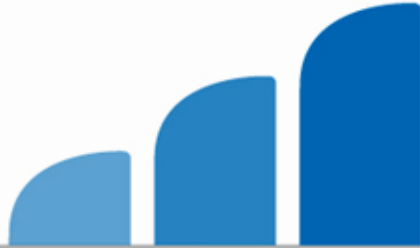




CASE STUDY: THEATRE IMPROVEMENT PROGRAMME



BACKGROUND

The Meridian study and implementation took place during a period of extreme financial constraint for the Foundation Trust. Financial deficits had led to intervention by Monitor and all expenditure was under intense scrutiny. The study showed that while action had been taken to cease additional spend on 'extra' outpatient capacity, there was no system in place which assessed the impact of these types of decision. Similarly, there was no means of quantifying or reviewing the

utilisation of the resource in place and therefore no sense of whether the department was achieving its full potential in terms of income to the Trust. A study was undertaken at Meridian's expense to quantify the opportunity in the department, as well as gain an understanding of the lost revenue in unused clinic slots.

A subsequent improvement programme was undertaken with the Trust which significantly improved the utilisation of the clinic slots, as well as aligning (and subsequently increasing) the capacity of the department.

Increased revenue through the utilisation of clinic slots (at no additional cost) equated to a financial improvement of £2,532,055 to the Trust, a return on investment (ROI) of 15.9:1

RESULTS

The programme succeeded in putting in place a clear set of management controls which generated transparency across the Outpatient Department. For the first time, all stakeholders (including the Executive Team) had immediate access to the 'true' utilisation of the department.

As well as giving all important management information, the program also had many successes in quality, behaviour change and improved system utilisation. These deliverables were as follows:

Quality:
Patient feedback was solicited throughout the programme and incorporated into the design of the new booking systems.

Public opinion was also evaluated to establish the new service levels the Trust wished to aspire to when setting its targets. This resulted in the creation and implementation of a 'tailgunning' role whereby a member of the booking team would focus solely on contacting patients to give them earlier appointments where possible.

Consultants were provided the forum to input to the planned configuration of the clinic templates. This allowed never-had discussions between management and clinicians to take place.

Many clinic templates which had existed historically were identified to provide a poor patient experience. These were highlighted and issues resolved.

Reduced patient waiting lists through better use of capacity and a resultant quicker time to be seen for the patient.

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Clear management control provided booking staff with the confidence to know that they were working effectively. This removed the often misappropriated negative focus from senior management to be redirected into the true causes of lost utilisation.

System:

Development of a bespoke electronic empty slot viewer. This was designed through engagement with the booking clerks and transposed readily available booked slot information into a dynamic tool which allowed unused capacity to be seen and used quickly and effectively.

Detailed compilation of Consultant job plan information against planned clinic sessions and templates to produce a fully comprehensive department capacity plan.

Agreement on clear and defined metrics of utilisation and productivity for the department.

Installation of a robust management control to ensure that any empty clinic slots were not only identified, but filled. A solid action process was also implemented to ensure that where clinic slots could not be filled, escalation to an appropriate level occurred so that senior decision could be taken.

Implementation of a suite of KPI reports and formal review meetings allowing variances to the plan to be immediately acknowledged and acted upon. These reports were developed internally by working closely with the Trusts own IT teams.

Financial:

The development of complete authorisation process to control the sanctioning of any extra capacity (at additional cost).

An increase in the average number of patients being seen per outpatient clinic from a base of 6.87 to 7.33. Against the number of clinics held multiplied by a tariff of £125.74 per patient this equated to a

total increased revenue of £393,000 during the course of the 16-week project.

The increase in average patients per clinic equated to a total annualised income of £1,210,465. Incorporating identified savings this annualised figure rose to £2,535,055. At the end of the project, the management control system in place was allowing Trust management to set out focused actions to realise these identified savings.

In fiscal terms, this total improvement figure of £2,532,055 across all

disciplines within the outpatient department, at a project cost of £158,982, represented a 15.9:1 return on investment to the client.

In addition to the Outpatient programme, work was also undertaken simultaneously in the Radiology and Emergency Departments. The outcomes of the work in these areas allowed cross-departmental reference to occur. Further analysis and improvement work has since been commenced in the Pharmacy Manufacturing Units and Therapy Departments within the Trust. Text



Address: Meridian Productivity Ltd,
36 Atholl Crescent Lane, Edinburgh,
Midlothian, EH3 8ET.

E mail: info@meridianpl.co.uk
Telephone: 0131 625 8500
Fax: 0131 625 8505

