# Nursing Hours per Patient Day: how is it used?

## What is NHPPD?

Nursing Hours per Patient Day (NHPPD) is the workload monitoring system used throughout the WA public health system since its introduction in 2002.

The NHPPD model:

* Ensures flexibility in the supply of nursing and/or midwifery hours to meet the variable demands of patient care, with the recommendation of minimum safe staffing levels.
* Is used in the inpatient setting (wards), including haemodialysis, short stay, day surgery settings.
* Measures and reports on the direct clinical care hours required and provided by nurses and midwives.
* Excludes non-clinical hours including education, research, clinical audit or direct clinical care hours provided by senior registered nurse/midwife for example Nurse Practitioners, Clinical Nurse Consultants (SRN/M 3-10).

The tool can also be used for:

* Predictive roster and shift planning
* Bottom up roster building for new or reconfigured services
* Tracking and reporting on variance across a roster period to help provide better roster management.

## What other information is important to consider in delivering safe nursing and midwifery care?

Along with the NHPPD, the following should be considered in managing safe, effective care:

* Demands on nurse/midwife time that may be considered indirect hours, administrative or non-nurse/midwife functions which impact or distract from providing patient care
* Inefficient systems and processes which impact or distract from providing direct patient care
* Effective utilisation of available resources, expertise, knowledge and skill
* Skill mix of the roster
* Monitoring of patient outcomes and nurse sensitive outcomes
* The practice environment for nurses/midwives, staff experience and engagement (with tools to monitor)
* The patient experience (with tools to monitor).

## How are categories determined?

Section 9, Schedule A and Schedule B of the [WA Health System – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2016 (PDF 1.17MB)](http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Awards%20and%20agreements/Nurses%20Registered%20and%20Enrolled%20Mental%20Health/WAHealthAustralianNursingFederationRegisteredNursesMidwivesEnrolledMentalHealthEnrolledNursesIndustrialAgreement2016.ashx) stipulates the NHPPD Guiding Principles in determining a ward or department’s category. The category is based on criteria for measuring diversity, complexity and nursing tasks required.

### NHPPD Guiding Principles

|  |  |  |
| --- | --- | --- |
| **Ward Category** | **NHPPD** | **Examples of criteria for measuring diversity and complexity of patient care** |
| A | 7.5 | High ComplexityHigh Dependency Unit @ 6 beds within a wardTertiary Step Down ICUHigh Intervention LevelMental health – high risk of self-harm |
| B | 6.0 | High ComplexityNo High Dependency UnitTertiary Step Down CCU/ICUModerate/High Intervention Level |
| C | 5.75 | High Complexity AcuteCare Unit/WardModerate Patient Turnover > 35%, OREmergency Patient Admissions > 50% |
| D | 5.0 | Moderate ComplexityAcute Rehabilitation Secondary LevelAcute Unit/WardEmergency patient admission > 40% |
| E | 4.5 | Moderate ComplexityModerate Patient Turnover > 35%Sub-acute ward |
| F | 4.0 | Moderate/Low ComplexityLow Patient Turnover < 35%Care Awaiting Placement/Age Care |
| G | 3.0 | Ambulatory Care including:Day surgery & renal dialysis |

## How were the benchmarks set?

A benchmarking exercise was conducted across all sites in WA Health during 2000-2001 to establish the initial targets.

All inpatient units are allocated to a benchmark group (Categories A to G) based on a range of defining characteristics including the diversity and complexity of nursing tasks.

Hours represent the total direct clinical care required for each patient in a 24 hour period and ranges from four hours in Category F (sub-acute or rehabilitation) to 31.6 hours in an Intensive Care Unit.

In Intensive Care or Critical Care Units, the NHPPD measures are based on the National Review of the Australian Critical Care Nursing Workforce.

## Is the NHPPD benchmark the minimum or maximum hours required?

The NHPPD benchmarks are considered the minimum hours required to provide safe care for patients in that setting. Hours can be averaged over rosters to enable greater hours to be provided at times of higher acuity and fewer hours during times of lower acuity or activity.

## How is NHPPD applied?

The NHHPD model provides a systematic, benchmarked monitoring and measuring system to identify and report the number of direct nursing and/or midwifery hours required and provided to meet patient care needs in a specific clinical area.

**Example: Ward 4**

* Ward 4 has **30** beds and as per the NHPPD Guiding Principles, is a category **B (6.0)**.
* Based on the budgeted number of beds, Ward 4’s average patients per day = 29 (96.6% occupancy).
* To work out the NHPPD, the category is multiplied by the average beds/patients. For Ward 4 it is **6.0 x 29 patients = 174 nursing hours**
* To calculate the FTE required per week for the ward/department, multiply nursing hours by 14 days, divided by 76 hours (standard fulltime nursing/midwifery contract).
* For Ward 4, the FTE required to cover the roster for a week would be: 174 nursing hours x 14 days ÷ 76 hours = 32.05 FTE

This FTE is the minimum target for the frontline nurse/midwife leader to roster staff in order to safely staff his/her ward/department.

The example rosters below demonstrate the flexibility the frontline nurse/midwife leader has in accommodating highs and lows in patient activity. This can be done by adjusting the staff roster per shift while staying within their NHPPD FTE target.

**Example roster one**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | AM | PM | ND | FTE |
| Mon | **8** | **8** | **6** | 4.70 |
| Tue | **9** | **8** | **6** | 4.90 |
| Wed | **8** | **8** | **6** | 4.70 |
| Thu | **8** | **8** | **6** | 4.70 |
| Fri | **8** | **8** | **6** | 4.70 |
| Sat | **8** | **7** | **5** | 4.25 |
| Sun | **7** | **7** | **5** | 4.05 |
|  |  |  |  | **32.00** |

**Example roster two**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | AM | PM | ND | FTE |
| Mon | **8** | **8** | **5** | 4.45 |
| Tue | **8** | **10** | **7** | 5.35 |
| Wed | **8** | **10** | **7** | 5.35 |
| Thu | **8** | **10** | **7** | 5.35 |
| Fri | **8** | **9** | **5** | 4.65 |
| Sat | **6** | **7** | **5** | 3.85 |
| Sun | **6** | **4** | **4** | 3.00 |
|  |  |  |  | **32.00** |

## Reclassification review process

Where the complexity of the ward/department has changed, the NHPPD model incorporates a review process. This allows sites to submit a business case to have their category formally reviewed and updated against criteria.

All business case applications are reviewed and re-classified by the Statewide Workload Review Committee.

More information about reclassification is available [here](http://www.nursing.health.wa.gov.au/planning/workload_man.cfm).

## Related fact sheets

* [Nursing Hours per Patient Day: an overview](http://dev.intranet.health.wa.gov.au/nursing/docs/planning/NHPPD_an_overview.pdf)

## Further information

Further information on workload management, benchmarking and reporting can be found [here](http://www.nursing.health.wa.gov.au/planning/index.cfm).

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