# Nursing Hours per Patient Day: an overview

## What is NHPPD?

Nursing Hours per Patient Day (NHPPD) is the workload monitoring system used throughout the WA public health system since its introduction in 2002.

Hospitals and health services are committed to maintaining a comprehensive workload management system for nurses and midwives in Western Australia under its application of the Nurses (WA Government Health Services) Exceptional Matters Order (EMO) 2001 which is in effect via Section 9, Schedule A and Schedule B of the [WA Health System – Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2016 (PDF 1.17MB)](http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Awards%20and%20agreements/Nurses%20Registered%20and%20Enrolled%20Mental%20Health/WAHealthAustralianNursingFederationRegisteredNursesMidwivesEnrolledMentalHealthEnrolledNursesIndustrialAgreement2016.ashx)

Using information sourced from RoStar and bed management systems, the NHPPD model provides a systematic and benchmarked measuring and reporting system. NHPPD identifies and reports the number of direct nursing and/or midwifery hours required to meet patient care needs in a specific clinical area.

Nursing and midwifery are currently the only professions within WA Health to use a workload monitoring and reporting tool for delivery of direct patient care.

Across all states and territories in Australia and New Zealand, similar tools are used to monitor and report on nursing and/or midwifery workloads. These tools are mandated through industrial or legislative agreements.

## Background and development of NHPPD in Western Australia

In the late 1990s, safe workload and patient care issues became a significant industrial issue in Australia, culminating in nursing workloads being a significant part of industrial negotiations in WA in 2001.

As a result, the Full Bench of the Australian Industrial Relations Commission (AIRC) issued the Nurses (WA Government Health Services) Exceptional Matters Order (EMO) 2001.

This order was applied until 28 February 2004. When this order expired on 28 February 2004, the EMO provisions continued to be applied through policy and subsequent industrial agreements.

A report on the staffing of wards and units covered by the expired order is released six-monthly to the WA Branch of the Australian Nursing Federation (ANFWA), Hospital Salaried Union and United Voice Union. This report is made available [here](http://www.nursing.health.wa.gov.au/planning/workload_man.cfm).

## What this means for delivering safe, cost effective patient care

One of the most important responsibilities of the nurse/midwife leader is to make decisions on the appropriate way to organise nursing and/or midwifery care for patients, while ensuring the care is safe and the most effective utilisation of resources.

There is a growing body of evidence that links nurse and/or midwife staffing decisions with the prevention or reduction of a range of hospital acquired patient conditions. These include: pressure ulcers, falls with injuries, infections, failure to rescue, pneumonia and deep vein thrombosis[[1]](#footnote-1).

These largely preventable outcomes can have significant effect on patient morbidity and mortality, length of stay, cost of consumables and the overall cost of the episode of care.

There are a number of important factors that are considered in staffing decisions including the:

* skill mix of rostered nurses and midwives
* ratio of clinical nurses/midwives or registered nurses/midwives to enrolled nurses
* ratio of novice, experienced and expert nurses/midwives
* acuity of patients, exceptional patient safety or management considerations
* ward activity information such as predicted occupancy
* supervision requirements of novice staff and students
* appropriate shift coordination and management.

## Related fact sheets

* [Nursing Hours per Patient Day: how is it used?](http://dev.intranet.health.wa.gov.au/nursing/docs/planning/NHPPD_how_to_use.pdf)

## Further information

Further information on workload management, benchmarking and reporting can be found [here](http://www.nursing.health.wa.gov.au/planning/index.cfm).

 Twigg D, Duffield C et al (2010) The impact of the nursing hours per patient day staffing methodology on patient outcomes: A retrospective analysis of patient and staffing data. <http://ro.ecu.edu.au/ecuworks/6277>

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1. [↑](#footnote-ref-1)