Technology streamlines district nursing work

THE VOLUME and ineffectiveness of paperwork swamping district nursing services has prompted managers in Stockport, Greater Manchester, to seek an IT solution to improve information storage. This has led to the development of a computer program that has revolutionised how local district nursing teams plan and carry out their work.

The 140-strong district nursing team in the town now all use the system, which produces lists of their daily visits, allows patients to choose when they are visited and collects essential data needed for performance targets. It allows managers to monitor teams struggling with high numbers of cases and predicts future workload.

NHS Stockport district nursing head of service Kay Durrant says that the development of the system, called Domiciliary Scheduling in the Community, or DominiC, was much needed by staff. ‘Community nursing is notorious for not having good, rigorous data systems,’ she explains.

‘The nature of district nursing is that the teams out there in the community have hidden caseloads. The tool that everybody generally uses to collect information is caseload reviews, and that involves looking at retrospective data.

‘Across different district nursing services, once or twice a year, managers have a caseload review, to look at numbers of patients, treatments and banding of staff. That was the closest we got to anything individual about caseloads and it couldn’t be proactive, predict workloads or capacity demands,’ Ms Durrant adds.

Complexity
The previous IT system recorded only the barest information, little more than just the number of patients seen by staff.

It collected neither what health problems patients had, nor details of the care they received, and so failed to show the complexity of care the service provided. Nor did it support the day-to-day scheduling of the many visits to patients carried out by the district nursing teams.

New IT system allows for better scheduling, gives patients choice and frees nurses’ time. Erin Dean reports

Ms Durrant says that appointments for patients used to be kept in a diary and each day the nurses would be handed pieces of paper listing their visits. One problem with this rudimentary system was that patients could be missed off the lists, or a patient who needed a number of procedures may not have them all listed, so their care was incomplete.

Now information for each patient is entered into the system when they are referred, including how often and for what care they should be seen. The system then automatically draws up a daily schedule for each team. Thanks to the system, the number of missed appointments has been cut from more than 24 in 2010/11, to seven so far in 2012/13.

An innovation fund of £5,000 from the Queen’s Nursing Institute in early 2010 prompted the work to develop new software. It was started by staff and, as the project grew, software designers were brought in. One designer was taken out by a district nurse for the day to understand the work the nursing team did and the IT support it needs.

‘The main priority for the new system was patient safety,’ Ms Durrant says. ‘We wanted to make sure that we could schedule and allocate work in a safe way. The second thing was to have a system that could collect robust data from caseloads and try to forecast new patients and caseload capacity month to month.’

The system enables managers to see how many and which patients each member of staff across the trust visits each day. This allows staff to be moved to help particularly overloaded teams.

One initial problem that some staff had with the system was the perception that everything they did was being closely monitored, a significant culture change for community nursing. However, Ms Durrant says that the benefit of receiving extra support when it is most needed has helped overcome this concern.

Managers can also check if the right band of staff is attending the right appointments, to ensure that resources are being used wisely. Teams have a range of staff, including healthcare assistants (HCAs) and staff nurses, and each is led by a registered district nurse.

If a task that should be carried out by an HCA is being done by more highly paid staff nurse, NHS funding is not being used optimally.

District nurse caseload holder Sharon Gardner works in the Heaton Moor area of Stockport, leading a team that cares for about 150 patients. She says that district nurses have been closely involved in the ongoing design of the programme, to make sure it meets their needs.

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The system has led to better continuity of care and takes account of longer appointment times. It has saved each day has meant that all can see the benefits.

‘With all our teams, we worked out what their full-time-equivalent staff was, and we quickly highlighted a couple of teams that had high caseload numbers and were able to move staff around to help,’ she says.

Ms Gardner welcomes that patients can choose a two-hour time slot for their visit, which means there is less disruption to their daily arrangements. The system also records if two members of staff need to attend a visit if, for example, a patient has challenging behaviour.

Flexible

The nurse who last saw the patient will be assigned to the next visit, if suitable, thereby improving continuity of care. Ms Gardner says the system is flexible enough to take into account the variability in community nursing, such as that introduced by appointments taking longer than expected.

‘This system helps us work much more efficiently, and the different teams now work together in a much more integrated way,’ she says.

District nurse administrator Daniel Moody says that the system has saved him and healthcare staff time, which can now be used more productively on other tasks. Before the project, the nurses typed in information about their activity, which took each staff member up to three hours a week. Now, at the end of each day’s work, nurses spend five minutes updating how long they spent at each visit and travelling between patients.

‘Staff are not rushing back to the office to do the paperwork like they did with the old system,’ he says. ‘It is freeing about 25 minutes a day that they can use with patients.’

Another important attribute of the system is that it can be used to gather service-quality information, such as that for performance targets, which are put into contracts by commissioners.

Previously, staff had to remember to write on a wall chart if, for example, a patient has a catheter-related infection, or when a percutaneous feeding tube is replaced. This would be counted up and recorded each month by a manager. Now this information can be collected simply and recorded by Dominic.

As the NHS seeks ways to keep people out of hospital, numbers of patients cared for in the community are increasing, putting district nurses across the country under pressure. The NHS Stockport system means that teams have evidence if they need to tell local hospital staff that they can take on no more patients at a particular point or care for accelerated discharge patients who need extra support.

Ms Durrant says that managers can also try to avoid pressure building up on staff. ‘We can see from the system that in four weeks it looks like district nursing is going to have a major crisis, and therefore look at what we can do about it. I think we are the first district nursing service to have that ability.’

Queen’s Nursing Institute director Crystal Oldman says the development of good IT systems has been neglected in district nursing, when compared to developments in the acute sector.

She welcomes the new system in Stockport. ‘Some areas have invested in technology to support caseload management and workforce planning and, where they have, it has worked really well and the benefits have been demonstrated to the patient,’ she says.

‘These systems mean that district nurses can know that they are managing their caseloads in the most professional way and that the patient is being seen by the right nurse at the right time.’

Ms Durrant says that there are plans for all staff to carry tablet computers that will allow them to record information directly to the system during visits. She also hopes that the community services, hospitals and GPs will have IT systems that can share information quickly.

She says the project has been difficult but worthwhile. Many other district nursing services have been in touch to find out how it works and it will be discussed during a district nursing session at RCN congress, being held in Liverpool next month, she says.

‘It has been a long, hard road to get to where we are, and it has taken a lot of financing and staff time, but I think everyone would say that what has come out has been worth it,’ she says. ‘It has so much more potential; it can do a lot more for us.’

Erin Dean is a freelance journalist