CIVICA
ideas into action

Helping address capacity and demand at Bromley Healthcare

Removing manual scheduling from community teams to free up clinicians to focus on patient visits

Bromley Healthcare community services teams consist of 70 staff plus 20 agency staff with each team making between 150-200 visits a day. Bromley Healthcare ran a successful pilot to implement Civica Scheduling (formerly Malinko) for the district nursing team.

Rob Clowes, Transformation Manager at Bromley Healthcare remembers, "Back in 2019, service administration for the community teams was taking about 10 hours a day. We needed a clinical e-scheduling system that complemented our EMIS electronic patient record (EPR) system to remove the manual scheduling process and free up senior clinicians to focus on training, supervising and attending more complex patient visits.

"We piloted Civica Scheduling in the district nursing team in early 2020 and have now rolled it out across multiple services. The first implementation took a few days to get right but since then, go-lives have been straightforward as we have the knowledge and experience.

"We decided to manage the implementation and training ourselves, so we learned together and are able to support each other without relying completely on the Civica Scheduling team, although they're still there when we need them. This approach gave us control of our system implementations, and we can fully understand what's working well and not so well.

Jess Ettridge, Rostering and Scheduling Lead, said, "We demo systems to each team first, then bring across live data in a sandbox environment so we're as prepared as possible before going live on the first day.

Mel Watkins, Clinical Systems, Config and Training Manager added, "We're lucky because Civica Scheduling is easy to use. For example, we can add new skill sets and competencies in seconds. We find requests from our community services teams trickier to deal with than learning the system! Ultimately, we're responsible for making it work and that's empowering for the team."

Managing resistance to change

Jess talked about their learnings from the Civica Scheduling pilot last year, "We were really happy with how Civica Scheduling auto-allocated visits according to our clinical rule sets, which meant our workforce could receive their visit lists on the app and just go. However, we quickly realised that district nursing teams need to understand the reasoning behind the rule sets we've created. Some clinicians initially blamed the software when their scheduled visit times were constricted due to stretched capacity in the service.

"Before Civica Scheduling, the teams were used to manually doing their own scheduling, so it was a big change to have visits scheduled for them via an app and for visit times to be visible to the management team.

For some, this felt like a loss of control and was met with resistance. We changed some processes in the first few months to give district nurses more control which boosted acceptance in the team. That said, 80-90% of our visits, including unplanned visits, are successfully auto-allocated every day so while clinical oversight of scheduling is required, it's now more of a sign off process.

"Another pocket of resistance we encountered was via feedback that nurses were being expected to do too much in too little time. But this is a staff resource issue, not a systems issue. Like many trusts, we simply don't have the number of staff required to meet patient need so the extra work, unfortunately, falls to our frontline clinicians."

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> Jess Ettridge
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> Rostering and Scheduling Lead, Bromley Healthcare

Learn more:

www.civica.com/scheduling

Evidencing capacity and demand

Civica Scheduling is helping to address the capacity and demand issue at Bromley.

Sue Verran, Transformation Team Lead, said, "Staff activity is visible now and the contemporaneous data capture on the mobile app gives us real insight into the staff capacity and skill mix we need to meet patient demand. I've just come from another meeting where a service has said how pleased they are with Civica Scheduling because it gives them full visibility of capacity and demand. The check in and check out functionality is showing up things that they long suspected, and now they know. Our management teams absolutely love it."

Working with two systems – EMIS and Civica Scheduling

Sue continued, "We have set up a Care Coordination team for all our services. The team coordinators schedule planned and unplanned care throughout each day using a portal to integrate data from EMIS to Civica Scheduling and back again.

"Prior to our Civica Scheduling launch, we wondered if our clinicians might find it inconvenient to check in/check out of the Civica Scheduling app on their iPads to see their schedule, visit notes and messages, and then switch to the EMIS mobile app to update the patient record. We've found that the junior nurses have accepted and follow the process more readily than more senior nurses.

"The systems complement each other and there's no duplication of work. Clinicians have full visibility of recent visit history in the Civica Scheduling app, even for patients who have three or four visits a day from agency staff. This real-time view is incredibly valuable for our staff."

Making it work for all our community services teams

"Some of our teams don't use Civica Scheduling yet but we're not letting that get in the way of joining up care. We've created a 'blended schedule' for our Home Pathway team which consists of therapists who own a caseload and have a diary, along with district nurses who are auto-allocated according to capacity and clinical skill. This blended approach has worked really well with 100% allocation success."

Looking to the future

Rob said, "Even though our systems and processes are working well, we're always looking for improvements to our processes so we can resource effectively, support our staff and improve each patient's experience of care."

Learn more:

www.civica.com/scheduling