



CASE STUDY: COMMUNITY SERVICES ADMINISTRATION SUPPORT - MENTAL HEALTH



Administration Secretaries and Admin Support
- Mental Health Services

Single Point of Entry

WTE: 86 staff

BACKGROUND

The client provides Community Mental Health Services from 12 separate localities to a widely dispersed geographical population. The administration functions in scope support Psychiatry, Learning Difficulties, Rehabilitation, Discharge,

and Medical records through teams of medical secretaries, receptionists, medical records and outpatient clerks.

STUDY FINDINGS

Meridian undertook a three week study, working with the local management team. We identified a number of areas which, if addressed, would substantially improve operational performance, MI and clearly identifying where spare capacity was available within the administration functions.

We comprehensively examined key statistics, operational activity, management and supervisory behaviours, systems and management and supervisory staff attitudes and perceptions.. There were several issues which resulted in ineffective working practices and considerable re-work for the administration staff. These included:

- Differing working practices at each location and no common standards
- Different responsibilities and roles for staff with the same titles and grades
- Substantial variation in workloads and mix of workloads
- No common processes or pathways
- No planning of workloads
- Poor or non existent line management, dependent on location

OBJECTIVE

The analysis identified that if these issues could be rectified the Trust would be able to proactively improve the patient service experience, manage workflow, improve work allocation and capacity to reduce and ultimately eliminate backlogs, improve skill mix, reorganise the administrative functions to reduce duplication, improve communication, improve the utilisation of resources, improve staff morale and team management.

In addition the Trust would be able to provide a better level of service at a substantially reduced cost, saving in excess of £230,000 per annum.

In partnership with service management, clinicians and local administration staff, we then developed and agreed the following project objectives:

- To establish norms for all administration activities

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- To identify areas of lost time and their root causes and change the underlying processes to eliminate duplication, re-work and poor communications
- To train supervisors and managers in the required tactical and technical skills to manage resources effectively
- To realign the administration function and admin resource requirements in light of actual activity requirements
- Develop a resource planner and scheduler to account for demand
- To develop a model for Single Point of Entry to Mental Health Services for patient
- To realign the resources based on the implementation of a Single Point of Entry

PROJECT ELEMENTS

The Meridian Team set up 'Business Change' Team meetings with a cross-functional group of staff and with the active input of the teams agreed productivity targets including:

- Turn around times and process times per activity, e.g. 48 hours for letters turn around time.
- A target of productive time of 94%

PROJECT RESULTS

In consultation with the Admin teams, their supervisors and clinicians the project: defined the activity list per area per staff group; mapped all existing administrative processes referral to discharge per site & specialty; identified major handover points in the process; by critiquing the process identified anomalies and causes for delay; signed off activity lists per site per specialties.

Meridian agreed and installed the management system in the areas and the Trust was able to start measuring performance and process failure points in real time and to identify areas of training needs using the newly installed staff flexibility matrix.

The outcome of these steps was the reduction of the ratio of secretaries to consultants from a ratio of 1:1 to 1:0.7, which would free up resource to reduce backlogs in other areas.

A new Single Point of Entry system for new patients was able to be introduced with a clear understanding of resource requirements and workflow. This area could be managed by using a master schedule with demand generated by referrals into the system enabling administration resource planning 6 weeks ahead.

In addition supervisors and team leaders were given the coaching to enable them to plan and allocate work more effectively; to qualify and quantify issues leading to lost time and delays and for managers to be able to determine the costs of ineffective working practices in terms of additional resource requirements.



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