# Allocating to clinicians

We are currently running a pilot where all clinicians on shift will have cases allocated to them in their My Work queue, instead of working from IUC Advice. Please see below for full guidance on this process.

Allocation seeks to reduce the pressure on a clinician when they are selecting their next case from a large advice queue. Therefore, in their My Work queue at any one time, a clinician should have the current case they are working on, as well as the next case to be picked up. Generally, this will mean they will have no more than two cases in their queue, however at times it may look like more than this due to failed contacts or locked cases in clinician’s queues.

Between the hours of 08.00-16.00 on Saturdays and Sundays, we will allocate to all clinicians on shift. Outside of these hours, we will allocate on an ad-hoc basis, as much as possible. We must allocate to all between 08.00 and 16.00 as this is the timeframe in which data will be collected and analysed.

Principles of allocation-

* Allocate one case to each clinician when they log on so that they each have a case to start working on, to minimise lost clinical time.
* Once each clinician is locked on their first case, allocate the next case based on service priority as usual ie. Priority cases, Paramedic on Scene, End of Life, Black performance status, Red, Amber, Green. Continue to allocate once case at a time, adding the next case when the clinician locks on to the remaining case in their queue.
* Liaise with the Shift Manager regarding any specific guidance for allocation for that specific shift – e.g. Possible Home Visits to visiting clinician covering that area.
* Please be mindful of clinicians’ scope of practice – clinicians may inform you of patient groups they can/cannot consult, please be responsive to this.
* Be mindful of finish times and ensure any cases left over when a clinician finishes shift are reallocated to an alternative clinician. Please note, you cannot ‘unallocate’ a case, only reallocate to an alternative clinician
* Ensure that you are regularly checking the Allocation spreadsheet so that you are aware which clinicians are starting shift each hour and can allocate them a case as soon as they log into the system (you can find the spreadsheet here - O:\Integrated Urgent Care Service (IUC)\!Allocation test and learn August 2023)

# Allocating to F2F clinicians

We don’t want to add additional pressure to clinicians seeing F2F patients by loading their My Work queues. However, we also want to ensure that they have a case to come back to once their F2F consultation is finished.

It is really helpful for the allocating WaCC to have a good understanding of how each base is running – for example, if running to time, and how appointments are being managed between the clinicians working at the base. Therefore, please ensure that you speak to all Hosts at the beginning of the shift to confirm who will be seeing F2F, in order to factor this into your allocation.

Specific principles of allocating to F2F clinicians -

* For any clinicians working at a Treatment Centre, allocate one 6/12/24hr case only, so that the case can sit in their My Work queue without breaching if the clinician needs to consult a patient F2F.
* As above section, only allocate the next case once the clinician is locked onto the first one.
* Please keep an eye on the performance status of these cases– if you notice that the case is waiting longer than current service performance, you have the option to re-allocate to another clinician and replace with a newer case.

# How to allocate in Adastra

Cases are allocated by the WaCC to individual clinicians from the IUC Advice queue. Cases which have been allocated to a clinician will show in that clinician’s ‘My Work’ queue – this is a bespoke list showing each user their allocated cases only. The My Work queue is the top option on the left-hand Adastra menu.

For the purpose of the ongoing pilot, the IUC Advice queue will be hidden during times of full allocation.

To allocate a case, right-click on the case from the IUC Advice queue, select Allocate to Provider, and select the name of the clinician. Only online users can have cases allocated to them.



You can view what clinicians have allocated to them in a couple of ways:

1. Sort the advice queue by the allocated column so you can see all allocated and unallocated on the same tab
2. Open an additional advice queue, drag the ‘allocated to’ column to the top blue bar and it will split out each clinician so you can see name and number of cases assigned



# WaCC Allocation checklists

The following checklist highlight the actions needed on an Allocation WaCC shift.

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|  **Start of shift- Allocation Checklist** |
| Identify next clinicians due to start shift |
| Allocate one case to each clinician as soon as they log into Adastra |
| Discuss with Shift Manager any specific guidance for this shift |
| Check current F2F and Home Visit screens to assess capacity of base clinicians |
| Discuss with each Host their plan for managing F2F at their base |
| When each clinician is locked onto their first case, allocate their next |

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|  **Constantly throughout shift- Allocation Checklist** |
| Keep an eye on all clinicians’ queues  |
| Allocate each clinician their next case when they have locked onto their existing case |
| Check current F2F and Home Visit screens to assess capacity of base clinicians |

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|  **Hourly- Allocation Checklist** |
| Identify next clinicians due to start shift |
| Identify next clinicians due to finish shift |
| Ensure any left over cases in finished clinicians’ queues are reallocated |
| Allocate one case to each new clinician as soon as they log into Adastra |
| When each clinician is locked onto their first case, allocate their next |