

9 September 2019

Re: Official Information Act request – Variance Indicator System

I refer to your Official Information Act request dated 11 August 2019 and received by the OIA team on 26 August 2019 requesting the following information

Please provide me with a summary briefing on 'Variance Indicator System'. For example:

1. What is it?
 2. When was it made operational?
 3. What is the criteria for deployment?
 4. Who is authorised to initiate the call for assistance?
 5. How is the request for extra help made, and to whom?
 6. What are the conditions for denying a request for deployment?
 7. What training have the nurses had about this system?
 8. What assistance is deployed?
 9. What is the timeframe from request to on location arrival? Etc
 10. What is the current ratio of nurse to patient numbers at Auckland Public Hospital?
 11. What does international best practice recommend?
 12. Also specifically why was this system not deployed on the night of my complaint?
1. VIS is an electronic tool for capturing and communicating variance (staffing and patient pressures) to our organisation. VIS provides a visual display of colour about what it's like for each ward.
 2. VIS implementation began for 34 wards on 26 February 2019 and went live for those wards on 1 June 2019. On 20 July 2019 we commenced the second implementation phase. On September 30 there will be another 11 wards using VIS. A further 5 wards are planned to commence VIS implementation in October 2019.

3. Each of the five VIS colours demonstrates the ward's capacity and demand status. Response to VIS is colour dependent. We also take into consideration the number of wards in any given colour i.e. we would respond to red, then orange, then yellow in that order.
4. Before a VIS colour is initiated the nurse or midwife in charge discusses the ward status with staff on the floor. The VIS status is a ward decision (not one person). Once the nurse or midwife in charge understands the ward status s/he enters the information into the electronic system.
5. The nurse or midwife logs into the VIS system. Once in the system there are seven questions that require a yes or no response, based on the information that person has from the staff on the floor. The yes or no responses produce a number and a colour. The colour is then displayed on a digital platform. Staff from across the hospital have the 'VIS board' on display and respond to the colour as soon as possible. Depending on the colour actions by role are outlined in the 'VIS standard operating flipchart'. Each ward and the Clinical Nurse Managers have a copy of the flipchart.
6. There is no reason to deny assistance to a ward. However, if resource has been exhausted across the hospital the Clinical Nurse Manager needs to respond to the worst affected area first, red, then orange, then yellow.
7. From 26 February 2019, 1.5 hour training sessions were offered to senior nurses from each of the wards that was planned to implement VIS. They were provided tools and material to take back to their wards to teach their staff to use the VIS system. They had several weeks to plan and provide the education and practice using the system before 'go live' on 1 June 2019. As this model was successful we are currently doing the same process with the second of three roll outs. Specifically, for ward 73, by 4th April 2019 25 staff had completed the required training and from this point until the system was live in June the ward team were practising and embedding this training.
8. There are a combination of registered nurses and health care assistants in the VIS response team. At times one or more staff responds, depending on the capacity and demand pressures across the hospital. As well, when a ward is in mauve (they have capacity to spare) nurses and/or health care assistants are asked to help other areas.
9. We do not specifically collect the data that is being request, and do not track the timeframe from request to location arrival, what we do know is the average time to get a ward out of red, orange and yellow, to a lesser colour.
 - A red VIS - 1hr 27mins to move to a lesser colour
 - An orange VIS - 2hrs 1mins to move to a lesser colour
 - A yellow VIS - 3hrs 21mins to move to a lesser colour
10. Auckland DHB does not work on a ratios basis. No two patients are alike, even though they may be admitted with the same complaint.

Like most New Zealand hospitals Auckland DHB uses a tool that measures individual patient acuity. The acuity is determined by what the patient has been admitted for and what they need care of/or assistance with. The nurse caring for the patient captures the care requirements in the electronic acuity tool and time is allocated to the patient, for that shift and over a 24 hour period.

11. International best practice recommends safe staffing to ensure best patient outcomes. There is much current and past literature published. Auckland DHB believes that providing the right hours of care for individual patients enables them to have the best outcome.
12. The VIS system was activated by staff on ward 73 on the night of the 11th July. At 7.12pm a yellow score was indicated and at 7.34pm a re-score indicated a change to orange. On the night of the 12th July a VIS mauve was indicated at 4.20 pm and again at 11.17pm.

Overall, VIS has been welcomed by staff and the organisation as the system enables visual representation of how much pressure (or not) there are on each ward or service. VIS is only part of the Care Capacity Demand Management (CCDM) system. As we continue to implement CCDM we will continue to improve our staffing, response to variance and above all getting it right for patients and staff.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

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Ailsa Claire, OBE
Chief Executive