Estimate of the Situation

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Top Improvement Opportunities, Part 3

The factors that limit human performance in the clinical setting can be found in four major categories: systems and work process factors; resource factors; organization factors; and institutional culture factors.

In our last issue, we discussed commonly encountered performance limiting factors from the resource factor category. In this issue, we'll talk about performance limiting organization factors.

Organization factors affect human productivity, labor expense, and all critical outcome areas in powerful ways. They define how the hospital deploys its resources to achieve the mission. These factors include the hospital's corporate organization, its management structure, its department appointment and service scheduling timing and methods, employee work scheduling templates and procedures, and management's communication and information sharing methods. Consider these example queries.

- **Corporate organization:** Should the hospital develop subsidiary organizations for selected departments and services that would allow more competitive pricing if offered outside the hospital's structural constraints?
- **Management structure:** Do feedback loops between decision makers and patients go through so many layers of management that timely action is impossible? Are spans of control too broad or too narrow?
- **Department appointment and service scheduling timing and methods:** Do current service and appointment scheduling methods produce unnecessary queues and patient wait times that could be shortened by redistributing them to different times of day or even different shifts? Is there a category of department work that is currently unscheduled (for example ancillary tests or exams) that could be scheduled? Are there tasks that are not time critical that could be moved to slower times, other shifts, or even other departments?
- **Employee work scheduling templates and procedures:** Do current schedules adequately match the number and skills of employees to workload? Could this be improved if department appointment and service scheduling templates change (see above)? Does shift length (i.e., 12-hour shifts) result in unnecessary labor costs and make it difficult to flex staff when workload changes? Would a mix of 12-hour, 10-hour, 8-hour and even staggered shifts be more cost effective?
- **Management communication and information sharing:** Does the hospital rely on management by memo? Are there unnecessary meetings or unproductive meetings?

We recommend that these subcategories be thoroughly explored when looking for improvement opportunities.

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Next Issue: Institutional Culture Factors.

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