



CASE STUDY: RADIOLOGY DEPARTMENT IMPROVEMENT PROGRAMME



BACKGROUND

This Acute Trust serves a population of approximately 250,000. The radiology department in the Trust employs 7 full time consultants and 60 WTEs of radiography staff. Within the hospital site there is one main and two remote locations. The main site is divided between two floors where imaging rooms on one are open during the regular patient times, and the other 24 hours per day.

The department is run by a Clinical Director and a Radiology Manager with two

deputies/superintendents and is overlooked by the Manager of Diagnostic Services who reports to the Diagnostic and Therapeutic Services Lead and to the Director of Clinical Services.

When Meridian first started the project with this service, there was no structured planning or follow-up process in use. That is, there was no connection between assigning activity to consultants, work completed and the claims received by Finance Department. The unusually high claims of additional reporting sessions were not

systematically tracked and reviewed. In addition, the planning and forecasting in the department was not possible due to the lack of a robust consultant schedule and up-to-date job plans.

The project lasted 12 calendar weeks and brought a financial improvement of £321,000 to the Trust, a robust management control system and a behavioural improvement in the department management performance. This, together with involvement from Executive Management, has created a strong system to enable the smooth running of the department. The system is flexible and allows for adjustments to demand and capacity numbers governed by external and internal factors.

STUDY FINDINGS

Meridian expended 17 resource days in an analysis of the Radiology department and reviewed a number of aspects within this service using live observations of radiographers.

and radiologists, interviewing managers and conducting statistical and financial examination of the department. The analysis found that there were claims made for 20-30% more additional work in Waiting List Initiatives (WLI) in reporting than what had been assigned. It was also found that there was no link between additional activity assigned and claimed nor was there a robust planning process. The radiology consultants did not obey the 6 weeks' notice for leave rule, their reporting schedule was not up to date and they were not followed up on these either. Additionally, the reporting norms were established based on a random number rather than an analysis of what the consultants are actually capable of. Essentially, reporting took place out of schedule, out of norm and a lot of the additional reporting took place during core hours.

The study had also found out that the radiographers' roster

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did not match the patient flow although the number of staff in the department was correct following employment of additional staff and freeing up a number of band 7 radiographers to create an additional management tier to manage staff in each of the smaller areas/modalities.

OBJECTIVES

Following the presentation of the findings, the client Executive Team decided that to best address the issues in the department, focusing on the radiologists, the project would need to target activity planning, assigning and follow up by designing additional activity process flow, the reporting and review process and consultant work planning tools. It was identified that savings would come from identifying falsely claimed sessions and stopping payments for these/disabling the possibility of claiming for more than worked. behavioural training was decided

to be an important element of introducing the management control system elements to enable understanding of the need for change and to maintain the newly installed processes after project end.

Firstly the loop between additional activity assignment and claims was closed to enable tracking and review of claims and to make payments for the correct number of PAs worked. This allowed the management to monitor the additional spendings.

The streams that followed closing the WLI loop were establishing a consultant reporting calendar and schedule, reviewing and agreeing norms in all modalities reported within the Trust, and designing and introducing the activity review process (reporting and weekly review meetings). The completion of these project elements enabled the department and executive management the review and timely reaction to variances in the department. This also

allows better, more proactive planning of the work within Radiology.

The managers and Clinical Lead were very cooperative during the programme. They were set in their ways but open to changes. The introduction of the new management control system elements and linking them together has painted a picture of a system and why it is important to follow every step and to ensure all elements are used when necessary. This behaviour was embedded in the managers everyday routine during the senior management workshops carried out during the project.

In addition to the part of the programme which dealt with aligning the radiologists' capacity with the department demand and ensuring a robust follow up process, the project also involved aligning the radiographer hours with the patient flow and training ten band 7 radiographers to be able to manage the staff within each of the modalities.

An analysis of patient flow and staff roster carried out during analysis had shown that the staff were rostered on a basis of who was in the department on each day (i.e. a certain number of staff could be off at once although it was not regulated how many staff within each modality or band). The patient flow was regulated by the fact that less staff were available during lunch hours. It was discovered that staff were on one hour long breaks and this was the optimum break length set by the previous manager. This affected the hours available in the department: too many in the morning, not enough during breaks and in the evenings. With a simple change in staff break length it was possible to alter the starting times and the number of staff available during each break hour to match it to the number of patients requiring to be seen in the department. This flexibility allowed for the changes required for smoother running of the department.

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- Use of existing Radiology system to feed the newly designed controls used for the review process

- Behavioural change of department managers and staff working to new, more effective methodologies

- Weekly Review meetings allowing faster reactions to unexpected variations

- Performance improvement and increase in productivity by 20% of reporting carried out within the reporting sessions scheduled

- Effective rostering and planning tools in place

- Budgetary savings of over £321,000 annually

- ROI : 4.5:1



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