



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

# Nursing Hours per Patient Day

## Annual Report

Chief Nursing and Midwifery Office  
1 July 2019 – 30 June 2020

NHPPD Annual Report V6.0

## Document History

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2.0	09/09/2020	M. Book; J.Ng; R. Redknap	Draft sent to IR & WAHNMAC for review and comment
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6.0	15/10/2020	M.Book	Final Report uploaded to the CNM Office website

## Executive Summary

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

Reform within Western Australia Department of Health (WA Health) continues 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, the WA Health Strategic Intent 2015-2020 and the Sustainable Health Review (SHR). 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.

Of significance, the World Health Organisation (WHO) made the assessment and declared COVID-19 a pandemic on 11 March 2020. To ensure a skilled and adaptable workforce responsive to the challenges of health care delivery, health service providers (HSPs) reviewed and enacted immediate strategies to ensure safe and appropriate patient flow within the health services, as well as supporting and preparing the WA nursing and midwifery workforce.

The WA health system is dynamic and demands for health services has grown substantially over time. Given the current COVID-19 pandemic, some areas have changed in its functionality since the last interim report. A degree of caution is therefore advised in comparing NHpPD data with previous reports. Every effort has been made to cover all areas, however some may not be reported due to the mitigating reasons outlined above.

The data within this report is reflective of both the Metropolitan HSPs and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and Small Hospitals (SH). The body of the report also includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. Statistics and information for all areas including formal variance reports from managers and directors for areas reported between 0-10% below their NHpPD target are provided in the Appendices.

In summary, a total of 194 wards were reported. 84% (n = 163) of these wards were  $\geq 0$  and 10% above their identified NHpPD targets; 14% (n = 28) reported  $\leq 0$  and 10% below their identified NHpPD targets and 2% (n = 3) were  $\geq 10\%$  below target.

# CONTENTS

Document History .....	i
Executive Summary .....	ii
<b>CONTENTS</b> .....	<b>iii</b>
Tables .....	iv
Introduction .....	1
<b>Nursing Hours per Patient Day Reporting</b> .....	<b>2</b>
Context for reporting.....	2
Reporting tools .....	2
COVID-19.....	2
Reporting structure .....	3
<b>NHpd Overall Data for the Metropolitan HSPs, WA Country Health RRC and IDHS</b> .....	<b>4</b>
<b>Metropolitan Health Service Data</b> .....	<b>5</b>
<b>WA Country Health Service Data</b> .....	<b>6</b>
Regional Resource Centres .....	6
Integrated District Health Services .....	6
Small Hospitals.....	7
<b>WA Health Emergency Department Data</b> .....	<b>8</b>
<b>Benchmarks and Reclassification</b> .....	<b>11</b>
<b>Workforce Excellence</b> .....	<b>11</b>
<b>Appendix 1: Metropolitan Health Services</b> .....	<b>12</b>
Child and Adolescent Health Service (CAHS).....	12
CAHS - Perth Children's Hospital - COVID Strategy.....	12
CAHS - Perth Children's Hospital – NHpd Data.....	12
East Metropolitan Health Service (EMHS).....	14
East Metropolitan Health Service - COVID Strategy .....	14
East Metropolitan Health Service – NHpd Data .....	15
North Metropolitan Health Service (NMHS).....	18
North Metropolitan Health Service - COVID Strategy.....	18
North Metropolitan Health Service – NHpd Data .....	20
North Metropolitan Health Service – Women and Newborn Health Service - NHpd Data .....	23
North Metropolitan Health Service – Mental Health - NHpd Data .....	24
South Metropolitan Health Service (SMHS) .....	26
South Metropolitan Health Service - COVID Strategy.....	26
South Metropolitan Health Service – NHpd Data.....	27
<b>Appendix 2: WACHS reporting of Regional Resource Centres</b> .....	<b>31</b>
WACHS - Regional Resource Centres (RRC) – NHpd Data .....	31
<b>Appendix 3: WACHS reporting of Integrated District Health Services</b> .....	<b>34</b>
WACHS - Integrated District Health Services (IDHS) - NHpd Data .....	34
<b>Appendix 4: Formal Variance Reports</b> .....	<b>36</b>
<b>Appendix 5: Wards reporting less than 10% below target</b> .....	<b>39</b>

## TABLES

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC and IDHS.....	4
Table 2. Metropolitan HSP inpatient wards that are 10% or more below target.....	5
Table 3. IDHS inpatient wards that are 10% or more below target.....	7
Table 4. Emergency Department nursing workload requirements.....	8
Table 5. Benchmark and reclassification approvals .....	11
Table 6. CAHS - Perth Children’s Hospital (PCH): Pre COVID-19 pandemic.....	13
Table 7. CAHS - Perth Children’s Hospital (PCH): During COVID-19 pandemic.....	13
Table 8. EMHS overview of strategies during the COVID-19 pandemic.....	14
Table 9. EMHS - Armadale Hospital (AH).....	15
Table 10. EMHS - Bentley Hospital (BH) .....	16
Table 11. EMHS - Royal Perth Hospital (RPH).....	17
Table 12. NMHS overview of strategies during the COVID-19 pandemic.....	18
Table 13. NMHS - Sir Charles Gairdner Hospital (SCGH) .....	20
Table 14. NMHS - Osborne Park Hospital (OPH) .....	22
Table 15. NMHS - WNHS - King Edward Memorial Hospital (KEMH) .....	23
Table 16. NMHS - MH - Graylands Hospital .....	24
Table 17. NMHS - Mental Health.....	25
Table 18. SMHS overview of strategies during the COVID-19 pandemic.....	26
Table 19. SMHS - Fiona Stanley Hospital (FSH) .....	27
Table 20. SMHS - Fremantle Hospital (FH) .....	29
Table 21. SMHS - Rockingham General Hospital (RGH).....	30
Table 22. WACHS - RRC - Goldfields .....	31
Table 23. WACHS - RRC - Great Southern .....	31
Table 24. WACHS - RRC - Kimberley .....	32
Table 25. WACHS - RRC - Midwest .....	32
Table 26. WACHS - RRC - Pilbara .....	33
Table 27. WACHS - RRC - Southwest.....	33
Table 28. WACHS - Goldfields .....	34
Table 29. WACHS - Great Southern.....	34
Table 30. WACHS - Kimberley .....	34
Table 31. WACHS - Mid-West.....	35
Table 32. WACHS - Pilbara.....	35
Table 33. WACHS - Southwest .....	35
Table 34. WACHS - Wheatbelt .....	35
Table 35. Formal Variance Reports - Moora Hospital .....	36
Table 36. Formal Variance Report - Denmark Hospital.....	37
Table 37. Formal Variance Report - Sir Charles Gairdner Hospital.....	38
Table 38. Variance Reports on areas reporting less than 10% below target.....	39

## 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 from 1 July 2019 to 30 June 2020. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles, and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018; and
- WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers 2018 – Industrial Agreement.

The Health Service Act 2016 (HS Act), together with its subsidiary legislation became law in Western Australia on 1 July 2016. The HS Act presented 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. Consequently, the Director General is established as the System Manager; and Health Service Providers (HSPs) are established as statutory authorities, therefore responsible and accountable for the provision of health services to their area.

This Annual Report has been collated by the Chief Nursing and Midwifery Office (CNMO) on behalf of the Director General, subsequent to:

- Schedule A – Exceptional Matters Order, Section 7.2.2 of the WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2018; and
- Schedule A – Workload Management Exceptional Matters Order, Section 7.2.2 of the WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers 2018 – Industrial Agreement.

This report acknowledges the WA Health Strategic Intent 2015 – 2020 and the Sustainable Health Review. It is recognised that, while undertaking this report, challenges exist when extrapolating data. Change in the patient administration system (PAS), enhancements of the central reporting tool, and reconfiguring of services for instance are considerations required when interpreting and analysing NHpPD data. A contemporary and integrated WA NHpPD workload management model that aligns with the principles of evidenced-based safe staffing is, in addition, imperative to achieve optimal staffing that best supports the state's nurses and midwives, and as such enables them to provide safe, high quality and sustainable health care.

Every effort has been made to report on all areas, there are some however that are not reported. In such instances, supporting comments from frontline leaders has been included within the relevant tables.

# Nursing Hours per Patient Day Reporting

## Context for 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 Industrial Union of Workers Perth (ANFIUWP) and United Workers Union (UWU) by the WA Health Chief Executive Officer as the system manager in accordance with section 19 (2) of the HS Act.

This report shows progress against the NHpPD targets and reports on areas that have not met their benchmark target.

All NHpPD Reports are available on the NHpPD webpage located through the CNMO website ([www.nursing.health.wa.gov.au](http://www.nursing.health.wa.gov.au)).

## Reporting tools

Historically NHpPD data has been collated centrally through a reporting tool supported by Health Support Services (HSS). HSS is WA Health's shared service centre, providing a suite of technology, workforce and financial services for Western Australia's public health services. Whilst the NHpPD HSS tool provides an overview of NHpPD across WA Health, it does not provide data in real time for staffing services.

To meet the requirements of Health Service Providers (HSPs), local tools that are more agile have been developed. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by several HSPs. The fundamental business rules apply in both tools and of note, the PULSE Tool provides more timely data. For example, the measurement of occupancy is calculated every minute in the PULSE Tool, while the HSS Tool only provides fifteen-minute snap shots.

The centralised tool used for metropolitan hospitals is not used within WACHS. RRC, IDH and nominated small hospitals report NHpPD through manual upload into the Nursing Workload Monitoring System. 42 sites report nursing hours used monthly detailing events, hours and circumstances to WACHS Central Office.

There are instances where variations have been highlighted when collating data. A degree of caution is required in these situations. The CNMO continues to collaborate with HSS and HSPs identifying and repairing data anomalies, as well as testing the NHpPD HSS Tool to ascertain its capability against the PULSE Tool. To gain an understanding of the tools' capability and suitability for purpose, the CNMO invited the ANFIUWP and UWU to attend a demonstration of both the NHpPD HSS Tool and PULSE Tool in June 2018. This meeting was attended by the ANF.

## COVID-19

The World Health Organisation (WHO) declared COVID-19 a pandemic on 11 March 2020. COVID-19 is a severe acute respiratory syndrome and WA Health admitted their first known COVID-19 patients from the Diamond Princess cruise ship (repatriated from Japan) in February 2020.

The Australian Health Sector Emergency Response Plan was enacted nationally (27 February 2020) and on 15 March 2020, the WA State Government declared a state of emergency along with a formal public health emergency.

The uncertainty surrounding this pandemic has impacted many areas of nursing and midwifery. The WA Health preparedness strategy meant HSPs would redesign service delivery by ward reconfiguration, quarantining of wards for COVID-19 related care and elective surgery cancellation. To ensure a skilled and adaptable workforce was (and is) responsive to the challenges of COVID-19, HSPs were required to review and enact immediate strategies to ensure safe and appropriate patient flow within the health services. This also includes supporting and preparing the WA nursing and midwifery workforce.

To date there has not been a notable COVID-19 surge in WA, resulting in lower levels of activity than expected. However, the preparedness phase created an increased activity in other aspects of service delivery. COVID-19 personal protective equipment (PPE) competence in donning and doffing, staffing contingencies such as critical care upskilling and clinical refreshers were examples of strategies implemented state-wide. WA Health have now procured a reliable supply and stock of PPE to ensure the safety of its workforce.

This Annual Report provides reporting for services pre and during COVID-19; identifying ward closures, reconfigurations, amended NHpPD targets - as part of the COVID-19 preparedness strategy. Of note, most service disruption occurred between April to June 2020. Some services have reverted to pre COVID-19 status. However, some have maintained temporary reconfiguration and/or ward closures. HSPs that undertook significant change have provided data and feedback to describe their reconfigurations and preparedness strategy. This is provided in the Appendices attached to this report.

## Reporting structure

Only wards reporting  $\geq 10\%$  below their target nursing hours will be reported within the body of the report. In addition, variance reports clarifying the action taken to relieve or alleviate the workload are included in the Appendices.

The structure of this report will be laid out as per the headings below:

- Overall NHpPD data for the Metropolitan HSPs, WA Country Health RRC and IDHS
- Metropolitan Health Service Data
- WA Country Health Service Data
- WA Health Emergency Department Data

In addition, new benchmarks and reclassifications approved during this reporting period is set out under the following header:

- Benchmarks and Reclassification



## NHpPD Overall Data for the Metropolitan HSPs, WA Country Health RRC and IDHS

A total of 194 wards were reported and of these, 102 wards (53%) across WA Health showed they were 10% above their NHpPD targets and 3 wards (2%) of the total were  $\geq$  10% below target.

An overview of the NHpPD data for the Metropolitan HSPs, WACHS RRC and IDHS is provided in Table 1 below. This includes the associated percentage, both above and below, the NHpPD target.

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC and IDHS

Reporting Period 1 July 2019 – 30 June 2020				
NHpPD reporting	Number of Wards			Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)
	Metropolitan HSPs	RRC	IDHS	
Above 10%	65	22	15	102 (53%)
Above 5 - 10%	22	4	2	28 (14%)
Above 0 - 5%	30	2	1	33 (17%)
Below 0 - 5%	18	1	1	20 (10%)
Below 5 - 10%	7	1	0	8 (4%)
Below 10% or more	1	0	2	3 (2%)
<b>Total Wards</b>	<b>143</b>	<b>30</b>	<b>21</b>	<b>194 (100%)</b>

All ward specific data relevant to these sites are provided in Appendix 1, 2 and 3 respectively. Areas that reported between 0 to 10% below their target have provided comments regarding the action taken to relieve or alleviate the workload. The formal variance report and wards reporting less than 10% below target are detailed in Appendix 4 and 5 respectively.

## Metropolitan Health Service Data

Of the 143 wards in the Metropolitan HSPs, one ward from a hospital showed a percentage variance of  $\geq 10\%$  below their allocated NHpPD target (Table 2).

Table 2. Metropolitan HSP inpatient wards that are 10% or more below target

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	YTD	Variance	% Variance
Sir Charles Gairdner	Intensive Care Unit (Medical)	ICU	31.60	27.82	-3.78	-11.96

A formal variance report for the above (Table 2) is provided in Appendix 4 (see Table 37).

## WA Country Health Service Data

WACHS facilities are delineated as follows:

- Regional Resource Centres (RRC)
- Integrated District Health Services (IDHS) and
- Small Hospitals (SH)

### Regional Resource Centres

RRCs are the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. maternity, mental health) and the coordination of outreach specialist services. WACHS operate six RRCs in Albany, Broome, Bunbury, Geraldton, Kalgoorlie and South Hedland.

No RRCs reported  $\geq 10\%$  below their NHpPD target. No unresolved workplace grievances were reported for the RRCs during the reporting period. This was confirmed by the WACHS Executive Director of Nursing and Midwifery.

### Integrated District Health Services

- Provides diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by GP/obstetricians and midwives) and aged care services (where required)
- Coordinates acute, primary and mental health services at the district level.

As per the *WA Health Clinical Services Framework 2014-2024*, 15 IDHS are located at:

- Busselton
- Carnarvon
- Collie
- Derby
- Esperance
- Katanning
- Kununurra
- Margaret River
- Merredin
- Moora
- Narrogin
- Newman
- Nickol Bay (Karratha)
- Northam and
- Warren (Manjimup)

Five additional hospitals (not classified as IDHS) are reported within the IDHS NHpPD. These are:

- Denmark,
- Plantagenet (Mount Barker)
- Fitzroy
- Halls Creek and
- Harvey

Of the total 20 IDHS wards, 2 wards from 2 hospitals reported  $\geq 10\%$  below their NHpPD target (Table 3).

Table 3. IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Hospital	Ward	Target	YTD	Variance	% Variance
Denmark	E+Del	4.56	3.34	-1.22	-26.75
Moora inpatients	E+F	4.3	2.4	-1.9	-44.19

A formal variance report for the above (Table 3) is provided in Appendix 4 (see Table 35 and 36).

## Small Hospitals

SH provide emergency department and acute inpatient care (with smaller bed numbers). Many of the sites within this category also provides residential aged care and ambulatory care.

There are 42 SH sites that maintain a 2:2:2 roster and report monthly in respect of workload. Staffing is based on safe staffing principles.

As per the *WA Health Clinical Services Framework 2014-2024*, the 42 SMs are located at:

- **Goldfields** (3): Laverton, Leonora, Norseman
- **Great Southern** (3): Gnowangerup, Kojonup, Ravensthorpe
- **Kimberley** (1): Wyndham
- **Mid-West** (8): Dongara, Exmouth, Kalbarri, Meekatharra, Morawa, Mullewa, Northampton, North Midlands
- **Pilbara** (4): Onslow, Roebourne, Paraburdoo, Tom Price
- **South West** (5): Augusta, Boyup Brook, Donnybrook, Nannup, Pemberton
- **Wheatbelt** (18): Beverley, Boddington, Bruce Rock, Corrigin, Dalwallinu, Dumbleyung, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Quairading, Southern Cross, Wagin, Wongan, Wyalkatchem, York

Sites considered SH but reported within the IDHS NHpPD are:

- **Great Southern:** Denmark, Plantagenet
- **Kimberley:** Halls Creek, Fitzroy Crossing
- **South West:** Bridgetown,

Additional staffing has been supplied for leave relief (of all types), acuity and activity, escorts and transfers and specials. Central Office has not been advised of any unresolved workplace grievances for understaffing. As there were no adverse staffing issues reported, an Appendix listing every small hospital has not been provided.

## WA Health Emergency Department Data

The ED models of care vary across WA. Some ED have both paediatric and adult areas with various nursing roles introduced to support the provision of patient care. Some of these roles include Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse. Historically, these have not been included when reporting on nursing workload within the ED.

ED is unpredictable in nature. As a result, staffing is fluid, dependant on the number of presentations, the acuity (based on the Australasian Triage Score) and complexity. Consequently, ED data is reported against the recommended full time equivalent (FTE) staffing and the number of ED presentations.

The principal data management system for ED is collected centrally through the Emergency Department Data Collection (EDDC) unit. As such, data for this section has been drawn from EDDC.

The nursing workload ED data report for the Metropolitan and WA Country Health Service have been reported as recommended FTE for the total number of presentations from 1 July 2019 to 30 June 2020. This is demonstrated in Table 4 below.

It should also be noted that given the COVID-19 pandemic and ED being the front line of health services, measures were put in place to maintain safety and patient flow. Comments were sought from HSPs and are recorded under feedback within Table 4.

Table 4. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2019 to 30 June 2020			
Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	COVID-19 strategy feedback from Health Service Providers (HSPs)
<b>Metropolitan Health Sites</b>			
Armadale	56.54	60,180	Set up an enclosed area as a respiratory assessment area (i.e. 13 bays). Commenced a pre-triage "Sieve" nurse to screen patients for ILI (influenza-like illness) and check temperatures. This required increased staffing requirements to meet these process changes.
Fiona Stanley	138.77	107,625	Fiona Stanley Fremantle Hospital Group (FSFHG) – Fiona Stanley Hospital (FSH) Emergency Department developed a dedicated Respiratory ED, resulting in modified workflows to accommodate this initiative.  This required additional FTE to accommodate the varying modifications including a pre-triage

			<p>model to stream patients to the correct area.</p> <p>As a result of COVID, during March, April and May there was a sharp downturn in presentations. Presentations were returning towards previous levels in June.</p>
King Edward Memorial	7.34	1,136	Nil
Perth Children's	59.61	62,518	Reduced ED presentations in April and May.
Rockingham	67.44	53,892	ED presentations fell considerably in March, April and May (during COVID).
Royal Perth	101.92	72,430	<p>Acute Respiratory Infection Zone (ARIZE) was commissioned in the ED area and occupied by the Emergency Management Ward (EMW).</p> <p>EMW patients moved to Acute Medical Unit, which usually accepts acute behavioural patients / toxicology. This resulted in an additional nurse in AMU 24/7.</p> <p>"Sieve role" commenced 7 April 2020 – which is a Pre-triage nurse in PPE to "sift/sieve" and COVID screen patients entering the ED – nurse undertaking this role was located external to the ED.</p> <p>Overall, there were a decrease in ED presentations related to COVID-19.</p>
Sir Charles Gairdner	98.25	68,835	<p>Significantly higher ED FTE to ED presentations from months of March through to June 2020 due to COVID.</p> <p>FTE requirements were nearly halved for April (64 FTE required; 114 FTE used), however unable to staff ED below profile due to additional COVID screening measures for patients/visitors and staff leave cancellations.</p> <p>Although patient presentations decreased, staffing levels remained consistent to pre-COVID levels.</p> <p>Staff are still required to "sieve" and COVID screen patients on entering ED. This is in line with WA government</p>

			<p>Phase 4, requiring additional nurses in triage.</p> <p>Due to COVID classification requirements for patients, ED observation ward has geographically been split into two areas. Due to the split in geographical location additional staffing has been required.</p> <ul style="list-style-type: none"> <li>• Observation ward: lower ground area (Green – non COVID patients);</li> <li>• Observation ward: Ground floor - Confirmed or Suspect COVID positive patients (Red/Amber)</li> </ul> <p>ED increased staffing profile in early phases of COVID, staffing levels have remained at Pre-COVID levels due to an increase in psych specials.</p>
<b>WA Country Health Service</b>			
Albany	23.63	26,933	No unresolved workplaces grievances reported.
Broome	16.93	24,006	
Bunbury	46.20	39,683	
Hedland	17.36	24,463	
Kalgoorlie	21.55	25,198	
Geraldton	34.37	32,013	

All Executive Directors of Nursing and Midwifery for the respective HSPs have confirmed there were no grievances lodged - associated with workloads within the ED (Metropolitan HSPs and RRC) in Table 4.

## Benchmarks and Reclassification

An initial benchmarking process was undertaken between 2000 and 2001. All Metropolitan HSPs, WA Country RRC, IDHS and SH were consulted at the time to identify categories for clinical areas. All inpatient wards and units were subsequently allocated a benchmark NHpPD category.

In addition, sites may request for reclassification of NHpPD category. This can occur when the complexity or relative proportions of ward activity, or a relative number of deliveries to Occupied Bed Days changes. In such instances, submission of a business case is therefore required to have an area reclassified and the associated category changed. The governance for reclassification is undertaken through the State Workload Review Committee (SWRC).

From 1 July 2019 to 30 June 2020, new benchmarks and reclassifications approved during this reporting period is demonstrated below (Table 5).

Table 5. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Fiona Stanley	6A Surgical	B (6.00)	B+HDU (7.86)
Perth Children's	4A	B (7.00)	A+ (9.00)
Perth Children's	4B	A (7.5)	A+ (9.60)
Royal Perth	Acute Medical Unit	B+ (6.83)	A- (7.30)
Rockingham General	Maternity	C+Delivery (10.8)	B (6.00)
Fiona Stanley	Short Stay Unit	G (3.00)	C (5.75)
Bentley	East Metropolitan Youth Unit	HDU (12.00) Provisional	HDU (12.00)
Fiona Stanley	6B (Neurology/Med Specialities)	B (6.00)	B+(6.49)
Bunbury	Medical	C (5.75)	B (6.00)
Bunbury	Surgical	C (5.75)	A&B (6.23)
Hedland	Maternity	D+Del (6.43)	B (9.45)

## Workforce Excellence

The *WA Health Nursing and Midwifery Strategic Priorities 2018-2021* were launched in April 2018 incorporating the strategic priorities of Workforce Excellence, Optimise Activity and Enhance Care Continuum.

Key achievements associated with the *WA Health Nursing and Midwifery Strategic Priorities 2018-2021*, can be found in the quarterly Achievement Reports available on the [Nursing and Midwifery Office website](#).



## Appendix 1: Metropolitan Health Services

All ward specific NHpPD data and information across Metropolitan HSPs (related to Table 1) are detailed in Appendix 1.

### Child and Adolescent Health Service (CAHS)

#### CAHS - Perth Children's Hospital - COVID Strategy

Effective April 2020, multiple ward configurations and reclassifications within Perth Children's Hospital were implemented, as described below:

- Ward 1A changed to oncology and endocrinology
- Ward 1B changed to burns, ortho, plastics, complex surgery and ENT
- Ward 2A changed to include respiratory
- Ward 2B closed and then changed to include neonates
- Ward 3C changed to include more multiday surgery
- Ward 4B changed to general paediatrics

Staff impacted by these ward changes were invited to submit preferences for ward placements; all staff received their first or second preference. In addition, there were significant periods of low activity noted.

Due to the COVID-19 pandemic, the health service was required to review and enact immediate strategies to ensure safe and appropriate patient flow within the health service. As a result, CAHS was not able to report and monitor NHpPD nor change configurations of wards within the NHpPD HSS Tool due to the uncertainty and rapidly evolving reconfiguration of services. It should be noted that no work load grievances were received.

These changes will remain in place until October 2020 where a transition to a new configuration will occur. Submissions for reclassification of NHpPD will occur after October, and CAHS confirmed the ANFIUWP has been notified that further reconfiguration is occurring.

#### CAHS - Perth Children's Hospital – NHpPD Data

Pre COVID-Pandemic wards' target and variance from July 2019 to March 2020 is demonstrated in Table 6, and Table 7 reporting targets and variances from April 2020 to June 2020 i.e. during COVID Pandemic.

Table 6. CAHS - Perth Children's Hospital (PCH): Pre COVID-19 pandemic

CAHS PCH Nursing Hours per Patient Day - 1 July 2019 to 31 March 2020					
Ward	Category	Target	YTD	Variance	% Variance
Ward 1A (Oncology and Haematology)	HDU	12.00	11.11	-0.89	-7.44
Ward 1B (Burns Orthopaedic Plastics)	A	7.70	8.42	0.72	9.34
Ward 2A (Specialty Medical)	A	7.50	7.71	0.21	2.76
Ward 2B (General Medical)	A+	8.30	8.77	0.47	5.56
Ward 3A (Paediatric Critical Care)	ICU	23.76	35.80	12.04	50.66
Ward 3C (Same Day)	B	6.00	28.82	22.82	380.33
Ward 4A (Adolescents)	A+	9.00	8.68	-0.32	-3.53
Ward 4B (General Surgical / Ear Nose and Throat / Ophthalmology)	A+	9.60	11.47	1.87	19.50
Ward 5A (Mental Health)	HDU	12.00	14.97	2.97	24.71

Table 7. CAHS - Perth Children's Hospital (PCH): During COVID-19 pandemic

CAHS PCH Nursing Hours per Patient Day - 1 April 2020 to 30 June 2020					
Ward	Category	Target	YTD	Variance	% Variance
Ward 1A (Oncology and Haematology)	HDU	11.3	11.3	-0.98	-5.85
Ward 1B (Burns Orthopaedic Plastics)	A+	9.00	8.87	1.17	15.18
Ward 2A (Respiratory)	A	7.50	8.28	0.78	10.46
Ward 3A (Paediatric Critical Care)	ICU	23.76	40.22	16.46	69.28
Ward 3C (Multiday Surgical)	B	6.00	37.08	31.08	517.92
Ward 4A (Adolescents)	A+	9.00	10.63	1.63	18.15
Ward 4B (General Paediatrics)	A+	9.60	8.62	-0.98	-10.26
Ward 5A (Mental Health)	HDU	12.00	14.10	2.10	17.53

## East Metropolitan Health Service

### East Metropolitan Health Service - COVID Strategy

During the COVID-19 pandemic, staffing profiles were assessed on a shift by shift basis and wards were staffed to the required capacity. Due to cancellation of planned leave, there were times where wards were very well staffed. Reconfiguration of wards was predominantly temporary. An overview of changes and actions implement for relevant wards across EMHS is described in Table 8 (below).

Table 8. EMHS overview of strategies during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
20 March	RPH Ward 9C – Respiratory and Renal	Became primary ward in response to COVID. This ward will continue to act as the primary intake area for COVID-19 related illness. Staffing profile increased to meet Category A (7.50). Renal patients were accommodated on ward 8A.
23 March	RPH Ward 7A – Geriatric med.	Acute Geriatrics patients moved to Bentley Hospital Wards 4 & 5. Ward remained empty until 23 April.
23 March	BH Ward 4 and 5 (Aged Care)	Ward 4 increased bed capacity to 32 beds. Ward 5 increased bed capacity to 20 beds
24 March	RPH Ward 10A and 7A	Ward 10A Internal Medicine moved into Ward 7A
30 March	RPH Ward 10A	Ward 10A became the COVID SUSPECT ward (15 beds)
2 April	BH Ward 2	Ward 2 Maternity closed, and staff were redeployed to Armadale Health Service (AHS)
March/ April	AHS – Canning Ward (Medical)	Transitioned into a COHORT ward with all respiratory patients admitted through ED transferring into there. All ICU respiratory transfers also moved to Canning when stable. Increased staffing requirements to meet the process changes and direct admissions.
March/ April	AHS - Maternity	Transitioned the care of patients in the Bentley catchment to Armadale and some staff moved to and orientated to work at AHS. Increased staffing to enable orientation requirements and the additional work load.
15 April	RPH Ward 9A	Ward 9A opened to admit COVID positive patients and closed 1 May.
8 April	BH Ward 1	Opened to accommodate Acute Geriatric patients (12 beds)
23 June	BH Ward 4 and 5	Patients on Ward 4 & 5 returned to RPH Ward 7A.
CURRENT STATE	RPH Ward 9C	Ward 9C is now responsible for inpatient COVID-19 positive/suspect and respiratory patients from Emergency Department

## East Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for EMHS, Armadale Hospital is demonstrated in Table 9 (below). The ward variance (in percentages) for this hospital range between 2.49% and 503.2% above the respective ward target.

Table 9. EMHS - Armadale Hospital (AH)

EMHS - Armadale Hospital	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Anderton Ward (Palliative)	D+	5.50	6.31	0.81	14.71
Banksia Ward (Older Aged Mental Health)	A+	8.00	8.47	0.47	5.85
Campbell (Paediatrics)	B	6.00	14.66	8.66	144.25
Canning Ward (Medical)	B	6.00	6.90	0.89	14.92
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.24	0.24	4.77
Colyer (Surgical)	C	5.75	5.89	0.14	2.49
Intensive Care Unit	ICU	23.70	37.56	13.86	58.46
Karri Ward (Mental Health)	A+	8.00	8.35	0.35	4.34
Maud Bellas Ward (Maternity)	B	6.00	7.32	1.32	21.92
Medical Admissions Unit	A+	6.00	8.41	0.91	12.19
Same Day Unit	B	6.00	36.2	30.2	503.2
Special Care Nursery	B	6.00	12.09	6.09	101.51
Moodjar/Yorgum (Mental Health)	A+	7.50	8.33	0.83	11.00

## East Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for EMHS, Bentley Hospital is demonstrated in Table 10 (below). The variance (percentages) for this hospital range between -5.54% below and 113.41% above the respective ward target.

Table 10. EMHS - Bentley Hospital (BH)

EMHS - Bentley Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
John Milne Centre *	D	5.00	6.22	1.22	24.36
Ward 2 (Maternity) **	D+Del	6.86	14.64	7.78	113.41
Ward 3 (Medical/Surgical) ***	D	5.00	8.75	3.75	75.08
Ward 4 (Aged Care Rehab)	D	5.00	5.96	0.96	19.17
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	5.77	0.02	0.36
Ward 6 (Secure Unit)	A+	11.20	11.37	0.17	1.48
Ward 7 (Adult Acute)	B	6.00	6.99	0.99	16.47
Ward 8 (Adult Acute)	B	6.00	6.93	0.93	15.51
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.08	0.42	-5.54
Ward 11 (Mental Health Youth Unit)	HDU	12:00	14.37	2.37	19.78

\* Data reported is from July 2019 to March 2020. John Milne Centre closed from April to Jun 2020 – due to COVID-19.

\*\* Data reported is from July 2019 to March 2020. Ward 2 Maternity closed in April 2020; reopen to be reviewed.

\*\*\* Data reported is from July 2019 to March 2020. Ward 3 closed in April and May; and reopened in June 2020.

## East Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for EMHS, Royal Perth Hospital is demonstrated in Table 11 (below). The variance (percentages) for this hospital range between -4.59% below and 169.74% above the respective ward target.

Table 11. EMHS - Royal Perth Hospital (RPH)

EMHS - Royal Perth Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Acute Medical Unit	A-	7.30	7.56	0.26	3.54
Coronary Care Unit	A+	11.10	15.62	4.52	40.76
Intensive Care Unit	ICU/HDU	26.67	34.26	7.59	28.47
State Major Trauma Unit	A + HDU	10.00	10.66	0.66	6.56
Ward 2K (Mental health)	B	6.00	7.86	1.86	30.92
Ward 3H (Orthopaedics)	C	5.75	6.74	0.99	17.20
Ward 4A (Day of Surgery)	B	6.00	16.18	10.18	169.74
Ward 5G (Orthopaedic)	B+	6.60	6.56	-0.04	-0.63
Ward 5H (Neurosurgical)	A-	7.30	7.01	-0.29	-3.98
Ward 6G (Gen Surg/Vascular)	A	7.50	7.16	-0.34	-4.59
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.44	0.24	3.82
Ward 7A (Geriatric Medicine)	C	5.75	6.01	0.26	4.57
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	5.91	-0.09	-1.46
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	7.16	0.31	4.54
Ward 10A (General Medicine)	B	6.00	6.42	0.42	6.94
Ward 10C (Immunology)	B	6.00	6.80	0.80	13.35

# North Metropolitan Health Service

## North Metropolitan Health Service - COVID Strategy

Due to the COVID pandemic, North Metropolitan Health Service (NMHS), Sir Charles Gairdner Hospital (SCGH) and Osborne Park Hospital (OPH) configured wards as part of a preparedness and COVID-19 management strategy. An overview of changes and actions implement for relevant wards across this HSP is described in Table 12 (below).

Table 12. NMHS overview of strategies during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
21 February - 10 June	SCGH Ward G54 (Respiratory Medicine)	<p>This ward was the identified COVID-19 positive ward, as it is typically a respiratory medicine ward; the first COVID-19 patient was admitted on 21/02/2020.</p> <p>Occupancy for the ward fluctuated between 60-71% during the above period and NHpPD significantly increased during this period, however due to the rapid need for COVID-19 preparedness, the NHpPD target was not adjusted. Ward profile numbers and allocation was in consideration of additional PPE requirements for staff, patient acuity, capacity to accept COVID positive patients, managed on a shift by shift basis. Patients were grouped as 'COVID-19 positive' and 'COVID-19 suspect', patients were cared for and quarantined in the divided groups.</p>
23 March - 8 June	SCGH Ward C17 (Geriatric Evaluation and Management (GEM) / Medical)	<p>Patients and staff from this ward were transferred to Osborne Park Hospital (OPH) Ward 6 on 23/03/2020, in preparation to admit COVID-19 positive and COVID-19 suspect patients from a cruise ship off the Western Australian coast. Ward C17 remained on hold and empty over this time as no patients were eventually admitted. Ward C17 re-opened on 8 June 2020.</p>
30 March - 22 June	SCGH Intensive Care Unit (ICU) and High Dependency Unit (HDU)	<p>These wards were combined with 31.6 NHpPD target comprising of ICU areas North, South and East. During the active COVID-19 period.</p> <p>The number of ICU beds increased from 23 to 36 beds:</p> <ul style="list-style-type: none"> <li>• ICU North (COVID-19 positive and suspect patients) beds = 13</li> <li>• ICU South (Non COVID-19 patients) beds = 10</li> <li>• ICU East - HDU (7 beds) + Ward G41 (6 beds) beds = 13</li> </ul> <p>ICU and HDU staff combined to care for patients across the 36 beds. HDU staff completed ICU upskilling to care for ICU patients in a team-based model as part of the COVID-19 pandemic preparedness strategy. ICU North also staffed to ensure preparedness for surge of COVID-19 positive patients and was reviewed by the bed manager on a shift by shift basis.</p> <p>ICU North re-opened to non COVID-19 patients on 24/04/2020, and G41 (Medical Specialties/Cardiology)</p>

		beds were released from the active COVID-19 ICU configuration. ICU reverted to pre COVID-19 configuration, separating ICU, HDU and G41 beds again effective Monday 22 June 2020.
30 March - 22 June	SCGH Ward G53 (Surgical Orthopaedics)	<p>This ward quarantined a pod of 6 beds for COVID-19 suspect surgical patients. NHpPD target did not change, however additional staffing was provided to the ward to meet additional PPE requirements for staff and increased patient acuity of post-surgical patients.</p> <p>The greatest influence on occupancy was that beds were empty but staffed to ensure preparedness for surge based on bed status reports at 0700/1200/2400</p>

NHpPD Annual Report V6.0



## North Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for NMHS, SCGH is demonstrated in Table 13 (below). The variance (percentages) for this site range between -11.96% below and 61.23% above the respective ward target.

Table 13. NMHS - Sir Charles Gairdner Hospital (SCGH)

Ward	NHpPD - Reporting				
	Category	Target	YTD	Variance	% Variance
Coronary Care Unit (Med Specs)	CCU	14.16	16.36	2.20	15.54
Ward C16 (Acute Medical/ Delirium)	B	6.00	6.38	0.38	6.36
Ward C17 (Geriatric Evaluation and Management (GEM)/Medical) *	C	5.75	6.25	0.50	7.20
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	8.41	1.91	29.33
Ward G45 HDU (Medical) **	HDU	12.00	19.35	7.35	61.23
Ward G51 (Medical specialities)	B+	6.75	7.24	0.49	7.28
Ward G52 (Neurosurgery)	B + HDU	9.51	9.22	-0.29	-3.02
Ward G53 (Surgical /Orthopaedics)	B+	6.80	7.62	0.82	12.06
Ward G54 (Respiratory Medicine)	A	7.50	9.00	1.50	20.03
Ward G61 (Surgical)	A	7.50	7.65	0.15	1.99
Ward G62 (Surgical)	A	7.50	7.99	0.49	6.54
Ward G63 (Medical Specialties)	B+	6.80	7.29	0.49	6.54
Ward G64 (Ear Nose Throat/ Plastics/ophthalmology/Surgical)	A	7.50	8.26	0.76	10.13
Ward G66 (surgical/Neurosurgery)	B+	7.00	7.60	0.60	8.57
Ward G71 (GEM/Medical)	B+	6.50	8.36	1.86	28.64
Ward G72 (Medical Assessment Unit)	A	7.50	9.00	1.50	20.01
Ward G73 (Medical Specials)	B	6.00	6.39	0.38	6.42
Ward G74 (Medical)	B+	7.00	7.75	0.75	10.76
Intensive Care Unit (Medical)	ICU	31.60	27.82	-3.78	-11.96

\* As part of the COVID-19 preparedness strategy for SCGH, Ward C17 (GEM/Medical) was closed for the months of April and May, with staff and patients relocated to Ward 6 at Osborne Park Hospital.

\*\* Data reported is from July 2019 to March 2020, as ICU and HDU areas combined in April to June due to COVID.

NHbPPD Annual Report V6.0

## North Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for NMHS, OPH is demonstrated in Table 14 (below).

The variance (percentages) for this site range between -1.22% below and 43.39% above the respective ward target.

Table 14. NMHS - Osborne Park Hospital (OPH)

NMHS-OPH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Birth Suite/Maternity	D+Del	8.97	11.66	2.69	29.96
Ward 3 Aged Care & Rehab	D	5.00	5.02	0.02	0.40
Ward 4 Rehabilitation	C	5.75	5.79	0.04	0.67
Ward 5 Rehabilitation	C	5.75	5.68	-0.07	-1.22
Ward 6 Surgical *	C	5.75	7.67	1.92	33.30
Ward 6 GEM **	C	5.75	8.25	2.50	43.39

\* Data reported is from July 2019 to March 2020, and June 2020. As part of the preparedness strategy for COVID-19, Ward 6 Surgical was utilised as a GEM ward in April and May 2020.

\*\* Data reported is from April to May 2020. As part of the preparedness strategy for COVID-19 (and noted earlier), Ward C17 at SCGH was relocated to OPH GEM 6. Staffing levels were high, this was due to staff reducing leave.

## North Metropolitan Health Service – Women and Newborn Health Service - NHpPD Data

All ward specific NHpPD data for NMHS, Women and Newborn Health Service (WNHS), King Edward Memorial Hospital (KEMH) is demonstrated in Table 15 (below).

The variance (percentages) for this site range between 9% and 75.03% above the respective ward target.

Table 15. NMHS - WNHS - King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Ward 3 (Maternity)	B+	6.75	7.95	1.20	17.78
Ward 4 (Maternity) *	B+	6.75	7.36	0.61	9.00
Ward 5 (Maternity)	B+	6.75	8.01	1.26	18.63
Ward 6 (Gynaecology/ Oncology) *	A	7.50	8.87	1.37	18.28
Adult Special Care Unit	HDU	12.00	21.04	9.04	75.03
Mother Baby Unit	HDU	12.00	15.30	3.30	27.50

\* To enable capacity and preparedness for COVID-19 patients, Ward 4 (Maternity) and Ward 6 (Gynaecology/Oncology) were closed from April to June 2020.

Ward 4 changed profile to Gynaecology during this period, though remained closed the entirety.

Ward 6 reopened on 3 August 2020.

## North Metropolitan Health Service – Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS, Mental Health (MH), Graylands Hospital is demonstrated in Table 16 (below). The variance (percentages) for this site range between -0.58% below and 29.88% above the respective ward target.

Table 16. NMHS - MH - Graylands Hospital

*Graylands Hospital	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Dorrington (Acute open)	A	7.5	7.46	-0.04	-0.58
Ellis (Hospital extended care)	A	7.5	7.61	0.11	1.46
Montgomery (Acute secure)	A+	8.66	10.11	1.45	16.74
Murchison East	D	5.0	5.16	0.16	3.12
Murchison West	A	7.5	8.38	0.88	11.76
Smith (Acute secure)	A+	8.66	9.93	1.27	14.70
Susan Casson (Hospital extended care)	A+	8.51	10.75	2.25	26.40
Yvonne Pinch (Acute secure)	A+	15.00	19.48	4.48	29.88

\* Anomalies are still occurring within the NHpPD HSS Tool. Data is manually recorded; therefore, health service provider NMHS - MH data has been used.

## North Metropolitan Health Service – Mental Health - NHpPD Data

All other NMHS Mental Health ward specific NHpPD data is demonstrated in Table 17 (below).

The variance (percentages) for these wards range between 5.79% and 48.58% above the respective ward target.

Table 17. NMHS - Mental Health

* NMHS - MH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Selby (Older Adult MH)	A	7.53	7.97	0.44	5.79
Osborne Park (Older Adult MH)	A	7.8	9.42	1.62	20.75
SCGH MH Observation Area	A+	12.75	18.94	6.19	48.56
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	11.85	1.31	12.38
Frankland Centre	A+	9.3	10.48	1.18	12.72

\* Anomalies are still occurring within the NHpPD HSS Tool. Data is manually recorded; therefore, health service provider NMHS - MH data has been used.

## South Metropolitan Health Service

### South Metropolitan Health Service - COVID Strategy

All SMHS sites adjusted staffing levels according to the demands during COVID. The changes to acuity and activity allowed for education and training requirements for COVID, this included PPE, ICU and ventilator upskilling.

An overview of changes and actions implement for relevant wards across SMHS is described in Table 18 (below).

Table 18. SMHS overview of strategies during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
March, April, May	Rockingham General Hospital (RGH) Medical Assessment Unit (MAU)/Short Stay Unit (SSU)	MAU/SSU was utilised as a non-admitted Influenza-like Illness (ILI) Emergency Department (ED) stream. Patients triaged and assessed as per ED model of care within the ward area. Minimum nursing profile maintained at all times regardless of the number of patients.
27 March - 28 April	RGH Older Adult Mental Health Closed Unit (OAMH)	OAMH was temporarily reconfigured to provide mental health ED assessment beds or COVID isolation for mental health inpatients as the need arose. During the time frame identified, no patients were admitted to this specific unit. In the event that the unit was required to be utilised as ED beds the staffing would be provided by the Psychiatric Liaison Nurses and medical staff. This process was in place for one month during which time the nursing staff were redistributed throughout the rest of Mimidi Park Mental Health inpatient unit. The ward returned to normal activity from 29/4/2020 and staffed to profile
March - May	Fiona Stanley Fremantle Hospital Group (FSFHG)	There were no changes to NHpPD across FSFHG sites; some movement of function and location changed but current NHpPD were applied including adjustments for bed closures and reduced activity in some areas.

## South Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for SMHS, Fiona Stanley Hospital (FSH) is demonstrated in Table 19 (below).

The variance (percentages) for FSH wards range between -6.68% below and 35.88% above the respective wards' target.

Table 19. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Coronary Care Unit	CCU	14.16	13.55	-0.62	-4.34
Short Stay Unit	C	5.75	6.63	0.88	15.35
Intensive Care Unit	ICU	28.42	29.55	1.13	3.98
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	8.15	2.15	35.88
Ward 3B (Neonatal medicine)	HDU	12.00	12.95	0.95	7.88
Ward 3C (Maternity)	B	6.00	6.39	0.39	6.53
Ward 4A (Orthopaedics)	B	6.00	6.53	0.53	8.76
Ward 4B (Burns)	A+(Burns)	11.91	11.11	-0.80	-6.68
Ward 4C (Cardio Vascular surgery)	A	7.50	7.26	-0.24	-3.17
Ward 4D (Cardiology)	A	7.50	7.31	-0.19	-2.58
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.41	0.19	2.33
Ward 5C (Nephrology & General Medical)	B+	6.50	6.65	0.15	2.23
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	8.02	0.07	0.83
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	8.89	1.03	13.06
Ward 6B (Neurology)	B+	6.49	6.95	0.46	7.09
Ward 6C (General Medicine)	B	6.00	6.48	0.48	7.97
Ward 6D (Acute care of the elderly)	B	6.00	6.08	0.08	1.36



Wards	Category	Target	YTD	Variance	% Variance
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	B	6.00	6.16	0.16	2.64
Ward 7B (Acute Surgical Unit)	A	7.50	7.14	-0.36	-4.82
Ward 7C (Oncology)	B	6.00	6.40	0.40	6.63
Ward 7D + Bone Marrow Transplant Unit	B+	6.61	6.54	-0.07	-1.12
Ward Mental Health Unit (MHU) - Ward A (Mental Health Adolescent)	HDU	12.00	13.10	1.10	9.17
Ward MHU - Ward B (MH Assessment)	HDU	12.00	11.40	-0.60	-5.00
Ward MHU – Mother Baby Unit	HDU	12.00	13.7	1.70	14.13
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.5	9.17	1.67	22.20
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.44	-0.31	-5.32
SRC - Ward A (Neuro rehab)	C	5.75	5.45	-0.30	-5.20
SRC - Ward B (Acquired Brain Injury)	B	6.00	5.68	-0.32	-5.39

## South Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for SMHS - Fremantle Hospital (FH) is demonstrated in Table 20 (below).

The variance (percentages) for FH wards range between -7.28% below and 8.89% above the respective ward target.

Table 20. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Ward 4.1 (Secure MH)	A+	11.2	11.07	-0.13	-1.20
Ward 4.2 (Adult MH)	B	6.00	6.23	0.23	3.85
Ward 4.3 (Older Adult MH)	B	6.00	6.53	0.53	8.89
Ward 5.1 (Adult MH)	B	6.00	6.03	0.03	0.50
Ward B7N (Ortho Geriatrics & Geriatric Med)	C	5.75	5.80	0.05	0.84
Ward B7S (Aged Care)	C	5.75	5.68	-0.07	-1.22
Ward B8N (Surgical Specialties/PCU)	A	7.5	6.95	-0.55	-7.28
Ward B9N (General Medical & Geriatric Medicine) *	C	5.75	5.95	0.20	3.48
Ward B9S (General Medicine)	C	5.75	5.86	0.11	1.87
Restorative Unit	C	5.75	5.59	-0.16	-2.71

\* Ward B9N was closed in January and February 2020.

## South Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for SMHS – Rockingham General Hospital (RGH) is demonstrated in Table 21 (below).

The variance (percentages) for RGH wards range between -1.51% below and 137% above the respective NHpPD wards' target.

Table 21. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Aged Care Rehabilitation Unit	C	5.75	5.76	0.01	0.14
Intensive Care Unit	ICU	23.70	24.56	0.86	3.62
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU) *	B	6.00	8.42	2.42	40.28
Medical Ward	C	5.75	5.97	0.22	3.86
Mental Health Adult (open)	B	6.00	7.76	1.67	27.83
Mental Health Adult HDU (closed)	A+	11.81	11.63	-0.18	-1.51
Multi Stay Surgical Unit	C	5.75	6.00	0.25	4.29
Neonatal Unit **	B	6.00	11.00	5.00	83.33
Obstetric Unit	B	6.00	6.68	0.68	11.33
Older Adult Mental Health ***	A	7.50	11.20	3.70	49.36
Older Adult Mental Health (open ward)	B	6.00	9.64	3.64	60.74
Paediatrics Ward	B	6.00	14.22	8.22	137.00
Murray District Hospital	E	4.69	5.32	0.63	13.33

\* Data provided is from July 2019 to March 2020 and June 2020. During the month of April and May 2020, MAU/SSU was utilised as non-admitted Influenza-like Illness (ILI) stream for Emergency Department. Staffing this ward for these months disrupted occupancy and staff cost centre numbers, which affected the reporting of NHpPD.

\*\* Reclassification for Obstetrics Unit in December 2019 released Neonates as a separate ward to report on. Configuration within the HSS NHpPD Tool delayed due to Service Request lodged with HSS overridden by their prioritised workloads. Therefore, the “average” NHpPD was extracted from the PULSE Tool.

\*\*\* Older Adult Mental Health Ward was closed for a month in April 2020.

## Appendix 2: WACHS reporting of Regional Resource Centres

### WACHS - Regional Resource Centres (RRC) – NHpPD Data

All wards specific NHpPD data for WACHS – RRC – Goldfields is demonstrated in Table 22 (below).

The variance (percentages) range between -0.92% below and 244% above the respective NHpPD wards' target.

Table 22. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Paediatric Ward	D	5.00	17.20	12.20	244.00
Dialysis Unit	2°	2.18	2.16	-0.02	-0.92
High Dependency Unit	HDU	12.00	17.47	5.47	45.58
Maternity Unit and Special Care Nursery	D+Del	10.28	11.38	1.10	10.70
Medical Ward	C	5.75	7.83	2.08	36.17
Mental Health Unit	A,B,C	7.71	13.34	5.63	73.02
Surgical Unit	C	5.75	6.68	0.93	16.17

All wards specific NHpPD data for WACHS – RRC – Albany Health Campus is demonstrated in Table 23 (below). The variance (percentages) range between 8.6% and 49.55% above the respective NHpPD wards' target.

Table 23. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Dialysis Unit	2°	2.18	3.00	0.82	37.61
High Dependency Unit	HDU	12.00	17.41	5.41	45.08
Maternity	D+	9.95	14.88	4.93	49.55
Medical/Paediatric/Surgical	C + D	5.50	6.58	1.08	19.64
Mental Health Inpatients	HDU	6.28	11.35	2.42	27.10
Subacute	D	5.00	5.43	0.43	8.60
Surgical	C	5.75	6.97	1.22	21.22

All wards specific NHpPD data for WACHS – RRC – Kimberley is demonstrated in Table 24 (below).

The variance (percentages) range between 8.19% and 16.59% above the respective NHpPD wards' target.

Table 24. WACHS - RRC - Kimberley

Broome Regional Hospital		NHpPD Reporting			
Ward	Category	Target	YTD	Variance	% Variance
General	B	6.33	7.38	1.05	16.59
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward	A+	10.38	11.23	0.85	8.19

All wards specific NHpPD data for WACHS – RRC – Midwest is demonstrated in Table 25 (below).

The variance (percentages) range between 15.6% and 51.3% above the respective NHpPD wards' target

Table 25. WACHS - RRC - Midwest

Geraldton Regional Hospital		NHpPD reporting			
Ward	Category	Target	YTD	Variance	% Variance
General Ward	C	5.75	8.70	2.95	51.30
High Dependency Unit	HDU	12.00	16.17	4.17	34.75
Maternity Unit *	D+Del	8.55	11.10	2.55	29.82
Renal Dialysis Unit	2°	2.18	2.52	0.34	15.60

\* Data provided is reported from July 2019 – March 2020. Maternity services were relocated to St John of God Geraldton on 7<sup>th</sup> April 2020.

All wards specific NHpPD data for WACHS – RRC – Pilbara is demonstrated in Table 26 (below).

The variance (percentages) range between -8.72% below and 110% above the respective NHpPD wards' target

Table 26. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Paediatric Ward	D	5.00	10.50	5.50	110.00
Dialysis Unit	2°	2.18	1.99	-0.19	-8.72
General	B	6.37	6.66	0.29	4.55
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	7.55	1.12	17.42

All wards specific NHpPD data for WACHS – RRC – South West is demonstrated in Table 27 (below).

The variance (percentages) range between 2.35% and 67.5% above the respective NHpPD wards' target

Table 27. WACHS - RRC - Southwest

Bunbury Regional Hospital	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Maternity Ward	B+Del	10.22	10.46	0.24	2.35
Medical	B	6.00	6.40	0.40	6.67
Mental Health	A + C	6.16	6.91	0.75	12.18
Paediatrics	B	6.00	8.11	2.11	35.17
Psychiatric Intensive Care Unit	HDU	12.00	20.10	8.10	67.50
Surgical	A&B	6.23	6.64	0.41	6.58

## Appendix 3: WACHS reporting of Integrated District Health Services

### WACHS - Integrated District Health Services (IDHS) - NHpPD Data

All wards specific NHpPD data for WACHS - IDHS are demonstrated in Table 28 through to Table 34 (below).

The variance (percentages) range between -44.19% below and 110.64% above the respective NHpPD wards' target

Table 28. WACHS - Goldfields

Goldfields	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Esperance inpatients	E+Del	4.88	6.25	1.37	28.07

Table 29. WACHS - Great Southern

Great Southern	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
*Denmark	E+Del	4.56	3.34	-1.22	-26.75
Katanning inpatients	F	4.94	6.44	1.5	30.36
*Plantagenet (Mt Barker)	E+Del	4.68	5.52	0.84	17.95

\* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 30. WACHS - Kimberley

Kimberley	NHpPD Reporting				
Ward	Category	Target	YTD	Variance	% Variance
Derby inpatients	D+Del	5.34	5.79	0.45	8.43
*Fitzroy inpatients	D	5.27	6.68	1.41	26.76
*Halls Creek inpatients	D	5.24	7.69	2.45	46.76
Kununurra inpatients	D+Del	5.32	5.9	0.58	10.90

\* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 31. WACHS - Mid-West

Mid-West	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Carnarvon inpatients	E+D+Del	5.20	8.87	3.67	70.58

Table 32. WACHS - Pilbara

Pilbara	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Newman inpatients	D	5.00	10.21	5.21	104.20
Karratha Health Campus inpatients	D+Del	5.8	6.93	1.13	19.48

Table 33. WACHS - Southwest

Southwest	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Busselton inpatients	D+Del	5.26	5.9	0.64	12.17
Collie inpatients	E+Del	4.72	5.69	0.97	20.55
*Harvey inpatients	E+F	4.54	4.92	0.38	8.37
Margaret River inpatients	E+Del	4.72	6.32	1.6	33.90
Warren inpatients	E+Del	4.71	5.86	1.15	24.42

\* In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 34. WACHS - Wheatbelt

Wheatbelt	NHpPD reporting				
Ward	Category	Target	YTD	Variance	% Variance
Merredin inpatients	F	4.23	8.91	4.68	110.64
Moora inpatients	E+F	4.3	2.4	-1.9	-44.19
Narrogin inpatients	D+Del	5.16	5.27	0.11	2.13
Northam inpatients	E+Del	4.73	5.33	0.6	12.68



## Appendix 4: Formal Variance Reports

This section provides formal variance reports from sites where areas have reported a variance of  $\geq 10\%$  below their allocated NHpPD target - described in Table 35, 36 and 37 (below). This table is presented from highest % variance to lowest.

Table 35. Formal Variance Reports - Moora Hospital

Hospital: Moora		Ward: General / Aged Care	
Target NHpPD: 4.30	Reported NHpPD: 2.40	Variance: - 1.9	% Variance: - 44.19
<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>• Patient Care Assistants (PCA) are rostered in addition to nursing staff on each shift</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>• The rostering of PCA has been practiced at Moora for many years. The staffing mix meets clinical needs of the hospital</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 hospital is staffed according to clinical needs. A clinical assessment is made on each shift by the Nurse Manager with additional staff being rostered where required.</li> </ul>		

Table 36. Formal Variance Report - Denmark Hospital

Hospital: Denmark		Ward: General Ward	
Target NHpPD: 4.56	Reported NHpPD: 3.34	Variance: - 1.22	% Variance: - 26.75
<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>Nursing staff are supported by Patient Care Assistants to ensure safe patient care, nursing staff in non-clinical roles provide care in peak times. Clinical need assessed on a shift by shift and staff provided according to acuity and patient needs.</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>On call roster implemented to provide staff for peak periods, Clinical Nurse Manager provided clinical care in peak times.</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>Monitor nursing hours, roster under review, reviewing strategies to ensure safe staffing.</li> </ul>		

Table 37. Formal Variance Report - Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		Ward: ICU	
Target NHpPD: 31.60	Reported NHpPD: 27.82	Variance: - 3.78%	% Variance: - 11.96
<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>• The workload of ICU is constantly reviewed and monitored. The patient population in this ICU frequently has at least 2 to 4 instances whereby those patients do not require 1:1 nursing as they only require HDU level of care.</li> <li>• At times when agency or casual staff are not available other clinical support staff such as SDN may take a patient load.</li> <li>• The flexibility of beds is monitored daily and in combination with general HDU needs.</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>• Sourcing appropriately skilled clinical staff from other areas.</li> <li>• Use of appropriately trained casual and agency staff.</li> <li>• Improve planning of patient flow between ICU &amp; general HDU.</li> <li>• Robust management of any FTE shortfall and recruiting appropriate skilled staff.</li> <li>• Consider recruiting extra staff for known busy winter period in the future.</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>• Implementing a combined ICU and general HDU NHpPD approach.</li> <li>• Identification of opportunities for upskilling of general HDU staff to manage the care of ICU patients to increase the staffing pool.</li> <li>• Conducting upskilling course for Registered Nurses transitioning into ICU (previously successful).</li> </ul>		

## Appendix 5: Wards reporting less than 10% below target

Feedback from sites reporting wards that are between 0 to 10% *below* their respective NHpPD target are described in Table 38 (below). This table is presented from highest % variance below target to lowest.

Table 38. Variance Reports on areas reporting less than 10% below target

Directorate	Ward	Category	Target	YTD	Variance	% Variance	Comment
Hedland Health Campus	Dialysis Ward	2°	2.18	1.99	-0.19	-8.72	Nurse to patient ratio 1:4. Shifts with minimum staff numbers, 6 nurses, result to under target. Shifts with allocated coordinator to cover both, 6 nurses + coordinator, result to meeting target.
Perth Children's	1A - Oncology & Haematology	HDU	12.00	11.11	-0.89	-7.44	Ward reconfiguration in April due to COVID meant a lower acuity; cohort of immunology patients are now on this ward. The target NHpPD when reclassified will be 11.3.
Fremantle	B8N (Surgical Specialties/PCU)	A	7.50	6.95	-0.55	-7.28	Staffing profile was adjusted to meet activity and acuity that was altered during COVID with a decrease in patient cohort requiring PCU beds and therefore were utilised for general surgery/ cohort.
Fiona Stanley	4B (Burns)	A+(Burns)	11.91	11.11	-0.80	-6.68	Staffing profile was adjusted to meet activity and acuity that was altered during COVID with a decrease in Burns patients and therefore beds were utilised for general surgery/ cohort.
Bentley	10A (includes 10B & 10C)	A	7.50	7.08	0.42	-5.54	Ward 10 had issues around replacement staffing and were often backfilled with AINs.
Fiona Stanley	SRC - Ward B (Acquired Brain Injury)	B	6.00	5.68	-0.32	-5.39	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options

Directorate	Ward	Category	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehab)	C	5.75	5.44	-0.31	-5.32	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options.
Fiona Stanley	SRC - Ward A (Neuro rehab)	C	5.75	5.45	-0.30	-5.20	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Fiona Stanley	MHU - Ward B (MH Assessment)	HDU	12.00	11.40	-0.60	-5.00	Shorter shift length impacting on NHPPD. Strategies in place to increase staff shift hours and increased monitoring by NUM. Ward acuity and NHPPD assessed daily and CNS provides support as needed.
Fiona Stanley	7B ASU	A	7.50	7.14	-0.36	-4.82	Staffing profile was adjusted to meet activity and acuity that was altered during COVID with a decrease in acute surgical patients and therefore beds were utilised for general surgery/ cohort.
Royal Perth	6G (Gen Surg/Vascular)	A	7.50	7.16	-0.34	-4.59	COVID related - reduced elective waitlist surgical activity
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.55	-0.62	-4.34	COVID reduced acute inpatient demand, adjusting resources as acuity changed. Staffing profile was adjusted to meet activity requirements based on patient activity and acuity.
Royal Perth	5H (Neurosurgical)	A-	7.30	7.01	-0.29	-3.98	COVID related - reduced surgical activity related to waitlist and reduced trauma admissions
Perth Children's	4A - Adolescents	A+	9.00	8.68	-0.32	-3.53	Ward reclassified to increased target hours in October 2019 from target of 7.00 to 9.00

Directorate	Ward	Category	Target	YTD	Variance	% Variance	Comment
Fiona Stanley	4C (Cardio/ Vascular surgery)	A	7.50	7.26	-0.24	-3.17	Staffing profile was adjusted to meet activity requirements based on patient theatre activity and acuity.
Sir Charles Gairdner	G52 (Neurosurgery)	B & HDU	9.51	9.22	-0.29	-3.02	Separate Ward HDU Rooms (2) utilised as per demand. Staffing as per patient acuity.
Fremantle	Restorative Unit	C	5.75	5.59	-0.16	-2.71	Variance would be attributed to reduced occupancy and acuity. Current tableau reporting enables real time view of NHpPD and occupancy so nursing requirements were adjusted down to meet reduced occupancy needs. Nursing resources are managed according to occupancy and acuity and this is coordinated in collaboration with the Nurse Unit Manager and Senior Nursing Ward Leaders. Strategies to address variance are in place and include establishment of recruitment pools to enable efficient recruitment of staff as required.
Fiona Stanley	4D (Cardiology)	A	7.50	7.31	-0.19	-2.58	Staffing profile was adjusted to meet activity requirements based on patient theatre activity and acuity.
Rockingham General	Mental Health Adult HDU (closed)	A+	11.81	11.63	-0.18	-1.51	Staffed 2 per shift. This profile is maintained on all shifts and enhanced by nursing specials in the event that there is clinical requirement to maintain safe patient care. Aberrations occur in the NHpPD figures when staff within the unit are deployed to meet clinical need (i.e. gender mix of patients, acuity, skill mix) and occasionally the entries in ROSTAR are not correctly resource balanced to reflect the changes.

Directorate	Ward	Category	Target	YTD	Variance	% Variance	Comment
Royal Perth	8A (Neurology/ Gastro)	B	6.00	5.91	-0.09	-1.46	Decreased occupancy
Fremantle	B7S (Aged Care)	C	5.75	5.68	-0.07	-1.22	COVID impacted.
Fremantle	4.1 (Secure MH)	A+	11.20	11.07	-0.13	-1.20	Under NHPPD for Sat and Sun due to reduce staffing by 1. This is due to reduced activities on weekend as well as meeting the overall NHPPD. Extra staff will be provided for increase acuity as well as special.
Fiona Stanley	7D + BMTU	B+	6.61	6.54	-0.07	-1.12	COVID impact, with reduced BMTU patients admitted, reducing acuity, and reducing need for NHpPD at BMTU rate
Kalgoorlie inpatients	DIALYSIS UNIT	2°	2.18	2.16	-0.02	-0.92	Unexpected leave and unable to back fill, Nurse Manager and Staff Development Nurses assumed patient load to support staff
Royal Perth	5G	B+	6.60	6.56	-0.04	-0.63	COVID related - reduced surgical activity R/T waitlist and reduced trauma admissions
Graylands	Dorrington (Acute open)	A	7.50	7.46	-0.04	-0.58	Staff on workers compensation and unplanned leave. High acuity and nursing specials across the hospital. Contacting all casual and part time staff, entering shift vacancies with NurseWest and exhausting all options for staff overtime. Backfilling shortfalls with CNS, SRN1 and Nurse Manager to ensure appropriate level of cover.

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