

REPORTS INTERPRETATION

The Ward Patient Specialling Report (located in Reports // Clinical) identifies all patients specialised (1:1 care) in a ward for a selected period. Did you know, however, that the specialling report is just as valuable when used as a prospective tool. That is, when patients are predicted as needing specialling. The hospital coordinator can generate the **Hospital Patient Specialling Report** any time after the 10am predictions are completed to see expected specials that have already been flagged for the next 24 hours.

Ward Patient Specialling Report

Ward: **Acute Psychiatric Ward**
Month: **March, 2012**

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Date	Shift	Bed	Patient Name	Patient No.	Type	Spec. Hours	Observations	Thought Processes
2/03/2012	Day	2	Green, Amy	939593	MH	2:00	1/4 Hourly	Moderate Distress Demonstrated
4/03/2012	Day	2	Green, Amy	939593	MH	4:00	1/4 Hourly	Severe Distress Demonstrated
28/03/2012	Day	13	Hanover, Janet	727272	MHL	3:00		Minimal Distress Demonstrated
	Night	13	Hanover, Janet	727272	MHL	3:00		Minimal Distress Demonstrated
29/03/2012	Day	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated
	Evening	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated
	Night	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated
30/03/2012	Day	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated
	Evening	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated
	Night	9	Davidson, Kim	828282	MHA	9:00		Minimal Distress Demonstrated

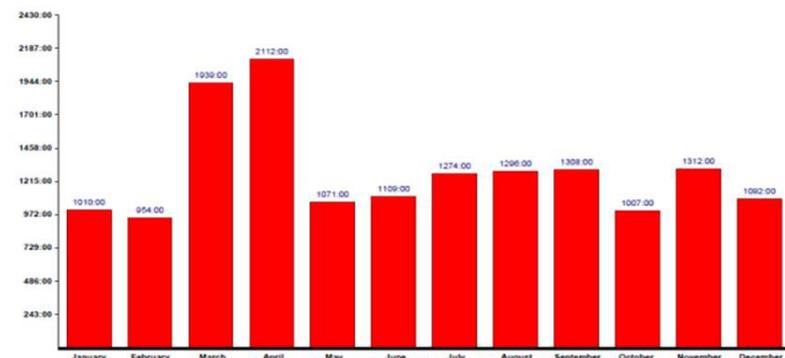
Ward Total Specialised Hours: **66:00**

Specialling trends for a ward, business unit and hospital are displayed in Graphs // Efficiency and Reports // Efficiency.

Hospital Specialling Graph

Hospital: **Hospital A**
Period: **Calendar year 2010**

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NOTES: This Responder graph displays the hours utilised in specialising over the selected period.

Business Unit Specialling Report

Business Unit: **Medical Surgical Units**
Period: **Calendar year 2010**

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Ward / Department	January	February	March	April	May	June	July	August	Septemb	October	Novembe	Decembe	Total
3E - General Surgical	560:00	393:00	1258:00	370:00	513:00	318:00	396:00	468:00	265:00	351:00	349:00	279:00	5520:00
3W - Oncology/Haematology	234:00	513:00	450:00	260:00	261:00	378:00	360:00	423:00	603:00	422:00	459:00	306:00	4669:00
Ward 4 Bee	210:00	48:00	231:00	142:00	297:00	333:00	441:00	378:00	440:00	234:00	504:00	389:00	3553:00
	1010:00	954:00	1939:00	772:00	1071:00	1029:00	1197:00	1269:00	1308:00	1007:00	1312:00	974:00	13842:00

FREQUENTLY ASKED QUESTIONS

Where do we put hours assigned to "Being supervised / giving supervision" in the allocate staff screen.

This depends on the type of supervision.

When a nurse is "in charge of the shift", hours to supervise the ward / theatre / labour ward etc. would be logged under Shift Coordination. Eg: 2 hours Shift Coordination, 6 hours Clinical in Department. The ward size and ward churn should determine the hours allocated to Shift Coordination. When a senior staff member (CN, NC etc.) supervise the work

of others, in order to improve competency levels, the hours go to Clinical Supervision.

If it is supervision of a staff member due to a performance or licence restriction issue, then the person being supervised has the appropriate amount of time recorded in the Supervised Practice column whilst the supervisor keeps their hours in Clinical in Department. We generally recommend that the supervised staff member does not have an independent workload, but that the team of supervisor and "supervisee" are assigned a workload that can be managed between them using their available clinical hours.

The Ward Actualisation Audit does not show 100% of patients being actualised on a shift. Does it relate the patients on leave for that shift?

On the shift where a patient's leave starts LvS (Leave Start) or ends LvE (Leave Ends), the patient was there for at least part of the shift and should be categorised for the care they required while they were present on the ward. Whereas the patient who is not in the ward for the entire shift Lv (On Leave) will require no allocation of nursing hours and therefore will not appear on the Ward Actualisation Audit.

Don't forget to use the "Shift only Diet" button for temporary changes to a patient's diet.

Where a patient usually has a normal diet, but for the shift prior to surgery they will be NBM, then the patient has Normal marked in their Ongoing Diet. To alter the diet for the one shift only, the user needs to tick the This Shift Only Diets checkbox, and add the temporary diet selection. These Shift only selections will only appear on the diet order form for the shift / meal to which they relate. If this function is used, the shift / meal after the temporary diet is no longer required, will switch back to the Ongoing diet automatically.

Where in the world is TC?



This TC resides at Greenslopes Private Hospital - Brisbane