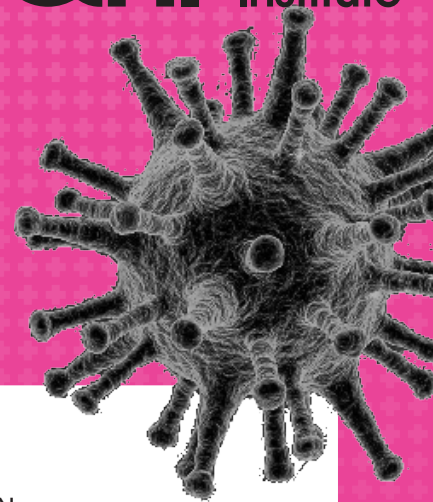


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

A Community Nursing Visit Scheduling Tool in Sussex



1/

Personal details

Name: Antonia Brown, QN

Job title: Digital Transformation Clinical Lead
(Community Nursing)

Employer: Sussex Community Foundation Trust

2/

Please describe your practice innovation.

We have implemented AutoPlanner, a community nursing visit scheduling tool, to all our 24 community nursing teams across Sussex. This automates the allocation process, matching the right clinician with the right patient, using factors such as staff skill set, clinical need and geographical data to create lists and routes for staff. While we began initial pilots in July 2019, the main roll out was planned to start in early 2020 and finish in November 2020. When the pandemic hit, we were asked to accelerate our roll out plan, and we implemented in all teams by July 2020.

3/

How has this enabled you to treat/support individuals/residents/families/carers more effectively and safely?

Allocation previously took staff a significant length of time, up to a whole day for a senior clinician in some teams. It was also very difficult for the allocating clinicians to hold all the necessary information in their heads – the geography of the area, the skill sets, which nurse had a bad back and couldn't see patients for leg dressings, which patient only wanted to see a female nurse for her catheter change etc. AutoPlanner does all this for us, and it plans much better routes than we were able to! This means that nurses are spending less time on the road, and more time with their patients. The time saved on allocating also frees up time to care.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

This has enabled much better standardisation across teams – we can ensure that a community nurse in one team will have the same workload expectation as they do in another. It also improves oversight, and adds to the evidence base around demand and capacity.

It has empowered the front line, as it is run by clinicians and is fully customisable. It remains crucial that clinical judgement is at the core of the process.

We have set up a Cross Trust AutoPlanner Network which has an MS Teams chat as well as regular virtual meetings, allowing us to work with other Trusts and benefit from each other's experience. This network has been a significant benefit, beyond just this project implementation, as we have built collaborative links with many different Trusts nationwide.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

We absolutely see this as a long-term project, with all teams embedding the change in to their usual working practice. We are looking to expand the functionality to our responsive services and therapy teams in the future.

6/

Please describe any new and continuing challenges you had to overcome.

The AutoPlanner functionality is part of TPP SystmOne, an electronic patient record system. The functionality is relatively new, and we were one of the early adopters. We have often come up against parts of the interface which do not suit our requirements, and as it has been created by developers, and not by us, we have not been able to make the changes we need. This has led to a lot of creative thinking and work arounds!

7/

Please list any websites, online platforms or apps that have helped you

TPP SystmOne are the developer of AutoPlanner. We have worked with them to improve the functionality.

We used MS Teams to provide support to teams remotely, utilising their screen sharing functionality so that we could work with them on allocation, troubleshooting in real time.

8/

Please give any quotes from individuals/family members/carers, or other relevant information.

- 'It has worked out better routes than I ever did for staff.'
- *'Honestly, I was very apprehensive about autoplanner, and was not sure how it would work with our particular caseload, but I have been pleasantly surprised, and really enjoy how much time it has saved me. I am no longer allocating until 6-7pm at the end of my shift.'*
- 'It's quite intuitive really isn't it? If it goes this well in all the other teams, you'll have an easy job!'
- *'Allocation used to take all day. It now takes about ½ a day and that time is spent on clinical decision making instead of manual movement of patients from one list to another with far less time to review clinically.'*
- 'I love it! It's so much quicker! It's going to make a great difference to the way we allocate our visits and save a lot of time!'
- *'It's actually quite cool isn't it? I think I'm going to quite like it!'*
- 'It takes a bit of getting used to but we would definitely not revert back to the old way.'
- *'I find allocating takes less time. I also find people are getting through their lists easier each day.'*
- 'I am new to the team and was worried about the allocation alongside triaging. It has saved us a lot of time to concentrate on patients instead of multiple hours allocating.'
- *'Autoplanner was not quicker at the beginning but once we started ironing out some of the kinks and working out better ways of using it has become quicker.'*
- 'I personally would not wish to revert back to the 'old' way of allocating!'
- *'It gets better and easier with time and am happier using this now and feel it does save time.'*
- 'I now feel more at ease and confident using AutoPlanner and much prefer it over the old system of allocating individual or whole team caseloads. AutoPlanner is definitely an improvement on how we allocate patient visits.'

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I love it! It's so much quicker! It's going to make a great difference to the way we allocate our visits and save a lot of time!

Staff feedback

