

## Case Study – Therapies Department Improvement Programme

### Outline

This Acute Trust serves a population of over 360,000 with approximately 101,000 inpatients admissions and over 446,000 outpatient appointments annually. Therapies department in this Trust employs just over 80 WTEs of physiotherapists and occupational therapists. It has two divisions: the larger, general inpatients therapy and outpatients is run by 3 team leaders (2 physiotherapists and an occupational therapist); the smaller is specialised in hand therapy outpatients, and burns and plastics inpatients therapy and is run by a single therapist. All team leaders have an equivalent amount of responsibility and all manage their own budgets. The team leaders report directly into the Trust's Chief of Operations.

When Meridian first began working with the service, there was no structured activity planning and reviewing process in place; staff members were assigned to work across wards within the same specialities, regardless of geographical distribution and with no shift planning around patient activity peaks. Performance expectations were not set in respect of productivity (volumes of patients seen, amount of therapy assigned to these patients, therapists' patient contact expectations). Activity was recorded by hand, on paper and collated monthly. Gathered information was never sent to senior management or reviewed.

The project, conducted over an 11-week-long programme, has brought a financial improvement of over £315,000, the creation of a 'Fast Team' to work in emergency department, and a behavioural change in the service management personnel. It has allowed a robust system to be put in place in order to forecast, plan and assign activity, and then to review achieved activity against the plan and act immediately on variances.

### Study Findings

At our own cost we, Meridian, expended 31 resource days in an analysis of the therapies services, undertaking live observations of therapists' usual working practices, reviewing current processes and management control systems, interviewing managers and conducting detailed statistical and financial studies.

The analyses showed that there was, on average, 60% of patient contact per therapist (including clinical admin) and that a significant part of a normal day was spent doing non-patient related admin. Interviews with department managers revealed that there was no plan for the department's work, that figures collected were not a reliable source of information as there was no robust system/method of data collection. The statistical analyses were conducted using budgetary data and sheets with activity recorded per ward (in one division) and per therapist (in the other division). This confirmed the observations showing that historically the patient facing activity (direct and non-direct) equated to around 55% of therapists' normal working day.

## Project Objectives and Elements

Following the presentation of the findings, the client executive and senior management team decided that an improvement programme, to target activity and resource planning as well as building better reporting systems, would address the issues identified. They also established that any resources identified as surplus to requirements for the current and foreseeable demand and working patterns would be placed into a new therapy team focused to work around the emergency department, thereby helping to prevent unnecessary admissions.

The above goals were set to be achieved through a number of management tools and systems, and through behavioural change in working practices.

Firstly, the paper data collection method was altered to record the information more accurately and to begin building a better picture of the breakdown of actual day to day activities in the department. This data was transferred to a computerised system after an electronic method of collecting information was designed and developed with cooperation from the Trust's IM&T department.

- The new activity monitoring system lessened the amount of administration time and increased the therapists' ability to focus on patient care
- The time freed up as a result of using the system was directed towards medical duties
- It enabled department managers to review the activity of their staff across the wards, across bands and across therapy types. Additionally, it allowed the tracking of each patient's pathway.

Secondly, regular activity review was a new process for the Lead Therapists. Initially there was resistance to conducting daily, or even weekly, reviews of activity based on the trust the team leaders had in their staff and their belief that they were working to full capacity. By reinforcing the purpose and the process in workshops and one to one coaching, and showing the real activity through summaries and discrepancies in performance, the managers began discussing staff/ward performance daily, and at the activity review meetings they no longer needed to be encouraged. Meridian's team had initially been told that the managers did not see the need for change yet this work made them look at their teams output differently and as a result, it changed them. Over time, the Team Leader most opposed to monitoring staff performance became one of the strongest proponents of reviewing daily activity, questioning discrepancies and challenging low productivity levels.

Part of the programme was to demonstrate that the management reports serve multiple purposes:

- They help to establish what happened in the department in terms of planned activity versus actual achievement
- They enable reviewing performance variances against a plan created by Lead Therapists for their teams.

When this idea of a planning process was introduced to Team Leaders, they did not recognise how useful a structured control and process would be. Whilst they thought they operated well, they were hostage to responding to events rather than being able to plan for them. Therapy Leads were taken through the process of activity planning, step by step:

- Setting up productivity levels and norms
- Assessing patient volumes

- Ward specialities
- Access constraints
- Creating a resource requirement
- Calculating the surplus resources for the actual demand on the service at any time

At this stage they were then able to prepare a roster with the required shift patterns created as a result of the actual resource requirement calculation.

Although, as anticipated, a number of staff were identified as excess to requirements they were able to assess the capacity they would have available for the new emergency department team service. Therapists were very enthusiastic about this service – as evidence by the number of voluntary requests to be placed in that new team.

## **Project Results**

- One type of robust electronic reporting for all therapies with easy data access
- 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 to 75% of patient time regulated by a clearly defined management control system
- Effective rostering and planning tools in place
- Creation of a 'Fast Team' within the emergency department resulting in reducing patient volumes on wards
- Budgetary savings of over £315,000 annually
- RIO : 4.1

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