Estimates Committee 2010

Questions Taken On Notice

(11/06/2010 to 18/06/2010)

Date: 17/06/2010

Output:

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Subject: Independent report into the implementation of the nursing hours

From: Mr Matt Conlan to Hon Kon Vatskalis

Health

7-7

Question: Minister, will you provide the independent report into the implementation of the nursing hours per patient-based staffing model to the committee?

Answer:

Answered On: 02/07/2010

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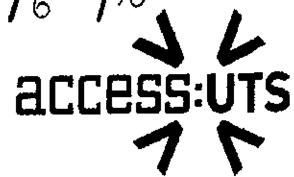

Implementation of the NHPPD Management Tool for Nursing Staffing Levels

Report 2: December 2008 – May 2009

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18 August 2009

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EXECUTIVE SUMMARY

- The willingness of staff to engage in the process of implementation of the Nursing Hours per Patient Day Project (NHPPD) at all levels in the DHF and hospitals is impressive and is a significant contributor to the success of this project.

- Implementation of NHPPD is ongoing with ward/unit types being added progressively.

- Staff at the ward level (particularly CNMs) feel there is a positive impact. Hospitals are reporting (anecdotally) improved staff satisfaction.

- Additional nurses and midwives have been employed to meet the Benchmark targets (an increase of 160.44 FTEs from November 2008 to the end of May 2009). There is some evidence that there is less reliance on short term staffing such as the use of overtime and agency hours and this trend should continue with increased recruitment.

- Many new employees are first year registered nurses who will require close monitoring and support. It is critical that these staff are retained so that the workforce profile does not become increasingly more junior. A balance between experienced and less experienced staff is required.

- Understaffing by more than 10% has trended down over the six month period of data collection. In particular Wards 4A, 4B and 3A at Royal Darwin Hospital are within the benchmark on all but one occasion over the six months (4B in January). Where understaffing occurs at RDH it is in Units where further work is being undertaken to refine the NHPPD model (Special Care Nursery, ICU, HDU, CCU and Palmerston and Nguiu dialysis units. The Continuing Care Ward has just been commissioned at

Alice Springs Hospital and appropriate benchmarks are still being determined. The Dialysis Unit at Tennant Creek Hospital exceeds the 10% threshold but refinement of the model is ongoing for units of this type.

- Overstaffing greater than 10% at all sites is more common. There are significant peaks and troughs in activity, particularly at the smaller regional hospitals which make it difficult to remain consistently within the 10% threshold. Also at these hospitals and on smaller units at ASH and RDH minimum safe staffing levels apply which frequently cause them to exceed the benchmark.

- Overstaffing at RDH (by greater than the 10% threshold) occurs regularly on some wards. The benchmarks allocated by the NHPPD model may need review. It is not possible to determine daily staffing patterns on the data available, that is whether on a given day/shift some wards are understaffed and use overtime and agency staff to supplement the hours while others are overstaffed. This requires a 'whole-of-hospital approach to staffing rather than a 'Division-centric' model.

- There are several atypical aspects of providing health services in acute settings in the Northern Territory such as the range of preventative/health promotion activities. These activities are not really accommodated in the NHPPD method. The Implementation Steering Committee is cognisant of these factors.

- The NHPPD is less able to predict staffing requirements in some ward or unit types such as dialysis, special care nursery. Again the Implementation Steering Committee is aware of these and working towards a satisfactory resolution.

- Data on skillmix are not routinely collected at the ward level. Summaries of the use of overtime, casual, agency and bank nursing hours are now being produced.

- Quality data indicate the rate of incidents at RDH is trending up but this is more likely to be the result of better reporting.

- It is not possible to link staffing to patient (nursing sensitive) outcomes as data are not available.

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RECOMMENDATIONS

1. The NHPPD method of staffing should be implemented progressively across the Territory for the remaining unit types. Refinement of aspects of the model (for example dialysis, special care nursery) is ongoing and the Implementation Steering Committee has to date been very responsive, handling these variations effectively.

2. The Implementation Steering Committee should continue to monitor nurse staffing levels and the setting of benchmarks. Once the NHPPD method is fully implemented across the Northern Territory this Committee may only need to convene as patient acuity and/or the configuration of wards/hospitals changes.

3. Reports on skillmix and the use of overtime, casual, agency and bank nursing hours should be produced and if possible, the data should be reported at the ward/unit level and provided to Clinical Nurse Managers. This is particularly important for Royal Darwin Hospital.

4. The Nursing Workload Committees should be more involved in closely monitoring staffing on each ward and unit. Discussions should include skillmix, the rates of overtime and where relevant, agency, casual and bank staff. These data need to be available at hospital and unit/ward level. All Clinical Nurse Managers must be closely involved in discussions about staffing on their units.

5. A development program which covers staffing and the use of staff may be necessary for Clinical Nurse Managers, particularly those new to the role.

6. Staffing levels and mix (including use of overtime, casual and agency staff) should be monitored daily at Royal Darwin Hospital to prevent

overstaffing. The Nursing Co-Directors at RDH should be more engaged in staffing across the Hospital. This could take the form of a brief staffing meeting at the commencement of the day to plan for the coming 24 hours and should be in conjunction with the Executive Director of Nursing. It may be appropriate for Clinical Nurse Managers to participate in this meeting.

7. Data from RiskMan should be reported in a timely manner at the ward/unit level if possible and discussed in a multidisciplinary forum.

1. INTRODUCTION

This Report is the second provided to the Minister for Health by the Consultant. The Contract specifies that the Consultant is to provide a report on the implementation of the NHPPD management tool for nursing staffing levels in the five Northern Territory acute care hospitals. This Report covers the period December 2008 – May 2009.

As part of the Review process all five hospitals (Alice Springs, Gove, Katherine, Royal Darwin and Tennant Creek) were visited by the Consultant as were all wards/units participating in the NHPPD project, some on more than one occasion. There was regular direct contact with Executive and Senior Nurses in the Territory including several of the Clinical Nurse Managers (CNMs).

2. BACKGROUND

Following the Northern Territory Coronial Inquest [2008] NTMC 049 the Minister for Health announced that the "Nursing Hours per Patient Day" (NHPPD), nursing workload management tool would be introduced throughout hospitals in the Northern Territory. The initial focus was to be on Ward 4A and other wards that had been staffing to a deficit. The implementation is to occur within current resources, but will identify if and where additional nursing staff are required.

A NHPPD Implementation Steering Committee was established in April 2008, when a Project Officer was also appointed. The Project Officer develops the monthly workload reports, assists with implementation and provides data for the ongoing implementation and evaluation. The Australian Nursing Federation (ANF) is a member of this Implementation Steering Committee and has access to all information relating to nursing workloads and the supply of nurses to meet patient demand.

On 15 September 2008, the DHF Implementation Steering Committee endorsed the proposed NHPPD Benchmarks. These benchmarks were based on 4.5 years of data. The Nursing Workload Benchmarks can be reviewed and changed using a business case model and based on the previous six months of data. The DHF Nursing Workload Steering Committee will review benchmarks every six months against an agreed variance (+/-10%) and assess the business cases for changes to the benchmark (see Appendix A for Terms of Reference). Introduction of the agreed NHPPD commenced 18 October 2008.

Each hospital is to establish a Nursing Workload Committee to be chaired by the Director of Nursing (see Appendix B for Terms of Reference). These Committees will assess the benchmarks monthly, monitor staffing levels and identify any related staffing issues. Each Director of Nursing will report monthly to their General Manager on the nursing workload (staffing levels) and issues that arise.

The aim of the Nursing Hours per Patient Day (NHPPD) implementation is to provide a staffing management tool for nurse managers based on patient needs and the matching of nursing workload to appropriate staffing levels, to ensure the provision of safe patient care. The NHPPD staffing tool should:

- Provide for a minimum level of safe staffing;
- Provide staffing appropriate to patient demand; based on patient acuity, patient numbers and patient turnover (admissions and discharges);
- Provide NHPPD benchmark guidelines for the staffing of wards or departments;
- Determine the nursing staff establishment (FTE) for each ward or department based on patient care required;
- Provide a basis for roster staff profiles, the nursing numbers needed each shift, seven days per week; and

- Include all "direct" rostered nursing staff; permanent, casual, overtime and agency hours provided.

3. RECRUITMENT AND RETENTION

There has been considerable success in recruitment for the period January – March 2009. Alice Springs Hospital recruited 72 nursing staff; Gove Hospital five staff; Katherine Hospital 19 staff; Royal Darwin approximately 190 staff and 32 casual staff; and nine staff at Tennant Creek Hospital. The challenge for facilities will be retaining these staff over the longer term.

More specifically, at **Alice Springs Hospital** the ICU Clinical Nurse Manager reports a high turnover of staff – many choose to work six weeks to three months. This leads to a lack of senior staff to act as team leaders and she postulates this is perhaps a reason for a number of medication errors. Ward 4 was a large difficult ward to manage and made retention of staff difficult it but has now been split into two wards. No other issues were raised.

Gove Hospital has had a waiting list for staff until this year but lack of accommodation in Gove is impacting on recruitment for all government agencies. Construction of new units is planned for the hospital site.

Katherine Hospital has placed clinical educators (1 full-time and two part-time) on the wards to assist with training and retention of new staff. This strategy has also been found to be effective in minimising adverse events for patients. The Hospital is also implementing an 'essentials of care' project which should refocus nurses' efforts on delivering more patient-focused care. The Hospital has sponsored two trainee midwives (postgraduate) and anticipates they will remain employed on completion of their course.

At **Royal Darwin Hospital** many of the new hires are first year registered nurses which may impact on more experienced staff as they will require greater supervision than would an experienced nurse. Appropriate transitional programs and preceptoring are important to ensure their successful integration into the workplace and retention staff longer term.
Tennant Creek Hospital finds it increasingly difficult to attract and retain nursing staff but has increased FTEs from by 12.16% 2008 to 2009. There is no program for new graduate nurses.

Overall, the Nursing Workforce Data Report (May 2009) indicates an increase of 9.18% (160.44 FTEs) over the previous year. All five hospitals report an increase in FTE with the exception of Gove and Katherine Hospitals, down 8.80% and 1.73% respectively. Importantly there is a reported increase in permanent staff of 140.12 FTE. DHF has launched their GIANTS recruitment campaign which should enhance future recruitment.

In summary recruitment of nursing staff to Northern Territory hospitals has been successful. However, many of the new staff are first year registered nurses (new graduates) and as a result, wards and units may now have a comparatively 'junior' workforce profile. Hospitals will need to ensure that appropriate programs are in place to preceptor these staff to ensure they are retained and become productive senior staff. Staff retention should now be a priority.

4. NURSING HOURS PER PATIENT DAY – DECEMBER 2008 – MAY 2009

Bed occupancy data are collected using the Caresys Uniwarsum Midnight Census which does not capture if more than one patient occupies a bed during the day. Direct nursing hours are obtained from ONESTAFF and only nurses coded as providing direct care are included. Appendices 1 and 2 provide a summary of the occupied bed numbers, actual NHPPD and variance for the six

month period covered in this Report. NHPPD data were provided to the Consultant as monthly summaries which are useful for observing trends.

Data are not routinely collect on skillmix (proportion of registered nurses) which is more important to patient safety than hours of care. Poor skillmix or the use of staff unfamiliar with the unit/ward (agency, bank, casual or float staff) or working longer hours than usual (overtime) may be more detrimental to patient safety than insufficient nursing hours. These data were not available at the ward level. The Consultant designed an Excel spreadsheet with the assistance of Raelene Messenger (Project Officer) and Pauline Evans (ASH) to capture data for a 24 hour period on every ward involved in the NHPPD implementation. The tool was designed to:

- Provide a learning tool and a basis for discussion about a range of staffing variables with CNMs,
- Provide a 'snapshot' of staffing across the five hospitals on randomly selected days,
- Determine what actions were taken by CNMs when they were faced with staffing difficulties (e.g. a lack of staff or overstaffing projected) and responses from senior staff to requests for more staff,
- Determine any 'atypical' staffing patterns not captured in the monthly summary.

The data collected for the 24 hour period included:

- Bed numbers – authorised and occupied bed numbers,
- NHPPD – benchmark and actual,
- Variance in NHPPD,
- Reasons for the difference,
- Actions undertaken to resolve a variance,

- Hours worked – total hours, registered nurse and enrolled nurse hours (skillmix),
- Proportion of part-time and full-time staff,
- Whether the CNM was included in care giving hours,
- Use of overtime, agency, float and bank hours,
- Any 'atypical' staffing that occurred over the 24 hours such as overseas trained nurses, nurse on a flight etc.

The tool was trialled in February to ensure that data were readily available and that all staff would be able to complete the form. Senior Nurses (DONs, Divisional Directors) at all five sites supported use of the spreadsheet and enthusiastically agreed to participate. Nursing Directors at Royal Darwin Hospital decided to collect data for the **whole month** of February to get a 'snapshot' of each ward's staffing and activity daily across the hospital for an extended period.

The days were randomly selected to minimise the potential for CNMs to adjust their staffing prior to collection. Data were collected on March 26 (Thursday), April 17 (24th at RDH because the Hospital was involved in a major disaster) which were both a Friday and May 16th (Saturday).

4.1 Results – six monthly trend data (appendix 1 and 2)

4.1.1 Understaffing – Variances highlighted in white in Appendix 1 indicate understaffing which exceeds the 10% variance. There is obvious improvement in staffing levels by the May period. Refinement of the model is ongoing on those wards where understaffing by more than 10% occurs.

Alice Springs Hospital - **Ward 4** has now been split with the **Continuing Care Ward** added and it is this ward which now exceeds the 10% variance. As this ward only opened April 2nd and increased its beds to 30

at the end of April it will take some time to establish appropriate staffing patterns. **Ward 4** is now within the 10% threshold.

Royal Darwin Hospital - **Special Care Nursery** has been over the 10% threshold for five of the six month periods. In March and April beds occupied were greater than authorised although the Unit was within the threshold in March. This unit is 'unique' in that it has three sections in the nursery; Level 1 which is General Nursery Babies; Level 2 which is babies requiring one nurse per patient; and Level 3 which is Neonatal Intensive Care babies also requiring 1:1 nursing care. Discussions continue about what the staffing levels here should be.

In **ICU** and **HDU** the Clinical Nurse Manager moves staff as appropriate between the Units. The nurse:patient ratio in ICU is 1:1 while in HDU the ratio is 1:2 patients. These Units have moved to unit-based staffing - occupancy between the areas varies daily and staffing for the two units is determined on a daily basis. Data have been omitted in May as ONESTAFF is not able to accommodate this change at the moment.

CCU consistently appears to be over the threshold but the NHPPD model is based on a larger Coronary Care Unit providing care to more complex patients. Staff do not believe this accurately reflects their situation as they do not feel they have insufficient staff. Adjustments to the NHPPD model should see this benchmark reduced shortly.

Palmerston and **Nguiu** dialysis units are also over the 10% threshold, Nguiu for five of the six months. This clinic is on Bathurst Island and defined as remote. Anecdotal evidence suggests that the workload for the one nurse there is substantial. Refinement to the NHPPD model for dialysis units is ongoing.

Tennant Creek Hospital - The **Dialysis Unit** at TCH has a greater than 10% variance for all six months. The NHPPD model may require modification to deal with Units of this nature.

4.1.2 Overstaffing – Variances highlighted in white in Appendix 2 indicate overstaffing which exceeds the 10% variance.

Alice Springs Hospital – The **Paediatric Unit** has significant peaks and troughs in occupancy (the maximum occupied beds in the six month period was 28 from a possible 40). Minimum safe staffing levels apply here when bed numbers are low. In addition, several staff are inexperienced in working with such a vulnerable paediatric population and are 'paired' initially with more experienced staff. On occasion the **Maternity Unit** rises above the 10% threshold but the Unit can receive up to 10 'drop-in' patients on a given day, each of whom requires four hours of observations and assessment. In addition a midwife is required at each birth and as there are often two births at the same time then two midwives need to be available.

The **Inpatient Dialysis Unit** is over the 10% variance on four of the six months because occupancy is slightly down and minimum safe staff levels apply.

The **ICU** was trending over but this has reversed. The CNM indicated there were several inexperienced new graduate nurses and/or overseas trained staff who needed closer supervision.

Gove Hospital – The **Maternity Unit** closed in April and reopened in May. While the Unit consistently appears to exceed the 10% threshold nursing staff conduct an antenatal clinic three times a week (not included in the NHPPD methodology). In addition the mothers and neonates are counted

as one patient despite many of these neonates requiring greater intervention than would be anticipated. However a neonate does not meet Commonwealth criteria to be admitted to a Special Care Nursery at ASH or RDH until Day 10. Country services in WA experience similar issues and data are collected there on rates and reported as a variance to activity. Staff also run a clinic one day/week and at change of shift on another three occasions. This is not captured in the NHPPD. While minimum safe staffing levels apply here there are occasions where only one nurse/midwife is on the Unit at night (with 3-5 patients) providing no 'backup' should an incident occur.

The **Medical-Paediatric Ward** at times exceeds the 10% threshold. Boarders (40-50/month) are an ongoing and frequent issue requiring up to two hours of nursing time on each occasion. Staff on the ward cover staffing in the Emergency Department after hours and monitor patients in the two respite beds at night. There is no agency to supplement staffing levels but staff can be called in to work overtime or extra shifts. The Hospital staffs to projected peaks to minimise this occurrence.

Katherine Hospital – Both the **Paediatric** and **Maternity** units are consistently overstaffed. Again minimum safe staffing levels apply. However there are also significant fluctuations in patient numbers in both Units over time making staffing less able to be matched to patient flow. The Paediatric Unit has day-only admissions for theatres and these admissions are not captured at the midnight census - pre and post-operative patients are cared for on the Unit during the day. As with Gove Hospital mothers and neonates are counted as one patient despite many of these neonates requiring greater intervention than would be anticipated but a neonate does not meet Commonwealth criteria to be admitted to a nursery until Day 10.

There are several factors which add to nursing workload and are not readily captured in the NHPPD model. Most of the admissions (80-90%) are indigenous, some with significant social issues (adults and children return to the Hospital because of a lack of food at home or are admitted not having eaten for some time). Levels of aggression against staff are high. The Hospital has aboriginal liaison officers and works closely with the local community and the Aboriginal Advisory Council to resolve issues. The Hospital now has contracts with some patients in an attempt to deal with aggression. Nursing staff also provide a 'hospital in the home' service - treatments such as administration of intravenous medications which assists in keeping older persons in the community and hostels. This is usually done in the handover period between shifts when more staff are available.

In addition the Hospital has no access to agency staff and as a consequence staffs to a reasonable level in case patient numbers rise. They are trying to establish a pool of casual nursing and PCA staff.

Royal Darwin Hospital – **Medical Ward 7C** is slightly over the 10% threshold on five of the six months but the ward size is small and the NHPPD model is best suited to larger wards (any small change in staffing in a small ward has a greater impact statistically). The same is true for the **Rehabilitation Ward** which is small and where minimum safe staffing applies (two per shift). Care provided to acutely ill patients on the **Medical - Hospice** ward is not captured well in the model where at times one nurse is required for one patient. **RAPU** has many short stay patients and the rapid movement of these patients through the Unit is not captured well by a midnight bed count (several patients could have passed through the Unit in the 24 hours but the census has not changed). The Unit exceeds the threshold when occupied bed numbers decrease.

Paediatrics (5B) and **Paediatrics (7B)** exceed the 10% threshold all six months. The CNM reports patients often require nurse specials because of acuity. **Maternity** exceeds the threshold but as with Alice Springs Hospital, the Unit receives a number of patients greater than 20 weeks gestation as 'drop-ins'. They require a minimum of four hours of observations and there are many occasions when up to 10 such patients can present to the Unit. The NHPPD model does not capture these occasions of service. **Nightcliff Dialysis Unit** is overstaffed but the model may not work well with units of this type. There are 20 chairs and two sessions/chair/day but in addition, patients arrive unexpectedly for treatment and/or refuse or defer their treatment to another time. This impacts significantly on staffing and there is a need to be able to accommodate increased or decreased activity with very short notice.

A shortage of PCAs was reported over several months of data collection and as a consequence, when a 'special' is required and a PCA is not available a nurse is often employed (usually an enrolled nurse). This will increase the actual NHPPD as ONESTAFF codes them as direct care hours as they are nurses, rather than PCAs which are not included in the calculations.

Tennant Creek Hospital – **Ward 1** is frequently overstaffed but minimum safe staffing levels apply here. In addition nurses may be called out to accompany patients on a flight (4-5 hours/patient) with the Royal Flying Doctor Service and there must be a contingency built in to accommodate this occurrence. In addition one nurse can be occupied all day with clinics.

4.2 Results - random data collection (appendices 3-26)

The Consultant met with all CNMs individually over a period of six weeks to discuss their monthly trend data following the introduction of the NHPPD

methodology. The tool for random data collection was discussed as were their results. Many of the CNMs commented that completing the tool made them think differently about staffing. There was a greater understanding of the use of staff, both numbers and mix. For example, when questioned one CNM realised that s/he was staffing at the same level every day irrespective of the number of patients 'just in case' rather than staffing appropriately. Another CNM realised that s/he was using overtime excessively rather than planning for known patient 'peaks' during the week. A senior member of staff has found the tool very useful in discussing staffing issues with the CNMs and will continue to use it regularly to provide a snapshot and learning opportunity for staff, particularly new CNMs.

In terms of the NHPPD data collected (Appendices 3-5) the variance between hours rostered for direct care over the three random days for all five hospitals is within the 10% threshold of variance with only three exceptions; ICU, CCU and HDU at ASH; Maternity at ASH and Dialysis Nightcliff at RDH – each on one occasion only. While only a small sample of three days, the strategies identified by the CNMs on the spreadsheet suggest that attempts are made daily to adjust staffing to accommodate patient numbers.

Data were also collected on other staffing characteristics including skillmix (proportion of RN hours worked); rates of part-time staff; agency, float, overtime and bank hours and any other atypical staffing which occurred on the random days. **Alice Springs Hospital** data indicate that most staffing hours are provided by registered nurses with the poorest skillmix on the Special Care Nursery (50% RNs at times). Highest overtime use is 44% on one shift (dialysis) but over the three days there does not seem to be a great use of this staffing strategy. Access to other staffing options is limited in Alice Springs but additional staff employed recently may assist. At **Gove Hospital** skillmix is very stable with mainly registered nurses employed who covered respite and A&E during the night shift. Overtime was used to cover sick leave. The Hospital has only one enrolled nurse. They endeavour to hire highly skilled staff because of their remoteness,

the lack of an ICU and less experienced medical staff. This year they hired a newly graduated registered nurse for the first time. At **Katherine Hospital** there is greater variation in skillmix with the proportion of RNs 50% on one afternoon shift. Minimal overtime use is noted and agency staff are unavailable. **Tennant Creek Hospital** is also stable in terms of skillmix with few enrolled nurse hours included and atypical staff coverage including a 6 hour RN flight.

As indicated above, **Royal Darwin Hospital** collected data for all of February and they intend to repeat the exercise in February 2010 for comparative purposes. The results for the month indicated that while their NHPPD were close to the benchmarks, their skillmix was poor. On investigation there was an increased use of 'specials' and as there were few RNs available many of these were Enrolled Nurses. The data collected on the three random days indicate that on some shifts on some days the skillmix is very poor with 33% RNs noted on Medical 7C ward. This ward and Medical Hospice have the poorest skillmix of all wards. This may be appropriate given patient mix. There does not appear to be a great use of overtime or agency staffing on the shifts for which data were monitored. Atypical staffing is noted with several new graduate nurses and patients requiring constant care.

Most CNMs have logbooks on their ward that record a variety of aspects which impact on workload and staffing but which are not captured in any dataset. Examples include the number of borders, the number of flights nurses must attend. These data may prove useful in refining the model in the future or in justifying staffing levels. Staffing will be reviewed by the Implementation Steering Committee with respect to the model for use in the renal dialysis units. Work is being undertaken on the collection of maternity data.

In summary understaffing by more than 10% has trended down over the six month period of data collection. Where this occurs at Royal Darwin Hospital it is in Units where further work is being undertaken to refine the NHPPD model to

reflect the patient profile and needs. However overstaffing greater than 10% is more common. Frequently (but not always) this is in Units where there are real peaks and troughs in activity and/or where minimum safe staffing levels apply. Nevertheless there may be some potential here to 'even' out staffing with creative approaches such as unit-based staffing occurring in the ICU and HDU Units at RDH (assuming a positive outcome when evaluated).

RDH has a Divisional structure and a feature of this is that staffing is devolved to the Divisions and Co-Directors without the involvement of the Executive Director of Nursing. Without this oversight and coordination it is possible to have overstaffing in one Division and understaffing at the same time (day or shift) on another. With only monthly trend data it is not possible (except with the random exercise) to determine whether this occurs. The Nursing Workload Committee, as with most sites, does not appear to be actively involved in monitoring staffing.

Data on skillmix and the use overtime, casual and agency staff are not routinely collected at the ward level and thus not discussed with the Clinical Nurse Managers. Discussion with CNMs on the random exercise confirmed that for many this was the first occasion they had to consider such issues.

5. USE OF OVERTIME, CASUAL, AGENCY AND BANK NURSING HOURS

Summary data provided by Raelene Messenger indicate that overtime rates at ASH seem consistent at around 7% and casual staff hours around 3 - 4%. At Katherine Hospital there was a peak of 8.35% overtime hours on the Paediatric ward in May but the mean range across the Hospital is 4.13 – 5.28%. RDH has been using fewer overtime and agency hours from January (7.52%) to April (5.11%); use of casual staff has gone down from 3.5% to 2.89% and the use of agency from 5.6% to 4.23%. These data reflect the increased number of FTEs employed.

6. QUALITY INDICATORS

Quality data were provided by Melissa Brown (A/Principal Safety and Quality Advisor) for January – May 2009 for all five hospitals. However these are not specifically nursing sensitive indicators which have been shown to be affected by nursing numbers and skillmix. Quality indicators monitored include medication errors, incidents of pressure areas and falls, complaints, sentinel events, in-hospital deaths and take own leave. The data are collected using a paper-based system. However RiskMan was approved for introduction 1st July 2009. This is a web-based application for incident and risk management which should provide more accurate and timely data.

Ms Brown notes that most of the indicators are below national benchmarks from the Australian Council on Healthcare Standards (ACHS). Rates of incidents are trending up at Royal Darwin Hospital but this is more likely to be due to better reporting than previously. There is little else of note and it is not possible to link these outcomes with nurse staffing.

APPENDICES

Appendix 1: NHPPD summary Dec 08 - May 09

Understaffing by >10%

Month 2008/2009			December			January			February			March			April			May		
Date	Authorised Beds	Benchmark NHpPD	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance
Alice Springs Hospital																				
Medical	45	5.75	43	4.99	-15.22	43	5.02	-12.7	43	4.98	-13.39	44	5.03	-12.52	44	5.22	-9.22	24	6.08	5.74
Continuing Care Ward															9	7.14	42.8	20	4.03	-19.4
Surgical	30	5.36	29	4.93	-8.36	29	4.89	-9.11	29	4.88	-9.29	29	4.98	-7.43	28	5.32	-1.12	28	5.31	-1.30
Paediatrics	40	6.00	20	6.74	12.33	22	6.13	2.17	27	6.32	5.33	28	6.57	9.5	24	7.13	18.83	21	7.50	25.00
Renal Ward	12	5.00	13	5.19	3.8	13	5.21	4.2	13	5.10	2	14	4.76	-4.8	12	5.74	14.8	13	5.20	4.00
Maternity	16	7.57	15	7.91	4.49	15	7.92	4.62	15	7.43	-1.85	14	8.22	8.59	14	8.52	12.55	14	8.62	13.87
Special Care Nursery	8	7.50	7	8.17	8.93	8	6.68	-10.93	7	7.16	-4.53	7	7.37	-1.73	4	8.49	13.2	7	7.83	4.40
Dialysis - In-Patient	6 chairs	3.02	14	3.33	10.26	14	3.12	3.31	14	3.22	6.62	14	3.81	26.16	14	3.45	14.24	13	3.49	15.56
Dialysis - Flynn Drive	24 chairs	2.43	37	2.92	20.16	49.00	2.25	-7.41	51	2.19	-9.88	50	2.37	-2.47	48	2.31	-4.94	47	2.35	-3.29
ICU - CCU - HDU	5	22.00	6	19.48	11.44	5	23.61	7.3	4	27.99	27.23	5	28.42	29.19	4	22.08	0.38	7	20.70	-5.91
Gove District Hospital																				
Medical/Paediatrics	22	4.50	16	5.03	11.74	17	4.94	9.68	16	4.9	8.87	13	5.81	29.2	16	4.86	8.06	15	4.96	10.16
Maternity Ward 2	5	6.32	7	7.65	21.11	8	6.98	10.36	8	6.84	8.27	6	9.02	42.66	4	11.08	75.37	4	21.67	241.23
Katherine Hospital																				
Medical/Surgical/pall care	28	4.63	20	4.78	2.8	22	4.43	-4.83	20	4.91	5.61	22	4.6	-1.08	20	4.94	6.31	20	4.82	3.61
Paediatrics	15	4.50	7	9.59	113.21	11	6.19	37.57	10	6.94	54.13	8	8.61	91.31	8	8.19	81.94	4.50	6.64	47.51
Maternity	5	6.45	9	6.37	-1.2	8	7.57	17.4	7	8.29	28.54	9	6.57	1.8	8	7.42	15.05	7	8.34	29.32
Dialysis - KDH	7 Chairs	2.45	10	2.4	-1.23	10	2.4	-1.23	15	1.65	-32.21	10	2.47	1.46	10	2.53	4.31	10	2.58	6.20
Royal Darwin Hospital																				
Medical - 4A	25	5.75	27	5.54	-3.65	27	5.56	-3.3	30	5.93	3.13	28	6.13	6.61	24	6.44	12.00	24	5.91	2.78
Medical - 4B	30	5.75	29	5.21	-9.39	30	5.10	-11.3	29	5.82	1.22	30	5.67	-1.39	29	5.97	3.83	29	5.76	0.17
Medical - 7CC	12	5.05	12	5.74	13.66	12	5.55	9.9	12	5.61	11.09	12	5.7	12.87	12	5.73	13.47	12	5.68	10.60
Medical - Renal	10	5.88	10	5.72	-2.72	10	5.42	-7.82	10	5.70	-3.06	10	5.83	-0.85	10	5.85	-0.51	10	6.77	-1.87
Medical - Hospice	12	6.00	8	8.01	33.5	9	7.18	19.67	9	7.70	28.33	10	6.91	15.17	10	7.19	19.83	11	6.71	11.83
Rehab	5	5.00	8	6.27	25.4	6	5.83	16.6	8	6.28	25.6	8	7.27	45.4	8	7.18	43.6	8	6.92	38.4
Surgical - 2A	24	6.00	23	5.8	-3.33	23	5.72	-4.67	23	6.11	1.83	23	6.08	1.39	23	6.33	5.50	23	6.16	2.67
Surgical - 2B	26	5.75	26	5.61	-2.43	29	5.19	-9.74	29	5.77	0.35	29	5.79	0.7	28	6.15	6.96	28	6.34	10.26
Orthopaedic - 3A	30	5.83	27	5.48	-6	25	5.62	-3.6	29	5.45	-6.52	30	5.47	-6.17	30	5.71	-2.06	29	5.68	-2.57
3B	15	5.75	20	5.73	-0.35	21	5.80	0.87	24	5.85	1.74	24	6	4.35	26	5.87	2.09	29	6.63	-2.09
RAPU	24	7.50	21	8.84	17.87	23	8.22	9.6	23	8.35	11.33	23	8.42	12.27	21	9.02	2.09	20	9.73	29.73
Paediatrics - 5B	21	6.00	18	7.15	19.17	20	7.00	16.67	21	7.24	20.67	19	7.8	30.00	19	7.66	27.67	21	7.58	26.33
Paediatrics - 7B	15	6.45	15	7.73	19.84	16	7.87	22.02	16	7.95	23.26	17	7.61	17.98	13	8.64	33.95	16	8.15	26.36
Maternity	24	8.00	25	8.15	1.88	25	8.40	5	27	8.68	8.5	24	10.03	25.38	26	9.29	16.13	25	9.36	10.17
Special Care Nursery	16	14.25	15	10.55	-25.96	16.00	9.38	-34.2	18	8.96	-37.13	19	9.13	-5.12	20	8.32	-41.59	16	10.12	-29.00
ICU	5	31.00	5	36.51	21.87	7.00	29.07	-8.01	6	33.11	4.78	6	36.26	4.46	5	38.67	85.68	5	36.62	15.88
HDU	10	12.00	5	9.69	-19.25	5.00	11.65	-2.92	6	14.2	18.33	6	10.34	-1.66	7	0.15	-98.73	6	13.91	15.95
CCU	9	14.16	9	9.53	-32.7	7.00	9.52	-32.77	7	12.36	-12.71	8	11.02	-3.14	8	10.41	-26.48	8	10.76	-24.01
Dialysis - Nightcliff	20 chairs	2.43	35	9.3	35.8	37	2.92	20.16	39	2.92	20.16	38	2.95	0.52	38	3.07	26.41	38	2.81	15.58
Dialysis - Palmerston	6 chairs	2.43				9	2.19	-9.86	14	2.07	-14.81	11	2.09	-0.94	14	2.08	-14.43	12	-0.32	-13.01
Dialysis - Nguiu	6 chairs	2.43	6	1.44	40.74	6	1.37	-43.62	6	1.42	-41.56	6	1.41	-1.02	5	1.69	-30.45	6	-0.92	-37.86
Dialysis - In-Patient	6 chairs	3.02	10	3.02	0	10	3.37	11.59	10	3.16	4.64	10	3.19	0.17	11	3.11	2.98	10	3.23	6.95
Tennant Creek Hospital																				
Ward 1 Med/Surg/Paeds	20	4.50	9	6.22	33.76	10	5.61	20.65	12	2.06	2.37	11	6.08	30.75	12	5.39	15.91	10	6.10	31.18
Dialysis	5	2.43	16	2.11	-13.31	15	2.02	-16.68	15	30.83	-15.41	16	2.01	-17.1	16	2.11	-13.14	16	2.03	-16.51

Appendix 2: NHPPD summary Dec 08 - May 09

Overstaffing by >10%

Month 2008/2009			December			January			February			March			April			May		
Date	Authorised Beds	Benchmark NHpPD	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance	Occupied Bed Numbers	Actual NHPPD	Variance
Alice Springs Hospital																				
Medical	45	5.75	43	4.99	-13.22	43	5.02	-12.7	43	4.98	-13.39	44	5.08	-12.52	36	5.22	-9.22	24	6.08	5.74
Continuing Care Ward															9	7.14	42.8	20	4.03	-19.4
Surgical	30	5.36	29	4.93	-8.36	29	4.89	-9.11	29	4.88	-9.29	29	4.98	-7.43	28	5.32	-1.12	28	5.31	-1.30
Paediatrics	40	6.00	20	6.74	12.33	22	6.13	2.17	27	6.32	5.33	28	6.57	9.5	24	7.13	18.83	21	7.50	25.00
Renal Ward	12	5.00	13	5.19	3.8	13	5.21	4.2	13	5.10	2	14	4.76	-4.8	12	5.74	14.8	13	5.20	4.00
Maternity	16	7.57	15	7.91	4.49	15	7.92	4.62	15	7.43	-1.85	14	8.22	8.59	14	8.52	12.55	14	8.62	13.87
Special Care Nursery	8	7.50	7	8.17	8.93	8	6.68	-10.93	7	7.16	-4.53	9	7.37	-1.73	6	8.49	13.2	7	7.83	4.40
Dialysis - In-Patient	6 chairs	3.02	14	3.33	10.26	14	3.12	3.31	14	3.22	6.62	14	3.81	26.16	14	3.45	14.24	13	3.49	15.56
Dialysis - Flynn Drive	24 chairs	2.43	37	2.92	20.16	49.00	2.25	-7.41	51	2.19	-9.88	50	2.37	-2.47	48	2.31	-4.94	47	2.35	-3.29
ICU - CCU - HDU	5	22.00	6	19.48	-11.44	5	23.61	7.3	4	27.99	27.23	5	28.42	29.19	6	22.06	0.85	7	20.70	-5.91
Gove District Hospital																				
Medical/Paediatrics	22	4.50	16	5.03	11.74	17	4.94	9.68	16	4.9	8.87	13	5.81	29.2	16	4.86	8.06	15	4.96	10.16
Maternity Ward 2	6	6.32	7	7.65	21.11	8	6.98	10.36	8	6.84	8.27	6	9.02	42.66	4	11.08	75.37	4	21.57	241.23
Katherine Hospital																				
Medical/Surgical/pall care	26	4.65	20	4.78	2.8	22	4.43	-4.83	20	4.91	5.61	22	4.6	-1.08	20	4.94	6.31	20	4.82	3.61
Paediatrics	15	4.50	7	9.59	113.21	11	6.19	37.57	10	6.94	54.13	8	8.61	91.31	8	8.19	81.94	4.50	6.64	47.51
Maternity	5	6.45	9	6.37	-1.2	6	7.57	17.4	7	8.29	28.54	9	6.57	1.8	8	7.42	15.05	7	8.34	29.32
Dialysis - KDH	7 Chairs	2.45	10	2.4	-1.23	10	2.4	-1.23	15	1.65	-32.21	10	2.47	1.46	10	2.53	4.31	10	2.58	6.20
Royal Darwin Hospital																				
Medical - 4A	25	5.75	27	5.54	-3.65	27	5.56	-3.3	30	5.93	3.13	28	6.13	6.61	24	6.44	12.00	24	5.91	2.78
Medical - 4B	30	5.75	29	5.21	-9.39	30	5.10	-11.3	29	5.82	1.22	30	5.67	-1.39	29	5.97	3.83	29	5.76	0.17
Medical - 7CC	12	5.05	12	5.74	13.66	12	5.55	9.9	12	5.61	11.09	12	5.7	12.87	12	5.73	13.47	12	5.58	10.50
Medical - Renal	10	5.86	10	5.72	-2.72	10	5.42	-7.82	10	5.70	-3.06	10	5.83	-0.85	10	5.85	-0.51	10	5.77	-1.87
Medical - Hospice	12	6.00	8	6.01	33.5	9	7.18	19.67	9	7.70	28.33	10	6.91	15.17	10	7.19	19.83	11	6.71	11.83
Rehab	5	5.00	8	6.27	25.4	8	5.83	16.6	8	6.28	25.6	8	7.27	45.4	8	7.18	43.6	8	6.92	38.4
Surgical - 2A	24	6.00	23	5.8	-3.33	23	5.72	-4.67	23	6.11	1.83	23	6.08	1.33	23	6.33	5.50	23	6.16	2.67
Surgical - 2B	26	5.75	26	5.61	-2.43	29	5.19	-9.74	29	5.77	0.35	29	5.79	0.7	28	6.15	6.96	28	6.34	10.26
Orthopaedic - 3A	30	5.83	27	5.48	-6	25	5.62	-3.6	29	5.45	-6.52	30	5.47	-6.17	30	5.71	-2.06	29	5.68	-2.57
3B	18	5.75	20	5.73	-0.35	21	5.80	0.87	24	5.85	1.74	24	6	4.35	26	5.87	2.09	29	5.63	-2.09
RAPU	24	7.50	21	8.84	17.67	23	8.22	9.6	23	8.35	11.33	23	8.42	12.27	21	9.02	2.09	20	9.73	29.73
Paediatrics - 5B	21	6.00	18	7.15	19.17	20	7.00	16.67	21	7.24	20.67	19	7.8	30.00	19	7.66	27.67	21	7.58	26.33
Paediatrics - 7B	15	6.45	15	7.73	19.84	16	7.87	22.02	16	7.95	23.26	17	7.61	17.98	13	8.64	33.95	16	8.15	26.36
Maternity	24	8.00	25	6.15	1.88	25	8.40	5.0	27	8.68	8.5	24	10.03	25.38	26	9.29	16.13	25	9.36	-10.17
Special Care Nursery	18	14.25	15	10.55	-25.96	16.00	9.38	-34.2	18	8.96	-37.13	19	9.13	-5.12	20	8.32	-41.59	16	10.12	-29.00
ICU	5	31.60	5	36.51	21.87	7.00	29.07	-8.01	6	33.11	4.78	6	36.26	4.66	5	58.67	85.68	5	36.62	15.88
HDU	10	12.00	5	9.69	-19.25	5.00	11.65	-2.92	6	14.2	18.33	6	10.34	-1.66	7	0.15	-98.73	6	13.91	15.95
CCU	9	14.16	9	9.53	-32.7	7.00	9.52	-32.77	7	12.36	-12.71	8	11.02	-3.14	8	10.41	-26.48	8	10.76	-24.01
Dialysis - Nightcliff	20 chairs	2.43	35	3.3	35.8	37	2.92	20.16	39	2.92	20.16	39	2.95	0.52	38	3.07	26.41	38	2.81	15.58
Dialysis - Palmerston	8 chairs	2.43				9	2.19	-9.88	14	2.07	-14.81	11	2.09	-0.34	14	2.08	-14.43	12	-0.32	-13.01
Dialysis - Nguiu	6 chairs	2.43	6	1.44	-40.74	6	1.37	-43.62	6	1.42	-41.56	4	1.41	-1.02	5	1.69	-30.45	6	-0.92	-37.86
Dialysis - In-Patient	6 chairs	3.02	10	3.02	0	10	3.37	11.59	10	3.16	4.64	10	3.19	0.17	11	3.11	2.98	10	3.23	6.95
Tennant Creek Hospital																				
Ward 1 Med/Surg/Paeds	20	4.50	9	6.22	35.76	10	5.61	20.65	12	2.06	2.37	11	6.08	30.75	12	5.39	15.91	10	6.10	31.18
Dialysis	6	2.43	16	2.11	-13.31	15	2.02	-16.68	15	30.83	-15.41	16	2.01	-17.1	16	2.11	-13.14	16	2.03	-16.51

Date: 26/3/2009	Authorised Beds	Benchmark NHPPD	Occupied Bed Numbers	Hours Required for Direct Care	NHPPD Actual	Actual NHPPD Allocated NHPPD	Reasons for Difference	Their Actions eg required additional staff
Alice Springs Hospital								
Medical	45	5.75	44	226	5.14	0.61		
Surgical	30	5.38	29.00	0	0	5.38		Overnight staffing was low 26 patients only 4 RN on shift (one being new grad)
Paediatrics	40	6.00	25	184	7.36	1.36	10 discharges throughout day shift. Do regularly have 14 beds open yet continue to be staffed for 12 beds	
Renal Ward	12	6.00	14	68	4.86	0.14		Additional staff needed to cover all area's
Maternity	16	7.67	11	116	10.55	2.99	OVERTIME	
ICU - CCU - HDU	8	22.00	2.47	86	34.82	12.82		
Special Care Nursery	8	7.50	7	50	7.14	-0.36	for safety reasons must have 2 staff on unit at all times.	
Dialysis - In Patient	6 chairs	3.02	10	70	7	3.98		
Dialysis - Flynn Drive	24 chairs	2.43	51	102	2	0.43		
Gove District Hospital								
Medical/Paediatrics	22	4.60	11	76	6.86	1.36	[illegible] PCAs x2	
Maternity Ward 2	8	6.32	5	52	10.4	4.08	[illegible] to RDH [illegible]	[illegible]
Katherine Hospital								
Medical/Surgical	28	4.66	22	94	4.27	0.38	Heavy ward [illegible]	[illegible]
Paediatrics	18	1.60	16	[illegible]	1.26	[illegible]		
Maternity	0	6.45	9	56	6.22	0.23		
Dialysis - KDH	7 Chairs	2.43	11	24	2.18	-0.25		
Royal Darwin Hospital								
Medical - 4A	25	5.75	29	173	5.97	0.22	Overflow beds open	
Medical - 4B	30	5.75	28	161	5.75	0.00		
Medical - 7CC	12	6.00	12	68	6.67	0.62		
Medical - Renal	10	5.88	10	60	6	0.12	[illegible] - 3 discharges (including 1 death) + 1 admission	
Medical - Hospice	12	6.00	12	71	5.92	-0.08		
Rehab	8	5.00	8	52	6.5	1.50		
Surgical - 2A	24	6.00	24	176	7.33	1.33		
Surgical - 2B	26	5.75	26	174	6.69	0.94		
Orthopaedic - 3A	30	6.00	30	180	6.33	0.50		
3B	18	5.75	24	150	6.25	0.50	[illegible] to cover N/D	
HAPU	24	7.50	24	178	7.42	-0.08		
Paediatrics - 5D	21	6.00	21	144	6.06	0.06		
Paediatrics - 7B	15	6.45	14	110	7.86	1.41	[illegible]	
Maternity	21	8.00	21	224	10.67	2.67	[illegible] 24hr period [illegible], [illegible] 2 emergency & 1 elective	
Special Care Nursery	18	14.25	20	192	9.6	-1.95		
ICU / HDU	18	22.00	10	276	27.6	5.60		
CCU	9	14.16	8	86	10.75	-3.41		
Dialysis - Nightcliff	20 chairs	2.43	37	72	1.96	-0.10		
Dialysis - Palmerston	8 chairs	2.43	8	24	3	0.57		
Dialysis - Nguiu	6 chairs	2.43	6	8	1.33	-1.10		
Dialysis - In-Patient	6 chairs	3.02	11	40	3.64	0.62		
Tennant Creek Hospital								
Ward 1 Med/Surg/Paeds	20	4.50	10	68	6.8	2.30	[illegible] staffing [illegible], all OT	24hrs agency & [illegible] P/T -
Dialysis	9	2.43						

Appendix 4: NHPPD 17 & 24/4/09

Date: 17&24/4/2009	Authorised Beds	Benchmark NHpPD	Occupied Bed Numbers	Total Hours Rostered for Direct Care	NHPPD Actual	Variance Actual NHppD - Allocated NHppD	Reasons for Difference	Other Actions as required additional staff
Alice Springs Hospital	24/04/2009							
Medical	35	5.75	34	176	5.18	-0.57		
Surgical	30	5.38	30	147.5	4.92	-0.46	Information not supplied by CNM	
Paediatrics	40	6.00	25	170	6.8	0.80	Information not supplied by CNM	
Renal Ward	12	5.00	14	68	4.86	-0.14	regularly have 14 beds open on ward	
Maternity	16	7.57	13	116	8.92	1.35	Not all beds in use	
Continuing Care Ward	10	5.00	10	68	6.8	1.80	Information not supplied by CNM	
ICU - CCU - HDU	8	22.00	6	118.5	19.75	2.25		
Special Care Nursery	6	7.50	4	52	13	5.50	Must have 2 staff in SCN at all times	
Dialysis - In-Patient	8 chairs	3.02	17	32	1.88	-1.14	High percentage of Outpatients	
Dialysis - Flynn Drive	24 chairs	2.43	50	120	2.4	0.03		
Gove District Hospital	17/04/2009							
Medical/Paediatrics	22	4.50	14	84	6	1.50		
Maternity Ward 2	8	6.32	4	32	8	1.68	5 outpatients seen in addition by same staff. (10 hrs approx)	
Katherine Hospital	17/04/2009							
Medical/Surgical	28	4.65	21	102	4.86	0.21		
Paediatrics	18	4.50	8	68	8.5	4.00		
Maternity	8	6.45	6	60	10	3.55		
Dialysis - KDH	7 Chairs	2.43	14	24	1.71	-0.72		
Royal Darwin Hospital	24/04/2009							
Medical 4A	25	5.75	24	128	5.33	-0.42		
Medical - 4B	30	5.75	20	184	6.57	0.82		
Medical - 7CC	12	5.05	12	66	5.5	0.45		
Medical - Renal	10	5.88	10	60	6	0.12		
Medical - Hospice	12	6.00	8	68	8.5	2.50		
Rehab	8	5.00	8	52	6.5	1.50		
Surgical - 2A	24	6.00	22.4	172	7.68	1.68		
Surgical 2B	26	5.75	26.2	168	6.41	0.66		
Orthopaedic - 3A	30	5.83	30.6	176	5.75	-0.06		
3H	18	5.75	29	160	5.52	-0.23		
RAPU	24	7.50	24	176	7.33	0.17		
Paediatrics 5B	21	6.00	21.7	165	7.6	1.60		
Paediatrics - 7B	15	6.45	12.7	126	9.92	3.47		
Maternity	24	8.00	25.2	157.95	6.27	-1.73		
Special Care Nursery	18	14.25	17.8	166	9.33	-4.92		
ICU / HDU	18	22.00	13.4	354	26.42	4.42		
CCU	9	14.16	5	57.5	11.5	-2.66		
Dialysis - Nightcliff	20 chairs	2.43	43	69	1.6	-0.83		
Dialysis Palmerston	8 chairs	2.43	8	16	2	-0.43		
Dialysis - Nguiu	6 chairs	2.43	6	8	1.33	-1.10		
Dialysis - In-Patient	6 chairs	3.02	11	40	3.64	0.62		
Tennant Creek Hospital	17/04/2009							
Ward 1 Med/Surg/Paeds	20	4.50		60			nil atypical staffing	
Dialysis	8	2.43						

Date: 16/5/2009	Authorised Beds	Benchmark NHPPD	Occupied Bed Numbers	Total Hours Rostered for Direct Care	NHPPD Actual	Variance Actual NHPPD - Allocated NHPPD	Reasons for Difference	Trial Actions eg request additional staff
Alice Springs Hospital								
Medical	26	6.76	26	143	6.68	-0.07		
Surgical	30	5.38	26	150	5.36	-0.02		
Paediatrics	10	6.00	18	142	7.89	1.89	pts nursed v high acuity [illegible] related to physiological and/or psychological needs.	Additional staff deployed to cover high acuity [illegible]
Renal Ward	12	5.00	14	70	5	0.00	1 pt [illegible] from ICU acute [illegible]	Morning shift only 1 regular staff member, other 2 not familiar with renal ward
Maternity	16	7.67	10	120	12	4.43	Not fully occupied	
Continuing Care Ward	20	6.00	20	76	3.8	-1.20		
ICU - CCU - HDU	6	22.00	5	152	30.4	8.40		
Special Care Nursery	8	7.50	7	60	8.57	1.07		
Dialysis - In-patient	6 chairs	3.02	13	48	3.69	0.67		
Dialysis - Flynn Drive	21 chairs	2.43	40	111	2.78	0.35		
Gove District Hospital								
Medical/Paediatrics	22	4.50						
Maternity Ward 2	6	0.32	3	49	10.33	10.01	1/2 unit closed for [illegible] maintenance + 1 OP [illegible] (2 hours)	
Katherine Hospital								
Medical Surgical	26	4.65	21	98	4.67	0.02		
Paediatrics	16	4.50	8	68	8.5	4.00		
Maternity	6	0.42	0	62	10.33	3.00		
Dialysis - KDH	7 chairs	2.43	11	22	2	-0.43		
Royal Darwin Hospital								
Medical - 4A	25	5.75	21	128	6.1	0.35		
Medical - 4B	30	5.75	28.4	177.5	6.04	0.29		
Medical - TCC	12	4.05	12	56	4.67	0.62		
Medical - Renal	10	5.88	10	52	5.2	-0.68		
Medical - Hospice	12	6.00	11.5	73.5	6.39	0.39		
Rehab	6	5.00	9	56	6.25	1.25		
Surgical - 7A	24	6.00	22.6	146	6.46	0.46		
Surgical - 2B	26	5.75	25.8	192	7.44	1.69		
Orthopaedic - 3A	30	5.83	27.3	173	6.34	0.51		
3D	10	5.75	20.5	100	6.04	0.29		
RAPU	24	7.50	17.7	180.6	10.5	3.00		
Paediatrics - 5B	21	6.00	20.4	152	7.45	1.45		
Paediatrics - 7B	15	6.45	18.3	136.6	8.31	1.86		
Maternity	24	8.00	29.5	212	7.19	-0.81		
Special Care Nursery	16	14.25	19.45	166	8.52	-5.73		
ICU / HDU	16	22.00	9.6	261	27.19	5.19		
CCU	9	14.16	8.4	91.5	10.89	-3.27		
Dialysis - Nightcliff	20 chairs	2.43	0.40	78	152.17	149.74		
Dialysis - Palmerston	6 chairs	2.43	3.5	40	11.43	9.00		
Dialysis - Nguiu	6 chairs	2.43	1.5	8	5.33	2.90		
Dialysis - In-Patient	5 chairs	3.02	4.6	48	10.43	7.41		
Tennant Creek Hospital								
Ward 1 Med/Surg/Paeds	20	4.50						
Dialysis	6	2.43	15	42	2.8	0.37		

Appendix 6: Skillmix 26/3/09

Alice Springs Hospital

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of RN Staff	# of EN Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical Staffing
Alice Springs Hospital																
Alice Springs: medical																
96	88	8	92%	8%	11	1	No	0	0%	0	0%	0	0%	6.5	7%	7 Overseas trained nurses (4 advanced skills), 2 new grads.
50	50	0	100%	0%	0	1		0	0%	0	0%	0	0%	0	0%	3 OS trained nurses (2 advanced skills), 3 new grads.
50	50	0	100%	0%	4	1		0	0%	0	0%	0	0%	0	0%	2 Overseas trained nurses (1 advanced skills).
220																
Alice Springs: maternity																
36	36	0	100%	0%	3	2	No	12	33%	0	0%	0	0%	8	22%	2 OVERTIME
40	40	0	100%	0%	3	2		0	0%	0	0%	0	0%	0	0%	
40	40	0	100%	0%	4			10	25%	0	0%	0	0%	0	0%	1 overtime
116																
Alice Springs: ICU																
24	24	0	100%	0%	2	1	No	0	0%	8	33%	0	0%	0	0%	
34	34	0	100%	0%	4	0		0	0%	0	0%	0	0%	8	24%	
28	28	0		0%	3	0		0	0%	10	36%	0	0%	0	0%	
86																
Alice Springs: Renal Dialysis																
Alice Springs: RDU – [illegible] Unit																
48	48	0	100%	0%	3	0	No	0	0%	0	0%	6	13%	6	13%	
22	22	0	100%	0%	1	1		0	0%	0	0%	0	0%	0	0%	
0	0	0			0	0		0		0		0		0		
70																
Alice Springs: RDU – [illegible] Unit																
54	54		100%	0%	7	1	No	24	44%		0%		0%		0%	
40	40	0	83%	17%	5	2		0	0%		0%		0%		0%	
0																
102																
Alice Springs: Renal Ward																
24	16	8	67%	33%	2	1	No	0	0%	0	0%	0	0%	8	33%	1x EN was 3rd shift in hosp, did not have support due to lack of staff
24	16	8	67%	33%	2	1		0	0%	0	0%	0	0%	8	33%	
20	20	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%	
68																
Alice Springs: paediatrics																
80	72	8	%	10%	6	2		16	20%		0%		0%		0%	1 sick
64	56	8	88%	13%	4	3		8	9%		0%		0%	8	0%	1 sick
40	40		100%	0%	3	1			0%		0%		0%		0%	1 sick
184																
Alice Springs: surgical																
56	48	8	86%	14%	6	0	No	0	0%		0%		0%	8	14%	One EN, one AHW with pt load not included in numbers on this sheet.
48	48	0	100%	0%	4	1		8	17%	0	0%	0	0%	0	0%	one RN sick leave
40	40	0	100%	0%	4	0		0	0%	0	0%		0%		0%	
144													0		0	
Alice Springs: ACN																
14	8	6	57%	43%	1	1	No		0%		0%		0%		0%	
16	16	0	100%	0%	2	0			0%		0%		0%		0%	
20	20	0	100%	0%	1	1			0%		0%		0%		0%	
50																

Appendix 7: Skillmix 26/3/09

Royal Darwin Hospital 1

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical Staffing	[illegible]
Royal Darwin Hospital																	
RDH: med 4A																	
72	64	8	89%	11%	5	1	No	16	22%	0	0%	16	22%	0	0%	[illegible]	2 PCA special pts
81	81	0	100%	0%	6	2		11	22%	0	0%	0	0%	0	0%		4 PCA special pts
50	40	10	80%	20%	5	0		10	20%	0	0%	0	0%	0	0%		4 PCA special pts
173																	
RDH: med 4B																	
65	56	9	86%	14%	5	2	No	0	0%	0	0%	8	12%	0	0%	4 Constant Care [illegible] 3 PCA's	
56	40	16	71%	29%	7	0		0	0%	0	0%	0	0%	0	0%	2 constant care [illegible] with 1 PCA	
40	30	10	75%	25%	1	3		0	0%	0	0%	10	25%	0	0%		
161																	
RDH: med 4CC																	
24	16	8	67%	33%	2	1	No	0	0%	0	0%	0	0%	0	0%	GRAD NURSE + 3 STUDENTS	
24	24	0	100%	0%	2	1		0	0%	0	0%	0	0%	0	0%	GRAD NURSE	
20	10	10	50%	50%	2	0		0	0%	0	0%	0	0%	0	0%		
68																	
RDH: med renal																	
24	24	0	100%	0%	1	2	yes	0	0%	0	0%	0	0%	0	0%	A/CNM required to reshuffle staff to cover -	Very sick renal pt overloaded - airway concerns - eventually sent to ICU next day
16	16	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%		concerns continue with sick pt
20	20	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%		concerns continue with sick pt
60																	
RDH: med hospice																	
29.5	21.5	8	73%	27%	3	0	No	13.5	46%	0	0%	0	27%	0	0%	2 staff doing O/Time x 4 hrs from Float	
21.5	13.5	8	63%	37%	2	0		13.5	63%	0	0%	0	0%	8	37%	2 staff doing double shifts	
20	10	10	50%	50%	2	0		0	0%	0	0%	0	0%	0	0%		
71																	
RDH: rehab																	
16	8	8	50%	50%	2	0	No	0	0%	0	0%	0	0%	0	0%		
16	16	0	100%	0%	0	2		0	0%	0	0%	0	0%	0	0%		
20	20	0	100%	0%	0	2		0	0%	0	0%	0	0%	0	0%	1ST YR POST GRAD AND NEW GRAD	
62																	
RDH: surg 2A																	
56	48	8	86%	14%	4	3	No	0	0%	0	0%	0	0%	6	11%	+ 3 New Grads [illegible]	
70	62	8	89%	11%	7	2		14	20%	0	0%	8	11%	0	0%	8 hrs Sick Leave	
50	40	10	80%	20%	5	0		0	0%	10	20%	0	0%	0	0%		
176																	
RDH: surg 2B																	
62	56	6	90%	10%	6	1	No	8	13%	8	13%	0	0%	0	0%		
64	56	8	88%	13%	7	0		0	0%	0	0%	0	0%	0	13%		
48	40	8	83%	17%	3	1		0	0%	0	17%	0	0%	0	0%		
174																	
RDH: ortho 3A																	
64	56	8	88%	13%	3	2	No	0	0%	0	13%	0	13%	0	13%		
56	56	0	100%	0%	3	2		0	0%	0	0%	0	14%	0	14%	2 new grads	
40	30	10	75%	25%	4	0		0	0%	0	0%	0	0%	0	0%		
160																	

Appendix 8: Skillmix 26/3/09

Royal Darwin Hospital 2

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM [illegible]	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical Staffing	Adverse/Near Miss Events
RDH 3A																	
64	56	8	[illegible]	13%	5	3	Yes	0	0%	8	13%	0	0%	8	13%	8 HOURS SICK LEAVE – CHEMO [illegible] BACKFILLING FROM WARD [illegible] [illegible]	
40	[illegible]	[illegible]	[illegible]	[illegible]	4	2		0	0%	0	0%	0	0%	0	0%		
40	20	20	50%	50%	3	0		0	0%	10	25%	0	0%	0	0%	[illegible] RN off sick replaced by EN	
150																	
RDH: RAPU																	
64	48	8	66%	13%	2	4	No	8	13%	0	0%	16	25%	0	0%	2 staff sick leave	
64	56	8	66%	13%	3	5		8	13%	0	0%	0	0%	0	0%		
50	30	20	60%	40%	3	1		0	0%	10	20%	0	0%	0	0%	4 [illegible] x 2 hrs	
178																	
RDH: paed 60																	
56	40	16	71%	29%	2	5	Yes	0	0%	0	0%	0	0%	8	14%	1 [illegible] caring for child with tracheostomy in a 1:1 allocation	None
40	40	0	[illegible]	[illegible]	3	3		0	0%	0	0%	0	0%	0	0%	1 RN caring for child with tracheostomy in a 1:1 allocation	None
40	30	10	75%	25%	3	1		0	0%	0	0%	0	0%	10	25%	1 RN caring for child with tracheostomy in a 1:2 allocation /10 hours sick leave	None
[illegible]																	
RDH: paed 78																	
	24							0		0		0		0			
	16							0		0		0		0			
	16							0		0							
0																	
RDH: maternity																	
	24							0		0		0		0			
	16							0		0		0		0			
	16							0		0							
0																	
RDH: SCN																	
56	48	8	86%	14%	5	3	No	0	0%	0	0%	0	0%	0	0%	[illegible] day	
60	48	0	100%	0%	1	6		0	0%	0	0%	0	0%	0	0%	2 [illegible] 1:1 each	
80	60	20	75%	25%	5	3		0	0%	0	0%	0	0%	0	0%	1 art and 1 to ccu	
[illegible]																	
RDH: ICU																	
40	40	0	100%	0%	5	1	No	0	0%	0	0%	0	0%	0	0%		
24	24	0	100%	0%	1	2		0	0%	0	0%	0	0%	0	0%		
80	80	0	100%	0%	7	1		0	0%	0	0%	0	0%	0	0%		
163																	
RDH: HDU																	
48	48	0	100%	0%	5	2	No	0	0%	0	0%	0	0%	0	0%		
40	40	0	100%	0%	4	1		0	0%	0	0%	0	0%	0	0%		
30	30	0	100%	0%	3	0		0	0%	0	0%	0	0%	0	0%		
[illegible]																	
RDH: CCU																	
32	32	0	100%	0%	2	2	Yes	0	0%	0	0%	0	0%	0	0%		
24	24	0	100%	0%	2	1		0	0%	0	0%	0	0%	0	0%		
30	30	0	100%	0%	2	0		0	0%	0	0%	10	33%	0	0%		
[illegible]																	

Appendix 9: Skillmix 26/3/09

Royal Darwin Hospital 3

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM Included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	Adverse/Near Miss Events
RDH: dialysis Nightcliff																	
40	32	8	80%	20%	2	2	No	0	0%	0	0%	0	0%	0	0%	Coordinator had Patient load	
32	24	8	75%	25%	3	1		0	0%	0	0%	0	0%	0	0%		
0	0	0						0		0		10		0			
72																	
RDH: dialysis Palmerston																	
16	16	0	100%	0%	1	1	No	0	0%	0	0%	0	0%	0	0%		
8	8	0	100%	0%	1	0		0	0%	0	0%	0	0%	0	0%		
0	0	0						0		0		10		0			
24																	
RDH: dialysis Nguiu																	
8	8	0	100%	0%	1	0	No	0:30	0%	0	0%	0	0%	0	0%		
0	0	0						0		0		0		0			
0	0	0						0		0		10		0			
8																	
RDH: dialysis inpatient																	
24	24	0	100%	0%	3	0	No	0	0%	0	0%	0	0%	0	0%	+5 pts required organising and rescheduling to other unit for dialysis	
16	16	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%		
0	0	0				0		0		0		0		0			
40																	

Appendix 10: Skillmix 26/3/09

Katherine Hospital

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	Adverse/Near Miss Events
Katherine Hospital																	
Katherine Hospital: med/surg																	
32	22	8	69%	25%	3	1	No	8	25%	0	0%	0	0%	0	0%		Nil
32	24	8	75%	25%	3	1		0	0%	0	0%	0	0%	0	0%		Nil
30	20	10	67%	33%	3	0		0	0%	0	0%	0	0%	0	0%		Nil
94																	
	Paediatrics																
32	24	8	75%	25%	4	0	No	0	0%	0	0%	0	0%	0	0%	AGI ENT RN	Nil
16	16	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%	AGI ENT RN	Nil
20	20	0	100%	0%	2	0		0	0%	0	0%		0%		0%		Nil
68																	
	Maternity																
24	24		100%	0%	2	1	No	0	0%	0	0%	0	0%	0	0%		Nil
16	16		100%	0%	2	0		0	0%	0	0%	0	0%	0	0%		Nil
16	16		100%	0%	1	1		0	0%	0	0%		0%		0%		Nil
56																	
	Renal																
16	16	0	100%	0%	2	0	Yes	0	0%	0	0%	0	0%	0	0%		Nil
8	8	0	100%	0%	1	0		0	0%	0	0%	0	0%	0	0%		Nil
0	0	0															
24																	

Appendix 11: Skillmix 26/3/09

Gove & Tennant Creek Hospitals

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	Adverse/Near Miss Events
Gove Hospital																	
Gove Hospital: medical/paediatrics																	
52	52	0	100%	0%	4	2	No	0	0%	0	0%	0	0%	0	0%	+RM running OPD AMC clinic	
0																	
0																	
52																	
Gove Hospital: maternity wd 2																	
32	32	0	100%	0%	0	0	No	8	25%	0	0%		0%		0%		
24	24	0	100%	0%	0	0		0	0%	0	0%		0%		0%	OVERNIGHT RESPITE	UNKNOWN
20	10	0	50%	0%	0	0		10	50%	0	0%		0%		0%	OVERNIGHT A&E	UNKNOWN
76																SICK LEAVE X 2	
Tennant Creek Hospital																	
Ward 1 Med/Surg/Paeds																	
34	24	10	71%	29%		1		0	0%	24	71%	0	0%	0	0%	1 RN 8hr flight	
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%		
16	16		100%	0%				0	0%	0	0%		0%		0%		
68																	
Dialysis																	
24	24		100%	0%				0	0%	0	0%	0	0%	0	0%		
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%		
16	16		100%	0%				0	0%	0	0%		0%		0%		
56																	

Appendix 12: Skillmix 17/4/09

Alice Springs Hospital

TOTAL Hours	RN Hours	EN Hours	RN %	EN %	# of [illegible] Staff	# of PT Staff	CNM [illegible]	U/I Hours	[illegible] %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	[illegible] Staffing
Alice Springs Hospital																
Alice Springs: medical																
80	72	0	90%	10%	8	4	No	0	0%		0%		0%		0%	3 RNs & U2 trained nurses, [illegible] 8 hours sick leave not replaced
[illegible]	[illegible]	0	100%	0%	[illegible]	4		0	0%		0%		0%		0%	[illegible]
40	40	0	100%	0%	2	2	No	0	0%		0%		0%		0%	2 [illegible]
176																
Alice Springs: maternity																
[illegible]	[illegible]	0	100%	0%	3	1	No	0	0%		0%		0%	8	17%	[illegible] student midwife & 1 RN ([illegible])
40	40	0	100%	0%	4	0		0	0%		0%		0%	8	20%	1 New grad
40	40	0	100%	0%	4	0		10	25%		0%		0%		0%	
116																
Alice Springs: [illegible]																
41.5	41.5	0	100%	0%			Yes	11.5	28%		0%		0%		0%	
29	29		100%	0%				5	17%		0%		0%		0%	
40	40		100%	0%					0%		0%	10	21%	10	21%	
110.5																
Alice Springs: Renal Dialysis																
Alice: RDU - Tertiary Unit																
56	48	8	56%	14%	7		No		0%		0%		0%		0%	
64	64		100%	0%	8				0%		0%		0%		0%	
0																
120																
Alice: RDU - Satellite Unit																
24	24		100%	0%				0	0%	0	0%		0%		0%	
0	0		100%	0%				0	0%	0	0%		0%		0%	
0								0								
32																
Alice: Renal Ward																
24	24	8	100%	33%	2	1	No	0	0%	0	0%	0	0%	8	33%	1 RN from Pool worked on ward [illegible]
24	24	8	100%	33%	2	1		0	0%	0	0%	0	0%	0	0%	2 OTN
20	20	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%	TL - OTN
60																
Alice Springs: paediatrics																
56	48	8	86%	14%	1	1	No	8	14%	0	0%		0%		0%	
64	48	16	75%	25%					0%	0	0%		0%	6	9%	2 NGs at RN & at EN
60	60	0	100%	0%				20	40%	0	0%		0%		0%	
170					0											
Alice Springs: surgical																
56	56	0	100%	0%			No		0%	0	0%	0	0%	8	14%	
51.5	51.5	0	100%	0%				5.5	11%	0	0%	0	0%	6	12%	
40	40	0	100%	0%					0%	0	0%	0	0%	0	0%	
147.5																
Alice Springs: continuing care ward																
24	16	8	67%	33%	3		No		0%	0	0%	0	0%	8	33%	
24	24		100%	0%	2	1		8	33%	0	0%	8	33%	0	0%	
20	20		100%	0%	2				0%	0	0%	0	0%	0	0%	
60																
Alice Springs: SCN																
16	16	0	100%	0%	2		No		0%	0	0%		0%		0%	
16	8	8	50%	50%	1	1			0%	0	0%		0%		0%	
20	10	10	50%	50%	2				0%	0	0%		0%		0%	
52																

Appendix 13: Skillmix 24/4/09

Royal Darwin Hospital 1

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM Included	O/T Hours	O/T %	Agency hrs	Agency %	Float hrs	Float %	Bank hrs	Bank %	Atypical Staffing
Royal Darwin Hospital 24/4/09																
RDH: med 4A																
40	32	16	67%	33%	4	2	NO	0	0%	0	0%	0	0%	0	0%	[illegible]
40	32	8	80%	20%	5	0		0	0%	0	0%	0	0%	0	0%	
40	30	10	75%	25%	2	2		0	0%	0	0%		0%		0%	[illegible]
128																
RDH: med 4B																
80	72	8	90%	10%	8	1	NO	0	0%	0	0%	0	0%	0	0%	
64	48	16	75%	25%	5	2		0	0%	0	0%	0	0%	0	0%	
40	40	0	100%	0%	3	1		0	0%	0	0%		0%		0%	
184																
RDH: med [illegible]																
24	8	16	33%	67%	3	0	NO	8	33%	0	0%	0	0%	0	0%	[illegible]
22	14	8	64%	36%	2	1		6	27%	0	0%	0	0%	0	0%	
20	10	10	50%	50%	0	2			0%	0	0%		0%		0%	
66																
RDH: med renal																
24	24	0	100%	0%	100	0	YES	0	0%	0	0%	0	0%	0	0%	
16	16	0	100%	0%	0	100		0	0%	0	0%	0	0%	0	0%	
20	20	0	100%	0%	0	100		0	0%	0	0%		0%		0%	
60																
RDH: med [illegible]																
24	24	0	100%	0%	1	7	No	16	67%	0	0%	0	0%	0	0%	2 x O/T
24	24	0	100%	0%	5	0		8	33%	0	0%	0	0%	0	0%	1 x OT
20	10	10	50%	50%	2	0		0	0%	0	0%		0%		0%	
68																
RDH: rehab																
16	16	0	100%	0%	2	0	Yes	0	0%	0	0%	0	0%	0	0%	
16	16	0	100%	0%	1	0		0	0%	0	0%	0	0%	0	0%	[illegible]
20	20	0	100%	0%	2	0		0	0%	0	0%		0%		0%	
52																
RDH: surg 2A																
80	80	0	100%	0%	0	0	No	8	10%	0	0%	0	0%	0	0%	Supernumerary x 2 am, CDE student x 2 am
62	62	0	100%	0%	4	1		14	23%	0	0%	0	0%	0	0%	[illegible]
30	20	10	67%	33%	8	0		0	0%	0	0%		0%		0%	[illegible] x 3 pm, supernumerary x 1 pm
172																
RDH: surg 2D																
72	72	0	100%	0%	7	2	Yes	0	0%	0	0%	0	0%	0	0%	[illegible]
56	56	0	100%	0%	6	2		0	0%	0	0%	0	0%	0	0%	[illegible]
40	30	10	75%	25%	3	1		0	0%	0	0%		0%		0%	[illegible]
168																
RDH: [illegible] 3A																
72	56	16	78%	22%	6	3	NO (PDO)	0	0%	0	0%	0	0%	0	0%	4 x supernumerary
64	64	0	100%	0%	0	1		0	0%	0	0%	0	0%	0	0%	1 x sick leave
40	30	10	75%	25%	4	0		0	0%	0	0%		0%		0%	
176																
RDH: [illegible]																
64	48	16	75%	25%	8	0	YES	0	0%	0	0%	0	0%	0	0%	
64	56	8	88%	13%	6	1		8	13%	0	0%	0	0%	0	0%	
40	40	0	100%	0%	3	1		0	0%	0	0%		0%		0%	
168																

Appendix 14: Skillmix 24/4/09

Royal Darwin Hospital 2

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM Included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical Staffing
RDH: [illegible]																
62	54	8	87%	13%	4	2	NO	6	10%	0	0%	0	0%	0	0%	1 Sick Leave
64	48	16	75%	25%	4	4			0%	0	0%	0	0%	0	0%	1 RN GRAD
50	40	10	80%	20%	1	4			0%	0	0%		0%		0%	2 Sick leave
176																
RDH: paed 6B																
64	40	24	63%	38%	3	5	No (RDO)	0	0%	0	0%	0	0%	0	0%	1 New grad first rotation /1 EN caring for child with tracheostomy in a 1:2
56	32	24	57%	43%	3	4		0	0%	0	0%	0	0%	0	0%	1 RN caring for child with tracheostomy in a 1:2 / 1 New Grad first rotation/1 RN caring for child with tracheostomy in a 1:2 allocation /1 staff member left during the night at 0230
45	35	10	78%	22%	1	4		0	0%	0	0%		0%		0%	
165																
RDH: paed 7B (ISOP)																
40	40	0	83%	17%	1	3	Yes	0	0%	0	0%	0	0%	0	0%	1 hr sick leave,3 high dep patients+ LB doing PCA
36	22	14	58%	42%	1	3		0	0%	0	0%	0	0%	0	0%	[illegible] 4 high dep patients
40	20	20	50%	50%	1	2		0	0%	0	0%		0%		0%	4 high dependency patients
120																
RDH: maternity (9A)																
84	84	0	100%	0%	7	2	Yes	0	0%	0	0%	0	0%	0	0%	
73.5	73.5	0	100%	0%	4	6		17.5	24%	0	0%	0	0%	0	0%	
70.45	70.45	0	100%	0%	5	5		0.45	1%	0	0%		0%		0%	1 [illegible]
227.95																
RDH: SCN																
48	40	8	83%	17%	3	3	No	0	0%	0	0%	0	0%	0	0%	1 NEW GRAD
40	40	0	100%	0%	1	5		0	0%	0	0%	0	0%	0	0%	1 RN GRAD , 1 SICK
70	70	0	100%	0%	3	4		0	0%	0	0%		0%		0%	1 [illegible] comp) & 1 [illegible] ARL , 3 [illegible]
[illegible]																
RDH: ICU																
60	60	0	100%	0%	10	0	No	0	0%	0	0%	0	0%	0	0%	
72	72	0	100%	0%	9	0		0	0%	0	0%	0	0%	0	0%	
80	80	0	100%	0%	8	0		0	0%	0	0%		0%		0%	
212																
RDH: HDU																
32	32	0	100%	0%	4	0	No	0	0%	0	0%	0	0%	0	0%	
40	40	0	100%	0%	5	0		0	0%	0	0%	0	0%	0	0%	
40	40	0	100%	0%	4	0		0	0%	0	0%		0%		0%	
112																
RDH: CCU																
21.5	21.5	0	100%	0%	1	1	Yes	[illegible]	20%	0	0%	0	0%	0	0%	
16	16	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%	
20	20	0	100%	0%	2	0		0	0%	0	0%		0%		0%	
57.5																

Appendix 15: Skillmix 24/4/09

Royal Darwin Hospital 3

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
RDH: dialysis Nightcliff																
37	29	8	78%	22%	4	1	No	5	14%	0	0%	0	0%	0	0%	
32	32	0	100%	0%	3	1		0	0%	0	0%	0	0%	0	0%	
0	0	0								0						
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RDH: dialysis Palmerston																
16	16	0	100%	0%	2	0	No	0	0%	0	0%	0	0%	0	0%	
0	0	0			0	0		0		0		0		0		
0	0	0								0						
16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RDH: dialysis Nguiu																
8	8	0	100%	0%	1	0	No	0	0%	0	0%	0	0%	0	0%	
0	0	0			0	0		0		0		0		0		
0	0	0								0						
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RDH: dialysis inpatient																
24	24	0	100%	0%	100	0	No	0	0%	0	0%	0	0%	0	0%	x 1 CNS x 1 Over/seas RN x 1 Jnr HDX RN
16	16	0	100%	0%	100	0		0	0%	0	0%	0	0%	0	0%	x 1 Overseas RN
0	0	0								0						
40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 16: Skillmix 17/4/09

Katherine Hospital

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
Katherine Hospital																
Katherine Hospital: med/surg																
40	24	16	60%	40%	5	1	No		0%	0	0%		0%		0%	
32	24	8	50%	25%	4			8	25%	0	0%	0	0%	0	0%	
30	20	10	67%	33%	3				0%	0	0%		0%		0%	
102																
	Paediatrics															
24	16	8	67%	33%	3		No		0%	0	0%	0	0%	0	0%	
24	16	8	67%	33%	3				0%	0	0%	0	0%	0	0%	
20	20		100%	0%	2				0%	0	0%	0	0%	0	0%	
68																
	Maternity															
24	24		100%	0%	2	1	No	0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%	2			0	0%	0	0%	0	0%	0	0%	
20	20		100%	0%	2			0	0%	0	0%	0	0%	0	0%	
60																
	Renal															
16	16		100%	0%	2		Yes	0	0%	0	0%	0	0%	0	0%	
8	8		100%	0%	1			0	0%	0	0%	0	0%	0	0%	
24																

Appendix 17: Skillmix 17/4/09

Gove & Tennant Creek Hospitals

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
Gove Hospital																
Gove Hospital: medical/paediatrics																
32	32	0	100%	0%	0	0	No	0	0%	0	0%		0%		0%	**OVERNIGHT RESPITE**
24			100%	0%					0%	0	0%		0%		0%	**OVERNIGHT A&E**
20			100%	0%					0%	0	0%		0%		0%	
76																
Gove Hospital: maternity wd 2																
14	32	0	100%	0%	1	1	No	0	0%	0	0%		0%		0%	
24	24	0	100%	0%	1				0%	0	0%		0%		0%	**on call for 6 hrs**
20	20	0	100%	0%	1				0%	0	0%		0%		0%	**on call for 10 hours**
58																
Tennant Creek Hospital																
Ward 1 Med/Surg/Paeds																
32	24	8	75%	25%		1		0	0%	0	0%	0	0%	0	0%	nil
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%	
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dialysis																
24	24		100%	0%				0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%	
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 18: Skillmix 16/5/09

Alice Springs Hospital 1

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
Alice Springs Hospital																
Alice Springs: medical																
64	56	8	92%	8%	5	3	N/A		0%		0%		0%		0%	2 RN RG + 1EN RG
48	48	0	100%	0%	5	1		8	17%		0%		0%		0%	2 RN RG
30	30		100%	0%	3				0%		0%		0%		0%	
142																
Alice Springs: maternity																
40	40	0	100%	0%	3	1	No	0	0%		0%		0%	8	20%	
40	40	0	100%	0%	3	2		0	0%		0%		0%		0%	
40	40	0	100%	0%	3	1		0	0%		0%		0%		0%	
120																
Alice Springs: ICU																
48	48	0	100%	0%	5	1	N/A	0	0%		0%		0%		0%	
48	48	0	100%	0%	4	2		0	0%		0%		0%	8	17%	
58	58	0	100%	0%	5			0	0%		0%		0%	10	17%	
152																
Alice Springs: Renal Dialysis																
Alice: KDU - Tertiary Unit																
32	32	0	100%	0%	3	1	N/A		0%		0%		0%		0%	
16	16	0	100%	0%	2				0%		0%		0%		0%	
0	0	0														
48																
Alice: RDU - Satellite Unit																
55	55		100%	0%	7	1		0	0%		0%		0%		0%	
56	48	8	86%	14%	7			0	0%		0%	8	14%		0%	FLOAT FROM INPATIENT DIALYSIS
0								0								
111																
Alice: Renal Ward																
24	24	0	100%	0%	3	0	CNF	24	100%	0	0%	0	0%	8	33%	ROSTERED RN & EN SICK LEAVE, CNE & 2 RN FROM OTHER WARDS
24	24	0	100%	0%	3	0		0	33%	0	0%	0	0%	0	33%	1 RN SICK LEAVE
20	20	0	100%	0%	2	0		0	0%	0	0%	0	0%	0	0%	
68																

Appendix 19: Skillmix 16/5/09

Alice Springs Hospital 2

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	
Alice Springs: paediatrics																	
56	48	8	%	14%	4	3	No	0	0%		0%		0%	8	14%	X 1 New Grad	High needs patient required security and nursing restraint
36	36	0	100%	0%	6			0	0%		0%		0%	8	22%	x 1 New grad	
50	50		100%	0%	3	2		0	0%		0%		0%		0%	x 1 New grad	
142				0													
Alice Springs: surgical																	
62	46	16	74%	26%	6	1	N/A	0	0%		0%		0%	14	23%	1 RN NG + 1EN NG	
48	48		100%	0%	5	1		0	0%	0	0%	0	0%	8	17%	1 RN NG	
40	30	10	75%	25%	4			0	0%	0	0%		0%		0%		
150													0		0		
Alice Springs: SCN																	
24	24	6	100%	25%	3			0	0%		0%		0%		0%	1 RN NG	
16	16	0	100%	0%	2			0	0%		0%		0%		0%		
20	20	0	100%	0%	2			0	0%		0%		0%		0%		
60																	

Appendix 20: Skillmix 16/5/09

Royal Darwin Hospital 1

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	'Atypical' Staffing
RDH: med 4A																
48	40	8	83%	17%	5	1		0	0%	0	0%	0	0%	0	0%	3 PCA spec 7 FNC
40	24	16	60%	40%	4	1		0	0%	0	0%	0	0%	0	0%	3 PCA spec 7 FNC
40	30	10	75%	25%	3	1		0	0%	0	0%		0%	0	0%	3 PCA spec 7 FNC
128																
RDH: med 4B																
80	56	24	70%	30%	4	2	No	0	0%	16	20%	0	0%	8	10%	
57.5	37.5	20	65%	35%	5	1		5.5	10%	12	21%	0	0%	0	0%	
40	40	0	100%	0%	2	2		0	0%	0	0%	0	0%	0	0%	
177.5																
RDH: med 7CC																
24	16	0	67%	0%	2	1	No	8	33%	0	0%	0	0%	0	0%	ONE NEW GRAD RN
24	16	0	67%	0%	1	2			0%	0	0%	0	0%	0	- 0%	ONE NEW GRAD EN
20	10	10	50%	50%	2	0		0		0	0%	0	0%	0	0%	
68																
16	24	0	150%	0%	100	0	Yes	0	0%	0	0%	0	0%	0	0%	am shift - x1 RN new
16	16	0	100%	0%	50	50	no	0	0%	0	0%	0	0%	0	0%	pm shift x1 RN, on ward 3
20	20	0	100%	0%	100	0	no	0	0%	0	0%	0	0%	0	0%	x1 RN x1 EN both regular
52																
RDH: med hospice																
32	24	8	75%	25%	2	2	No	8	25%	0	0%	0	0%	0	0%	
21.5	21.5	0	100%	0%	2	1		5.5	26%	0	0%	0	0%	0	0%	
20	10	10	50%	50%	2	0		0	0%	0	0%		0%		0%	
73.5																
RDH: rehab																
16	8	8	50%	50%	2	0	No	0	0%	0	0%	0	0%	0	0%	
14	14	0	100%	0%	1	0			0%	6	43%	0	0%	0	0%	agency RN for 6hrs + New Grad RN to cover s/leave
20	20	0	100%	0%	0	1			0%	0	0%	10	50%	0	0%	
50																

Appendix 21: Skillmix 16/5/09

Royal Darwin Hospital 2

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
RDH: surg 2A																
68	52	16	76%	24%	5	4	No	12	18%	8	12%	0	0%	0	0%	RN x 4hrs to perform Burns dressing on am shift
48	40	8	83%	17%	5	1		0	0%	0	0%	8	17%	0	0%	RN x1 sick leave am
30	20	10	67%	33%	0	3		0	0%	10	33%	0	0%	0	0%	CDU student x1 am shift
146																
RDH: surg 2B																
88	72	16	82%	18%	5	5	No	0	0%	16	18%	0	0%	0	0%	1 PCA special
64	56	8	88%	13%	7	1		8	13%	0	0%	0	0%	0	0%	
40	30	10	75%	25%	3	1		0	0%	0	0%	0	0%	0	0%	
192																
RDH: ortho 3A																
70	54	16	77%	23%	5	1	No	8	11%	0	0%	8	11%	14	20%	ONE EN USED TO SPECIAL PATIENTS AS pca
63	55	8	87%	13%	4	2		7	11%	0	0%	15	24%	0	0%	One RN sent from another ward to PCA special patients, 1 X NEW GRAD
40	40	0	100%	0%	2	2		0	0%	0	0%	0	0%	0	0%	1 X NEW GRAD
173																

Appendix 22: Skillmix 16/5/09

Royal Darwin Hospital 3

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM Included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	
RDH: 3B																	
64	56	8	88%	13%	6	2	No	0	0%	0	0%	0	0%	0	0%	IQN on shift, supernumery capacity	
56	56	0	100%	0%	3	2	No	8	14%	0	0%	8	14%	0	0%	one sick call covered by OT	
40	40	0	100%	0%	1	3	No	0	0%	0	0%	0	0%	0	0%		
160																	
RDH: RAPU																	
72	64	8	89%	11%	5	4	No	8	11%	0	0%	0	0%	0	0%	1 SICK LEAVE	
58.6	53.3	5.3	91%	9%	5	3		11	19%	0	0%	0	0%	0	0%		
50	50	0	100%	0%	1	4		0	0%	0	0%	0	0%	0	0%		
180.6																	
RDH: paed 5B																	
56	40	16	71%	29%	5	2	No (Wend)	8	14%	0	0%	16	29%	0	0%	1 EN caring for child with tracheostomy in a 1:3 allocation	
56	40	16	71%	29%	3	4		0	0%	0	0%	0	0%	0	0%	2 New Graduates/1 EN caring for child with tracheostomy in a 1:3 allocation	
40	30	10	75%	25%	2	2		0	0%	0	0%	0	0%	0	0%	1 RN caring for child with tracheostomy in a 1:2 allocation	
152																	
RDH: paed 7B (ISOP)																	
48	40	8	83%	17%	2	2	No	0	0%	0	0%	0	0%	0	0%	2 casual RN's no paed's exp 1 pt 2:1 special	
37.5	32	5.5	85%	15%	2	3		5.5	15%	0	0%	0	0%	0	0%	2 overseas graduates1 2:1 pt	
50	20	30	40%	60%	2	1		0	0%	0	0%	0	0%	0	0%	3 EN's 1 2:1 pt 1 overseas graduate	
135.5																	

Appendix 23: Skillmix 16/5/09

Royal Darwin Hospital 4

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	
RDH: maternity (6A)																	
64	58	6	91%	9%	3	4	No	0	0%	0	0%	0	0%	6	9%	EN X 1, RNx1 SMW x1	
78	78	0	100%	0%	6	3		0	0%	0	0%	8	10%	0	0%	RN x3 SMW x 3	
70	70	0	100%	0%	2	4		2	3%	0	0%	0	0%	0	0%	Grad x 1	
212																	
RDH: SCN																	
48	40	16	83%	33%	4	3	No	0	0%	0	0%	8	17%	0	0%	1 new Grad	
48	48	8	100%	17%	5	2		8	17%	0	0%	0	0%	0	0%	1 new gradsent to 6a and EN on O/T	
70	70	0	100%	0%	3	4		0	0%	0	0%	0	0%	0	0%	1 new grad supernumary	
166																	
RDH: ICU/HDU																	
120	120	0	100%	0%	8	4	No	0	0%	0	0%	0	0%	0	0%		
40	40	0	100%	0%	3	2		0	0%	0	0%	0	0%	0	0%		
101	101	0	100%	0%	9	1		0	0%	0	0%	0	0%	0	0%		
261																	
RDH: CCU																	
32	32	0	100%	0%	3	1	No	0	0%	0	0%	0	0%	0	0%		
29.5	29.5	0	100%	0%	3	0		5.5	19%	0	0%	0	0%	0	0%		
30	30	0	100%	0%	1	2		0	0%	0	0%	0	0%	0	0%		
91.5																	

Appendix 24: Skillmix 16/5/09

Royal Darwin Hospital 5

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing	
RDH: dialysis Nightcliff																	
40	32	8	80%	20%	3	2	No	0	0%	0	0%	0	0%	0	0%		
0	0	0			0	0		0		0		0		0			
0	0	0			0	0		0		0		0		0			
40																	
RDH: dialysis Palmerston																	
16	16	0	100%	0%	0	2	No	0	0%	0	0%	0	0%	0	0%		
24	24	0	100%	0%	1	2		8	33%	0	0%	16	67%	0	0%		
0	0	0			0	0		0		0		0		0			
40																	
RDH: dialysis Nguiu																	
8	8	0	100%	0%	1	0	No	0	0%	0	0%	0	0%	0	0%		
0	0	0			0	0		0		0		0		0			
0	0	0			0	0		0		0		0		0			
8																	
RDH: dialysis inpatient																	
32	32	0	100%	0%	66	33	No	0	0%	0	0%	0	0%	0	0%	am shift - x1 CNS, x2 RNs. X1 junior	
16	16	0	100%	0%	50	50	No	0	0%	0	0%	0	0%	0	0%	pm shift x1 CNS,x1 RN junior	
0	0	0						0		0		0		0			
48																	

Appendix 25: Skillmix 16/5/09

Katherine Hospital

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
KH: Med/Surg																
36	20	16	60%	40%	3	2	No	8	22%		0%		0%		0%	1 EN on S/L
32	16	16	50%	25%	4			8	25%		0%		0%		0%	
30	20	10	67%	33%	1			0	0%		0%		0%	10	33%	1 RN on S/L
98																
KH: Paediatrics																
24	16	8	67%	33%	1	2	No	0	0%	0	0%	0	0%	0	0%	
24	24	0	100%	0%	1	3		0	0%	0	0%	0	0%	0	0%	
20	20	0	100%	0%	1	1		0	0%	0	0%	0	0%	0	0%	
68																
KH: Maternity																
26	3	0	12%	0%	3	0	No	10	38%	0	0%	0	0%	0	0%	1 RN S/L
16	2	0	13%	0%	1	1		0	0%	0	0%	0	0%	0	0%	
20	2	0	10%	0%	1	1		0	0%	0	0%	0	0%	0	0%	
62																
KH: Renal																
14	2	0	14%	0%	2	0	No	0	0%	0	0%	0	0%	0	0%	
8	1	0	13%	0%		1		0	0%	0	0%	0	0%	0	0%	
0	0	0			0	0		0								
22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 26: Skillmix 16/5/09

Gove & Tennant Creek Hospitals

TOTAL HOURS	RN Hours	EN Hours	RN %	EN %	# of FT Staff	# of PT Staff	CNM included	O/T Hours	O/T %	Agency Hrs	Agency %	Float Hrs	Float %	Bank Hrs	Bank %	Atypical' Staffing
Gove Hospital																
Gove Hospital: medical/paediatrics																
52	52	0	100%	0%	0	0		0	0%		0%		0%		0%	
48	48		100%	0%					0%		0%		0%		0%	
16	16		100%	0%					0%		0%		0%		0%	
116																
Gove Hospital: maternity wd 2																
15	32	0	100%	0%	0	2	No	0	0%		0%		0%		0%	
14	24	0	100%	0%	1				0%		0%		0%		0%	double shift x 1
20	20	0	100%	0%	2				0%		0%		0%		0%	
49																
Tennant Creek Hospital																
Ward 1 Med/Surg/Paeds																
24	24	0	100%	0%				0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%				0	0%	0	0%	0	0%	0	0%	
16	16		100%	0%				0	0%	0	0%		0%		0%	
0																
Dialysis																
16	8	8	50%	50%	2				0%	0	0%	0	0%	0	0%	
16	16	0	100%	0%	2				0%	0	0%	0	0%	0	0%	
10	10	10	100%	100%	1				0%	10	100%		0%		0%	
42																