

CliniShift[®]

Workforce Solutions

Overview of CliniShift Evaluation White Paper

Background:

CliniShift was introduced into the Mater Hospital in Dublin in August 2017. Most shift allocation at the hospital is now done via CliniShift. The School of Nursing and Midwifery at Trinity College Dublin is ranked 1st in Ireland and 25th in the world in the QS world university rankings in 2018. In March 2018, researchers from this school were invited to conduct research on the CliniShift implementation process at the hospital and to evaluate changes resulting from its introduction. The researchers involved in the study were Professor Catherine Comiskey, Dr Mary Quirke, Dr Prakashini Banka and Ms Karin O'Sullivan. The research covered the period August 2017 to May 2018. In June 2018, the researchers produced a white paper detailing the aims, methodologies, results and conclusions of their research. This white paper runs to 50 pages. What follows is a summary of the key points.

Aims:

The aim of the research was to undertake an audit of the implementation process and an early adopter pilot evaluation of the CliniShift platform in an urban acute hospital setting.

Methods:

A process and impact study was conducted guided by an implementation science framework. This involved a concurrent mixed methods study design of key stakeholder interviews and early impact measurement using retrospective data generated by app usage during the pilot study period. The study was granted ethical approval by the legally constituted ethical review board of the acute hospital. Fourteen key stakeholder interviews were conducted across a range of staff and management levels and quantitative data from 5,390 episodes or interactions with the app were statistically analysed.

Results:

A total of 14 interviewees took part in the study. These comprised of five nurses, five healthcare assistants, three CliniShift staff and one hospital bank staff manager. All had direct involvement with CliniShift technology. Interviews were carried out face-to-face or

over the telephone, were audio recorded for the purpose of transcription and analysis and took approximately 15-30 minutes to complete.

Broadly, analysis of interview data suggests implementation has been found to be very successful within the Bank and among Bank staff, with points demonstrating how changes that CliniShift has introduced have been hugely welcomed, as evidenced by the following selection of comments by interviewees:

“What I noticed straight away with the Health Care Assistants was that they were picking up the shifts very quickly, confirming the shifts, and no questions. We were only communicating really through the app.” (Bank Office Manager)

“We don't have to ring the office all the time. We used to ring every Wednesday for our shifts and as you can imagine there's hundreds of staff nurses and carers working in the Bank and it would take hours for you to get through by phone so using CliniShift has kind of eliminated that issue there.” (Bank Staff Nurse)

“I've got my shifts for next week [already]... I suppose there's less contact. You don't have to .. not waiting on the phone if they are busy in the office.. you just accept a shift or decline a shift.. put in your availability and the shift comes through and it just works very well actually”. (Bank Staff Health Care Assistant)

However, there were some issues, for instance a gap exists between the in-house rostering system in the hospital (Intergale) and the CliniShift system, requiring data to be input into both systems. One nurse pointed out that the need to input into both systems is,

“.. annoying that you do have to keep double-checking”. (Bank Staff Nurse)

However, the general consensus among nurses and HCA's that took part in phone interviews was positive, and captured in the following quote,

“But it's more beneficial than it is cumbersome but it's still a little bit of a handful because you have check on Integrale as well”. (Bank Staff Nurse)

Analysis of the CliniShift system usage indicates that 94% of offered shifts were accepted and completed. More details are shown in the table 1

| Outcome | N | % |
|-----------------|-------------|-----------|
| Accepted | 4021 | 94 |
| Pending | 125 | 3 |
| Expired | 44 | 1 |
| Declined | 85 | 2 |

Table 1. Outcome of offered shifts.

Conclusions:

The need identified within the hospital Bank for a singular and efficient communication platform between the Bank and Bank staff was immediately met with the introduction of the CliniShift software platform.

The introduction of the CliniShift platform produced a changed work environment in the Bank Office; one where more time was available for strategic planning, to study the roster, and better manage the allocation of work hours.

Greater alignment between the hospitals CliniShift software design preferences and day-to-day practice within the organisation would mitigate against resistance to uptake. This is a key point of learning from the study for the hospital setting.

Leadership mechanisms included an early small group trial. These mechanisms were found to be very successful, evidenced by the ease with which Bank nurse/HCA staff found the take up and integration of the CliniShift technology into their work planning process.