



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 2015 – 30 June 2016**

## Document History

Version #	Version Date	Author	Description
1.0	15/09/2016	Regina Browne	To be tabled at WA Health Nursing Workloads Consultative Process (NWCP) Committee
2.0	21/09/2016	Regina Browne	Amendments from WA Health Nursing Workloads Consultative Process (NWCP) Committee have been incorporated.
3.0	13/10/2016	Regina Browne	Inclusion of WACHS Small Hospital/Primary Health Care Centres (SHHC) tables with 2/2/2 roster by region

## Executive Summary

In the 31<sup>st</sup> Nursing Hours per Patient Day (NHpPD) report for the period 1 July 2015 to the 30 June 2016, **17** Hospitals and health care facilities with **157** clinical areas across the state of Western Australia (WA) have provided NHpPD data. Data has been automated from WebPAS and RoStar to the NHpPD application for the Metropolitan Health Services (MHS) only. Overall of the **157** reported clinical areas, **154 (98%)** were on or above NHpPD target.

Western Australia Country Health Service (WACHS) in collaboration with site managers have well-established processes in place to monitor nursing workloads and safe staffing within the Regional Resource Centres (RRC) which include Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.

During the last reporting period the Integrated District Health Services (IDHS) and Small Hospitals and Primary Health Care Centres (SHHC) with a 2/2/2 roster were monitored on a regular basis in respect to workload management and safe staffing principles. There were no issues raised and no workload grievances during the reporting period.

## Table of Contents

Document History	1
Executive Summary	2
Introduction	4
Nursing Hours per Patient Day(NHppD) Reporting	5
Metropolitan Health Service Data	6
WA Country Health Service	7
Regional Resource Centre Data	7
Small Hospital/Primary Health Care Centres	7
Emergency Departments	7
Metropolitan Health Service and Bunbury Emergency Departments	7
Regional Resource Centre Emergency Department	10
Benchmarks and Reclassification	11
Workforce Excellence	12
Undergraduate recruitment	12
Refresher pathway connect	12
Leading Great Care (LGC)	13
Scholarships	14
Nurse Practitioner (NPs)	15
Appendices	16
Appendix 1 - Metropolitan Health Services	16
North Metropolitan Health Service (NMHS)	16
Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital	19
South Metropolitan Health Service (SMHS)	20
East Metropolitan Health Service (EMHS)	23
Child and Adolescent Health Services (CAHS)	25
Appendix 2 West Australian Country Health Service (WACHS) data by region	26
Appendix 3 - Variance reports	30
Appendix 4 – WACHS regional Reporting of Small Hospitals/Primary Health Care Centres (SHHC) with 2.2.2 sites	35
Appendix 5 - WACHS Small Hospitals/Primary Health Care Centres (SHHC) with 2/2/2 roster by region	36

## Introduction

The *Health Services Act 2016* (the Act) replaced the *Hospitals and Health Services Act 1927* on 1 July 2016. The Act modernises the way WA Health is governed, structured and managed to bring decision-making closer to patient care. Key changes under the Act include the establishment of the Western Australian Department of Health (WA Health) as the System Manager and health service providers as separate statutory authorities. East Metropolitan Health Service (EMHS) was established on 1 July 2016 and will provide health services to the growing communities in the east metropolitan corridor. The establishment of the EMHS, the reconfiguration of the South Metropolitan Health Services (SMHS) in conjunction with existing health services will provide a full and comprehensive care to the public of Western Australia

In consultation with the Minister for Health, the WA Health is committed to the ongoing implementation and monitoring of the NHpPD model as the comprehensive workload management system for nurses. This report provides a summary of the current workload of nursing and midwifery staff within our public health care system, and is consistent with the WA Health's continued application of NHpPD principles as required by and in accordance with the 'WA Health – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2013 at clause 9 and Schedules A and B the WA Health United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2014 at Clause 12 and Schedules A and B.

Data provided in the **31<sup>st</sup>** report is for the period 1 July 2015 to the 30 June 2016. The report represents NHpPD data from the following clinical areas:

- MHS, inpatient areas
- RRC, inpatient areas at, Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.
- MHS Emergency Departments
- RRC, Emergency Departments

## 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 6 monthly to the Australian Nursing Federation (ANF) and United Voice Union by the Minister for Health. The report is designed to show progress against NHpPD targets and to report on areas that have not met their benchmark target.

The report presents an overview of all wards in both MHS and RRC. Wards reporting 10% or more below their target nursing hours are tabled within the body of the report. Wards reporting above their target or less than 10% below are included within the appendices. Wards that have reported 10% or more below their target are required to provide a variance report explaining what action is being taken to relieve or alleviate the workload. All variance reports are contained within the appendices.

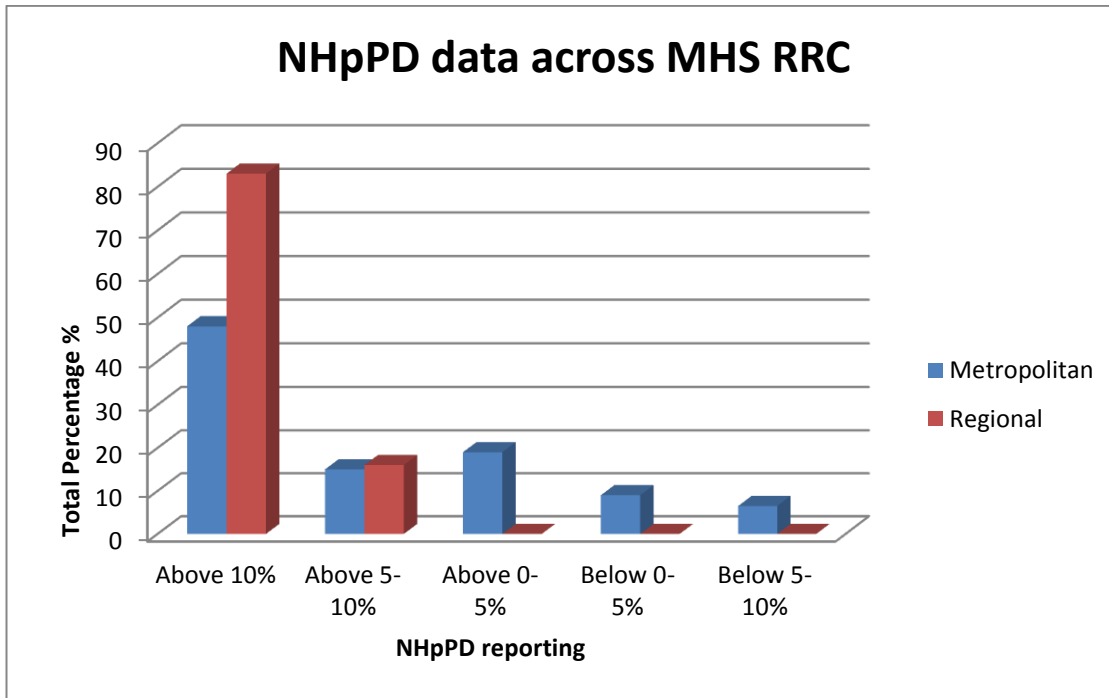
Table 1 demonstrates that there are 157 wards within the MHS and RRC with 154 wards reporting on or less than 10% below NHpPD target.

**Table 1: NHpPD data across MHS and RRC.**

Reporting period 1 July 2015 – 30 June 2016		
NHpPD reporting	Number of Wards (also represented as total %)	
	MHS	RRC
<b>Above 10%</b>	60 (48%)	26 (84%)
<b>Above 5-10%</b>	20 (16%)	5 (16%)
<b>Above 0-5%</b>	23 (18%)	0
<b>Below 0-5%</b>	11 (9%)	0
<b>Below 5-10%</b>	9 (7%)	0
<b>Below 10% or more</b>	3 (2%)	0
<b>Total Wards</b>	126	31

Graph 1 represents data from Table 1 in an alternative format

**Graph 1: NHpPD data across MHS and RRC**



## Metropolitan Health Service Data

This section provides ward inpatient data for MHS hospitals that have reported 10% or more below their allocated NHpPD target. Table 2 below reflects those wards that were 10% or more below the set NHpPD target. The variance reports for these inpatient areas are included within Appendix 3.

**Table 2: MHS inpatient wards that are 10% or more below set NHpPD Targets**

Hospital	Ward	NHpPD reporting			
		Target	YTD	Variance between Target & YTD	% Variance between target and YTD
Royal Perth Hospital	Ward 7A	6	5.24	-0.76	-12.74
Royal Perth Hospital	Ward 9A	5.75	5.11	-0.64	-11.14
Royal Perth Hospital	Ward 5G	6	5.35	-0.65	-10.86

## WA Country Health Service

### Regional Resource Centre Data

All reported inpatient data for RRC are provided in Appendix 2. RRC include Albany, Broome, Bunbury, Geraldton, Port Hedland and Kalgoorlie Hospitals. All RRC, inpatient wards reported to be on or above their NHpPD target.

### Small Hospital/Primary Health Care Centres

Small Hospitals and Primary Health Care Centres (SHHC) with a 2/2/2 roster were monitored on a regular basis in respect to workload management and safe staffing principles. There were no issues raised and no workload grievances for SHHC during the reporting period.

### Emergency Departments

Hospitals and Health Services have provided NHpPD data on MHS and RRC Emergency Departments.

### Metropolitan Health Service and Bunbury Emergency Departments

MHS and Bunbury Emergency Department data (Units) covers the period 1st July – 30 June 2016. The data was provided, through the Emergency Department Data Collection Data (EDDC), Integrity Directorate at the Department of Health. EDDC is the agreed single source of data for emergency departments.

Table 3 below identifies the number of patient presentations to MHS and Bunbury emergency departments by National Triage Score (NTS).

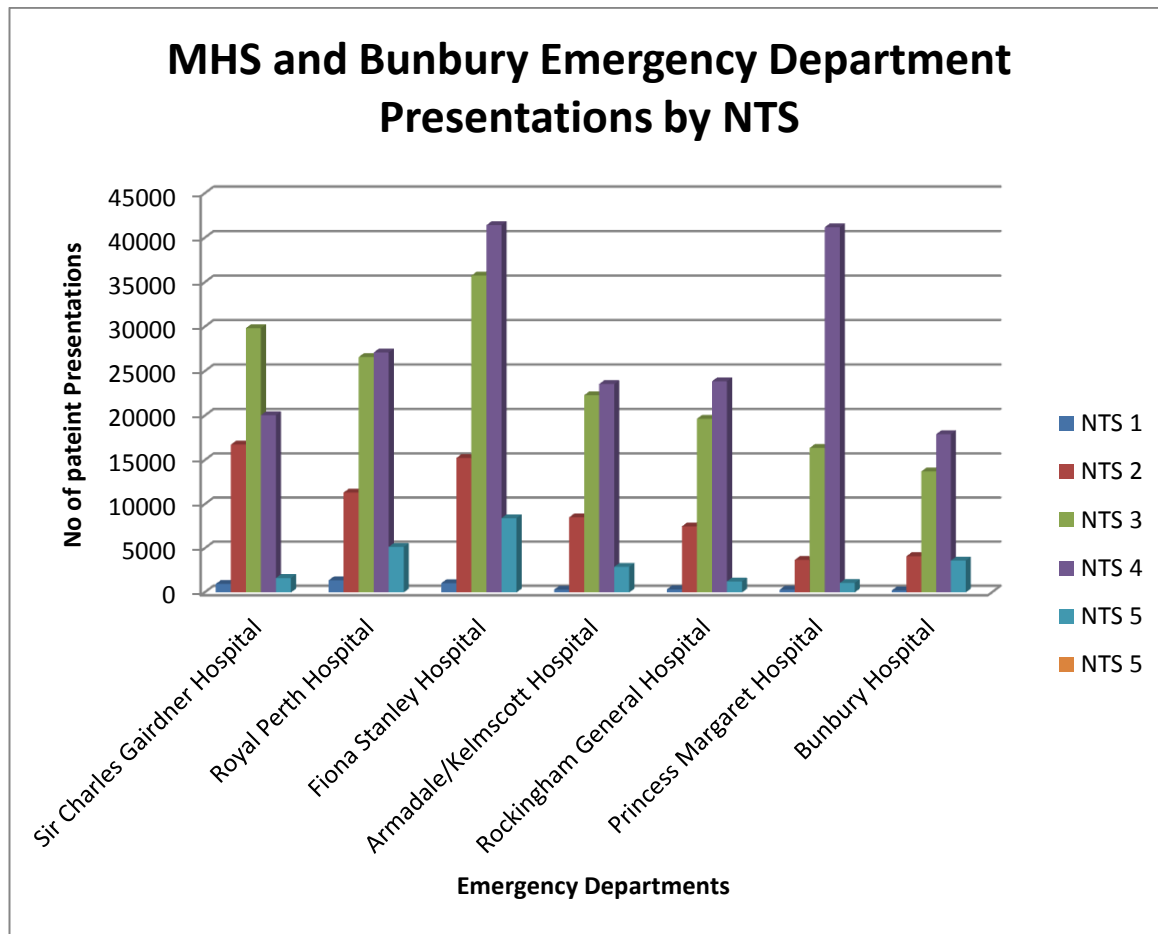
**Table 3: MHS and Bunbury Emergency Department Patient Presentations by NTS**

	MHS and Bunbury Emergency Department Patient Presentations by NTS						
National Triage Score (NTS)	Sir Charles Gairdner Hospital	Royal Perth Hospital	Fiona Stanley Hospital	Armadale Hospital	Rockingham General Hospital	Princess Margaret Hospital	Bunbury Hospital
NTS 1	965	1,371	1,059	313	352	302	225
NTS 2	16,753	11,330	15,247	8,524	7,493	3,683	4,115
NTS 3	29,852	26,601	35,761	22,307	19,659	16,375	13,722
NTS 4	20,059	27,110	41,434	23,566	23,877	41,201	17,919
NTS 5	1,634	5,158	8,420	2,900	1,249	1,072	3,613
<b>Total patient presentations</b>	<b>69,263</b>	<b>71,570</b>	<b>101,921</b>	<b>57,610</b>	<b>52,630</b>	<b>62,633</b>	<b>39594</b>
<b>Required ED FTE based on patient presentations</b>	74.06	70.30	95.64	53.46	46.85	46.00	34.53



Graph 2 represents data in Table 3 in an alternative format.

**Graph 2: MHS and Bunbury Emergency Department Patient Presentations by NTS**



The nursing Full Time Equivalent (FTE) for MHS and Bunbury emergency departments and observation wards is reflected in Table 4 below. All emergency department and observation ward data provided by the EDDC, Data Integrity Directorate at the Department of Health and is calculated based on the annual standard hours (1976 hours) of a full time nurse. The variance report for Bunbury Hospital ED is included in Appendix 3.

**Table 4: FTE requirements for MHS and Bunbury emergency departments and observation ward**

FTE requirements for MHS and Bunbury emergency departments and observation ward							
	Sir Charles Gairdner Hospital	Royal Perth Hospital	Fiona Stanley Hospital	Armadale Hospital	Rockingham General Hospital	Princess Margaret Hospital	Bunbury Hospital
<b>Reported average employed/paid FTE for emergency department and obs ward</b>	119.57	121.0	140	68.89	60.90	66.00	30.53
<b>Recommended FTE for Emergency Department and obs ward</b>	109.57	106.33	131.26	73.99	65.19	66.45	48.52
<b>Variance in FTE</b>	10.39	14.67	8.74	-5.1	-4.29	-0.45	-17.99
<b>Variance %</b>	9.52	13.80	6.66	-6.89	-6.58	-0.68	-37.08

## Regional Resource Centre Emergency Department

RRC Emergency Departments (5 units) provided data via the Nursing Workload Monitoring system. Table 5 represents the total number of patient presentations at the RRC by NTS. Graph 3 represents this data in an alternative format.

**Table 5: RRC Emergency Department Patient Presentations by NTS**

RRC Emergency Departments Patient Presentations by NTS					
	Albany Hospital	Broome Hospital	Geraldton Hospital	Kalgoorlie Hospital	Port Hedland Hospital
NTS 1	87	67	66	87	33
NTS 2	2423	947	1528	1679	587
NTS 3	8577	4260	7986	7212	2550
NTS 4	11848	10339	12258	10806	6195
NTS 5	1541	2855	1892	1793	2778
Total Triage	24476	18468	23730	21577	12143

**Graph 3: RRC Emergency Department Patient Presentations by NTS**

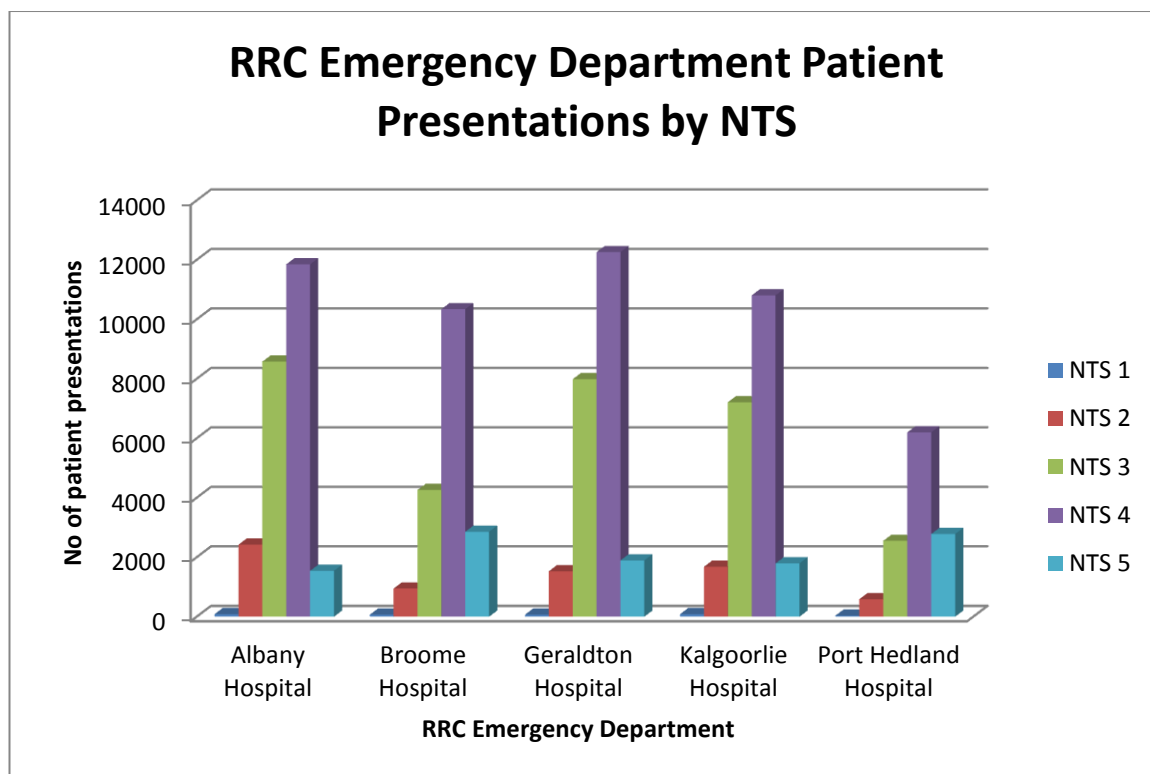


Table 6 below represents data from the RRC, using the Nursing Workload Monitoring System (NWMS). The NWMS calculates the required nursing hours based on the total number of patient presentations. The nursing hours and FTE used to staff the emergency department are entered manually by the nurse manager into the NWMS. The target FTE is calculated based on the average contracted hours of a full time nurse.

**Table 6: Nursing FTE required for RRC emergency departments**

	Nursing FTE required for RRC emergency departments				
	Albany Hospital	Broome Hospital	Geraldton Hospital	Kalgoorlie Hospital	Port Hedland Hospital
Total Patient Presentations	24476	18468	23730	21577	12143
Total NHpPD based on pt. presentations	33744.35	22122.93	30616.52	29638.09	14198.19
Actual rostered nursing hours	29528.53	27817.1	26795.8	63647	28134.46
Actual FTE	14.94	14.08	13.56	32.21	14.24
Target FTE	17.08	11.20	15.49	15.00	7.19
Variance	-2.13	2.88	-1.93	17.21	7.05

## Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001 at which time all MHS, RRC, IDHS and SHHC were consulted, to identify the defining categories for all clinical areas. Subsequently all wards and units were allocated a benchmark NHpPD category.

Reclassification of the NHpPD category can occur where the complexity or relative proportions of ward activity or the relative number of deliveries to the Occupied Bed Days changes. Submission of a business case is required to have the currently assigned NHpPD category altered. Governance for reclassification is through the State-wide Workload Review Committee. The committee reviews presented information and will formally advise on decisions made.

Table 7 below identifies the reclassification and classification which has occurred over the reporting period 1 July 2015 to the 30 June 2016. The reclassification and classification of hospital wards within the reporting period were supported.

**Table 7: Hospital wards that have applied for reclassification**

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Armadale Hospital	Maternity Unit	5.0	7.02
King Edward Memorial Hospital	Mother and Baby Unit	New classification	12.0

## Workforce Excellence

Nursing and Midwifery Office (NMO) strategic commitment is to enable workforce excellence by extending the capacity and capabilities of nursing and midwifery to achieve and embed a culture of performance.

### Undergraduate recruitment

GradConnect is the primary method of recruitment for nursing and midwifery graduates within WA Health or participating private partner (Ramsey Healthcare) and is coordinated by the NMO. Intakes of graduates occur in March and July each year. Table 8 reflects the total number of graduate positions for 2017 within WA Health including private partner (Ramsey Healthcare). Total number of graduate positions is determined by the Health Service Providers (HSPs) on a calendar year basis.

**Table 8: Total Number of graduate positions for 2017**

Year	*Total Number of graduate positions		
	Registered Nurse	Enrolled Nurse	Midwife
2017	569	120	46

*\* Number of graduate positions may vary as HSPs are afforded to offer the most appropriate number of positions to meet the needs of the HSP*

### Refresher pathway connect

The NMO has an ongoing commitment to support refresher programs for enrolled nurses, registered nurses and midwives who wish to return to the acute clinical setting. The Refresher Pathway Connect (RPC) program is designed to enhance clinical skills and knowledge for nurses and midwives, who are currently registered with the Nursing and Midwifery Board of Australia but have not practiced clinically in the last 5 years and wish to return to acute clinical area. RPC offers flexible options for refresher nurses or midwives in a full time or part time capacity.

The RPC participant completes theoretical assessments via online learning modules prior to commencing full-time or part-time employment, where they then undertake assessment of clinical competencies, reflective practice with formative assessment and development over three months. To be eligible to apply for a position applicants must be permanent Australian resident and have no restrictions on their nursing/midwifery registration.

Due to the recruitment freeze from December 2016 to July 2016, the RPC February 2016 intake was cancelled. The August 2016 Refresher Pathway Connect applications opened on 22 August 2016 and closed 5 September 2016. Table 9 represents the number of positions available for RPC in the associated designations and number of applications received.

**Table 9: Refresher Pathway Connect Number of Positions available August 2016**

Designation	No of RPC positions available	No of RPC applications received
Registered Nurse	32	78
Enrolled Nurse	8	8
Midwifery	9	12

### Leading Great Care (LGC)

The NMO has an ongoing commitment to invest in the leadership and management development of Senior Registered Nurses/Midwives Levels 1-9 within the state to assist in improving patient and staff care and meet organisational outcomes within the state. The NMO partnered with the University of Notre Dame Australia to offer a Graduate Certificate in Nursing Leadership and Management as part of the LGC program.

The Graduate Certificate in Nursing Leadership and Management is aimed at developing and equipping frontline nursing/midwifery leaders in the effective management and implementation of strategic and tactical plans to meet the outcomes of LGC program which is a component of “*Great Care is our Business*” framework. The program introduces and facilitates exploration of key leadership strategies, management concepts, organisational culture & change management and patient care, quality & best practice. The course has a strong focus on the practical application of these skills, knowledge and attitudes within the work environment.

The theoretical component of the course is delivered via master classes and is delivered away from the university setting. The LGC program commenced in February 2016 with sixty three (63) participants enrolled. These nursing/midwifery frontline leaders are from across the state and are from varied and diverse positions. Applications for the 2017 intake opened on 4 July 2016. Expressions of interest in the LGC program continue to exceed expectations.

## Scholarships

The WA Health recognises the importance of professional development to maintain the high standards of our nursing and midwifery workforce. In order to encourage nurses and midwives to pursue further studies, financial assistance via scholarships is offered for those who are enrolled in post graduate studies and meet specific criteria. Scholarships are awarded based on current and future workforce projections and areas of clinical need. Table 10 below outlines the types and number of scholarships awarded for 2016.

The priority areas for scholarships and specialisation for 2016 are as follows:

Emergency	Neonatal
Child and Adolescent health	General
Mental Health	Coronary Care
Paediatrics	Perioperative
Critical Care	Leadership and Management

**Table 10: Type and number of scholarships awarded for 2016**

Type of Scholarship	Number scholarships awarded
Rhonda Marriott Scholarship	1
Postgraduate Registered Nurse Specialisation	210
Postgraduate Midwifery	40
Master of Nursing (Nurse Practitioner)	12
Undergraduate (EN, RN, MID)	167
<b>TOTAL</b>	<b>430</b>

## **Nurse Practitioner (NPs)**

As of March 2016, 1380 Registered Nurses with NPs endorsement are registered with the Nursing and Midwifery Board of Australia. Of these 232 identified WA as their place of residency. WA has the fourth highest number of endorsed NPs behind Queensland, New South Wales and Victoria.

In 2014 Credentialing and Defining Scope of Clinical Practice for Health Professionals (Nursing and Midwifery) in WA Health Services – A Policy Handbook via OD 0505/14 was introduced. WA Health agreed to support credentialing of eligible midwives and nurse practitioners into public health facilities. The policy is intended to apply to all nurse practitioners and eligible midwives working in the WA public health system and is to be used in conjunction with existing organisational policies.

The aim is to ensure the provision of safe, high quality health care services within specific organisational environments. A scope of clinical practice is part of the credentialing process and defines the clinical practice that a health practitioner is permitted to conduct at a particular health care facility.



## Appendices

### Appendix 1 - Metropolitan Health Services

#### North Metropolitan Health Service (NMHS)

**Table 11: NMHS – Graylands Hospital (GH)**

NMHS - GH	NHpPD Reporting			
	Ward	Target	YTD	Variance
Selby PICU	8.15	7.77	-0.38	-4.62
Ellis	7.5	7.67	0.17	2.28
Dorrington	7.5	7.80	0.30	4.06
Susan Casson	8.51	8.88	0.37	4.32
Montgomery	8.66	9.47	0.81	9.37
Selby Lodge	6.41	7.26	0.85	13.18
Murchison	4.47	5.32	0.85	18.96
Hutchison	4.5	5.65	1.15	25.48
Smith	8.66	12.11	3.45	39.88
Yvonne Pinch	14.72	24.81	10.09	68.56

**Table 12: NMHS – Osborne Park Hospital (OPH)**

NMHS - OPH	NHpPD Reporting			
	Target	YTD	Variance	% Variance
Ward 3 Aged Care & Rehab	5	4.89	-0.11	-2.18
Ward 4 Rehab	5.75	5.67	-0.08	-1.41
Ward 5 Aged Care & Rehab	5.33	5.28	-0.05	-0.98
Ward 6 Surgical	5.75	6.04	0.29	4.99
Maternity	8.97	9.74	0.77	8.59

**Table 13: NMHS – Sir Charles Gairdner Hospital (SCGH)**

NMHS - SCGH	NHpPD Reporting			
	Ward	Target	YTD	Variance
Intensive Care Unit (Medical)	31.6	28.70	-2.90	-9.19
G51 (surgical)*	6.75	6.28	-0.47	-6.91
Ward G52 (Surgical)	9.51	9.38	-0.13	-1.36
Ward G63 (Med Specs)	6.83	6.87	0.04	0.63
Coronary Care Unit (Med Specs)	14.16	14.41	0.25	1.78
G61 (surgical)	7.5	7.76	0.26	3.50
Ward G62 (Surgical)	7.5	7.83	0.33	4.36
C17 Gem (medical)	5.75	6.00	0.25	4.39
Ward G53 (Surgical)	6.5	6.88	0.38	5.90
Ward G54 (Med Specs)	7.5	8.03	0.53	7.06
Ward G73 (Med Specs)	6	6.44	0.44	7.35
Ward G71 (Med Specs)	6.5	6.98	0.48	7.36
Ward G66 (surgical)	7	7.63	0.63	8.96
Ward G64 (Surgical)	7.5	8.19	0.69	9.17
Ward C 16 (Medical)	6	6.65	0.65	10.79
Ward G72 (MAU)	7.5	8.89	1.39	18.52
Ward G74 (Medical)	6	7.23	1.23	20.43
Ward G41 (Med Specs)	6.5	8.10	1.60	24.63
Ward G45 HDU (Medical)	12	15.82	3.82	31.83

\*G51 is calculated over 10 months due to ward closure Christmas New Year for renovations

## Women and Newborn Health Service (WNHS) – King Edward Memorial Hospital

**Table 14: WNHS – King Edward Memorial Hospital (KEMH)**

WNHS - KEMH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Obstetrics Ward 3	6	6.86	0.86	14.33
Obstetrics Ward 5	6	6.97	0.97	16.13
Gynaecology Ward 6	6	7.84	1.84	30.72
Adult Special Care Unit	12	15.99	3.99	33.24
Mother Baby Unit	12	16.87	4.87	40.58
Obstetrics Ward 4	6	9.51	3.51	58.54

## South Metropolitan Health Service (SMHS)

**Table 15: SMHS - Fiona Stanley Hospital (FSH)**

SMHS - FSH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
3B	12	10.89	-1.11	-9.28
5D +Resp HDU	7.95	7.30	-0.65	-8.23
4C	7.5	7.34	-0.16	-2.19
SRC - Ward B	6	6.01	0.01	0.15
SRC - Ward A	5.75	5.85	0.10	1.68
4D	7.5	7.70	0.20	2.70
7D + BMTU	6.61	6.83	0.22	3.39
SRC - Ward 2A	5.75	5.96	0.21	3.62
5C	6.5	6.77	0.27	4.13
MHU- Ward A	12	12.59	0.59	4.90
6D	6	6.38	0.38	6.38
7B ASU	7.5	7.99	0.49	6.57
7C	6	6.45	0.45	7.51
Coronary Care Unit	14.16	15.30	1.14	8.04
6A	6	6.86	0.86	14.40
6B	6	6.97	0.96	16.08
6C	6	6.99	0.99	16.44
4A	6	7.01	1.01	16.88
SRC - Ward 1A	7.5	8.82	1.32	17.53
Intensive Care Unit	31.6	37.66	6.06	19.19

Ward	Target	YTD	Variance	% Variance
7A	6	7.25	1.25	20.75
MHU - MBU	12	16.37	4.37	36.45
MHU - Ward B	12	20.01	8.01	66.75
3A	6	10.18	4.18	69.71
AMU 5A &B +HDU	9.18	18.18	9.00	97.98
3DS	6	17.13	11.13	185.53
Birth suite	10.56	37.45	26.89	254.63
Day Surgical Unit	4.37	64.80	60.43	1382.88

**Table 16: SMHS - Fremantle Hospital (FH)**

SMHS - FH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward 5.1 (MH)	6	6.23	0.23	3.90
Ward V6	5.75	6.04	0.29	5.04
Ward 4.1 (MH)	11.2	11.78	0.58	5.14
Ward 4.2 (MH)	6	6.34	0.34	5.72
Restorative Unit	5.75	6.34	0.59	10.25
Ward B9S	5.75	6.56	0.81	14.07
Ward B7N	5.75	7.04	1.29	22.48
Ward B8S	5.75	7.05	1.30	22.52
Ward 4.3 (MH)	6	7.57	1.57	26.13
Intensive Care Unit	12	27.10	15.10	125.83

**Table 17: SMHS - Rockingham General Hospital RGH)**

SMHS – RGH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Aged Care Rehab Unit	5.75	5.60	-0.15	-2.65
Intensive Care Unit	23.7	23.31	-0.39	-1.64
Medical	5.75	5.87	0.12	2.07
Multi Stay Surgical Unit	5.75	6.09	0.34	5.88
Obstetrics/Maternity	10.68	12.18	1.50	14.02
Medical Assessment Unit	6	10.42	4.42	73.60
Paediatrics Ward	6	15.04	9.04	150.69
Mental Health Adult (open)	6	17.67	11.67	194.46

## East Metropolitan Health Service (EMHS)

**Table 18: EMHS – Armadale Kalamunda Group (AKG)**

EMHS - AKG	NHpPD Reporting			
	Ward	Target	YTD	Variance
Carl Streich - Rehab & Aged Care	5	4.58	-0.42	-8.45
Kalamunda Hospital - Anderton (Med/Surg/Palliative Care)	5.47	5.07	-0.40	-7.31
Leschen_Adult Mental Health Inpatients	7.5	7.63	0.13	1.72
Canning Ward	5.75	6.00	0.25	4.26
Colyer Surgical	5.75	6.03	0.27	4.78
Intensive Care Unit	23.7	25.41	1.71	7.22
Benson Medical	6	6.60	0.60	10.07
Bickley Maternity Ward	7.02	8.02	1.00	14.29
Maude Bellas Maternity	7.02	8.04	1.02	14.59
Banksia_MHS for Older People Inpatients	6	7.44	1.44	24.00
Karri Ward (MH)	6	9.59	3.59	59.75
Campbell Paediatrics	6	9.97	3.97	66.11
Leschen HDU	12	22.03	10.03	83.61
Acute Medical Unit	6	13.18	7.18	119.63



**Table 19: EMHS – Bentley Hospital (BH)**

EMHS - BH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Adult Acute Ward 7	6	5.49	-0.51	-8.43
Adult Acute Ward 8	6	6.04	0.04	0.69
Secure Unit Ward 6	11.2	11.80	0.60	5.34
Ward 4	5	5.59	0.59	11.85
Ward 3 Medical/ Surgical	5	7.55	2.55	51.00
Ward 2 Maternity	6.86	13.42	6.56	95.57

**Table 20: EMHS – Royal Perth Hospital (RPH)**

EMHS - RPH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
Ward 7A	6	5.24	-0.76	-12.74
Ward 9A	5.75	5.11	-0.64	-11.14
Ward 5G	6	5.35	-0.65	-10.86
Ward 2K	6	5.46	-0.54	-9.08
Ward 9C	6.85	6.32	-0.53	-7.73
Ward 5H	7.5	7.45	-0.05	-0.63
Ward 8A	6	5.98	-0.02	-0.35
Ward 10C	6	6.47	0.47	7.81
Ward 6G	6	6.79	0.79	13.15
Ward 10A	6	8.64	2.64	43.92
Ward 3H	5.75	8.71	2.96	51.51

## Child and Adolescent Health Services (CAHS)

**Table 21: CAHS – Princess Margaret Hospital (PMH)**

CAHS - PMH	NHpPD Reporting			
Ward	Target	YTD	Variance	% Variance
General Medical 5A	7.5	7.36	-0.14	-1.89
Surgical 6A	7.5	7.82	0.32	4.26
Infants 8A	9	9.62	0.62	6.92
3B HDU	12	13.71	1.71	14.27
General Medical 9A	7.5	8.74	1.24	16.56
7Teen	7	8.74	1.74	24.81
PICU	31.6	39.87	8.27	26.16
Surgical 5C	7.5	9.93	2.43	32.41
4H	6	28.17	22.17	369.50

## Appendix 2 West Australian Country Health Service (WACHS) data by region

**Table 22: WACHS- Great Southern**

Albany Regional Hospital					
	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Ward A Surgical	C	5.75	6.00	1.04	18.13
Ward B Maternity	D+Deliv (Albany)	9.95	10.90	1.10	11.01
Ward C Paediatric /Medical /Surgical	C&D (Albany)	5.5	5.30	0.96	17.51
Ward E Medical / General	D	5	4.75	0.95	19.02
Ward G Mental Health	A&C (Albany)	6.28	8.83	1.41	22.39
High Dependency Unit	HDU	12	15.05	1.25	10.45
Dialysis Unit	Satellite Dialysis	2.18	2.36	1.08	49.57

**Table 23: WACHS – Goldfields**

<b>Kalgoorlie Regional Hospital</b>					
	<b>NHpPD Reporting</b>				
<b>Ward</b>	<b>Category</b>	<b>Target</b>	<b>YTD</b>	<b>Variance</b>	<b>% Variance</b>
Ward D Surgical	C	5.75	6.15	1.07	18.61
Ward B Medical	C	5.75	6.62	1.15	20.03
Paediatrics	D	5	8.87	1.77	35.47
Maternity and Special Care Nursery	D+Del+SCN (Kalgoorlie)	10.28	11.88	1.16	11.24
High Dependency Unit	HDU	12	12.63	1.05	8.77
Mental Health	A,B,C (Kalgoorlie)	7.71	10.02	1.30	16.86
Dialysis Unit	Satellite Dialysis	2.18	3.80	1.74	80.01

**Table 24: WACHS – Kimberley**

<b>Broome Regional Hospital</b>					
	<b>NHpPD Reporting</b>				
<b>Ward</b>	<b>Category</b>	<b>Target</b>	<b>YTD</b>	<b>Variance</b>	<b>% Variance</b>
General / Maternity	B+Del (Brm)	6.33	6.75	1.07	16.84
Acute Psychiatric Unit	A+ (APU)	10.38	8.54	0.82	7.92

**Table 25: WACHS – Midwest**

Geraldton Regional Hospital					
	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Maternity	D+Del (Geraldton)	8.55	9.54	1.12	13.05
High Dependency Unit	HDU	12	8.69	0.72	6.04
Hospital Ward	C	5.75	6.41	1.12	19.40
Dialysis Unit	Satellite Dialysis	2.18	2.18	1.00	45.90

**Table 26: WACHS – Pilbara**

Hedland Health Campus					
	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Med/Surg/ HDU (Vickers)	B+(Pilbara)	6.37	5.77	0.91	14.23
Maternity / SCN	D+Del (Hedland)	6.43	8.74	1.36	21.13
Paediatric	D	5	11.49	2.30	45.96
Dialysis unit	Satellite Dialysis	2.18	2.00	0.92	42.13

**Table 27: WACHS – Southwest**

<b>Bunbury Regional Hospital</b>					
	<b>NHpPD Reporting</b>				
<b>Ward</b>	<b>Category</b>	<b>Target</b>	<b>YTD</b>	<b>Variance</b>	<b>% Variance</b>
Surgical	C	5.75	5.70	0.99	17.25
Medical	C	5.75	5.57	0.97	16.85
Paediatrics	B	6	6.77	1.13	18.81
Maternity	D+Del (Bunbury)	8.3	8.72	1.05	12.66
Mental Health	C+ (BMH)	6.16	5.70	0.93	15.02
High Dependency Unit	HDU	12	13.28	1.11	9.22
PICU (Psychiatric Intensive Care Unit)	A+ (PICU Bunbury)	12	13.62	1.13	9.46

## Appendix 3 - Variance reports

Hospital: Royal Perth Hospital	Target NHpPD: 6		
Ward: 7A	Reported NHpPD: 5.24	Variance: -0.76	Variance % - 12.74
<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>	<ul style="list-style-type: none"> <li>▪ With ongoing monitoring and reconfiguration of services at RPH Ward 7A was relocated and reduced from a 21 bed ward to a 17 bed ward.</li> <li>▪ Staff were transitioned from 7A to 4A with the service whereby DSU (4G) and DO23 (4B) are co-located with 7A (now 4A). 4ABG is managed by a single ward leader.</li> <li>▪ Staffing is reviewed daily by the ward leader (CNS) and weekly monitoring of activity and NHpPD</li> <li>▪ Increased staffing requirements due to sickness, nurse specials, acuity or escorts are identified and managed within the unit (reallocation of staff from 4BG) or extra staff requested from NRC or supernumerary resources used (CNS/SDN)</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>	<ul style="list-style-type: none"> <li>▪ Staffing requirements are monitored daily per shift and are adjusted for the patient activity and acuity requirements.</li> <li>▪ As the transition of this service is still new and staff skill mix is monitored an increase of the SDN to 1.5FTE across the floor has been introduced</li> <li>▪ There has been approval for an exemption to the recruitment freeze whereby recruitment is currently underway</li> <li>▪ Recording of staff correctly on RoStar if they are reallocated from 4BG to 4A is vital to capture correct hours being used. This is a new process so requires close monitoring to ensure it is capturing nursing hours correctly.</li> </ul>		
<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>	<ul style="list-style-type: none"> <li>▪ The staffing profile will continue to be monitored to ensure safe levels of staffing.</li> <li>▪ Ongoing monitoring of staffing skill mix and profile will continue, with every effort to replace nursing shortfall with appropriately skilled staff.</li> <li>▪ Recruitment is currently in progress</li> </ul>		



<b>Hospital: Royal Perth Hospital</b>	<b>Target NHpPD: 6</b>		
<b>Ward: 5G</b>	<b>Reported NHpPD: 5.35</b>	<b>Variance: -0.65</b>	<b>Variance % - 10.86</b>
<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>	<ul style="list-style-type: none"> <li>▪ Ward 5G has significant staff shortages relating to reconfiguration and attrition. These have been exacerbated by the recruitment freeze that commenced in December 2015.</li> <li>▪ On a shift by shift basis casual and agency staff has been used to backfill the vacancy. When these resources are unavailable, nursing staff not included in the nursing hours per patient day, including the CNS and SDN are utilised for direct patient care and support of staff.</li> <li>▪ Occupancy of Ward 5G has sat at 91-98% for the 6 month period from February to July 2016. When possible, beds have been closed to lower occupancy and reduce the amount of nursing staff required.</li> <li>▪ A current recruitment process is underway where it is anticipated that all vacancies will be filled.</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>	<ul style="list-style-type: none"> <li>▪ Weekly monitoring of activity and NHpPD</li> <li>▪ Recruitment drive currently underway (completion Sept/Oct 2016)</li> </ul> <p>Ongoing education into the importance of correct roster recording with a new Nursing Guideline published to ensure accurate recording of nursing hours</p> <ul style="list-style-type: none"> <li>▪ Monthly in-depth monitoring of FTE and leave allocation occurs at ward and executive level.</li> </ul>		
<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>	<ul style="list-style-type: none"> <li>▪ The staffing profile will continue to be monitored to ensure safe levels of staffing.</li> <li>▪ Ongoing monitoring of staffing skill mix and profile will continue, with every effort to replace nursing shortfall with appropriately skilled staff.</li> <li>▪ Recruitment is currently in progress</li> </ul>		

Hospital: Royal Perth Hospital	Target NHpPD: 5.75		
Ward: 9A	Reported NHpPD: 5.11	Variance: -0.64	Variance % - 11.14
<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>	<ul style="list-style-type: none"> <li>▪ Ward 9A has significant staff shortages. This has been compounded by the health recruitment freeze limiting the ability to replace additional staff. Agency and casual staff have been utilised in this area with the impact of short shifts evident on the ward. In addition to this Ward 9A has been at 98-100% patient occupancy for the past 2 months</li> <li>▪ Steps put in place to assist: <ul style="list-style-type: none"> <li>○ Currently in the process of a recruitment drive across RPH</li> <li>○ Staffing profiles are adjusted daily to meet activity requirements based on patient flow and acuity needs. High acuity and high risk patients (delirium/falls risk/absconding risk) are identified and support staff (CNS/SDN/PCA/AIN) utilised above nursing hours to assist with workload.</li> <li>○ With ongoing review and reconfiguration at RPH continual adjustments are being made to ward configurations such as 9A increasing in ward size with the combination of rehabilitation and acute geriatrics which requires ongoing and close monitoring of patient activity and resulting nurse profiles.</li> </ul> </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>	<ul style="list-style-type: none"> <li>▪ Weekly monitoring of activity and NHpPD</li> <li>▪ Recruitment drive currently underway (completion Sept/Oct 2016)</li> <li>▪ Ongoing education into the importance of correct roster recording with a new Nursing Guideline published to ensure accurate recording of nursing hours</li> </ul>		
<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>	<ul style="list-style-type: none"> <li>▪ The staffing profile will continue to be monitored to ensure safe levels of staffing.</li> <li>▪ Ongoing monitoring of staffing skill mix and profile will continue, with every effort to replace nursing shortfall with appropriately skilled staff.</li> <li>▪ Recruitment is currently in progress</li> </ul>		

<b>Hospital: Bunbury</b>	<b>Target NHpPD: (based on patient presentations)</b>		
<b>Ward: Emergency Department</b>	<b>Reported NHpPD:</b>	<b>Variance: -17.99</b>	<b>% Variance – 37.08</b>
<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>	<ul style="list-style-type: none"> <li>• Fixed Term Contracts (FTC) have been issued to ensure compliance with NHpPD</li> <li>• Staffing reviewed each shift by NUM/CNS/S/C and staff deployed between SSU/ICU and ED to meet demand</li> <li>• Weekly review of activity versus NHpPD</li> <li>• Recruitment pool open for additional fixed term contracts/ and permanently fill recent substantive hours available from resignation/ promotional recruitment to L2 positions</li> <li>• 6 monthly review of ED patient presentation patterns in correlation to roster profile to maximise match of resources to activity.</li> <li>• Current effective correlation between hours used and NHpPD reported monthly</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>	<ul style="list-style-type: none"> <li>• Daily review of staffing requirements and adjustment for activity/acuity</li> <li>• Deployment of staff across the Critical Care Directorate to reflect area of activity</li> <li>• ICU Outreach RN deployed to ED when ICU NHpPD lower than resourcing</li> <li>• 3 new staff to commence on new FTC in September</li> </ul>		
<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>	<ul style="list-style-type: none"> <li>▪ Ongoing recruitment within affordable FTE</li> <li>▪ Amendment of AFT within HRIS to facilitate the appointment of permanent contracts and reduce reliance on FTC / casual hours</li> <li>▪ Ongoing 6 month review of staff profile per shift in accordance with presentation / acuity patterns.</li> <li>▪ Progression of additional permanent contracts once AFT uplift complete ( within Affordable FTE)</li> </ul>		

**Appendix 4 – WACHS regional Reporting of Small Hospitals/Primary Health Care Centres (SHHC) with 2.2.2 sites**

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

## Appendix 5 - WACHS Small Hospitals/Primary Health Care Centres (SHHC) with 2/2/2 roster by region

**Table 28: WACHS - Goldfields**

Region	Health Site
Goldfields	Laverton
	Leonora
	Norseman

**Table 29: WACHS – Great Southern**

Region	Health Site
Great Southern	Gnowangerup
	Kojonup
	Ravensthorpe

**Table 30: WACHS – Pilbara**

Region	Health Site
Pilbara	Newman (IDHS)*
	Onslow
	Roebourne
	Tom Price

**Table 31: WACHS – Mid-West**

Region	Health Site
Mid-West	Dongara
	Exmouth
	Kalbarri
	Meekatharra
	Morawa
	Mullewa
	Northampton
	Three Springs

**Table 32: WACHS – South West**

Region	Health Site
South West	Augusta
	Boyup Brook
	Donnybrook
	Nannup
	Pemberton

**Table 33: WACHS – Wheatbelt**

Region	Health Site
Wheatbelt	Beverley
	Boddington
	Bruce Rock
	Corrigin
	Dumbleyung
	Dalwallinu
	Goomalling
	Kellerberrin
	Kondinin
	Kununoppin
	Lake Grace
	Narembeen
	Quairading

\* Integrated District Health Service (IDHS) provides diagnostic, emergency, acute inpatient and minor procedural services, low-risk obstetrics (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health service at the district level.

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