**NHpPD reclassification – classification request form**

|  |  |
| --- | --- |
| **Date:** |  DD/MM/YYYY |
| **Health Service Provider:**  |  |
| **Region/hospital:**  |  |
| **Ward name and type:** |  |
| **Bed numbers:** |  |
| **Current category:** |  |
| **Current target hours:** |  |
| **Requested category:** |  |
| **Requested target hours:**  |  |
| **Application prepared by:** |  |

|  |
| --- |
| **Statement of background and current situation:** |
|   |

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| --- |
| **Additional comments**May include benchmarking data if applicable e.g. Benchmarking of similar specialty wards (locally or nationally), average length of stay (ALOS), patient turnover, births, occupied bed days averaged, admissions via emergency department/community/RFDS, validate the criteria description of patient complexity/clinical mix. References to safety and quality clinical indictors, clinical incidents and/or workforce indicators where relevant.  |
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| **Statement for classification – reclassification**Provide a statement summarising key drivers supporting the case of classification-reclassification. |
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**NHpPD trend evidence**

Provide AT LEAST 2 years of retrospective verified and reported NHpPD data to support the case for reclassification, or classification of a new inpatient ward/area, if any data available.

**Table 1. 2022/2023 NHpPD (REPORTED MONTHLY AVERAGE HOURS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WARD / AREA TITLE |  TARGET HRS | 2022 JUL | 2022 AUG | 2022 SEP | 2022 OCT | 2022NOV | 2022 DEC | 2023 JAN | 2023 FEB | 2023 MAR | 2023APR | 2023 MAY | 2023 JUN | AVE HRS |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Table 2. 2023/2024 NHpPD (REPORTED MONTHLY AVERAGE HOURS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WARD / AREA TITLE |  TARGET HRS | 2023 JUL | 2023 AUG | 2023 SEP | 2023 OCT | 2023NOV | 2023 DEC | 2024 JAN | 2024 FEB | 2024 MAR | 2024APR | 2024 MAY | 2024 JUN | AVE HRS |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Table 3. 2024/2025 NHpPD (REPORTED MONTHLY AVERAGE HOURS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WARD / AREA TITLE |  TARGET HRS | 2024 JUL | 2024 AUG | 2024 SEP | 2024 OCT | 2024 NOV | 2024 DEC | 2025 JAN | 2025 FEB | 2025 MAR | 2025APR | 2025 MAY | 2025 JUN | AVE HRS |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Table 4. 2025/2026 NHpPD (REPORTED MONTHLY AVERAGE HOURS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WARD / AREA TITLE |  TARGET HRS | 2025 JUL | 2025 AUG | 2025 SEP | 2025 OCT | 2025 NOV | 2025 DEC | 2026 JAN | 2026 FEB | 2026 MAR | 2026APR | 2026 MAY | 2026 JUN | AVE HRS |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| **ENDORSEMENT:** |
| **Director of nursing/midwifery** or**Co-director** | Signature |  |
| Name (print) |  |
| Date |  DD/MM/YYYY |
| **Area executive director of nursing/midwifery** or **Director of nursing/midwifery** | Signature |  |
| Name (print) |  |
| Date |  DD/MM/YYYY |

Email endorsed Business Case application to the Chief Nursing and Midwifery Office: CNMO.CED@health.wa.gov.au

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| --- |
| **OUTCOME: STATE WORKLOAD REVIEW COMMITTEE** |
| **Recommendation:** |  |
| **Notification**  | Health Service Provider | Date: DD/MM/YYYY |
|  | ANF & UWU | Annual and interim NHpPD reports |
| **Updated on CNMO database**  |  DD/MM/YYYY |

Email to

**Classification reclassification flow chart**

