

Name of project: Redesign of the Community Dietetic Service clinic structure

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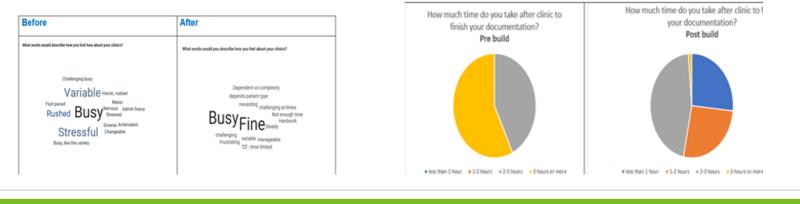
| What was our aim? | Why is it important to service users and carers? | lo | leas and te | | |
|--|---|---|--|--|--|
| To increase the wellbeing of the dietitians, by enabling them to complete clinic administration within their working day, through redesigning the clinic structure. | Following the implementation of Rio across the Community Dietetic Team, feedback from clinical colleagues indicated increased levels of stress as a result of the new system. The main causes of this stress were identified as: The existing structure meant that it was difficult to complete the post clinic patient documentation in a timely and safe manner. The existing structure allowed any combination of new/follow up appointments to be booked into the clinic system, meaning clinics could be unbalanced with high levels of post clinic patient documentation in clinics with higher numbers of new appointments. In addition to this, by allowing any combination of new/follow up appointments to be booked into a clinic, it was impossible for service leads to monitor and manage the demand and capacity of the service due to lack of transparency within Rio. As a result, they were unable to respond flexibly to the needs of the service. | A staff engagement workshop to the challenges and barriers the problem, an options analysis we decided that a "See Do See Do time at the end of each individu most contemporaneous way, we following steps were taken: • Time and motion study documentation for an ir • Identifying ratio of initia balance of initial to follo • Rebuild of the clinics: O out a rebuild of the clinic • Staff template redesign accommodate the char • Ongoing staff communic colleagues informed of | y were facing. On as carried out with as carried out with a pproach would al patient appoint when recall of the s this quantified the nitial and a follow al to follow up appoint clinical Nutrition a ics structure within the working patt is the working patt is the changes and | | |
| The tools we used | Results/How did | we do/Anticipated ou | Itcome | | |
| As highlighted above, in order to make sure that any changes made addressed the concerns of colleagues and to ensure the | The Slido survey was repeated six months later, pre and post changes to the clinic structure. They focussed on staff perceptions of the curren documentation within the allocated time. From the results below, it was perceived that the changes had made positive improvement in these a | | | | |
| | How happy are you with the structure of your clinic? What words describe how you feel about your clinics? documentation? | | | | |
| sustainability of the project, staff were engaged at all stages of the process. A range of tools | How happy are you with the structure of your clinics at the moment? Before Before | After | How much time d finish your | | |
| were used in staff engagement sessions | A first back back and the second s | | F | | |

To make sure team members were able to express their views in an open and safe way, Slido was used. This enabled colleagues to express opinions in an anonymous way, ensuring their true feelings and concerns could be expressed.

including brainstorming and options analysis.

Data analysis was used to objectively study not only the situation as it was originally, but also to monitor change both anticipated and unforeseen. Data was taken from a range of sources including Rio and a time and motion study.

| How happy are you with the structure of your clinics a | 1 [| Before | |
|---|---|--------|-----------------|
| Before "see do see do" clinic structure | Using "see do see do" clinic structure | | What words woul |
| Now happy are you with the structure of your clinics at the noment? | How happy are you with the structure of your clinics at the moment? | | |
| Unhopy 17% | Unhappy 6% | | F |
| sometimes happy | Sometimes happy 50% | | |
| Happ Ø £1 | Happy 44% | | |
| Very hopy | View hanne | | |



What we learned and what's next

The redesign of the clinics to become a "see do see do" approach was successful with staff reporting an improvement to the time taken to complete patient consultations and subsequent documentation. Evidence was seen that this change reduced staff anxiety. This will continue to be monitored as this clinic structure becomes business as usual.

In addition to the stated aim, the restructure of the clinic has allowed accurate data to be collected regarding the capacity of the service enabling future work on capacity/demand analysis.

(we care)



l tests of change

ully understand the concerns of colleagues, as well as Once the clinic structure had been identified as a with colleagues evaluating each change idea. It was build be developed. This approach provided adequate ointment to complete the necessary paperwork in the he session was at its optimum. In order to do this the

- d the amount of time required to complete the relevant ow up appointment.
- appointments: rudimentary data was used to decide the pointments.
- on and Dietetics Business Lead and the Rio team carried vithin the Rio system.
- patterns of colleagues were reviewed and adjusted to cture
- ative approach to staff engagement was used to keep and to make sure their views were considered as structures and timetables.

rrent clinic structure and their ability to complete the se areas.

such time do you take after clinic to complete