3. Performance Analysis

Mission statement: *New Hanover Regional Medical Center is a team-centered, value-focused, teaching provider of quality health care to all in need of its services.*

Vision statement: *New Hanover Regional Medical Center is striving to be the best provider of comprehensive health care services rendered with value, dignity and respect.*

	What Is Happening	What Should Be Happening
Organizational Systems		

Structure:	• Small office/gym space
	• 25-30 Phase II patients
	• 75 Maintenance patients
	• Program staff:
	  o 4 Respiratory therapists, including Program Coordinator
	  o 1 Exercise Physiologist
	  o 1 Nurse (8-10 hr week)
		• Larger space to allow for program growth and to provide quality patient care
		• Full time nurse
		• Volunteer for secretarial duties

Decisions:	• **Formally:** Group input with management approval; AACVPR guidance • **Informally:** Poor communication between staff members regarding need for office time. Staff often "disappear" leaving patient care areas	• Team-centered environment, with values placed on good quality patient care • Individually scheduled office time and ability to flex, requesting addition time if needed
Financial:	• Supported by Medicare • Not a direct money making hospital program	• Financially sound department; reduce hospital expenses by reducing patient hospitalizations
Clients/Needs:	• Exercise, education and support program for chronic lung population • Frequent staff conflicts distribution of workloads and adequate time to complete	• Provide quality patient care as related to hospital mission and vision statement • Cohesive supportive staff completing patient documentation efficiently and accurately
Management:		
Techniques Empowerment:	• Program Coordinator to Department Manager, then up the chain of command through hospital administration • Staff empowered to discuss issues	• Program staff and management working together to provide quality patient care • Staff continues to improve

	and initiate new projects/opportunities • Recent dissatisfaction with hospital wide performance appraisals resulting in employee dissatisfaction	departmental services as they arise and serve patient population according to department and hospital mission • Continue to strive to improve job satisfaction and employee productivity
Physical and Technical: **Work Environment:** **Tools/Supplies:**	• Newly remodeled, however, small working environment; space small for volume of people it serves • Work schedule since Jan 2006 allows little time for office related activities • Tools and supplies currently available to perform tasks	• Expanded space needed in order to grow program and adequately serve patient population • Sufficient office time for each employee to complete assigned tasks • Adequate tools and supplies available to complete assigned tasks in order to meet program/Medicare requirements
Human and Social: **Organizational Culture:** **Team Performance:**	• Frequent conflict amongst staff regarding coverage of patient areas and need for office time • Staff members have varying duties, abilities and desires to improve and perform assigned tasks • Workloads vary among staff members	• Cohesive team oriented approach to improve staff working environment • Evenly divided and supported workloads, with all staff members performing at optimum levels

<u>What Is Happening</u>

Organizational Systems:

Pulmonary Rehabilitation (PR) currently occupies ground floor space located within New Hanover Regional Medical Center (NHRMC) in Wilmington, NC. Two entrances/exits allow access to the space through an internal hallway or a direct connection to the outside, resulting in easy access from the parking lots. The space is composed of 5 rooms which include (1) program coordinator office/treatment room, (2) classroom, (3) warm-up, free weight area, (4) office area for remaining four staff members and (5) a gym area. There is also a small check-in area with lockers for patient

belongings. The program is staffed by 4 respiratory therapists, including the program coordinator, 1 exercise physiologist and a part-time nurse (12 hrs/week). Nurses from cardiac rehabilitation are utilized as needed during other hours. The program coordinator reports directly to the department manager of cardiac services.

Phase II of Pulmonary Rehabilitation is supported by Medicare, which provides the framework for daily operations and documentation regarding Phase II patient care. The American Association for Cardiac and Pulmonary Rehabilitation (AACVPR) works to provide guidance and support for programs throughout the county in the continuing effort to provide services in compliance with Medicare guidelines. The North Carolina chapter of the AACVPR is active within the state to provide updated information regarding changes in Medicare requirements as particularly related to North Carolina. The program within New Hanover Regional Medical Center currently has the capacity to accommodate 30 Phase II patients on a 3x weekly, MWF schedule. Patients are referred to the program by one of nine physicians in the Wilmington area specializing in pulmonary medicine or by their primary physician. Eight to ten referrals are currently received each week. Patients enter as space allows (there is currently a 4-5 week waiting period due to space related issues) and they graduate upon successful completion of the program guidelines, usually within 10 weeks.

The Maintenance program allows patients who graduate from the 10 week Phase II program to continue their exercise in a safe and monitored environment. It is a self-pay program, is not covered by insurance, and therefore does not have any documented rules or requirements for operation. Each program can design and implement as space and staff allow. The program at NHRMC has approximately 75 patients exercising on either a MWF or TTH schedule, as patients request and space allows. The spaces available for exercise for this patient population are very limited due to the small environment.

All staff members are professionally credentialed individuals. Routine decisions regarding the daily operations are generally addressed and implemented by the team, with input and approval from upper management as needed.

However, daily coverage decisions, who is where and why, are left up to the staff members in attendance each day. The areas, as listed above, are small and the rooms situated in such a way that it is difficult to visualize what's going on in one room from another. This often results in staff members scrambling to cover a particular area, thinking erroneously that someone is there for check-in, for example, when often patients are sitting unattended.

Pulmonary Rehabilitation programs are not money making endeavors for hospitals. However, one of the program goals is to reduce the number of hospitalizations for this patient population, which

often requires frequent admissions/re-admissions (often referred to as a revolving door). The cost of the 10 week program is substantially less than one hospital admission. Statistics obtained during 2005 showed an 83% reduction in hospital admissions for patients enrolled in the Phase II PR program at NHRMC. Considering the fact that an average hospital charge for an admission for chronic lung disease was $10,059 in 2002, effective pulmonary rehabilitation can potentially result in a significant indirect savings.

The primary clients served are the participants enrolled within the program. Their needs are vast as all have chronic lung disease, with shortness of breath frequently limiting their ability to perform daily activities. They have enrolled in the outpatient program in order to improve their ability to perform daily activities at home and remain independent. Many require supplemental oxygen and have other co-morbid conditions such as heart disease and diabetes, requiring frequent monitoring and close attention.

Other clients served include department staff members. Recent staff conflicts regarding distribution of workloads and insufficient time to complete the assigned tasks have resulted in minor conflicts, which ultimately affect the quality of patient care.

Management:

The staff of Pulmonary Rehabilitation is empowered to discuss issues and initiate new projects. Changes must be approved by the program Coordinator and/or Department Manager and upper administration, depending on the scope of the change. That sense of empowerment was however, reduced by last year's employee evaluations, conducted each August and September. The strict parameters of the evaluation process left many employees reporting dissatisfaction hospital wide.

Physical and Technical:

The newly remodeled working space is clean, attractive, and easily assessable. However, as the gym area is small and can only hold 10 pieces of equipment, only 10 patients can exercise at any given time. In order to accommodate the total patient population, the work day has been extended to bring in multiple classes of 10. The current MWF day has 3 Phase II classes and 5 maintenance classes and is filled to capacity. Staff office area was also remodeled. All staff members, with the exception of one, have computers on their desks in order to complete the necessary workloads. Two other computers are easily accessible within the department for that particular employee, who did not want a computer on her desk.

Human and Social:

The work schedule beginning January 2006 is entirely devoted to patient care due to the small physical environment as stated above. As a result, there have been conflicts recently regarding coverage of patient areas vs. the need for office time to complete assigned tasks. Staff members have varying duties, abilities and desires to improve and perform the necessary tasks. For example, below is a chart showing workload assignments of the five staff members.

Employee	Assigned Tasks
Respiratory Therapist A	• Program coordinator • Direct patient care duties 20% of daily routine • 80% management duties
Respiratory Therapist B	• Processes patient referrals and schedules new patients for orientation process. • Charts orientation information in electronic hospital chart • Charts daily attendance in computer
Respiratory Therapist C	• New chart assembly • Chart breakdown upon graduation • Chart audits • Follow-up phone calls to patients • Mails cards to patients for support • Retrieves mail • Charting and updating of education classes taught x 2 • One on one patient education regarding activities of daily living with charting
Respiratory Therapist D	• Entrance/exit 6 minute walks • Entrance/exit patient questionnaires and scoring • Walk information and questionnaire scores charted in Excel and electronic hospital chart • Update and maintain program database • Gym attendance and monthly static reports • Staff education coordinator • Charting and updating of education classes x 4
Exercise Physiologist E	• New patient requirements: o Fax 6 minute walk & telemetry reports o Exercise prescription o Ortho evaluation o Charting of one on one exercise interview o Create exercise folder o Fall precaution evaluations with charting • Determine daily changes in exercise prescriptions • Chart changes in electronic hospital chart • Charting and updating of education classes x 2 • Physician mid-term reports • Final report & charting • Home exercise prescriptions

	• Monthly education calendar • Minutes from practice council

It is difficult to obtain a true sense of the daily work requirements as many of these tasks are distributed across the 10 week patient enrollment period and time allocations are difficult to assign. For example, even though the list of assigned tasks for employee B looks small in comparison to others listed, the referral process requires frequent phone calls to patients and physician offices which can be very time consuming. It is very important, however, to the continued growth and success of the program.

What Should Be Happening

Organizational Systems:

Chronic obstructive pulmonary disease is the 4th leading cause of death within the United States and the only one of the top four categories that is currently on the increase. Desired objectives of the Pulmonary Rehabilitation department of NHRMC should reflect the mission and vision statements of that institution and should be a *team-centered, value-focused, teaching provider of quality health care to all in need of its service and strive to be the best provider of comprehensive health care services rendered with value, dignity and respect.* Patient referrals from physician offices should be processed they are received, eliminating the waiting period for patients who are frequently anxious as to whether or not they will be physically able to "exercise." An expanded space, larger gym and classroom areas, would allow for program growth, increased number of patients exercising at any given time and continued service to the community of patients.

The patient population served by this program, generally have a number of comorbid conditions. A full time nurse, especially for Phase II patient times, would improve the safety and efficacy of the service offered.

Staff members should strive to offer quality health care services that reflect the mission and vision statements of NHRMC as listed above. The daily work schedule should provide adequate coverage of all areas at all times. Individually scheduled office time and staff ability to flex as needed, should improve the working environment and provide for patient and staff needs.

The PR department should be financially sound. Although not a direct "money maker," program statistics should be constantly collected and maintained by the staff in order to justify the indirect savings the department provides the hospital.

Management:

The staff and management of NHRMC and Pulmonary Rehabilitation should work together to provide quality patient care in line with the mission and vision statements. The staff should continue to improve the quality of services offered and expand those services to meet the growing needs of the patient population. This should ultimately improve job satisfaction and employee productivity.

Physical and Technical:

An expanded working environment should provide for program growth and adequately serve the ever growing patient population Sufficient office time is required for each employee to complete the assigned tasks in compliance with Medicare guidelines. Adequate tools and supplies should be available as needed.

Human and Social:

A cohesive team oriented approach, as line with the hospital mission statement, should provide for an effective and efficient staff working environment. Workloads should be evenly divided among staff members. Assigned tasks that are not within the scope of a respiratory or exercise physiology discipline, i.e., making charts, retrieving mail, should be assigned to a secretary or volunteer if possible.

Gap Analysis

	What Is Happening	What Should Be Happening	Gap
Organizational Systems			
Structure:	• Small office/gym space • 25-30 Phase II patients • 75 Maintenance patients • Program staff: o 4 Respiratory therapists, including Program Coordinator o 1 Exercise Physiologist o 1 Nurse (8-10 hr week)	• Larger space to allow for program growth and to provide quality patient care • Full time nurse • Volunteer for secretarial duties	• Lack of sufficient space • Lack of nursing coverage • Lack of personnel for secretarial type duties
Decisions:	• **Formally:** Group input with management approval; AACVPR guidance • **Informally:** Poor communication between staff members regarding need for office time. Staff often "disappear" leaving patient care areas	• Team-centered environment, with values placed on good quality patient care • Individually scheduled office time and ability to flex, requesting addition time if needed	• No gaps • Lack of scheduled time to complete office tasks
Financial:	• Supported by Medicare • Not a direct money making hospital program	• Financially sound department; reduce hospital expenses by reducing patient hospitalizations	• No gaps
Clients/Needs:	• Exercise, education and support program for chronic lung population • Frequent staff conflicts distribution of workloads and adequate time to complete	• Provide quality patient care as related to hospital mission and vision statement • Cohesive supportive staff completing patient documentation efficiently and accurately	• Lack of growth space for enlarging population • Lack of adequate schedule for completion of assigned office tasks

Management: **Techniques Empowerment:**	• Program Coordinator to Department Manager, then up the chain of command through hospital administration • Staff empowered to discuss issues and initiate new projects/opportunities • Recent dissatisfaction with hospital wide performance appraisals resulting in employee dissatisfaction	• Program staff and management working together to provide quality patient care • Staff continues to improve departmental services as they arise and serve patient population according to department and hospital mission • Continue to strive to improve job satisfaction and employee productivity	• No gaps • No gaps • Lack of reported employee satisfaction regarding performance evaluations
Physical and Technical: **Work Environment:** **Tools/Supplies:**	• Newly remodeled, however, small working environment; space small for volume of people it serves • Work schedule since Jan 2006 allows little time for office related activities • Tools and supplies currently available to perform tasks	• Expanded space needed in order to grow program and adequately serve patient population • Sufficient office time for each employee to complete assigned tasks • Adequate tools and supplies available to complete assigned tasks in order to meet program/Medicare requirements	• Lack of sufficient space • Lack of office schedule adopted by all staff • No gaps
Human and Social: **Organizational Culture:**	• Frequent conflict amongst staff regarding coverage of patient areas and need for office time	• Cohesive team oriented approach to improve staff working environment	• Lack of office schedule adopted by all staff to complete assigned tasks

Team Performance:	• Staff members have varying duties, abilities and desires to improve and perform assigned tasks • Workloads vary among staff members	• Evenly divided and supported workloads, with all staff members performing at optimum levels	• Lack of evenly divided and supported workloads among staff members

Possible Causes of Performance Deficits

Lack of Skills/Knowledge	Low Motivation/Incentives	Management/Environment
• Lack of evenly divided and supported workloads among staff members • Lack of personnel for secretarial type duties	• Lack of reported employee satisfaction regarding performance evaluations	• Lack of sufficient space • Lack of nursing coverage • Lack of scheduled time to complete office tasks • Lack of growth space for enlarging population • Lack of adequate schedule for completion of assigned office tasks • Lack of office schedule adopted by all staff

The Gap

Interviews and surveys with key NHRMC stakeholders have identified data as listed in the table above. The differences between "what is" and "what should be" produced performance gaps. Two of the environmental concerns focus on a lack of space, something which will not improve until pulmonary rehabilitation and hospital administration can justify the expense of a move and the location of more physical space. However, a lack of adequate space will limit pulmonary rehabilitation's growth and inhibit the department from being able to fully align itself with the goals of NHRMC, *to provide comprehensive health care services*.

The pulmonary rehabilitation staff is trained in emergencies, skills which are in a continual state of updating. A nurse is available from another service to further serve those needs. However, a full time nurse, especially during Phase II times, would improve the *quality of the service* offered to clients.

A recurring gap was identified regarding the need for sufficient office time to complete individually assigned tasks in the presence of full time patient care needs. The lack of evenly divided and supported workloads among staff members was also identified. The establishment of an office schedule which could be approved by all team members would reduce office tensions and align the department with the *team-centered* goal as support by NHRMC.