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Success With an Electronic Rostering System at a Foundation Trust

In December 2005, Homerton Hospital University Foundation Trust completed its implementation programme of CareWare, an electronic nurse rostering system.

The Trust had unsuccessfully tried rostering software in early 2003. Care Systems, a US based company, approached Guy Young, the Director of Nursing with a view to piloting their product; *CareWare*. Though initially sceptical based on past experience, he agreed to pilot the software in three areas: A&E, paediatrics and a general medical ward. The results were very positive and CareWare was purchased for the whole Trust.

Phase 2 of the implementation began in September 2004 with an additional five areas using the system. The relationship with Care Systems was very productive during this period of implementation with the areas using CareWare providing constant feedback. Care Systems refined the software based on this feedback, developing a product that met the needs of the Trust.

The final phase of implementation, Phase 3, took place in November 2005 and involved another 36 areas, including all the Outpatients Departments, pathology labs and radiology.

All staff have access to the system, although at different levels according to their managerial responsibility. Staff enter requests electronically during a set time period of negotiation, and when that period is up, the roster is generated by the manager. The system can be used in a *request-only* manner, or can be *self-rostering*. Staff can request shifts swaps through CareWare, which also has its own in-built email system.

CareWare uses technology to generate efficient and equitable rosters. It uses mathematical algorithms to balance the roster, addressing ward coverage needs and service requirements, while also considering the preferences of individual nurses. The roster can be weighted towards staff satisfaction or coverage; fully weighted to coverage, CareWare will provide a perfectly balanced roster.

CareWare has reduced the time and effort needed to create a rota; the last roster generated by the manager of the acute admissions ward at Homerton took 30 minutes. Additionally, staff do appear to like using it. CareWare empowers staff through participation, particularly when self-rostering is used, and this leads to increased staff satisfaction. Comprehensive management reports enable managers to track non-productive time, such as sickness, in a way that was previously not possible.

CareWare can be used to maintain personal staff information, records of staff qualifications and courses and details of mandatory and statutory training which is valuable for CNST reporting. It can alert managers and staff when professional registrations are about to expire.

Interfaces to payroll and the staff bank are under development, and aim to be implemented at Homerton in the next few months. This will eliminate much of the cost and errors (and subsequent staff dissatisfaction) associated with data entry.

Staff training requirements are not excessive; most staff need one hour of training, with ward/department managers needing 3-4 hours. Staff seem to grasp the principles of its use fairly rapidly aided by the fact that it is a logical and intuitive system. Most of the post-implementation questions from staff have centered on roster generation and staff or shift status issues. Support and training from Care Systems has been excellent and any questions are answered promptly. There is a UK free phone number which staff can ring and an online contact/feedback form.

Care Systems suggest that their technology should produce large savings in Bank and Agency expenditures. This is supported by figures from A&E which showed an £80,000 reduction in bank and agency expenditure for the 12 months after the implementation of CareWare. In addition, analysis has demonstrated an ongoing reduction of the cost of covering vacancies with temporary staff.

Care Systems are about to implement their integrated dependency module at Homerton, using patient assessment data to provide the Trust with a tool for better estimating establishment staffing needs.

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