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# Solving the ward puzzle

Initiative Type

Model of Care

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## Summary

In total, close to 30 per cent of the Medical Officer workforce in West Moreton Hospital and Health Service (HHS) was lost with no available coverage during the first few months of COVID-19. Further staff shortages emerged due to the need for sick leave and isolation. Clinical leaders and leaders of clinical services worked alongside other clinicians to optimise the safety and quality of care

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to patients. To meet this emergent crisis, Medical Officers adopted a Ward Based Roster. Instead of the traditional team based structure, Medical Officers were assigned to attend to particular wards. A team of RMOs was assigned to each ward, with express duty of care for all patients on that ward. Approximate ratios of staffing were set at 12 patient beds for each junior RMO, and a registrar for each ward. This model was inspired by similar models of care demonstrated nationally and internationally. This allowed for a smaller number of staff to cover the hospital, while simultaneously improving patient safety and minimising cross-contamination between COVID and Non-COVID wards.

The implementation of this roster also reduced the need for fatigue breaks and overtime incurred by the previous rostering system. Implementation of the Ward Based Roster demonstrates how pieces of the puzzle come together when we work in partnership to deliver safe, high quality care to the right patient, at the right time.

### Key dates

Jan 2021

Dec 2021

### Implementation sites

West Moreton Hospital and Health Service

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## **Aim**

To address the challenge of insufficient staff to cover both existing medical teams and the new COVID Wards in non-metropolitan areas, resulting in increased fatigue and risks to patient safety.

## **Benefits**

The above findings suggest that while this model of rostering has met the critical needs it was intended to address, there is still continual improvement necessary to address emergent problems. The use of this roster to meet staffing shortages while minimising overtime and fatigue appears to have been successful, and feedback from other clinicians suggest benefits beyond the initial aims. Continuing iteration and feedback to address problems will be necessary should this model of care continue to be implemented.

## **Background**

In late 2021, West Moreton HHS was subject to a Medical Officer staffing crisis. Due to the large, rural region it serves, the health service is subject to similar problems with attracting and retaining staff. There is a seasonal waning of staffing numbers from August until January, as staff are stepped up to senior roles or move to metropolitan sites. The COVID-19 wave in late 2021 exacerbated this problem.

Traditionally, the loss of staff would be adequately covered by locums. However, the closure of borders had led to a lack of available workers to fill the gap.

## **Solutions Implemented**

Ward based assignment Medical Officers were tasked with managing the staffing situation.

## **Evaluation and Results**

Data gathering on implementation is still underway at time of submission. Initial feedback suggests that :

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- the implementation of the roster helped reduce overtime and fatigue by 410.68 hours
  - emergent and unplanned overtime decreased
  - duty of care was clarified
  - escalation pathways were solidified.

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