	% Variance -23%
<p><b>Clause 7.2.2.2</b></p> <p>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>	<p>Registered Nurses (RNs) with Mental Health specialisation have been historically difficult to recruit to the Kimberley with several recruitment processes resulting in nil applicants.</p> <p>To ensure workloads are safe for staff, additional Aboriginal Health Workers have been appointed over the allocated Full-Time Equivalent (FTE) for those positions.</p> <p>In some instances, patients overflow into the Broome General Ward and in many instances; patients are transferred to Perth due to inability to staff beds appropriately.</p>		
<p><b>Clause 7.2.2.3</b></p> <p>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>	<p>The APU has increased its capacity for culturally appropriate staffing by way of utilising Aboriginal Health Workers who are supported by a Clinical Nurse Specialist and supervised by appropriately skilled RNs.</p> <p>Advertising to fill nurse vacancies is ongoing but securing permanent staff remains challenging.</p>		
<p><b>Clause 7.2.2.4</b></p> <p>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>	<p>In an effort to grow a junior workforce, the APU currently offers 2 graduate places in the formal WA Health GradConnect process and in addition, offers 1 place outside the formal graduate program. The latter are encouraged to complete the 12-month on-line Mental Health Nurse development program offered by Graylands Hospital in Perth.</p> <p>With the recent appointment of a Nurse Educator in the Kimberley region, plans are in place to increase the junior workforce in the APU supported by a Kimberley dedicated mental health program that will support in-reach of generalists with an interest in Mental Health upskilling. Team nursing will further ensure that junior RNs are appropriately supported.</p>		

Hospital: Kalgoorlie Regional Hospital	Target NHpPD: D+Del+SCN 10.28		
Ward: Maternity & Special Care Nursery	Reported NHpPD: 8.53	Variance: -1.75	% Variance -17.07%
<p><b>Clause 7.2.2.2</b></p> <p>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>	<p>The reported NHpPD does not reflect those nurses and midwives who routinely provide assistance in times of increased activity and acuity. This support is provided through the following strategies:</p> <ul style="list-style-type: none"> <li>• Activation of the Maternity Escalation Plan</li> <li>• Review of the traffic light system* (every shift) by the shift lead/Clinical Nurse Manager +/- Clinical Nurse Manager After Hours. Actions are taken according to the needs of the unit.</li> <li>• The status is captured on the Hospital Activity Shift Report.</li> <li>• Roles which provide in-direct care, i.e. Nurse Manager, Clinical Coordinator, Hospital Coordinator and float Nurse are deployed to provide clinical support as required, including meal breaks none of which is captured within the NHpPD hours.</li> <li>• Rotation of Paediatric Nurses to the maternity Unit in times of high acuity.</li> <li>• Staff Development Midwife works flexibly and supportively to provide cover as required.</li> <li>• Proactive Recruitment of specialised Midwives through Government websites and recruitment agencies is ongoing.</li> <li>• Registered Nurses (RNs) are deployed to assist on the post-natal ward, undertaking registered nurse duties.</li> </ul>		
<p><b>Clause 7.2.2.3</b></p> <p>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>	<p>Recruiting/ training RNs to fulfill the ward components of the Midwifery Unit, with the support of the Staff Development team and Midwife</p> <ul style="list-style-type: none"> <li>• Fixed term contracts have been provided for NurseWest Midwives which has provided some continuity and stability for the unit.</li> <li>• Successful appointment of a permanent Clinical Nurse Manager, who will commence in November 2017.</li> <li>• 4.0 Full-Time Equivalent Registered Midwife positions are currently being advertised.</li> </ul>		

	Ongoing monitoring of the current staff profile to ensure safe levels of staffing
<p><b>Clause 7.2.2.4</b></p> <p>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>	<p>Review and development of the Maternity Escalation Plan</p> <p>Educational programs developed to enable RNs to upskill and meet some of the clinical requirements of the unit, i.e. post labour.</p> <p>Building capacity within our current nursing teams in Kalgoorlie Hospital by supporting and upskilling in the Midwifery Unit.</p> <p>Ongoing monitoring of staffing skill mix and profile will continue to ensure replacement of nursing shortfalls with appropriately skilled staff and support.</p>

*\*the "traffic lights" for midwife capacity to deliver care safely, moves away from available beds to the availability of safe care delivery. Decisions are able to be made which reflect the anticipated emergency and elective demand for beds, the available capacity and midwifery staffing profile.*

*Green Status can safely accommodate additional activity*

*Amber Status care capability is nearing safe capacity with limited capacity to accept new patients*

*Red Status care capability is at or over safe capacity – no capacity for any additional workload*

Hospital: Hedland Health Campus	Target NHpPD: Satellite Dialysis 2.18		
Ward: Dialysis	Reported NHpPD: 1.93	Variance: -0.25	% Variance -11.51%
<p><b>Clause 7.2.2.2</b></p> <p>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>	<p>As assessment of the day to day shift structure in regards to clinical/non-clinical tasks has been undertaken. The emphasis has been on what the clinical workload is and where efficiencies could be implemented to mitigate repetition of tasks.</p> <p>The focus has been on the clinical tasks. Non-clinical tasks have been allocated within the overlap period. The coordinator also takes on a patent load if required.</p> <p>The interdisciplinary team has been utilised more in managing all patients and their complex needs rather than all tasks being undertaken by the nursing dialysis team.</p>		
<p><b>Clause 7.2.2.3</b></p> <p>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>	<p>Evaluation is ongoing in regards to the strategies outlined above to alleviate workloads.</p> <p>Non clinical tasks continue to be completed during the overlap time of the two shifts which has been and continues to be effective.</p>		
<p><b>Clause 7.2.2.4</b></p> <p>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>	<p>In collaboration with the Coordinator of Nursing, these strategies will continue to be assessed and monitored.</p> <p>Ongoing monitoring of clinical incidents continues to ensure safe practices are maintained.</p>		

Hospital: Princess Margaret Hospital (PMH)	Target NHpPD: 12.0		
Ward: 3B HDU	Reported NHpPD: 10.65	Variance: -1.35	% Variance -11.21
<p><b>Clause 7.2.2.2</b></p> <p>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>	<p>Investigating the variances for 3B has highlighted inaccuracies in the reflection of direct patient care. Nurses providing patient specials have not been accurately reflected. They have in fact been excluded from the NHpPD calculations.</p> <p>The Clinical Support role (Level 2 Clinical Nurse) has been implemented to support staff at times of increased activity and acuity. This role has not been included within the NHpPD. Future reporting will ensure this role is captured as providing direct care.</p>		
<p><b>Clause 7.2.2.3</b></p> <p>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>	<p>An accurate reflection of data within the central reporting system remains challenging due to changes in service delivery as a consequence of the transition from PMH to Perth Children's Hospital (PCH).</p> <p>Manual data continues to be collated until a time that the central reporting system accurately reflects the actual NHpPD.</p>		
<p><b>Clause 7.2.2.4</b></p> <p>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>	<p>Further education and training for staff have taken place to ensure the nursing hours are recorded accurately and include those nurses providing specials rather than excluding them.</p>		

### Appendix 3: Wards reporting less than 10% below target

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

Site	Ward	Target	YTD	Variance	% Variance	Comments
Fiona Stanley Hospital	5D +Resp HDU	7.95	7.25	-0.70	-8.79	The ward composition and associated NHpPD is reflective of 8 HDU beds and 16 ward beds. Both areas flex up and down dependant on acuity/activity. Nurse Director/Manager will ensure NHpPD are assigned as per the HDU/Ward composition, and this is undertaken on a shift by shift basis.
Fremantle Hospital	Ward V6	5.75	5.38	-0.37	-6.36	The profile on the ward has been allocated in consultation with the ward nursing staff. This enables flexibility in managing nursing resources when additional care is required for higher acuity patients
Fiona Stanley Hospital	4B (Burns)	11.91	11.26	-0.65	-5.49	The Burns Unit NHpPD is dependent on the number of inpatients with burns and the degree of burns. subsequently, the NHpPD fluctuate particularly if outlying patients are occupying Burns beds (these patients do not require the same number of NHpPD).
Graylands	Frankland	9.30	8.83	-0.47	-5.09	Unplanned short notice leave has contributed to shortfalls; however, these are managed on a shift by shift basis.

Royal Perth Hospital	Ward 10C (Immunology/haematology)	6.00	5.72	-0.28	-4.68	Ward movements and relocations have resulted in data integrity issues (Ward 10C moved to 10A 10/05/2017 until 22/6/2017 this was incorrectly represented within the Patient Administration System)
Fiona Stanley Hospital	Intensive Care Unit	31.60	30.16	-1.44	-4.56	ICU at FSH has a combination of ICU and HDU beds. NHpPD target identified at 28.42 to reflect combined targets.
Osborne Park Hospital	Ward 5 GEM & Rehab	5.75	5.50	-0.25	-4.33	Ward reclassification as occurred from 5.33- 5.75.
Fiona Stanley Hospital	6D (Acute care of the elderly)	6.00	5.74	-0.26	-4.32	Agency 6 hour shift pattern is utilised to fill roster gaps. Actively recruited to fill 6.9 FTE, with all staff on boarded by 30th June 2017.
Fremantle Hospital	Restorative Unit	5.75	5.54	-0.21	-3.70	Occupancy of the unit has been higher than anticipated based on the profile. Recruitment processes do not match resignation processes (2 weeks' notice for resignation compared to in excess of 12 weeks for recruitment). Higher than expected unplanned leave.
Bunbury Regional Hospital	Medical	5.75	5.54	-0.21	-3.63	In instances where acuity is higher than expected there is a nurse coordinator who can deploy staff as required. Whilst the variance is acknowledged there have been no increase in clinical incidences and no workplace grievances have been received.

Fiona Stanley Hospital	3B (Neonatal medicine)	12.00	11.63	-0.38	-3.13	At times of high acuity and demand Senior Nurses and Midwives (i.e. Nurse Unit Manager, Clinical Nurse Specialist, and Clinical Educator) are deployed to the unit. These in direct hours are not reflected in NHpPD.
Armadale Hospital	Moodjar (Mental health)	8.60	8.34	-0.26	-2.98	Data integrity has been identified specifically with resource balancing staff who have either worked extra shifts or have been deployed from other areas.
Princess Margaret Hospital	9A		8.06	-0.24	-2.88	Patient needs are assessed on a shift by shift basis. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Royal Perth Hospital	Ward 5H (Neurosurgical)	7.50	7.29	-0.22	-2.87	Ward 5H have an added specialty of Urology to their ward configuration, and the trauma component fluctuates. Day to day review of patient acuity is undertaken, and NHpPD adjusted according to the acuity.
Rockingham General Hospital	Aged Care Rehab Unit	5.75	5.61	-0.14	-2.38	The roster has been reviewed, and the nurse manager had not identified any prolonged periods when the ward was under profile. Due to the unavailability of qualified staff additional AIN's have been utilised to support the nursing staff.

Fiona Stanley Hospital	4C (Cardio/Vascular surgery)	7.50	7.36	-0.14	-1.86	The staffing profile is reviewed shift by shift. Excessive leave management plans are in place for a number of staff and therefore when acuity levels allow 6-hour shifts are undertaken at the request of staff to reduce their leave liability.
Princess Margaret Hospital	5C		7.56	-0.14	-1.76	Patient needs are assessed on a shift by shift basis. Any additional staff required to meet increased acuity would be deployed on a shift by shift basis predominantly filled with casual staff.
Sir Charles Gardiner Hospital	Mental Health Unit	10.54	10.46	-0.08	-0.75	The number of patients requiring a special has been less, and therefore the staffing profile reflects this small variance. Shift by shift assessment of staffing needs and patient acuity is undertaken by the Nurse Unit Manager.
Sir Charles Gardiner Hospital	Intensive Care Unit (Medical)	31.60	31.38	-0.22	-0.70	The fluctuating acuity of the patient is reflective of the small variation. Non intubated patients are of lower acuity and therefore is reflective of the staffing profile.
Royal Perth Hospital	SMTU	10.00	9.98	-0.02	-0.18	Fluctuating patient numbers on the Trauma Unit. At times high levels of patients with severe multi trauma with psychiatric and substance abuse backgrounds which add to the acuity on the ward.

Sir Charles Gardiner Hospital	Ward G52 (Neurosurgery)	9.51	9.50	-0.01	-0.11	The number of High Dependency beds fluctuate dependant on patient need. In the absence of HDU patients beds are utilised for non HDU patients which are reflected in the staffing profile.
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## Appendix 4: WACHS Regional Reporting of Small Hospitals 2:2:2 sites

Hospital	Additional Staff required	Reason	Additional Staff supplied Yes/No	If NO – reason	Workload Grievance submitted Yes/No	Any other comments / actions

A monthly collation of additional staffing requirements is made of all 2:2:2 sites and reviewed regionally by the Regional Nurse Director and centrally by WACHS Area Office Nurse Manager Workforce.

Nil workplace grievances have been lodged by nursing staff at any site for this reporting period.

The 42 small hospital sites reporting are:

- Goldfields: Laverton, Leonora, Norseman
- Great Southern: Gnowangerup, Kojonup, Ravensthorpe
- Pilbara: Paraburdoo, Onslow, Roebourne, Tom Price
- Kimberley: Wyndham
- Mid-West: Dongara, Exmouth, Kalbarri, Meekatharra, Morawa, Mullewa, Northampton, Three Springs
- South West: Augusta, Boyup Brook, Donnybrook, Nannup, Pemberton
- Wheatbelt: Beverley, Boddington, Bruce Rock, Corrigin, Dumbleyung, Dalwallinu, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Quairading, Southern Cross, Wagin, Wongan Hills, Wyalkatchem, York

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