

5. Feasibility Analysis

Risk Analysis

The proposed interventions have scored using a feasibility matrix (see Appendix A) to determine the likelihood of success if implemented. Nine considerations for each possible solution were given a risk and a risk weight value and their product yielded a risk index. The scale used is defined at the bottom of the chart. With the exception of computer training for employee C, all other solutions scored within four points of each other, within a fairly low risk index and therefore feasible to implement. A brief explanation of each score is listed below:

1. Assign tasks related to job discipline
 - Risk index score of 12
 - May present barriers to implementation related to employee incentives/motivation.
 - Will affect the entire staff
2. Computer training for employee C
 - Risk index score of 71
 - Scored especially high in cost effectiveness, steps to implement, staff support and number of people and functions affected, primarily due to low motivation and potential need for repeat classes, mentoring and one-on-one training
3. Utilize volunteers for secretarial duties
 - Risk index score of 11
 - Cost effective as volunteers are already in place and do not increase the overall cost
 - Will require several steps to implement as each will need to be trained to complete the task.
4. Daily team meeting to determine office needs
 - Risk index score of 11
 - Barriers to implementation will mainly involve *consistently* initiating the brief meeting each morning.
5. Rotate employee C plus one other for maintenance times
 - Risk index score of 13
 - Highest score of the six solutions due to the change required from employee C
6. Reduce staffing to 2 staff members during maintenance times
 - Risk index score 9
 - Lowest scored solution
 - Requires little time or cost to implement and yields much benefit
7. Move check-in area closer to gym space
 - Risk index score of 11
 - Will affect the entire staff and the patients along with a number a functions, however, should improve the efficiency of the task

Projected Gains in Performance

The goal of implementing the above strategies in the pulmonary rehabilitation department is ultimately an improvement in daily and overall performance. The proposed solutions target each of the four performance levels:

1. Organizational systems

The new, however smaller space, for pulmonary rehabilitation will remain in effect until patient volumes can significantly justify a larger space. However, improved work schedules and a focus on staff communication can improve efficiency and productivity.

2. Management

The Pulmonary Rehabilitation team works well together in general and is fortunate to have a sense of empowerment. Any improvement in efficiency and communication will result in improved performance and job satisfaction.

3. Physical and Technical

Again, the space allotted is unlikely to change. The work environment can be improved through schedule changes if adopted by all.

4. Human and Social

A re-organization of workloads based on job skills, utilization of volunteers will improve team performance.

Implementation Costs and Resource Needs

Little cost is required for successful implementation of the above solutions, assuming computer training is discarded. Training of the volunteers will require time to be allocated by one or more staff member. However, the volunteers are already in place, are in need of things to do and are eager to take on new tasks. They can be trained individually and will use available staff as a resource for questions.