2. Perceptual Analysis

Pulmonary Rehabilitation is an outpatient service of New Hanover County Medical Center. Individuals, who have been diagnosed with a chronic lung disease and referred by their physician, enroll for a 10 week education and exercise program, attending three times weekly, in an attempt to improve their strength and endurance and reduce their shortness of breath with daily activities. Phase II of the program is the beginning phase and is supported by Medicare and most major insurances, requiring constant documentation. Upon completion of the 10 week program, patients may choose to continue their exercise in the self-pay Maintenance program, attending 2 or 3 days weekly, or exercise at home. As this portion of the program is not covered by insurance, little supporting documentation is required.

Pulmonary Rehabilitation has an office space located on the ground floor of the hospital. Prior to January 2006, this space was also used for patient arrival and check-in. Exercise sessions were conducted in Cardiac Rehab which is located on the 2nd floor. This involved daily moving of patients, charts, personnel and equipment. Everyone enrolled is limited by shortness of breath, many on supplemental oxygen, and the trip upstairs was often a difficult one. Those unable to make the trip were transported by wheelchair.

In January 2006 the existing office space on the ground floor was expanded, allowing for a small gym area, classroom, weight and warm-up room, in addition to remodeling of the office spaces. Patients no longer have to travel upstairs to exercise, everything is centrally located. However, the entire space is small, the gym area containing only 10 pieces of equipment.

Limited exercise space requires that in order to accommodate the same number of patients, exercise sessions must be conducted throughout the day, for only 10 may exercise at any one given time. The workday was expanded on Monday, Wednesday and Fridays in order to allow for a maximum number of sessions. Tuesdays and Thursdays were less popular and the work day was reduced in order to not exceed a 40 hour work week. A comparison of the daily schedule is listed below.

Pulmonary Rehabilitation Daily Schedule				
Prior to January 2006			After January 2006	
MWF	TTH		MWF	TTH
		7 AM		
		8 AM		
		9 AM		
		10 AM		
		11 AM		
		12 PM		
		1 PM		
		2 PM		
		3 PM		
		4 PM		
		5 PM		

Phase II Maintenance Office Closed

All Phase II patient information must be continually documented, reported to physicians and maintained in an ongoing database. The schedule as listed above for after January 2006, allows for an increase in patient times, however, leaves no time for the required paperwork. The staff of 5.3 FTE's must trade off and balance patient care, which is of the utmost priority, with completing the necessary desk work. Phase II patients require the most monitoring and the highest staff to patient ratio, therefore most of the paperwork is currently completed during the maintenance time slots.

Multiple schedules to allow each staff member to complete their assigned tasks have been unsuccessfully adopted in recent months. Each staff member completed a questionnaire regarding the current department condition and scheduling issues. Inadequate time, staff productivity along with varying abilities and workloads distributed among staff members are listed as possible reasons for poor performance.

Staff Member	What's Working in the New Space	What's Not Working in the New Space
A	• **More Phase II patients seen each week** • **Increased number of Phase II referrals** • Easier access for patients • New Medical Director	• **Staff responsibilities unclear (No clear schedule as to who should be where at any given time)** • **EP needed in gym during every Phase II class**
B	• Gym schedule for patients • Shorter education classes	• **Scheduling of employee's gym time and office time**

	• New Medical Director	• **Referral process** • **Double/superfluous charting** • Lack of staffing • Gym too small • Need more Phase II classes
C	• Facility more attractive • Able to watch for patients coming and going	• **Need better communication amongst employees** • Little space for equipment, crowded • Must call for cardiac personnel to come downstairs for cardiac related issues
D	• **As professionals, should be able to flex to changing needs of patients and schedule**	• **Workloads among staff members vary** • **Various abilities among staff members** • **Staff not always considerate of others, remaining in office when not necessary**
E	• Attractive space without traveling upstairs	• Rigid time schedule for maintenance members • **Frequently, poor communication between staff members regarding schedule. Staff often "disappear"** • **Varying abilities and requirements from individual staff members** • Too small, too crowded, no space allowed for growth

Sponsors of this change initiative would include hospital administration and management teams. Minor schedule changes would not impact the sponsors; however, any changes to the existing space would need approval. The Pulmonary Rehabilitation staff is both the champions and stakeholders of this performance improvement initiative. The staff recognizes and is keenly aware of the need, having initiated this reactive process. The lack of adequate time to complete paper and computer tasks has directly affected the interaction among the staff and the confinements of the small space, however centrally located, have led to recent friction. First priority is patient care, however, everyone benefits when individual needs and concerns are directly addressed.