



CASE STUDY: COMMUNITY NURSING

BACKGROUND

The PCT Community Nursing was performing poorly with respect to reference costs being high as the activity was low. Utilisation of the PCT's Community Clinic Centres was also low. Little if any accurate management information was available to the Management Board on a weekly / monthly basis regarding the operational performance of Nurse Groups and Community Clinic Centres, therefore the Management Board were unable to evaluate where and how improvements could be made to

proactively improve the reference costs and utilisation

STUDY FINDINGS

Following a three week study, working with the local management team Meridian identified a number of areas which if addressed would substantially improve reference costs and identify where the spare capacity is within the community clinics.

Key findings of study

Community Nurse Groups: Community Nurse Activity during the study (observations) averaged at 41% direct time spent with the patients, and over the year 2004/5 statistical analysis of District Nurses and Health Visitors was 56.8% and 30.8% respectively (although the quality of the data used could not be substantiated). The specific direct and travel percentage observed for each service was:

District Nurses: 44% Direct & 17% Travel

Evening Service: 37% Direct & 30% Travel

Night Service: 5% Direct & 2% Travel

Health Visitors: 46% Direct & 13% Travel

Continence: 34% Direct & 34% Travel

Palliative Care: 43% Direct & 33% Travel

NOTE: Observed %'s are consistently higher than actual percentages over a long period for 2 reasons:

1. Individuals naturally make themselves busier doing what they think the observer would expect to see.
2. The observers are always put with the individuals who are seeing patients and therefore do not observe a reflective amount of indirect activity.

The level of nurses actually working at any time was low due to a high absence and holiday %, which placed greater stresses on those working and promoted further absence. This also highlighted poor resource planning.

Community Clinic Centres:

Community Clinic utilisation during the study (observations) was 44%. There was no historical data available to

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analyse Clinic utilisation over a longer period. On the clinic session timetables the rooms appeared to be utilised a large % of the time but in reality many of the sessions were only used once a month or each speciality only used a portion of the sessions booked each week and then often for only a small number of patients.

OBJECTIVES

Community Nurse Groups

Provide Community Nursing capacity planning tools

Develop a Nurse Management Information system
Increase Utilisation of Nursing Resources
Identify and resolve ongoing operational problems

Community Clinic Centres

Provide CLINIC capacity planning tools and rooms/estate allocation model

Develop a Clinic Management Information system

Increase Utilisation of Estate Resources

Identify and resolve ongoing operational problems

PROJECT RESULTS

Community Nurse Groups

In consultation with the community nurse groups, the planned activity was agreed with varying increases as shown below:

District Nurses: 75% Direct including Travel

Evening Service: 75% Direct including Travel

Night Service: No change as service is either continued or not

Health Visitors: 65% Direct including Travel

Continence: 75% Direct including Travel

Palliative Care: 75% Direct including Travel

This was achieved by designing a capacity planning tool which built up from individual to team to speciality. At each level the activity was agreed as achievable by the nurses/managers involved. The net effect of this increase in potential activity was to release a number of nurses to do additional activities and so reduce the reference costs. A management information system was also introduced which now provides accurate timely information on all operational indicators for the management team weekly meeting. Weekly activity has now increased to an annual potential of 161% of 2004-5 activity.

Community Clinic Centres

In consultation with the Senior Administrators, the process of planning and measuring the clinical activity was agreed and installed. This was achieved by designing a capacity planning

tool which built up from individual clinic details to area summaries. Three measurements were produced.

1. Planned annual utilisation of clinics. This took the details of all clinics and averaged it to take into account of clinic frequencies i.e. weekly, fortnightly, monthly to give an overall percentage if clinics were ran as planned.

2. Planned weekly utilisation of the clinics for 4 weeks in advance. This is to take into account all the planned clinics that were not run or cancelled. It would also be used to switch sessions on or off as direct booking comes on line.

3. Patient numbers attending each clinic and therefore the actual utilisation using standard appointment times.

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The results of this were:

North Locality

Annual Plan Average: 47.6%
Weekly Plan Average: 49.4%
Actual Utilisation: 16.8%

South Locality

Annual Plan Average: 49.6%
Weekly Plan Average: 53.5%
Actual Utilisation: 23.4%

This management information system now provides accurate timely information on all operational indicators for the management team weekly meeting and has allowed strategic decisions to take place to reduce the estate required to service the population needs.



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