

## Gold Standards

On the eve of the Olympics Games, we are all hopeful our athletes will “bring home the gold”. So too, do we encourage health care facilities to reach for gold.

The “Gold Standard” has now become known as a benchmark, against which similar things can be measured or judged. Don’t forget, “if you can’t measure it, you can’t improve it.” (Lord Kelvin)

TrendCare would like to remind you of our list of “Gold Standards” developed to assist your organisation reach a recognised standard of quality and accuracy within the TrendCare system. By increasing the number of gold standards achieved, the organisation will realise more benefits from using the TrendCare System. These include: improved patient outcomes, staff satisfaction and improved organisational efficiency and productivity.

### Gold Standard for Patient Acuity Module

- PMI/TrendCare interface (HL7 messaging) is in real time and accurate, with the PMI being updated with patient activity in real time.
- Regularly used Patient Types for each ward are defaulted to the ward in Ward/Department Maintenance.
- Patient Type definitions are reviewed by users enabling the correct Patient Type selection from the list.
- 100% patient acuity actualisation rate is maintained.
- >90% Inter-rater Reliability (IRR) score for each staff member who rates acuity.
- >90% Inter-rater Reliability (IRR) score for all wards measuring acuity.
- Actualisation rates, staff and Ward IRR accuracy rates are KPIs for all Nurse Managers.
- Daily 24hr predictions are completed by staff on the day shift no later than 10am.
- All Patients are actualised at the end of each shift by the nurse accountable for the patient’s care.
- Benchmarking HPPD per patient type annually with other TrendCare sites.
- Spot audits by TrendCare Coordinator to drill down into high acuity periods or to investigate changes in acuity patterns.

- Patient episode acuity/clinical hours reports and/or DRG clinical hours used for costing.
- Review of acuity data to provide a roster profile based on peaks and troughs in patient acuity and patient activity for specific shifts and days of the week.

*(Gold Standards for additional modules to follow in next month’s TC Flyer).*

## GLOSSARY OF TERMS

### Workload / Patient Allocation

TrendCare calculates 8 hours of patient care as being a workload that an **AVERAGE NURSE/CARER** can **COMFORTABLY** complete in an eight hour period.

The amount of time given allows a nurse / carer working 8 hours to cope with approximately one extra hour of workload, taking into account paid tea breaks and unpredictable events such as a change in patient status, emergency procedures etc. The allocation for unpredicted work / events is proportional to the number of hours worked. Longer and shorter shifts are accounted for in the allocation process.

**N.B.** No nurse/carers should be allocated or be expected to carry out more than one hour **EXTRA** workload per eight hours rostered.

**All work allocated to a nurse/carers must be confined to tasks that are compatible with their scope of practice and their level of experience and competence.**

### Where in the world is TC?



I'm exhibiting at

**hic 2012**

**NURSING INFORMATICS CONFERENCE 2012**

Sydney, July 30 - August 2

**Key Note Speaker @ NIA: Cherrie Lowe - CEO & Founder of TrendCare.**

**“How will organisations identify their nursing costs for activity based funding in the future?”**

TrendCare is a MAJOR SPONSOR of the NIA conference and proud to support the e-health community. We invite you to visit us at NIA / HIC. You will find us in booth 25 on the exhibition floor. Have a chat with our friendly team and pick up your own TC Man!!