Implementation of MedicOnduty, MedicOnline and LocumOnduty: sharing our experiences and learning so far.

We wanted to make the best use of our medical staff and realise cost improvements through the introduction of e-Rostering. We learned many lessons early on and discovered what questions we needed to ask to ensure a successful implementation.

Our challenge

Having already implemented e-Rostering into nursing and non-nursing areas, we were looking to introduce e-Rostering to our medical teams. Our implementation journey began in December 2017, however, the scoping of this huge undertaking started back in 2015. Getting to the implementation stage proved challenging as it took four attempts to get the right people in the room to watch the demonstration from Allocate and then decide on which products would best serve our medical demographic. When we had the green light to proceed we decided on eRota, MedicOnline, MedicOnduty, LocumOnduty as well as ActivityManager.

Our approach

Getting started

We began in December 2017 with eRota – working collaboratively with medical staffing to ensure a smooth transition from DRS to eRota. This had its own challenges with 11 of our rotas becoming non-compliant due to the differences in calculations between the two systems. This had been flagged up as a potential challenge in the demonstration from Allocate, but we didn't understand the implications of this until we put it into practice. Nevertheless, we were able to successfully make the change over to eRota and overcome this challenge.

Communications

Exception reports are used by doctors when day-to-day work varies significantly and/or regularly from their agreed work schedule. Exception reporting is mostly relevant to junior doctors, so we discussed who would be best to communicate the rostering changes to them.
We chose to work with our Medical Education team because we knew junior doctors generally respond to the communications it sends out. We made in-house "How to" videos and circulated them with our communications. We also held teaching sessions with the Medical Education team to give more information on what was being planned.

Implementation

The implementation schedule for MedicOnline and MedicOnduty proved challenging. There were several different versions of medical rotas being used across the Trust for a workforce of 550 medical staff.

We obtained copies of these existing medical rotas so we could improve our understanding of what medical staff were being to transfer from. This was a worthwhile exercise and one that we would recommend.

We initially allocated three weeks for our first schedule, but soon realised that was not long enough for each area given the complexity of other rotas. At this point we decided to simplify the process by breaking it down into two separate implementations, first MedicOnduty, MedicOnline and LocumOnduty, followed by ActivityManager. This gave time for the doctors and rota co-ordinators to adjust to using MedicOnduty, MedicOnline and LocumOnduty. We gave each area, with approximately 100 doctors, five weeks from data gathering to going live and planned to complete the implementation of MedicOnduty, MedicOnline and LocumOnduty into the Trust by the end of May 2018.

We chose Obstetrics and Gynaecology for our pilot area as this is a departmental area with all levels of doctors working within in it, FY1's right up to consultants, so we could really understand and learn the differences in their roles. We started in January and went live with extracting absence through to payroll the very same month.

Current status

To date, we have three areas using MedicOnduty and MedicOnline successfully. These three areas equate to 28 per cent of our doctors. The implementation of LocumOnduty is following closely behind. On average, 350-380 paper timesheets are submitted every week to our Temporary Staffing Team. These have traditionally been inputted manually by our Temporary Staffing team. With the use of LocumOnduty this is no longer necessary.

For each part of our implementation we created 'workflows' which are there to outline and streamline the processes of implementation.

So far, we have created three workflows:
• MedicOnduty, MedicOnline Implementation Workflow
• Managing Rotations Workflow
• LocumOnduty Implementation Workflow

Our achievements

• Reductions in paper timesheets for temporary staffing leading to 100 per cent accurate data extract to payroll
• Bringing the whole workforce onto an electronic rostering tool as per Lord Carter recommendations
• Enabling junior doctors to view/manage all annual leave and study leave requests via MedicOnline
• Better utilisation and management of annual leave for the medical workforce
• Being able to clearly identify gaps in rotas early on enabling uncovered shifts to be sent out further in advance
• The major outcome of these achievements has been a happier workforce.
• Happier junior doctors – who are now able to see their rosters along with any changes made in real time
• Happier rota co-ordinators - who no longer have to stare at Excel spread sheets for hours on end
• Happier executives due to the reporting functionality we now have for our medical workforce

As one doctor put it: "This is amazing! It's the future of the NHS."

Lessons for others

Communication ★★★

Communication is key. Think about who is best placed to communicate your message to the wider workforce and what methods of communication will work best.

Understanding ★★★

It is important to understand the elements of the software you are hoping to use and how they differ. It also helps to have a good knowledge of what different paper practices were in place before to help the transition to a new electronic system run more smoothly.

Implementation ★★★

• Break down the process into easier to manage parts. You don't need to roll out everything at once.
• Get staff used to one new piece of software at a time so they are not overwhelmed. Then implement further workflows once they have gained confidence
• Chose a pilot area that will tackle as many different job roles and their associated issues as possible.