

# THE SEVEN DEADLY SINS

OF MANAGING HEALTHCARE WORKERS IN THE FIELD

---



A young nurse with dark hair, wearing a light blue uniform, is smiling warmly at the camera. She is holding a white tablet computer. In the background, an elderly woman with short blonde hair is looking towards the camera with a neutral expression. The setting appears to be a hospital or care home, with a wooden table in the foreground.

**THE  
GOVERNMENT  
HAS SET THE  
NHS A TARGET  
OF GOING  
PAPERLESS  
BY 2018**

# THE SEVEN DEADLY SINS

## OF MANAGING HEALTHCARE WORKERS IN THE FIELD

### OVERVIEW OF NHS IN ENGLAND

In the NHS there are currently in England (unless stated):

211

clinical commissioning groups

(including 152 authorised without conditions)

161

acute trusts

(including 101 foundation trusts)

56

mental health trusts

(including 41 foundation trusts)

34

community providers

(18 NHS trusts and 16 social enterprises)

10

ambulance trusts

(including 5 foundation trusts)

c.8,000

GP practices

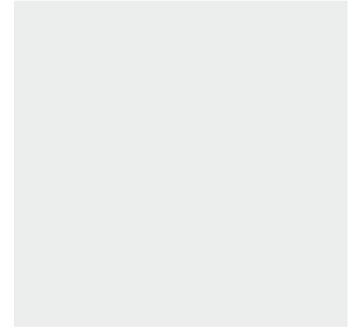
c.2,300

hospitals in the UK

There is a much documented whirlwind of external and internal forces battering the foundations of the NHS. To relieve the pressure on hospitals and offset the costs associated with inpatient care, there is growing focus on visiting patients in their homes. However, organising often hundreds of skilled workers in the field is a highly complex task, if not managed correctly it could fly in the

face of initiatives like QIPP and actually lead to falling standards of patient care.

To help avoid the potential pitfalls of managing field-based health workers, Kirona has listed below seven deadly sins to avoid and provided tips on providing a service that is caring, efficient and reliable.



# 01

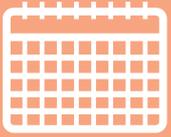
## PAPER BASED SYSTEMS

Expecting health practitioners to use **paper based records** is fraught with **potential disaster and inefficiency.**

Paper requires incredibly busy personnel to use notebooks to record patient care information in the field and then input it again when back in the office, often into multiple systems. After three, four, five, or even more visits per shift, paper can be lost, handwriting can be illegible, and data entry mistakes made. Perhaps the greatest consequence of this unnecessary administration is that skilled employees spend less time treating patients. Added to this the government has set the NHS a target of going paperless by 2018.

### KIRONA'S TIPS:

- Free up more time to provide care by deploying mobile applications in the field. Employees only have to record information once while in the patients' home. Mobile communication also reduces inefficient back office administration tasks, such as re-keying of data, and eliminates the associated data transcribing errors.
- Use a workflow driven series of checklists and fields on the mobile device to make sure individual health workers follow a standard process. This will ensure continuity of good practice across a region.
- Mobile devices are more secure than paper. If lost then the data is locked-down through encryption, or even remote access and most mobile apps or data forms can be remotely cleared from the devices.



## 02

### MANUAL SCHEDULING

**Efficiently appointing who visits which patients is so complicated that using a manual scheduling process is a big no.**

Patient Expectations vs. Staff Availability vs. Staff Skills is difficult enough to balance, add to that factors like service levels, patient location, patient cancellation, even traffic on the road and efficient scheduling is almost impossible.

#### KIRONA'S TIPS:

- Deploy dynamic scheduling software that can, in real-time, optimise the utilisation of health workers in the field - the right person goes to the right location at the right time. This way they spend less time travelling and organising work and more time caring for patients.
- Scheduling software can be tuned to deploy personnel based upon pre-set 'rules'. Work with your technology vendor to utilise this feature so that services can be optimised; like prioritising workers that have visited the patient before, or restricting distances to be travelled by employees, or scheduling according to patients' age or needs.
- Consider that most mobile working visits will usually need a follow up visit or another appointment made with a different clinician – your scheduling software can allocate new appointments and visits from a clinician's mobile device – there and then.



## 03

### FAILING TO INTEGRATE SYSTEMS

**Busy medical staff members are often overwhelmed with the amount of agencies they have to collaborate with and the number of systems that they have to provide information to.**

By failing to integrate these systems, health workers spend many more hours than need be, rekeying data into multiple back-office systems – duplicating effort and creating the potential for mistakes and errors.

#### KIRONA'S TIPS:

- Choose a mobile solution that can integrate and 'communicate' with multiple systems and display the information on a single mobile app. If implemented correctly this will mean that staff will only need to enter information into their mobile devices once, whereby the data then populates all relevant back-office systems automatically.
- Integrating mobile applications with scheduling systems is particularly powerful. The mobile software can update the schedule with the emerging day information as it happens; allowing visits to be automatically redistributed between staff where visits over-run, patients are unavailable, appointments are cancelled etc.



## 04

### HAVING NO VISIBILITY OF FRONT LINE SERVICES

By failing to have visibility of operations in the field, health bodies are at serious risk of losing control of services and funding - and have little information with which to identify potential improvements for their staff and their service users. It also means that accurately auditing services and care becomes almost impossible.

#### KIRONA'S TIPS:

- Providing mobile devices enables you to track all the factors which impact field performance like: routing of employees, time spent on appointments, missed appointments, lateness etc. This data can be used to analyse operations, fine tune the scheduling engine or to demonstrate ongoing improvements in efficiency.
- A full audit trail of visits are automatically recorded, enabling easy payment by results (PBR) reporting.
- With GPS and two-way communication, mobile also provides good support for lone workers in remote locations or areas where there may be a security problem.



## 05

### HAVING LIMITED CUSTOMER INFORMATION TO HAND

Arriving into a home without complete historical patient notes puts the service provider at a disadvantage when providing care and is upsetting for vulnerable patients that are looking for answers.

#### KIRONA'S TIPS:

- By using mobile technology the appropriate patient's notes can be delivered to the health workers' mobile devices when they are needed. This means a professional can provide a more personal and caring service by entering into a consultation mindful of each individual's circumstances.
- Organisations can also allow users to search for a limited set of patient information that is stored in the PAS or EPR on an ad-hoc basis.



## 06

### FAILING TO USE A MODERN APPOINTMENT SYSTEM

Arriving at the appointed time to find the patient is not at the property represents a huge expense to the

NHS; it is also time-consuming and frustrating for the professional. The causes are often antiquated and inconvenient appointment systems, and/or human error. Increasingly busy service users may forget appointments or be frustrated by all-day appointment windows.

#### KIRONA'S TIPS:

- Use appointment based scheduling technology that makes it easier for patients to book a narrow time slot that is suitable for them up to weeks in advance.
- Use dynamic scheduling technology that automatically re-allocates those visits in jeopardy of being missed to other colleague clinicians.
- Combine the mobile applications with SMS and Email technology to not only send patients advance appointment reminders but also "clinician on route" messages.
- Allow clinicians to book follow on appointments from their mobile device whilst with the patient, thereby allowing them to choose a convenient time.



## 07

### FAILING TO MANAGE CULTURAL CHANGE WHEN IMPLEMENTING FIELD TECHNOLOGY

With advancement in technology comes a huge opportunity for the NHS to make the most of its skilled workforce.

However for many who may not be fully up to speed with the latest technology, it also represents a big change in the 'way things are done'. Not managing their expectations could result in an expensive project failure.

#### KIRONA'S TIPS:

- Involve clinicians, work planners and field staff at the start of the process. By involving them early you can identify issues and address them quickly. You will also build enthusiasm and inertia for a successful project.
- Ensure that the "culture change" is minimised by working with the existing business process – rather than against it.
- Lengthy training can easily be avoided by making the mobile apps simple and similar to the paper based forms currently in use.

We hope that you will have found our thoughts on the seven deadly sins of managing healthcare workers in the field useful, please feel free to share with your colleagues.

If you would like to speak to one of our in house experts we would be happy to help.

T: 01625 585511

E: [info@kirona.com](mailto:info@kirona.com)

W: [www.kirona.com](http://www.kirona.com)