

EFFICIENCY GAINS FROM IMPLEMENTING A 40 HOUR WEEK

SOUTHERN DHB – DUNEDIN SITE PERSPECTIVE

Overview

The extra hour per day was implemented by decreasing the lunch break from 1 hour to half an hour and increasing the day by half an hour at the end of the day (finishing at 1700hrs instead of 1630hrs) for work done during business hours.

GENERAL

In the general department the biggest impact was felt by the change in the lunch period. Previously no inpatients were booked between 12 and 1400hrs as there was insufficient staff to cover the service (theatre, mobiles, in and out patients). Consequently any requests forms for inpatients that were received after 10.30 to 1100hrs (which were numerous due to timing of ward rounds etc) would not be actioned until after 1400hrs. Nowadays we can run a full service through the lunch period as staff take their break in half hour slots throughout the 2 hours.

This prevents a build up of work later in the day.

This has improved our inpatient service greatly and allows patients to receive earlier diagnosis, treatment, discharge etc.

By extending the work day by an additional half an hour a day we are booking more outpatients (no waiting list now) and also managing to complete almost all of the ward work. This has a direct impact on our ED service(ED waiting times) as the evening/night staff can concentrate on the ED work instead of waiting for ward patients to be brought down from the wards etc.

ED

We have 2 MRT's rostered to ED .Apart from what I have mentioned above there has been a definite improvement in efficiency over the lunch period for the same reasons as above.

SHIFT/AFTER HOURS WORK

Evening staff increased their working day by an hour by starting shift an hour earlier during the week. Staff working during the day on weekends work an hour later.

There has been a notable improvement in work flow in the 1500hrs to 1700hr time period where previously we were short staffed. Consequently imaging is now done in a more timely manner during this period.

Overall the patients are benefitting from having more staff available.

DSA/CARDIOLOGY

Prior to the 40 hour week DSA closed between 12 and 1400hrs as there are only 2 MRT's rostered there and they are required to cover cardiology in this time period.

Now we can provide a service throughout the lunch period as we can pull extra cover from the general area as well as only taking one hour out of the 2 hour time frame. This allows better use of all staff rostered to this area as previously all other staff were on a half hour lunch and had to wait for the MRT to return.

This is an obvious gain to the service we provide to patients and our colleagues in the hospital.

CT

We have 2 MRT's rostered to CT on a daily basis. Previously the MRT worked alone from 12- 1400hrs with an obvious reduction in through put of patients. The increased patient through has mainly impacted on the acute service as the patients can be down during business hours instead of waiting until the later part of the day.

This has improved our inpatient service greatly and allows patients to receive earlier diagnosis, treatment, discharge etc.

Occasionally we are able to send a third staff member to assist in CT at 1500hrs when evening shift staff arrive.

We have also increased the outpatient bookings to try and keep the waiting lists in check.

MRI

The increase in hours have allowed an additional 2 patients to be scanned each day(one C category and one inpatient) and a third MRT to be rostered there to cover meal breaks.

ULTRASOUND

This was already running on a 40 hour week service.

CONCLUSION

While there will always be statistical evidence to show service improvement it is also important to considered improvement in quality of service.

Our patients/users of the service are benefitting from a more timely service which in turn impacts in many areas of the hospital (ED waiting times, discharges, use of resource during business hours etc).

While the implementation of a 40 hour week had an impact on waiting lists in high tech imaging areas, unfortunately this was a temporary gain as demand is yet again outstripping our ability to provide.

However as a first initiative it has been a great success.