



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

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

July 2024

Background

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

For the purpose of workload management, the Employer will continue to manage nursing workloads and consult with employees in accordance with Schedule A - Exceptional Matters Order relating to workloads (Nursing Hours per Patient Day) during the life of the –

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2022 (ANF Industrial Agreement); and
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Industrial Agreement).

Process for Classification or Re-classification of a NHpPD category

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

Where there are new units created, the complexity or the relative proportion of ward/department activity changes, or the ward/department has changed, the NHpPD model incorporates a classification or reclassification review process. This process requires health service providers (HSPs) to submit a business case to have the NHpPD category and revised target hours formally reviewed, endorsed and updated.

A 'Classification Business Case' establishes a case for the HSP to seek endorsement of a proposed NHpPD category and target hours for a new ward/unit, or an area which has undergone a complete reconfiguration of services.

A 'Reclassification Business Case' seeks endorsement to increase or decrease an NHpPD category and target hours for an established ward/unit.

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

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

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

- Department of Health – Chief Nursing and Midwifery Officer
- Metropolitan Tertiary Hospital – Executive Director of Nursing and Midwifery

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

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

The CNMO secretariat should be informed of the co-opted member, who must be familiar with the reclassification process through the *SWRC Terms of Reference*.

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

Business Case Submission

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

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

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

Prior to the business case being sent to the *SWRC* for decision, the CNMO Secretariat may seek additional information or clarification from the requesting health site.

Endorsement

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

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

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

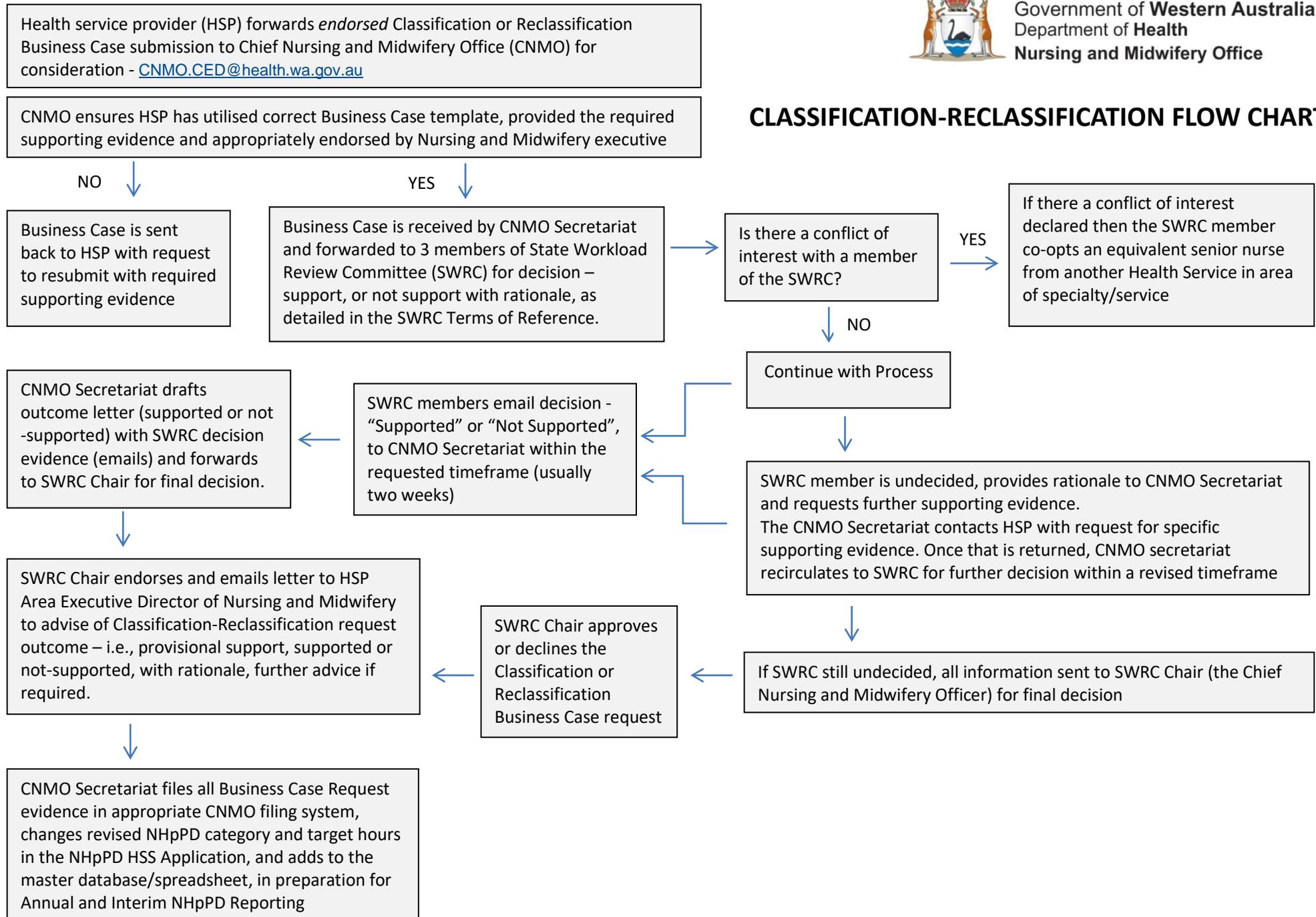
Review and Decision

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

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



CLASSIFICATION-RECLASSIFICATION FLOW CHART





NHpPD Classification - Reclassification Request Form

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

Statement of background and current situation :

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Additional Comments :

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

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Statement for Classification - Reclassification :

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

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NHppD trend evidence

Provide AT LEAST 2 years of retrospective verified and reported NHppD data to support the case for reclassification, or classification of a new inpatient ward/area, if any data available.

Table 1. 2022/2023 NHppD (REPORTED MONTHLY AVERAGE HOURS)

WARD / AREA TITLE	TARGET HRS	2022 JUL	2022 AUG	2022 SEP	2022 OCT	2022 NOV	2022 DEC	2023 JAN	2023 FEB	2023 MAR	2023 APR	2023 MAY	2023 JUN	AVE HRS

Table 2. 2023/2024 NHppD (REPORTED MONTHLY AVERAGE HOURS)

WARD / AREA TITLE	TARGET HRS	2023 JUL	2023 AUG	2023 SEP	2023 OCT	2023 NOV	2023 DEC	2024 JAN	2024 FEB	2024 MAR	2024 APR	2024 MAY	2024 JUN	AVE HRS

Table 3. 2024/2025 NHppD (REPORTED MONTHLY AVERAGE HOURS)

WARD / AREA TITLE	TARGET HRS	2024 JUL	2024 AUG	2024 SEP	2024 OCT	2024 NOV	2024 DEC	2025 JAN	2025 FEB	2025 MAR	2025 APR	2025 MAY	2025 JUN	AVE HRS

Table 4. 2025/2026 NHppD (REPORTED MONTHLY AVERAGE HOURS)

WARD / AREA TITLE	TARGET HRS	2025 JUL	2025 AUG	2025 SEP	2025 OCT	2025 NOV	2025 DEC	2026 JAN	2026 FEB	2026 MAR	2026 APR	2026 MAY	2026 JUN	AVE HRS

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

Email endorsed Business Case application to the Chief Nursing and Midwifery Office: CNMO.CED@health.wa.gov.au

OUTCOME: STATE WORKLOAD REVIEW COMMITTEE		
Recommendation:		
Notification	Health Service Provider	Date: DD/MM/YYYY
	ANF & UWU	Annual and interim NHppD reports
Updated on CNMO database	DD/MM/YYYY	

SCHEDULE B – NHPPD GUIDING PRINCIPLES

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
ED		ED Nursing Hours per Patient Presentation (NHpPP) Formula (Assessment Time) + (Ongoing Care component x ALOS) + (Observation Ward Occupied Bed Days x 5.75 hours where appropriate)
ICU	31.60	- Tertiary designated ICU
CCU	14.16	- Designated stand-alone CCU
HDU	12.00	- Designated stand-alone HDU - High Dependency Unit @ >6 beds.
A	7.50	- High Complexity - High Dependency Unit @ or < 6 beds within a ward - Tertiary Step Down ICU - High Intervention Level - Specialist Unit/Ward Tertiary Level 1:2 staffing - Tertiary Paediatrics - Mental Health (MH) Secure Beds - Seclusion used as per Mental Health Act 1996 (WA) - High risk of self-harm and aggression - Intermittent 1:1 /2 Nursing - Patients frequently on 15 minutely observations
B	6.00	- High Complexity - No High Dependency Unit - Tertiary Step Down CCU/ICU - Moderate/High Intervention Level - Special Unit/Ward including Mental Health Unit - High Patient Turnover(1) > 50% - FHHS Paediatrics(2) - Secondary Paediatrics - Tertiary Maternity - MH – High risk of self-harm and aggression - Patients frequently on 30 minute observations - Occasional 1:1 nursing - Mixture of open and closed beds - Seclusion used as per Mental Health Act 1996 (WA)
C	5.75	- High Complexity Acute - Care Unit/Ward - Moderate Patient Turnover > 35%, OR - Emergency Patient Admissions > 50% - MH – Moderate risk of self harm and aggression - Psychogeriatric Mental Health Unit - Mental Health unit incorporating ECT Facility
D	5.00	- Moderate Complexity - Acute Rehabilitation Secondary Level - Acute Unit/Ward - Emergency Patients Admissions > 40% OR - Moderate Patient Turnover > 35% - Secondary Maternity - MH – Medium to low risk of self harm and aggression - Mental Health Forensic Patients in open beds
E	4.50	- Moderate Complexity - Moderate Patient Turnover > 35% - Sub Acute Unit/Ward - Rural Paediatrics - Rural Maternity
F	4.00	Moderate/Low Complexity - Low Patient Turnover < 35% - Care Awaiting Placement/Age Care - Sub Acute Unit/Ward - MH Slow stream rehabilitation
G	3.00	Ambulatory Care including: - Day Surgery Unit
Renal (T)	3.02	Stand-alone Tertiary Renal Unit
Renal (S)	2.18	Stand-alone Satellite Renal Unit



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