Releasing Time to Care

The Productive Community Hospital™

Forward Planning

Version 1

This document is for clinical leaders, department managers and senior therapists

Contents

These modules create
The Productive Community Hospital

The Productive
Community Hospital

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Day Hospital									Day Hospital
MIU			Patient Flow	Managing Drug Administration	Good Stock Management				MIU

Executive Leader's Guide

Project Leader's Guide
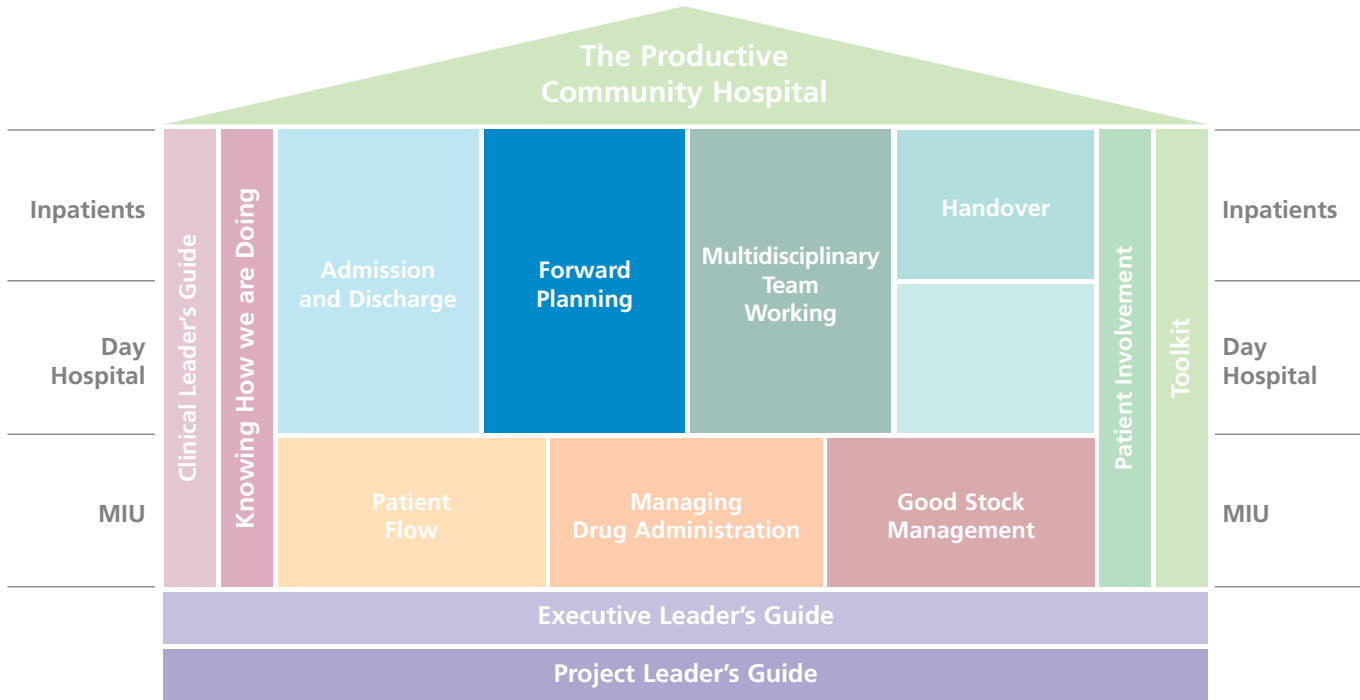
Forward Planning

What is it?

Forward planning means that everyone understands what is going to happen during the patients day. All the multidisciplinary staff members know what they need to do for the patients and when they should do it. This will also ensure that the patients know what is going to happen to them and feel involved in their care. Staff and patients can then plan their day and make the best use of everyone's time. This module will also help your multidisciplinary team (MDT) skill mix and the time capacity of each member.

Why do it?

To ensure that patients receive the care/treatment that they need by:
• clearly identifying what needs to be done for the patient and by whom
• good documentation that sets out a plan of care for individual patients so they receive care in a timely and effective way
• reducing the need to have follow-up appointments where clinically unnecessary

To improve the experience for staff by:
• maximising the time available for direct patient care
• ensuring coordination of staff
• ensuring the best use of staff time and reducing wasted time

What it covers

This module will help you improve your forward planning by demonstrating:
• how you currently forward plan patient interventions
• who are the key people that should be involved
• what tools you will need to use
• how to evaluate your improved forward planning and make continuous improvement to sustain the changes you have made

What it does not cover

This module will not describe best clinical practice. It will help you identify areas that could benefit from improvement work, understand how they could be improved and help you to make it happen.

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Learning Objectives

- understand what is good preparation for the module
- develop audits as an activity to measure forward planning before and after the changes you introduce
- understand how forward planning currently works
- understand what is meant by productive forward planning
- develop the MDT to work more productively

How will you achieve these objectives?
The first three objectives will be met by the step-by-step approach within this module to help you to assess the current ways of working and diagnose the problem areas by performing four pre-improvement audits. These are:
- Booked/Planned Intervention Audit
- New to Follow-up Ratio Audit
- Missed Appointment Audit
- Time to Care Audit

By carrying out these audits you will be able to identify what you do well and not so well in forward planning.

As you work your way through this module you will be able to identify what needs to change about the way the you foward plan patients treatment and care.

By repeating these audits you will be able to measure the differences made to your forward planning.

The last two objectives will be met through a step-by-step approach to describe what a good process is and how you can achieve it.

The 6 phase process

All of the modules in The Productive Community Hospital series are based on the standard nursing process of: prepare, assess, diagnose, plan, treat and evaluate.

While illustrated using a patient care cycle, the six phase process is the same as the generic improvement cycle Plan, Do, Study, Act and gives clinical staff a structured approach to improving clinical area processes that is very similar to the care cycle they are familiar with.

It is a cyclical process of continuous improvement. Once you have worked your way through this module, you should return to the assess section and repeat the steps. The results that you capture each time will show how you have improved since the last time.

As you work through the module you will be reminded about the stage of the process that you are working on.

The 6 phase process

- decide who will be involved
- talk to staff
- gather information

- review the patients day and any current forward planning
- assess how well you are working

Prepare

Assess

Diagnose

- identify how forward planning could be improved
- audit the processes and identify changes

Evaluate

Plan

- prioritise what you want to change
- plan new processes

Treat

- analyse the information
- embed the new process
- communicate the success

- determine the test period
- run the new processes

The tools

In order to know how well you are doing and help you treat any problems that you find with your forward planning process you will need to use the tools listed below.

Tool		Toolkit reference number
Interviews		Tookit General Section 2
Process Mapping		Tookit General Section 3
Time to Care Audit Tool		Forward Planning Tool 1
Forward Planning Tool		Forward Planning Tool 2
Staff Skills Matrix Tool		Forward Planning Tool 3
Day Care Scheduler		Forward Planning Tool 4

Copy the module checklist on page 65. Completing this will help you monitor your progress throughout the module.

Prepare

Involving the right people

Decide who will be involved
To achieve effective forward planning you will need to engage with all members of the team.

- establish a core team who will lead and take responsibility for the work in this module. These might include those listed in the box
- widen this group when you require more involvement from other members of the staff and patients

Core module team	
Who?	**What will they do?**
Ward/department manager or senior therapist	• take the lead for implementing this initiative • communicate the goals and objectives • encourage and support the team throughout the initiative • keep the focus on searching for opportunities for improvement
Ward/department MDT staff	• be willing participants in the discovery of issues and implementation of new approaches
Patient/carer	• bring a fresh perspective and a unique insight • ensure that improvements are patient focused

The 4 step process

1. Talk to staff
Use Toolkit General Section 2
and ask:
- what happens now in our forward planning process?
- what do we do well?
- what causes problems?
- what would improve forward planning?

2. Talk to patients
Use Toolkit General Section 2.
To ensure that forward planning supports patient-centred care, the views of patients should be sought as part of your general preparation.

You should seek advice from your nursing director/public and patient involvement lead:
- what is their experience of forward planning?
- how would they like to be involved?
- what would improve their experience of attending the ward or clinic?

3. Gather information from patient complaints:
- look back over the past year and identify any complaints that relate to forward planning or lack of coordination, or timing of care

4. Gather information from other sources:
- look back over any patient satisfaction surveys that have been carried out in your organisation
- what is the patient's experience of planned care?
- were they involved in planning their care?

The Productive Community Hospital Forward Planning

Key To Timetable Symbols:

Physiotherapy   Occupational Therapy

Prepare - milestone checklist

Move on to *Assess* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete?
Decide who will be involved	
Talk to staff	
Talk to patients and carers	
Gather information from patient complaints	
Gather information from other sources	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

Assess

Assess the current forward planning processes

The next thing you need to understand is how you currently forward plan by taking a step-by-step view.

There is added value in getting everyone involved in understanding the forward planning process to agree on how things currently work and what the ideal future state should look like.

In order to understand what currently happens it is necessary to map the process. This means taking a step-by-step view of what happens in a typical patient's day.

1. Gather your core team, these should include representatives from each of your MDT staff groups.

2. Together describe the current way you plan your staff resource for the type of patients you care for. Getting the views of the team from different shifts and disciplines will help you to understand how consistent the current forward planning process is across the team. Describe what your typical approach is to forward planning.

Areas to focus on include:
- who is on duty for the period being planned?
- what is their actual time capacity?
- what patients will there be in that time period?
- what do you anticipate their needs to be?
- is there a good match between staff capacity and patient needs?
- what would your ideal future state look like?

Process mapping

These are examples of process maps that were produced by some of the test sites and they show a high level picture of a typical patient's day.

Talk to staff

Using the information that you gathered during the prepare phase, summarise the staff experience of forward planning.

Record on a flipchart the following:
• are there any factors about the working day that frustrate staff?
• are there difficulties in accessing patients at the right time?
• were there any concerns raised about sharing patient information across the different staff groups?
• do staff feel that patient involvement is important?
• have the staff got any suggestions for what would work well?

Talk to patients

Patient interviews

If you conducted interviews with patients as part of your prepare phase, summarise the information that you gathered and categorise the information into themes.

Patient diaries

Ask a number of patients to keep a diary of what happened to them on a particular day. Ask different patients to do this on different days. This will give a picture of the day from the patients' perspective.

Gathering information from incident reports

Using the relevant incident reports that you identified in the prepare phase:
- log the day of the week they happened
- the time of day that they happened
- identify any patterns (ie, always on a Wednesday when the staff are really busy with ward rounds)
- interview staff to understand the circumstances of what happened
- identify the main problems

Assess - milestone checklist

Move on to *Diagnose* only if you have completed ALL of the items on these checklists.

Checklist	Complete?
Process mapped how the structured day currently works	
Ensure that the patients have been able to share their views of the structured day	
Understanding of how the forward planning processes currently works?	
Make sure that all members of the MDT are represented.	
Understand how the ideal forward planning would work	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

Key

Physiothe

Speech an
Therapy

Psycholog

Hairdres
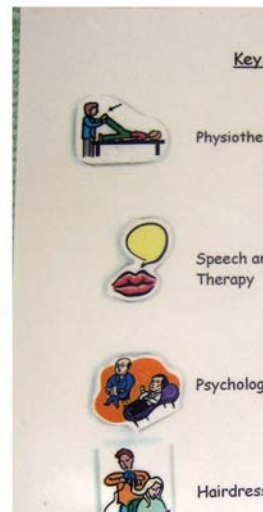
Diagnose

The audit process

You have gathered a lot of information from the *Assess* phase about how forward planning currently works in the ward or department. You have also gathered the ideas of staff and patients about potential areas of improvement. Before moving onto the *Plan* stage, where you need to discuss and agree the exact changes you want to make, complete the pre-improvement audits specific to this module. These will give you a baseline measure against which to compare your planned and tested changes to forward planning. These are:

• Booked/Planned Intervention Audit
• New to Follow-up Ratio Audit
• Missed Appointment Audit
• Time to Care Audit

An explanation of how to carry out these audits is provided on the next pages.

Booked/Planned Intervention Audit	New to Follow-up Ratio (Day hospital only)	Missed Appointment Audit	Time to Care Audit
A count of the number of instances when a patient does not receive all the planned interventions for the day	How many new patients are seen and how many follow-up patients are seen	Staff count how many patients were not seen when they had an appointment with a member of the MDT	Understand how much time is required by staff group for each type of patient in your department

Booked/Planned Intervention Audit

This audit will help you understand what you are currently doing in terms of a structured day by auditing specific parts of the process. This will help you target your improvements more effectively.

The purpose of this audit is to identify the number of interventions that take place with no prior booking. The aim of the improvement is to increase the number of booked interventions.

Conducting the audit

1. Inform staff that the audit will take place and what you want to achieve so that they understand the need for the audit and are all engaged in the process of collecting the information.

2. Choose a time span. It is necessary to conduct the audit on different days of the week so that you build an accurate picture of the whole service.

3. Count how many booked/planned interventions happen each day and use a simple form that can be completed by each member of staff for each patient on the ward.

4. Identify a staff member to be responsible for collecting the data and compiling the total number of booked interventions that are currently taking place.

5. You now have your baseline results which will give you an idea of where you can make an improvement.

By conducting and then repeating this audit you will be able to quantify your improvement by demonstrating how your booked interventions have increased.

The Productive Community Hospital Forward Planning

Booked/Planned Intervention Audit example

Patient Name/Number

Time of day	Interventions performed	Booked Yes	Booked No
08.00			
09.00			
10.00			
11.00			
12.00			
13.00			
14.00			
15.00			
16.00			
17.00			
18.00			
19.00			
20.00			
21.00			
22.00			
23.00			
24.00			
01.00			
02.00			
03.00			
04.00			
05.00			
06.00			
07.00			

New to Follow-up Ratio Audit (day hospital)

Understanding the ratio of new patients to follow-up can give you valuable insight into patient care and efficiency of the department.

When the patients are coming into the community hospital, sometimes there can be unnecessary delays in them receiving the care/interventions that they require. Some patients may even have to return to complete their treatment. This is a poor experience for the patient and a poor use of community hospital resources.

By forward planning effectively, you can ensure that there is the right number of staff on duty, with the right skill and experience, to manage the patient interventions in a more effective and timely way. It helps you eliminate the need for patients to return to complete their treatment and potentially release more time in the department for direct patient care.

How to establish your own New to Follow-up Ratio:

- as shown on the example, count how many new attendances you have had in a three month period
- count how many follow-up attendances you have had in this same three month period
- calculate this as the new to follow-up ratio by dividing the number of follow-up appointments by the number of new attenders

Month	May	June	July
New	12	15	10
Follow-up	60	75	72
Ratio	1:5	1:5	1:7

Missed Appointment Audit

Where care is not forward planned effectively it can be frustrating for staff, and can also result in an unsatisfactory experience for the patient. To help understand if this is a problem in your clinical area, collect information about how many times patients are seen at the agreed appointment times and if not why.

What do you need to do?

1. Speak to all of the staff so that they understand the need to collect the data and understand the problem.
2. Agree who is going to collect the data and take responsibility for analysing the information and feeding it back to the MDT.
3. Decide on the best way to collect the information – eg, written form or electronically. One possible way to easily collect the information is to note on a sheet at the patient's bedside their appointments for that day. Ask staff to tick against the appointments on the sheet if they saw the patient on time and to put a cross against them if they did not. Include a column for staff to give the reason why they couldn't make the appointment on time.
4. You may want to consider asking someone from your audit/clinical governance team to help you to analyse the information once it has been collected.
5. Ensure that you know which appointments are supposed to be taking place during the period - you may want to put a chart on the wall and ask staff to indicate which appointments they have for that day.

It is important that you make the data collection as simple as possible so that staff will complete it
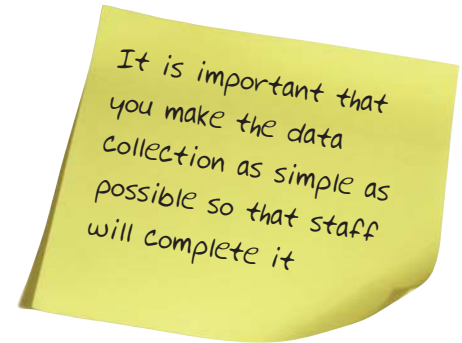
Time to Care Audit

The Time to Care Audit is a Tool (Forward Planning Tool 1) which will help you to work out how much time is spent with each type of patient. The types of patients are:
• new patients
• follow-up patients
• patients undergoing minor treatment
• patients undergoing intermediate treatment

You may have other groups of patients that you want to add to the tool.

By doing this audit you will be able to build up a picture of how much time you need to make available for each member of staff for each patient type. This will help you to forward plan what MDT input each type of patient will require. This will allow you to use your staff time more effectively and be more systematic in the care process, supporting a improved patient experience.

If you have difficulties using the spreadsheet in the tool ask someone from your information department to help you.

1. Set up a working team with representatives from each staff group.
2. Together with the team, categorise the types of patients that you care for in your ward or department (this needs to be at a high level only, eg, new patient, first follow-up, standard follow-up, follow-up with no therapy, complex nursing intervention, etc.).
3. Ask each staff group to undertake a sample audit, recording how much time is spent with each type of patient.
4. You may wish to develop a simple sheet to record the data.
5. Ask each member of the team to record their data in the appropriate column.
6. Repeat this for five of each patient type.
7. Transfer all the data into the electronic time to care audit, it will automatically calculate the average time required by each patient type and staff type.
8. Keep this information safe as you will need it later in the module to help you to forward plan.

Screenshot of the Time to Care Audit

EXAMPLE TIME TO CARE AUDIT

This audit tool is designed to assist you to understand how long it takes each person in the MDT to each different types of patients. i.e. New patient or follow up patient.

This information can themn be used to inform the decision making process to work out capacity of staff to deliver the service and the demand that different patient types places upon the service.

Patient Type	Nurse	Auxiliary	Doctor	Physio	OT	Hairdresser	Volunteer	Chaplain
New Patient 1	55	121			34	35	5	5
New Patient 2	12				56	36	74	15
New Patient 3	9	34			85	32	23	43
New Patient 4	36	98			21	38	9	25
New Patient 5	41	60			16	45	23	90
Average Time Per New Patient	30.6	75.6			42.4	37.2	26.8	35.6
Follow up Patient 1								
Follow up Patient 2								
Follow up Patient 3								
Follow up Patient 4								
Follow up Patient 5								
Average Time Per Follow Up Patient	0	0	0	0				0
Attendance for treatment (simple) 1								
Attendance for treatment (simple) 2								
Attendance for treatment (simple) 3								
Attendance for treatment (simple) 4								
Attendance for treatment (simple) 5								
Average Time Per Simple Treatment	0	0	0	0	0	0	0	0
Attendance for treatment (intermediate) 1								
Attendance for treatment (intermediate) 2								
Attendance for treatment (intermediate) 3								
Attendance for treatment (intermediate) 4								
Attendance for treatment (intermediate) 5								
Average Time Per Intermediate Treatment	0	0	0	0	0	0	0	0
Attendance for treatment (complex) 1								
Attendance for treatment (complex) 2								
Attendance for treatment (complex) 3								
Attendance for treatment (complex) 4								
Attendance for treatment (complex) 5								
Average Time Per Complex Treatment	0	0	0	0	0	0	0	0

Enter the number of minutes spent with each patient. NB staff do not have to record input with the same patient.

The spreadsheet will automatically calculate the average number of minutes by patient group and staff type.

The Productive Community Hospital Forward Planning

Diagnose - milestone checklist

Move on to *Plan* only if you have completed ALL of the items on these checklists.

Checklist	Complete?
Give all MDT staff the opportunity to take part in the audits	
Be very clear about how effectively you use staff time	
Understand how long interventions take for different patient types	
Understand how effective you currently are at seeing patients when you have agreed to see them	
Identify where there is time wasted waiting for patients to be ready to be seen	
Establish how many of your patients go home without having had the interventions that they required fully completed	
Understand your current new to follow-up ratio (day hospital only)	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

The Productive Community Hospital Forward Planning
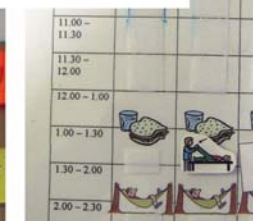
Plan

Day hospital - productive forward planning

Having diagnosed the current status of your forward planning, this section will take you through the planning steps to help you to make your processes more efficient and effective for the patients you treat.

This will help to you to make your forward planning processes better by:
• creating an intervention planning chart
• ensuring MDT interventions are timetabled
• planning your day hospital capacity

Do this by using the following tools:
• Forward Planning Tool 2
• Staff Skills Matrix Tool 3
• Day Care Scheduler Tool 4

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Day hospital - Forward Planning Tool

Why do it?
By planning to introduce this improvement you will be able to understand if you have the right capacity (staff time and skill mix available) to meet the needs of the patients for any given day.

Following a patient referral you will be able to enter their details onto the Forward Planning Tool highlighting the type of appointment they require. The tool will enable you to see where capacity is currently available and book the patients appointment accordingly.

This will reduce the frequency of instances where the number of patients booked into the department exceeds the capacity of the department. It will also ensure that the patients are booked into days which are convenient for them and where there is sufficient staff capacity to manage their needs in a timely way.

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What you need to do

Use the Forward Planning Tool 2 in the Toolkit to help you to forward plan your staffing levels to meet the needs of the patients

1. Collect the following information:
   - agree a list of patient types (take from your Time to Care Audit information)
   - agree a list of staff types
   - average time of intervention (using the information collected in Time to Care Audit)
   - staff names
   - available working hours of the staff

To calculate this you will need to work out the actual time that each member of staff is available for direct patient contact after subtracting time for breaks, meetings, training etc.

2. To use this tool you will have to input the weeks that you want to plan. Folow the instructions for the tool to help you to do this. You may also need to get your information technology department to help you to put it onto a shared space so that all your staff can use it.

Detailed guidance on how to use the tool is available in the Toolkit.

Day Hospital Forward Planner
This sheet is the front navigation page for the Capacity Planner.

Sep   2007

Mon	Tue	Wed	Thu	Fri	Sat	Sun
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

View Day

Select Day: 12/09/2007

Select Month: Add Month

Select Month: Archive Month

Print Attendees
Start Date
End Date   Attendees

Planner Setup Sheets   **Months Loaded**

Staff Parameters

Staff

Patient Types

Patients

The Forward Planning Tool will automatically calculate and be able to tell you if you have enough capacity to meet the demand of the patients on any given day and what capacity, if any, you have remaining.

		Nursing	MDT	Physio	OT	Doctor
Capacity		720	1080	360	240	360
Requirement		700	1000	320	280	320
Remaining		20	80	40	-40	40

Day hospital - booked interventions/appointment management

In order to manage the patients' appointment efficiently and ensure that all patients receive the care and interventions required for each visit, it is important to forward plan all care and team interventions in advance. This avoids the patient attending unnecessarily or having to wait for interventions.

An intervention planning chart can be helpful to plan and record basic observations and MDT intervention information for each individual patient.

It can also be used to plan when the patient's next appointment will be required.

Focusing on what the patient is attending for and how many visits they will need not only provides effective care for the patient but also ensures the efficient use of the day hospital resources.

A simple template can be created to record the information, as shown opposite.

Ask each member of the MDT to record on the intervention planning chart after they have seen the patient on that day's visit. When they next need to see the patient and the length of time required for the intervention.

This is recorded as number of weeks until next appointment over the length of time required in minutes, eg, a 30 minute appointment in a week's time would be recorded as 1/30.

You will see from the example template that Patient 1 needs to be seen in one week by the nurse, physio and care manager, whilst Patient 2 only needs to see the physio in three weeks time for a fifteen minute review. This could be carried out in the outpatient department and the patient discharged from the day hospital. Patient 3 does not need to attend the following week so can come back in two weeks.

Intervention planning chart
example

Day:						Date:										
Name	Bld	Xray	Ecg	Sats	Temp	WT	Pulse	B/P	UN	MTS	TTO	BMI	Physio	OT	Dr	Nurse	Comments
Patient 1													1/15	2/20	3/15	1/30	
Patient 2													3/15	D	D	NA	
Patient 3													2/15	2/20	3/15	3/15	

Having planned the interventions for the appointment in advance, you need to communicate this clearly to the patient.

Develop an appointment card template.

Hospital Number:				Please bring this appointment card with you and hand to a member of staff - Thank you			
Your next appointment at Day Assessment is:							
DAY	DATE	TIME	PICK-UP TIME	DAY	DATE	TIME	PICK-UP TIME

Example template for appointment card

Give the appointment card to your patient when they are first admitted to the day hospital.

Ask them bring it with them each time they attend.

When the patient arrives on the day, ask the patient to hand in the card to a member of staff and to collect it at the end of the day.

Store the appointment card in a designated box at the staff workstation.

Using the intervention planning chart your team has completed, assess when the patient needs to return. Put this date on the appointment card.

When the patient collects the appointment card, tell them when they next need to attend.

If the patient has been identified as not needing follow-up in the day hospital,they should be informed and appropriate discharge provision arranged.

Inform transport and carers of the revised arrangements.

Inpatient - the Staff Skills Matrix

Why use it?
This approach will help you to have a good understanding of the clinical intervention required by different types of patient and provide a consistent high quality service.

The attached table lists standardised patient types that are commonly treated in a community hospital.

Use this list as the start point to identify how your staffs' time is utilised for the three phases of a patient's stay:
• admission
• ongoing care
• discharge

Classification
Assessment and Treatment (inc. step up and intermediate care)
Diagnostic interventions
Medical
Palliative Care
Rehabilitation - General
Rehabilitation - Post CVA
Rehabilitation - Post Fall
Respite Care

What you need to do:

1. Decide how you will allocate your current patients into The Productive Community Hospital types identified.
2. Meet with each member of the MDT and discuss what their interventions would be and how long they might take in a typical day.
3. Using the Staff Skills Matrix, in the Toolkit, Forward Planning Tool 3, record how much time each MDT member would spend caring for each type of patient.

4. Following the instructions complete the data fields in the Staff Skills Matrix and it will present you with a picture of how much time each member of the MDT spends with each patient type. This will allow you to understand how much time each patient category requires from each member of the MDT.
5. Use this information to help you to calculate how you need to allocate your staff in your ward to get the best levels of patient care. You will need to discuss these results with your MDT.

Screenshot of the Staff Skills Matrix

Time input by profession by patient type

This is NOT outlining best practice but reflecting the current service being offered to patients - this is constrained/affected by the number of staff available

Please read notes below the table before starting to fill it in

Type of patient	Phase of stay	Nursing	Notes	Physio	Professional patie... Notes	in mir... OT
Rehab - Post CVA	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
Rehab - Post Fall	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
Rehab - General (not post fall)	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
Medical	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
Intermediate care	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
Respite Care	Admission	0				
	Ongoing Care (Balance of ALOS)	0				
	Discharge	0				
	Admission	0				

Planning a structured day

Creating a structure to the patients' day will mean that staff can book time with a patient in advance. Every day it will be clear what is happening to the patient and who is carrying out the tasks/treatment required.

You will be able to see if a patient's day is over or under-filled in terms of assessment and therapeutic interventions and to act accordingly. You will also be able to see if staff have the capacity to see the patients on any particular day.

Having diagnosed the current state of your structured day, this section will take you through the planning steps to help you to treat your structured day and make it better.

It will do this by using the following tools:
1. Day Care Scheduler, available in the Toolkit, Forward Planning Tool 4.
2. MDT timetable meeting.

1. Day Care Scheduler

Actions

1. Set up a meeting with the key staff members to agree a principle for scheduling.
2. Agree which patients are suitable to be included in scheduling.
3. Agree what time units should be used - could be half hourly slots, one hourly slots, etc
4. Agree which activities you are going to include in the scheduling.
5. Agree the format of the schedule and how it will be displayed.
6. Consider using the template in the Day Care Scheduler.
7. Agree how you are going to communicate it with the patient.
8. Include an explanation of scheduling in every new patient's induction to the ward/department.

Once you have undertaken the actions outlined above you need to have an MDT timetable meeting to action the scheduling of the patients interventions. How to do this is explained on the following page.

2. MDT timetable meeting

Use an MDT timetable meeting to structure the interventions of your staff.

Choose a day which allows you to effectively timetable for the following week.

Actions
1. Identify who should attend the meetings.
2. Find a quiet room away from interruptions.
3. Discuss your patients in priority order. Priority means those with high complexity/dependency first (these will often need the most assistance), then discuss the remainder of the patients.

4. Have a round table discussion for each patient regarding which members of the MDT need to see them, potential joint sessions and home visits.
5. Refer to the patient goals to ensure that planned interventions and frequency are aligned.
6. Complete the Day Care Scheduler for each patient identifying who will perform the interventions with the patient and when it will happen.
7. This information should be available for the patient and staff to see so that everyone is aware of the proposed interventions plan.

The visual appearance of the timetable should be user friendly and easily understood by your staff. You may choose to do this electronically or simply using a large laminated timetable which allow activities to be added using dry wipe pens.
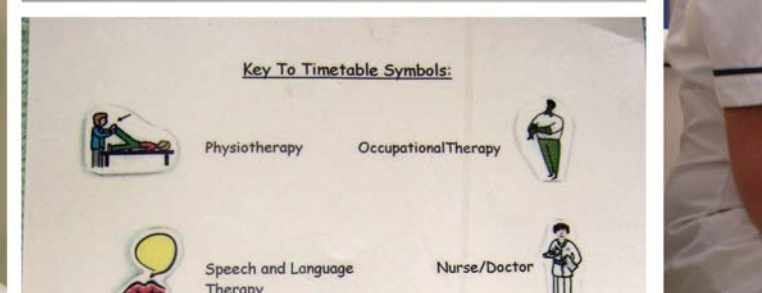
Day Care Scheduler example

TIME	names Sister	Staff Nurse	Staff Nurse	Aux Nurse	OT	Physio	Chaplain	Senior	Junior
09:00 am									
09:30 am									
10:00 am		1: Asst							
10:30 am		1: Asst	2: Asst		8: Asst				
11:00 am	7. Admt		2: Asst						
11:30 am	7. Admt			5. Review					
12:00 am				6. Review	1: Asst				
12:30 am									
01:00 pm						2: Asst			
01:30 pm						3: Asst		7. Admt	
02:00 pm		3. Review					5. Review	7. Admt	
02:30 pm		4. Review			3: Asst		2. Review		
03:00 pm						1: Asst			
03:30 pm									
04:00 pm									
04:30 pm									
05:00 pm									

Exercise class (box at 11:00 am, Physio/Chaplain area)

Group diversion therapy (box spanning Aux Nurse/OT, 01:30 pm – 03:00 pm)

Admt: Admit
Asst: Assessment

On this example the patients are numbered 1 to 8

Key To Timetable Symbols:

Physiotherapy   OccupationalTherapy

Speech and Language
Therapy   Nurse/Doctor

Plan - milestone checklist

Move on to *Treat* only when you have completed ALL of the items on these checklists.

Checklist	Complete?
Consider examples of ideas that have worked	
Consider results of the *Assess* section	
Consider your patient types and understand your available staff time	
Create 'new design' documentation to support your changes in the structured day	
Engage with all staff and patients (where appropriate)	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

The Productive Community Hospital Forward Planning

Treat

Treat

During the treat phase you will be testing the agreed changes.

What are you going to test?
- have we improved the experience for patients?
- have we improved the experience for staff?
- have we reduced waste?
- does everyone in the team understand the new process?
- are we sticking to the new process?

Before the test starts:
- determine what the time period will be for the test, it needs to be:
  - long enough to allow for failures
  - short enough to change and retest
- agree the time collection method and who is going to do it
- agree who will access the data and how it will be presented back to the team
- set the start and end dates and communicate them to everyone!
- update all staff personally on progress, at meetings and across all shifts
- use your communications board as a secondary way of making sure that you communicate with all the staff

During the test:
- get daily feedback from staff and patients (where appropriate) on how they feel the new process is working
- make sure that you ask all staff involved in patient care for their input
- be prepared to try new ideas and test them out
- listen to staff/patients suggestions for improvements
- learn from other areas who may have had similar issues with understanding their capacity and demand needs

Treat - milestone checklist

Move on to *Evaluate* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete?
Test period defined	
All staff informed	
Try out the forward planning process (Day hospital)	
Try out the staff skills matrix (Inpatients)	
Try out (test) the new scheduling process	
Get staff, patients and family feedback on the new forward planning process	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

The Productive Community Hospital Forward Planning

Evaluate

Evaluate progress

1. **Collect information**
   At the end of the agreed test period you will need to repeat the following:
   - Booked/Planned Intervention Audit
   - New to Follow-up Ratio Audit
   - Missed Appointment Audit
   - Time to Care Audit

2. **Analyse the information**
   Set up a review meeting to include the original core team for The Productive Community Hospital Programme.

   Use the results from the audits to help you to evaluate the changes made.

3. **Further improvement**
   This information will help you to understand where you need to go back to. Decide where there are still opportunities for improvement and repeat the process until your future state is achieved and sustained.

4. **Communicate success**
   Don't forget to tell people, staff and patients, what you have achieved, verbally and on your communications board.

Evaluate - milestone checklist

When you have completed the checklists below, go to the module checklist on page 65.

Checklist	Tick if complete?
Talk to staff, patients and relatives about the new forward planning processes	
Look at the before and after number of patients receiving their interventions at the agreed times	
Look at the before and after new to follow-up ratio - are the levels of follow-up clinically appropriate	
Communicate success	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

The Productive Community Hospital Forward Planning

How to sustain the change?

Monitor and audit continually	• conduct the audits regularly to ensure that the changes that you have made are being continued and are working
Ensure leadership attention	• ensure that senior managers are engaged and informed of what you are doing • give regular feedback about the progress that you are making at meetings which involve key people • ensure that you display and discuss the audit results with department staff regularly to keep up the pace of change
Do not stop improving	• encourage the department staff to continue to find new and better ways of doing things – it is not about doing this once but about improving things continuously • encourage staff to suggest and implement changes themselves

Module checklist

The grid below allows you to measure your performance against the checklists for this module. You should copy this page and shade in the boxes according to your achievement of the measure (green for complete, amber for in progress and red for not started). Your progress will then be clearly visible.

Forward planning module checklist	Before	After 2 weeks	After 4 weeks	After 8 weeks
All the staff understand the need for forward planning				
Audits have been carried out to give you your baseline measures				
Forward planning information is available to all staff				
Forward planning templates are being completed on a daily basis				
Staff are able to understand how much time they need to spend with each patient				
Regular audits are carried out to monitor number of missed appointments, new to follow-up ratios (day hospital)				
Use of the intervention planning tool is helping with follow-up appointments (Day hospital)				
Timetable meetings are run on time and to an agreed agenda				
Staff are able to plan ahead to have more time for delivering direct patient care				
Patients feel that they are receiving care at the agreed times				

Have we met the learning objectives?

Five objectives were set at the beginning of this module.

- test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid on the next page. Ask the questions in the second column and make an assessment against the answer in the third column

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met

- note the objectives where the learning has only been partly met and think about the way that you can approach the module next time

Remember, the results of this assessment are for use in implementing this module and are not in any way a reflection on staff performance.

Objectives	Question (ask the team member)	Answers for outcome achieved
Understand what good preparation for the module is	Describe the things that you need to do in the prepare stage of the module?	• establish a core team • talk to staff and patients • find information relating to complaints
Understand how forward planning currently works	Explain the idea behind describing the current state of forward planning?	• understand how the team currently works • identify the good/bad things about the current process • have a clear idea how interventions are currently planned/scheduled
Develop the MDT to work more productively	Why use a forward planning process and how does it work?	• helps to ensure an understanding of the demand made on the MDT and their capacity to deliver care • helps to reduce time wasted by staff and patients through an uncoordinated approach to care delivery • means that staff and patients know what is going to happen when
Develop audits as an activity	Where do the audits fit into the forward planning module and how do they work?	• they are part of the diagnosis • they give a measure of the current situation
Understand what is meant by productive forward planning	What does good forward planning mean to you?	• good performance which we can measure and show improvement • all the team know what they need to deliver and how much capacity they have to deliver it • patients know what will happen to them and the interventions happen on time as agreed

Case studies

Farnham Hospital and Centre for Health

The hypothesis
Farnham Day Hospital were working with the proposal that multidisciplinary planning and intervention, including patients and family, optimises clinical outcomes and length of stay.

Their objectives
• to be able to estimate the likely demands on each element of the MDT on a day to day basis
• to reduce the number of instances where the number of patients exceeds the capacity of the unit
• to enable the staff to assess when a given day was full to capacity
• to allow the MDT leads to allocate support staff to perform an intervention based on patient need
• to allow the occupational therapist to plan home visits with assistance from the multi disciplinary support staff, based upon the predicted demand on their time
• to provide a simple tool that can be used easily by the MDT

Rationale for development

As part of their assess and diagnose phase, the day hospital team conducted a process mapping exercise.

It was identified that there was no mechanism for assessing the likely demands that will be placed upon staff on a day to day basis. Patients are booked to attend on specific days based upon their home location rather than the available capacity on that day. This is due to legacy issues with a previous transport provider.

It was also identified that patients would sometimes return home without all of the necessary interventions having been carried out. This was due to the staff not having sufficient time to carry out all of the required interventions given the volume of patients in attendance that day.

A prototype forward planning tool was developed. This will allow the day hospital to monitor which patients are attending on each day and to use the predicted times indicated by the MDT to calculate the amount of staff input required. This is then compared to the staff capacity for that day to identify when the day hospital has exceeded or is close to exceeding capacity.

The tool has been developed so that most data entry is quick and easy and it is possible to navigate between each day easily.

Measurements

- number of instances when a patient returns home without all of the planned interventions being performed
- new to follow-up ratio
- patient satisfaction
- count (from daily planner) of how many patients were not seen when it was planned for them to be seen
- missed appointments (DNAs)

Chippenham Community Hospital

The hypothesis
A structured schedule of interventions improves clinical outcomes and ensures appropriate length-of-stay for day hospital, outpatients and rehabilitation patients.

Their objective
To support inpatient wards in developing a scheduling system for staff interventions with individual patients.

Their rationale for development
Often it can be difficult trying to coordinate treatments with patients that are being seen by multiple members of the MDT. Staff find it difficult to plan care when patients are either unavailable or potentially exhausted after completing a long assessment with another team member. Patients can be frustrated by not knowing when or how often they will be seen by various members of the team.

The benefits of scheduling in an inpatient environment can include:
- improved communication with patients and their families, which facilitates effective management of their expectations
- increased patient involvement and related responsibility for own rehabilitation
- more efficient use of staff time through co-ordination of patient sessions (less time waiting for patients to be free)
- facilitating joint working opportunities between professionals
- more informal MDT interaction and associated treatment and discharge planning

The therapists on the stroke unit use a timetable system to provide the patients on the ward with appointment times for the following week. This has historically been done by individual disciplines, each producing their appointments independent of each other, ie, speech therapists, physiotherapists and occupational therapists all scheduling separately for the week ahead.

The team introduced a new multidisciplinary system for scheduling to try to decrease the amount of total time spent arranging appointments, to improve joint working between disciplines, and to minimise the number of missed appointments each week.

Quantitive results

	Time taken in minutes to timetable patients per week	
Discipline	**Pre-improvement**	**Post-improvement**
SALT	60	60
OT	205	120
Physio	104	120
Total	**369**	**300**

The occupational therapist at Chippenham was able to save over an hour from the process of planning her interventions because of the direct liaison with colleagues in the meeting.

Qualitative results
- 83% of staff felt that the information exchanged during the new timetable system was useful and relevant
- 83% felt that the changes made had improved the process
- 100% of the staff involved stated they wished to continue with the new process for scheduling even though:
  - 33% felt the new system was slower
  - 17% felt that the new system was slightly faster

Acknowledgements

NHS
Institute for Innovation
and Improvement