Clinical Care Ratios

NAHBC meeting November 2008

- Commenced in 2005
- Developed definitions of levels
- Can we recommend clinical care ratios as a consortium?
- Two years of data collection- the latest being April- May 2008- 4 weeks

Issues which may influence CCR

- Size of department
- Context eg hospital v community or mixed
- Student teaching
- Project officers (have lower ccr)
- Time of year (eg Christmas etc)
- Covering for staff absence
- Whether or not overtime is factored in

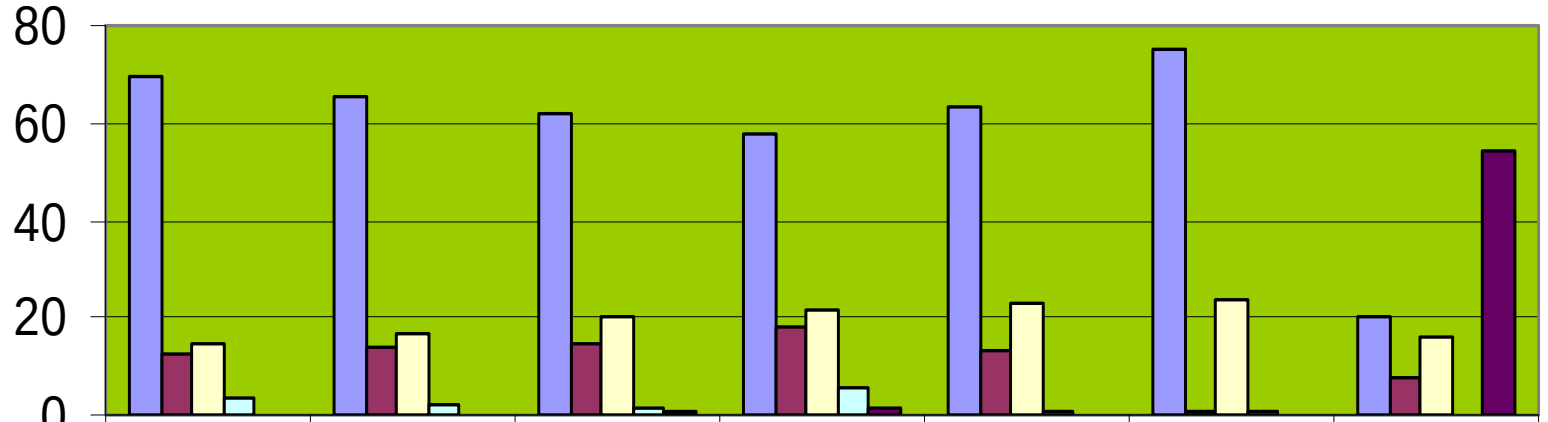
Responses

	PT	OT	SP	N&D	SW	Aud	Pod
Monash (A)	41	20	6	16	?		
Royal Hobart (B)	38	25	9	12	18		
Royal Melbourne ©	46	20	7	14	20		
Barwon (D)	19	15	5	9	12	?	2
John Hunter (E)	53	22	10	21	34		
Princess Alexandra (F)	70	43	15	16	34	3	
Flinders (G)							6

Then…

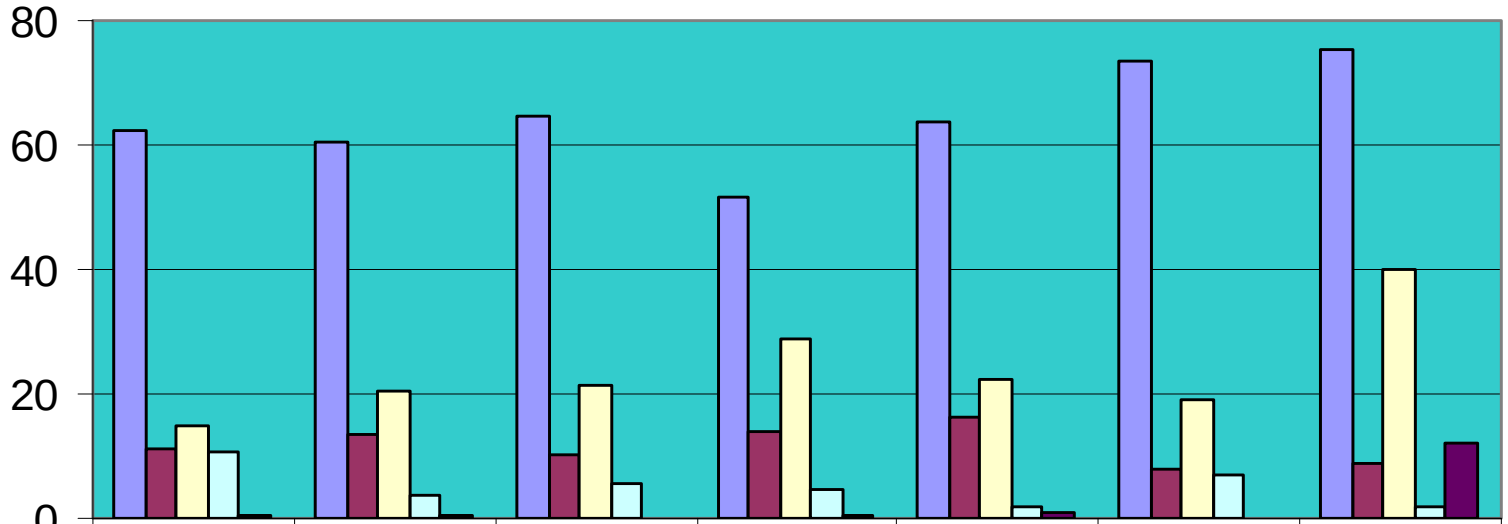
- Data entered by site, classification, profession and level
- Averages are now presented
- As you look at these think about whether we can make any statements about ccr for the future…the actuals do not necessarily represent the ideal…
- Are the level definitions contemporary

Level 1 averages



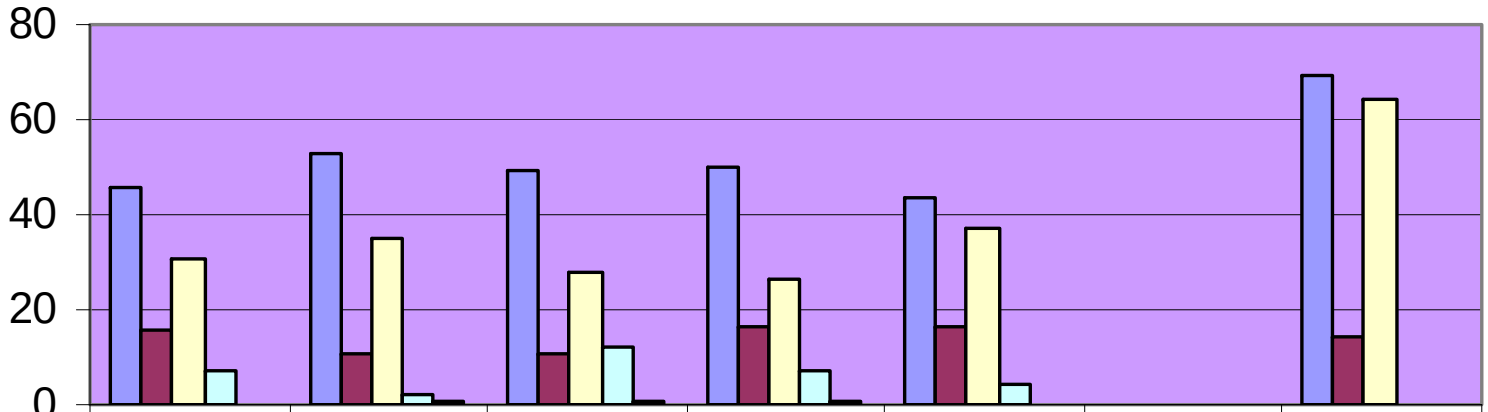
	Physiotherapy	Occupational	Speech Patholog	Nutrition and	Social work	Audiology	Podiatry
IPA	70	65	62	58	63	75	20
NPA	12	14	14	18	13	1	8
CSM	15	17	20	22	23	24	16
TT	3	2	2	6	1	1	0
RES	0	0	1	2	0	0	54

Level 2 averages



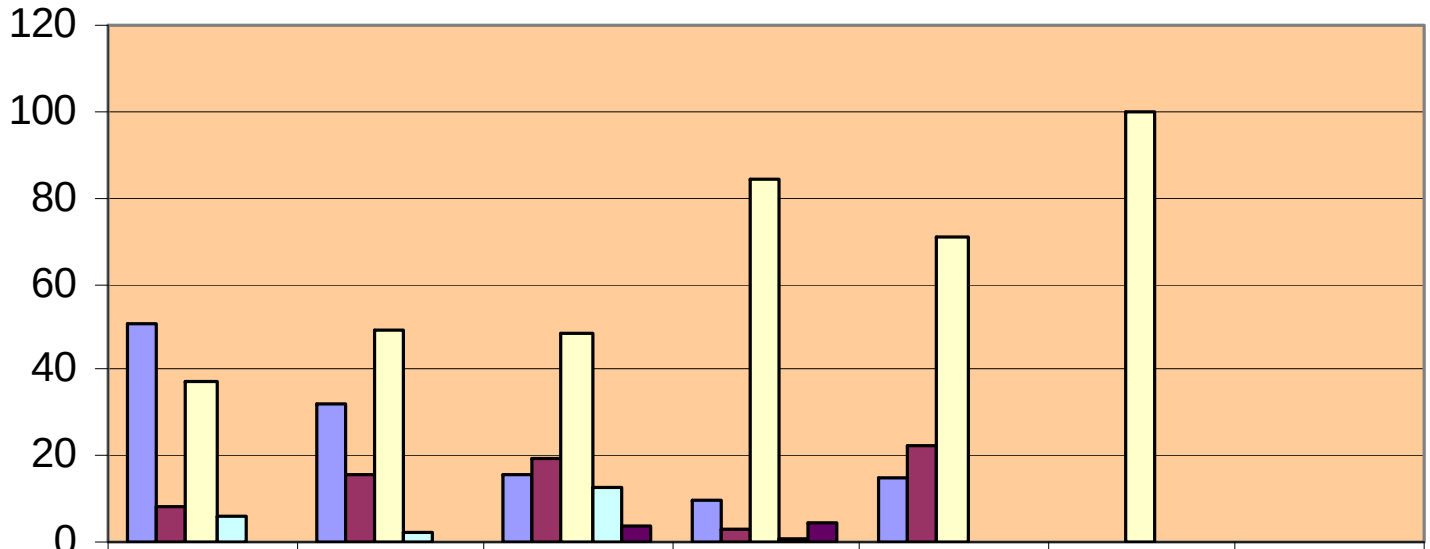
	Physiotherapy	Occupational Therapy	Speech Pathology	Nutrition and dietetics	Social work	Audiology	Podiatry
IPA	63	61	65	52	64	74	76
NPA	11	13	10	14	16	8	9
CSM	15	21	22	29	22	19	40
TT	11	4	6	5	2	7	2
RES	1	1	0	1	1	0	12

Level 3 averages



	Physiotherapy	Occupational	Speech Pathology	Nutrition and	Social work	Audiology	Podiatry
IPA	46	53	49	50	43	0	69
NPA	16	11	11	16	17	0	14
CSM	31	35	28	26	37	0	64
TT	7	3	12	7	4	0	0
RES	0	1	1	1	0	0	0

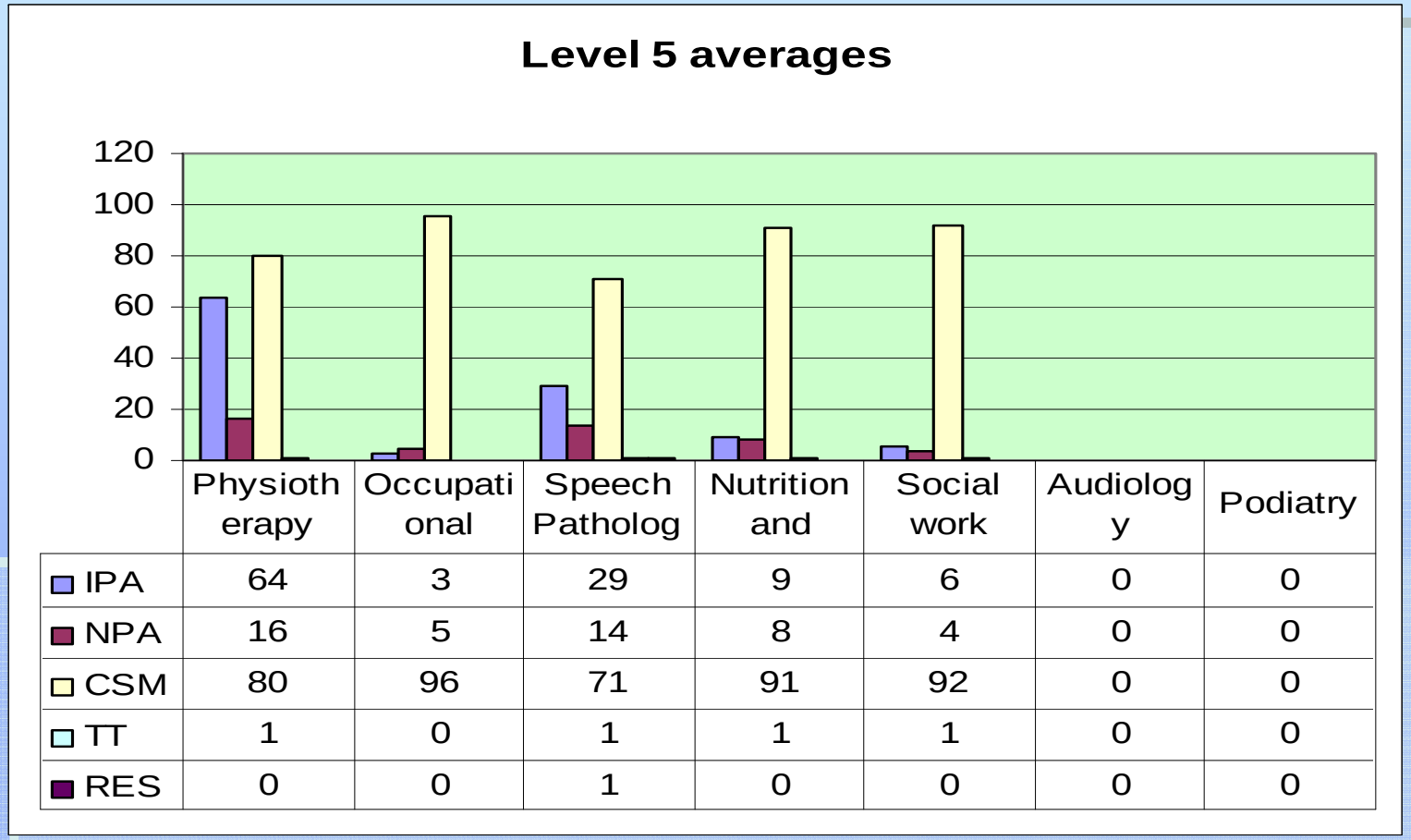
Level 4 averages



	Physiotherapy	Occupational Therapy	Speech Pathology	Nutrition and dietetics	Social work	Audiology	Podiatry
IPA	51	32	16	10	15	0	0
NPA	8	16	19	3	22	0	0
CSM	37	49	49	84	71	100	0
TT	6	2	12	1	0	0	0
RES	0	0	4	5	0	0	0

Level 5

- Misleading due to small nos



	Physiotherapy	Occupational	Speech Patholog	Nutrition and	Social work	Audiology	Podiatry
IPA	64	3	29	9	6	0	0
NPA	16	5	14	8	4	0	0
CSM	80	96	71	91	92	0	0
TT	1	0	1	1	1	0	0
RES	0	0	1	0	0	0	0

Summary

- There are differences between professions
- Numbers are small in some cases
- Progressive reduction from level 3 in CCR- levels 1 and 2 are similar

Definitions

Level 1-

Entry level practitioner, who is generally employed to rotate between work areas. 1A=year 1 new graduate; 1B =rotating base grade staff member who may undertake clinical teaching with support. They will contribute to quality improvement activities. There is space on the right to add local detail on the levels of staff audited.

Level 2

Practitioner who is employed as a more experienced clinician, who is less likely to rotate between work areas, and is developing more specialised skills. They would be involved in clinical teaching. In smaller facilities they may be responsible for service development in an area and supervision of staff and students. They will coordinate and initiate clinical quality improvement activities.

Definitions cont

Level 3 -Staff with clinical expertise who in smaller facilities will be site managers who are responsible for day to day management, including rostering, or in larger facilities the staff responsible for service development. Student coordination would also be undertaken as well as initiating and coordination of the team activity. They will lead quality improvement activities and be involved in research.

Level 4 -These staff will be programme leaders in large sites or heads of discipline with clinical loads at smaller sites. Possession of relevant post graduate qualifications would be common in some States. They will lead quality improvement activities and research.

Level 5 - Staff will have responsibilities extending across a number of sites or in larger facilities and will have minimal to no clinical case load. Possession of relevant post graduate qualifications would be common in some States. They will have high level in the management of and actions taken as the result of quality improvement activities, projects and research.

Where to from here?