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

Classification - Re-classification of Nursing Hours per Patient Day: Preparing a business case

Updated August 2019

www.nursing.health.wa.gov.au

Background

Nursing Hours per Patient Day (NHpPD) is the industrially supported **Workload Monitoring System** used by the WA health system, since 2002. An initial benchmarking process was undertaken in 2001/2002 at which time all sites in metropolitan and country, were consulted to identify the defining characteristics for all clinical areas. All inpatient wards/units were mapped against the NHpPD categories A-G (see page 6) into a table called the *'NHpPD Guiding Principles',* based on information provided. Nursing hours and subsequent FTE are calculated on actual occupancy for each ward/unit.

For the purpose of workload management, the Employer will continue to manage nursing workloads and consult with employees in accordance with Schedule A - Exceptional Matters Order relating to workloads (Nursing Hours per Patient Day) during the life of the *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018*; the *WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018*.

Process for Classification or Re-classification of a NHpPD category

The NHpPD 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.

Where there are new units created, the complexity or the relative proportion of ward/department activity changes or the ward/department has changed, the NHpPD model incorporates a classification or reclassification review process. This allows sites to submit a business case to have their category formally reviewed and updated against criteria.

A Chief Nursing and Midwifery Office (CNMO) 'Secretariat' coordinates all Classification or Reclassification requests, and consult directly with the WA Health **State Workloads Review Committee (SWRC)**, who:

- review business cases submitted by the Health Service Providers (HSPs) where the complexity of the ward/department has changed.
- will assess and formally review the business case and make a decision as to whether the ward category and NHpPD should be updated.
- formally review the business case classification process annually to ensure practice remains contemporary and relevant.

A *SWRC* will comprise of the following membership (minimum of four):

- Department of Health - CNMO
- Metropolitan Tertiary Hospital – Executive Director of Nursing and Midwifery
- Metropolitan Secondary Hospital – Director of Nursing and Midwifery
- WA Country Health Service – Executive Director of Nursing and Midwifery
- Specialty specific Director of Nursing for example in classifications such as mental health, paediatrics and maternity.

A committee member will excuse themselves from any decision making and co-opt another senior nursing staff member from an equivalent HSP if there is a **direct conflict of interest where** the ward requesting reclassification is within their HSP.

The CNMO secretariat should be informed of the co-opted member, who must be familiar with

the reclassification process through the *SWRC Terms of Reference*.

Any employee who believes that the benchmark category applied to a ward area does not reflect current activity or complexity can prepare the business case.

Business Case Submission

A ***CLASSIFICATION-RECLASSIFICATION FLOW CHART*** can be referred to on page 3.

All business cases must be accompanied by validated data as listed below:

- Complete and submit the ***Classification-Reclassification Request Form*** – see page 4/5
- NHpPD evidence for at least the preceding two years (for reclassifications)
- The inclusion of the following information may assist the Business Case:
  - Benchmarking of similar specialty wards/areas (locally/nationally);
  - Average length of stay (ALOS),
  - Patient turnover,
  - Births,
  - Occupied bed days averaged,
  - Admissions via emergency department/community/other,
  - Validate the criteria description of patient complexity/clinical mix

Prior to the business case being sent to the *SWRC* for decision, the CNMO Secretariat may seek additional information.

Endorsement

Completed documentation must be endorsed and supported by *both*:

- Director of Nursing/Midwifery or Co-Director of the relevant service, and
- Area Executive Director of Nursing/Midwifery.

Endorsed documentation is to be forwarded by the Area Executive Director of Nursing/Midwifery to the *SWRC* for review via the Principal Nursing Advisor, Workforce at the CNMO.

Review and Decision

The *SWRC* decision will be compiled by the CNMO Secretariat. A formal letter outlining the decision will be signed by the Chief Nurse and Midwifery Officer and forwarded to the Area Executive Director of Nursing/Midwifery or Director of Nursing/Midwifery of the outcome.

It is the responsibility of the Area Executive Director of Nursing/Midwifery or Director of Nursing/Midwifery to notify and inform relevant personal of the outcome of the classification-reclassification review.

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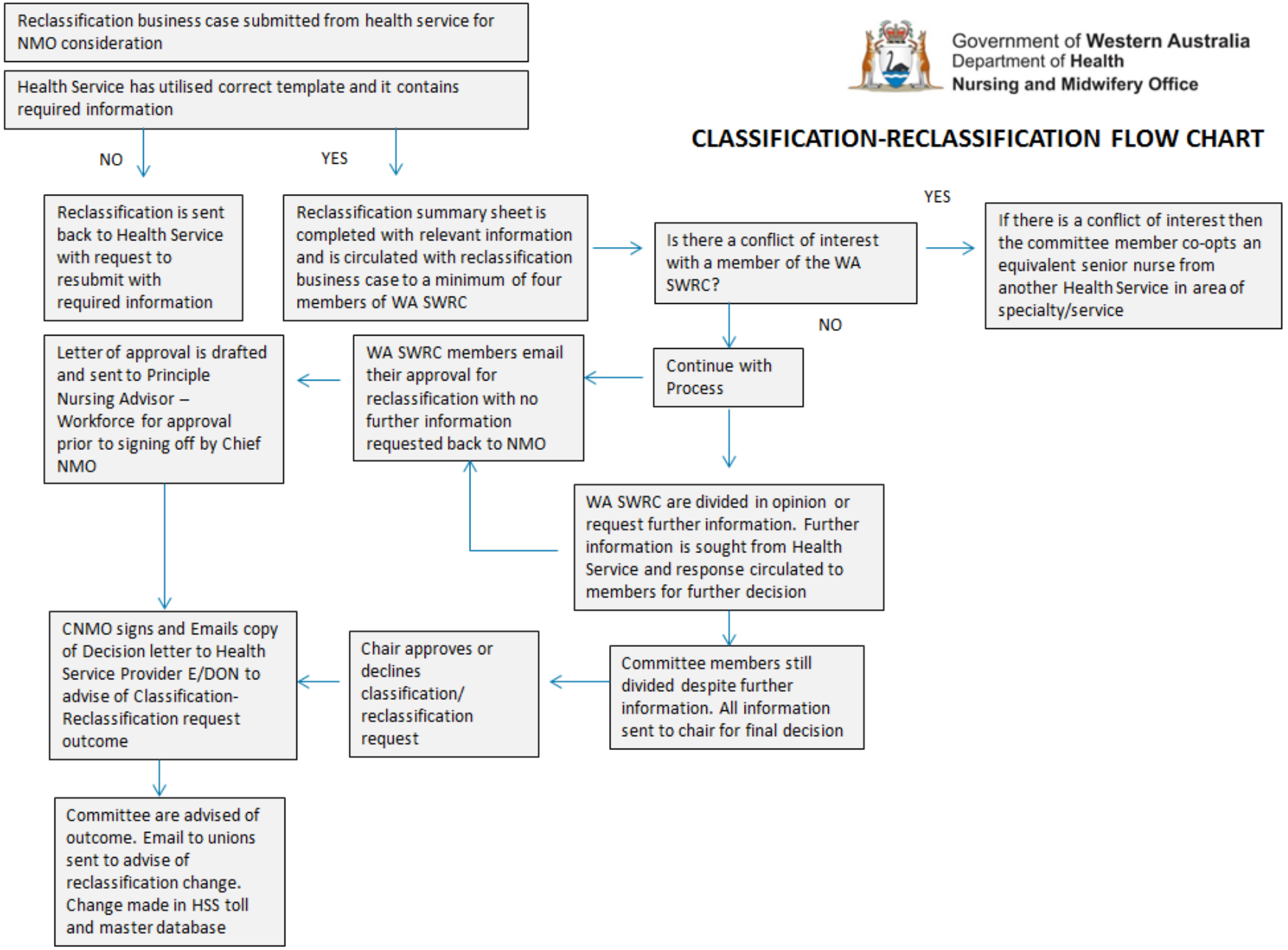
CLASSIFICATION-RECLASSIFICATION FLOW CHART



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NHpPD Classification - Reclassification Request Form

Date:	DD/MM/YYYY
Health Service Provider:	
Region/Hospital:	
Ward name and Type:	
Bed Numbers:	
Current Category:	
Current Hours:	
Requested Category:	
Requested Hours:	
Application prepared by:	

Statement of background and current situation :

Additional Comments :

May include benchmarking data if applicable e.g. Benchmarking of similar specialty wards (locally or nationally); average length of stay (ALOS), patient turnover, births, occupied bed days averaged, admissions via emergency department/community/RFDS, validate the criteria description of patient complexity/clinical mix. References to clinical incidents, clinical indictors or workforce indicators were relevant.

Statement for Classification - Reclassification :

Provide a statement summarising key drivers supporting the case of classification-reclassification.

NHpPD evidence for the previous 2 years

Table 1. 2016/2017 NHpPD

Ward ID and name	Cat.	2016 Jul	2016 Aug	2016 Sep	2016 Oct	2016 Nov	2016 Dec	2017 Jan	2017 Feb	2017 Mar	2017 Apr	2017 May	2017 Jun

Table 2. 2017/2018 NHpPD

Ward ID and name	Cat.	2017 Jul	2017 Aug	2017 Sep	2017 Oct	2017 Nov	2017 Dec	2018 Jan	2018 Feb	2018 Mar	2018 Apr	2018 May	2018 Jun

Table 3. 2018/2019 NHpPD

Ward ID and name	Cat.	2018 Jul	2018 Aug	2018 Sep	2018 Oct	2018 Nov	2018 Dec	2019 Jan	2019 Feb	2019 Mar	2019 Apr	2019 May	2019 Jun

ENDORSEMENT:		
Director of Nursing/Midwifery or **Co-Director**	Signature	
	Name (print)	
	Date	DD/MM/YYYY
Area Executive Director of Nursing/Midwifery or **Director of Nursing/Midwifery**	Signature	
	Name (print)	
	Date	DD/MM/YYYY

OUTCOME: State Workload Review Committee		
Recommendation:		
Notification via email:	Health Service Provider	Date: DD/MM/YYYY
	ANF & United Voice	Date: DD/MM/YYYY
Updated on Database (CNMO)	DD/MM/YYYY	

SCHEDULE B – NHPPD GUIDING PRINCIPLES

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
ED		ED Nursing Hours per Patient Presentation (NHpPP) Formula (Assessment Time) + (Ongoing Care component x ALOS) + (Observation Ward Occupied Bed Days x 5.75 hours where appropriate)
ICU	**31.60**	- Tertiary designated ICU
CCU	**14.16**	- Designated stand-alone CCU
HDU	**12.00**	- Designated stand-alone HDU - High Dependency Unit @ >6 beds.

A	**7.50**	- High Complexity
		- High Dependency Unit @ or < 6 beds within a ward
		- Tertiary Step Down ICU
		- High Intervention Level
		- Specialist Unit/Ward Tertiary Level 1:2 staffing
		- Tertiary Paediatrics
		- Mental Health (MH) Secure Beds
		  - Seclusion used as per Mental Health Act 1996 (WA)
		  - High risk of self-harm and aggression
		  - Intermittent 1:1 /2 Nursing
		  - Patients frequently on 15 minutely observations

B	**6.00**	- High Complexity
		- No High Dependency Unit
		- Tertiary Step Down CCU/ICU
		- Moderate/High Intervention Level
		- Special Unit/Ward including Mental Health Unit
		- High Patient Turnover(1) > 50%
		- FHHS Paediatrics(2)
		- Secondary Paediatrics
		- Tertiary Maternity
		- MH – High risk of self-harm and aggression
		  - Patients frequently on 30 minute observations
		  - Occasional 1:1 nursing
		  - Mixture of open and closed beds
		  - Seclusion used as per Mental Health Act 1996 (WA)

C	**5.75**	- High Complexity Acute - Care Unit/Ward - Moderate Patient Turnover > 35%, OR - Emergency Patient Admissions > 50% - MH – Moderate risk of self harm and aggression - Psychogeriatric Mental Health Unit - Mental Health unit incorporating ECT Facility
D	**5.00**	- Moderate Complexity - Acute Rehabilitation Secondary Level - Acute Unit/Ward - Emergency Patients Admissions > 40% OR - Moderate Patient Turnover > 35% - Secondary Maternity - MH – Medium to low risk of self harm and aggression - Mental Health Forensic Patients in open beds
E	**4.50**	- Moderate Complexity - Moderate Patient Turnover > 35% - Sub Acute Unit/Ward - Rural Paediatrics - Rural Maternity
F	**4.00**	Moderate/Low Complexity - Low Patient Turnover < 35% - Care Awaiting Placement/Age Care - Sub Acute Unit/Ward - MH Slow stream rehabilitation
G	**3.00**	Ambulatory Care including: - Day Surgery Unit
Renal (T)	**3.02**	Stand-alone Tertiary Renal Unit
Renal (S)	**2.18**	Stand-alone Satellite Renal Unit

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