Great Ormond Street Hospital for Children
NHS Foundation Trust

Real-time data leads to greater efficiency and more time for patient care, thanks to interoperable safe staffing tools

When Great Ormond Street Hospital (GOSH) wanted to introduce Allocate's real time SafeCare system to ensure operational decision-making in real time, it was imperative that the system could operate successfully and efficiently with the trust's own patient acuity tool.

To enable this, an interface was needed between the two systems, SafeCare and the Paediatric Activity and Nurse Dependency Assessment tool (PANDA), that could efficiently and safely calculate safe staffing levels and help to influence clinical decision making. Working closely with Allocate specialists the trust was able to embed an interface between the two systems delivering benefits both to patients and the trust as a whole.

Through constant support from Allocate and consistent communication, the trust was able to work through a number of challenges to successfully implement the interface, which is now enabling nurses to spend more time with their patients, saving more than nine hours of nursing time each day.

Our challenge

GOSH wanted to enjoy the real time benefits of SafeCare, but was already using its own specialised patient acuity tool, which enabled them to ensure safe staffing levels by assessing patients on a shift by shift basis against 55 care categories to determine patient acuity levels.

SafeCare allows trusts to calculate staffing levels and skill mix to actual patient demand up to three times a day, but due to the specialist nature of its work, the trust did not want to move away from PANDA, so an interface would be needed ensuring the two tools could work together accurately and efficiently.

As the SafeCare system is used for operational decision-making in real time, it is dependent on acuity being accurate and up to date. Third party company C-Bia was also involved in the interface and said that the data from PANDA could drop into an FTP every 12 hours, but for the interface to work, it was essential that the data was live.

The clinical decision makers were reliant on the interface being successful and accurate as they required precise PANDA data to effectively deploy staffing and guarantee patient safety.

Lessons for others

When putting an interface in place it is vital that all parties involved agree on and are committed to the same goal and delivering the same outcome.

Working closely together and being in regular contact to discuss the project helped to ensure a successful outcome.

Our approach

This was the first time that Allocate had put in place such a highly bespoke system, so close working was essential with the other parties, GOSH and C-Bia.

An initial meeting between all parties involved in the interface clarified the aims of the project and put in place an agreement that they would all strive to work towards one common goal. To ensure this outcome, weekly phone calls, sharing of knowledge and progress updates were encouraged.

While the interface was initially data focused, there was also a strong drive to include a clinical perspective so that the configuration not only provided data but also worked for the nurses on the shop floor.

The implementation of SafeCare across the trust relied solely on the interface being successful. Without it, nurses would have had to duplicate data, which would have taken time away from patient care – the opposite of what was supposed to be being achieved.

There were some challenges to be overcome, such as issues with unit mappings between PANDA and SafeCare but these were resolved through constant communication and testing.

The SafeCare roll-out also ran parallel to a number of other large projects including a major system change in electronic patient record, so it was vital that none of them had any impact on each other. The new patient record system has since implemented PANDA in its sphere of activity, which has affected the data within the PANDA system, creating a knock-on effect within SafeCare. Work is being carried out to resolve the issue.

Our achievements

As a result of the interface there has been quality improvement as well as financial gains.
Having two interoperable systems means that there has been a reduction in administration time as nurses do not have to enter duplicate data into each system.

The interface is saving nurses 9.13 hours a day, enabling them to spend more time with patients. This equates to 3,332.45 hours a year, which is the equivalent of £51,819 saved a year in nursing time.
As the interface cost around £9,000, the trust has saved approximately £42,000.

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