MYDAY@QEHB

A PERSONALISED SCHEDULE OF CARE EVENTS FOR INPATIENTS

- **Led by University Hospitals Birmingham NHS Foundation Trust, with support from the University of Birmingham.**

- **Focused on inpatients within the trust.**

INTRODUCTION

There is currently no system in place in NHS hospitals that links the scheduling of services with individual care plans. This project aimed to bridge this gap by using a patient diary to coordinate activities and structure interventions around the patient's day.

Through this project, patient experience would be improved, along with service productivity and resource management. The project team also anticipated it having a positive impact on length of stay and timeliness of interventions for inpatients.

The primary driver of the project was to put patients at the centre of care planning; empowering them to participate in their care.

WHY DID THEY DO THIS PROJECT?

Inpatients may be told their anticipated discharge date on admission, but the project team at University Hospitals Birmingham NHS Foundation Trust found that no system exists that produces a schedule of planned interventions – for example, diagnostics, operative procedures and physiotherapy – for their stay.

They carried out process mapping and a survey of inpatients to determine the extent to which the scheduling of planning clinical events were accessible to inpatients and ward staff at the trust. They found that most inpatient scheduling was invisible to patients and staff alike. A literature search found no evidence of systems that presented patients with a logical, coordinated schedule of inpatient events.

Patients reported that they perceived ward nurses to be too busy to interrupt and only half of the patients surveyed recalled being told about the day-to-day routine of the ward.

Ward staff reported that they spent significant time finding out when patients were scheduled to receive an intervention; often having to access a number of different computer systems or make numerous telephone calls. Porters said that a lack of booking coordination often meant they experienced wasted journeys to collect patients who were unavailable.

WHAT DID THEY DO?

MyDay@QEHB is a daily schedule of routine and planned clinical interventions for a ward. It aimed to empower patients and manage resources effectively through diarising the inpatient journey.

The project team found that there was a wide range of systems in place within the trust, which often operated in different ways.

MyDay@QEHB works by mining referrals and booked appointments from a range of different clinical systems. These are then presented within a single personalised schedule as timed events alongside regular routine ward events.

Neither the therapies nor imaging departments had a process for scheduling inpatient appointments, so the project team worked with them to redesign the way their inpatient work is managed and to introduce appointment systems that could then be published into the MyDay@QEHB schedule. The porter task allocation system was also re-designed.

Working with the IT department, the project team developed a technical specification to create MyDay@QEHB as a module within the trust's clinical portal system – this was to avoid introducing a new, separate tool to staff.

MyDay@QEHB was then prototyped, tested and deployed. Staff are able to select a ward within the module and then view and print a schedule for each patient. Schedules are given to patients each morning as part of the usual ward routine. Patients can opt in or out of receiving a schedule each day.

WHAT IMPACT DID THEY SEE?

MyDay@QEHB has made the invisible visible. Baseline data demonstrated that only 54% of patients were told about the ward routine on admission. The intervention reduces patient anxiety and allows staff to better manage resources.

As part of the development of the intervention, service changes were made to therapies, imaging and portering, which are now embedded and continue to evolve. Staff reported improved communication between these departments and the wards.

Baseline data demonstrated that the majority of ward staff took 10-20 minutes coordinating or rearranging appointments when a clash occurred or other problems arose. And this could happen several times a day. Anecdotally staff have told the project team that MyDay@QEHB has resulted in a reduction in the number of times these situations occur, thereby improving efficiency.

Productivity has improved in imaging – fewer inpatient requests are being deferred because scheduling helps the department make best use of time and resources. The pre-implementation evaluation collected data on the number of porter journeys that were wasted because the patient was off the ward or having another intervention. Post-implementation analysis is expected to show a reduction in wasted deployments.

The project has improved patient experience as the intervention involved a face-to-face conversation and the provision of a printed schedule.

WHAT DID THEY LEARN?

Manage expectations
The design of the MyDay@QEHB schedule did not fully emerge until halfway through the implementation phase, so as not to pre-empt the work with stakeholders by developing a prototype which may then have limited creative thinking. However, not having a tangible design until so far into the project resulted in a reduction in project momentum from colleagues involved in the process redesign work.

The project team learned how to manage the expectations of colleagues and adjusted the project steering group membership to bring them inside the core project group.

Dealing with resistance
There was resistance by some staff to the idea of starting to schedule procedures, so the team established clinical advocates who helped them work with colleagues who were sceptical. The team were persistent and repetitive in the messages, but applied them at a pace that could be managed by those who are trying to process and understand how to change their ways of working.

In addition, patient and staff feedback was a powerful tool for dispelling myths and alleviating fears. A common challenge from staff was around setting patient expectations. There was a fear that MyDay@QEHB might increase complaints from patients when appointments are cancelled or missed. Patient feedback helped to alleviate such fears by suggesting that a two-hour time window is adequate, rather than a specific timed appointment, and confirming that as long as they know why something has been cancelled, they don't mind.

WHAT ADVICE WOULD THEY GIVE TO OTHERS?

Have a consistent and compelling story
Having a consistent and compelling story, that is articulated well and that illustrates what you are trying to achieve, is essential. Telling the story from the perspective of the patients, achieves the best results.

Understand the local context
Each ward has its own ways of working. By understanding local context, you are able to take account of differences in working practice and receptiveness to change.

Use storytelling
Storytelling as a means for communication is very effective, particularly patient stories.

Use existing systems where possible
Try not to introduce new information technology systems unless it is necessary. Staff will be more receptive to the intervention if it is on a familiar platform.

Engage with as wider group of staff as possible
For example, setting up a stall outside the staff restaurant can help with engaging with many different staff groups.