Eastern Health Board

Services for the Physically & Sensory Disabled

Services for the Physically & Sensory Disabled Workshop Report

August 1997

CONTENTS

INTRODUCTION

Background

1.1 On the 5th August 1997, a workshop was held in the Eastern Health Board to identify the operational processes and key information needs of the Services for the Physically and Sensory Disabled. This document summarises the findings of the workshop.

1.2 The workshop was conducted using a presentation handout as the basis for interactive discussions with the participants in order to elicit certain categories of information. The process was facilitated by Ernst & Young supported by EHB Management Services Staff.

1.3 During the process, the following activities were undertaken:

- verification of the Goals & Objectives derived from the service plan and interview session with the senior management team;
- identification of the key constituencies (groups of people) with whom the service interacts and the nature of the interaction;
- the primary services supplied;
- the key operational processes undertaken;
- the key information needs of the service for both operational and management purposes;

In addition the process resulted in the identification of a series of issues which are also documented herein.

GOALS & OBJECTIVES

Introduction

2.1 This section details the goals and objectives for the Services for the Physically and Sensory Disabled. These are broadly those of the service plan and the management interview sessions with additional contributions from the workshop participants. Issues identified during the session are also detailed below.

Candidate Goals & Objectives

2.2 The candidate goals for the services are stated below:

- To provide equitable, high quality, cost-effective training programmes.
- To foster the personal skills of each individual availing of the service.
- To maximise the dignity of the individual.
- To provide the highest standards of quality programmes and quality of instruction.
- To develop continuity between service delivery and the needs of individuals through an effective liaison with community mental health teams and mental handicap teams.
- To sustain and develop community based mental handicap services engaged in prevention, early assessment and diagnosis
- To respond to needs of those availing of the service, family and carers and the staff
- To meet established needs for services by developing existing partnerships with voluntary organisations and reviewing local and regional needs in consultation with voluntary and statutory service providers to provide a basis for prioritising future developments.
- To provide improved opportunities for persons with physical and sensory disabilities to adapt independent lifestyles, in particular in the area of leisure, work and study/relief/respite for the carers.
- To improved lifestyle/recreational/social development facilities for persons with a disability.
- To provide high quality residential care in an appropriate setting for persons with a physical and/or sensory disability when needed and to provide the full range of support settings within that setting.
- To conduct joint reviews and to monitor operations at the Young Chronic Disabled Unit to ensure the optimum use of appropriate levels of care.
- To provide community housing facility for people with a physical and/or sensory disability.
- To improve the quality of life for persons who can be provided with supervised community living as opposed to extended care and improve the quality of life for persons availing of extended care facilities.

2.3 It was recommended that the first goal be restated as follows:

- To provide equitable, high quality, cost-effective *rehabilitation*/training programmes *for the Physically and Sensory Disabled.,*

that the second goal be restated as follows:

- To *maximise* the personal skills of each individual availing of the service.,

that the third goal be restated as follows:

- To *enhance* the dignity of the individual.,

that the forth goal be restated as follows:

- To provide the highest standards of quality programmes.,

that the fifth goal be restated as follows:

- To develop continuity between service delivery and the needs of individuals through an effective liaison with community *services, hospitals and voluntary agencies for the physically and sensory disabled.*,

that the sixth goal be restated as follows:

- To sustain and develop community based *physically and sensory disabled* services engaged in prevention, early assessment, diagnosis, *and treatment.*,

that the seventh goal be restated as follows:

- To respond to needs of those availing of the service, family and carers and the *service delivers.*,

that the tenth goal be restated as follows:

- To *develop and* improved lifestyle/recreational/social development facilities for persons with a disability.,

2.4 The candidate objectives for the services are:

- To reduce the waiting list of persons wishing to participate in Independent Living Programmes by 30.
- To review and monitor the service on a monthly basis to ensure the optimum use of resources providing the appropriate levels of care.
- To provide meaningful employment in supported enterprises for clients who, for health and other reasons, are unable to move into open employment following training.
- To promote market-led employment initiatives with employers in the private and public sector, and with agencies such as area partnerships
- To achieve standardisation of service design, delivery and quality in order to comply with funding regulations of the National Rehabilitation Board and the Department of Health
- To establish agreed funding levels for service providers in the voluntary sector
- To co-ordinate services and service planning, through centralised consultation mechanism.
- To provide through voluntary agencies, treatment services for children with Cerebral Palsy and other physical disabilities at clinics in Sandymount and Bray.
- To provide enhanced services for 45 blind/deaf residents.

2.5 It was recommended that the objective:

- To reduce the waiting list of persons wishing to *avail of services for the physically and sensory disabled.*

be restated as:

- To *eliminate* the waiting *time for* persons wishing to participate in Independent Living Programmes by 30.;

that the objective:

- To review and monitor the service on a monthly basis to ensure the optimum use of resources providing the appropriate levels of care.

be restated as:

- To review and monitor the service on *an annual* basis to ensure the optimum use of resources providing the appropriate levels of care.;

that the objective:

- To achieve standardisation of service design, delivery and quality in order to comply with funding regulations of the National Rehabilitation Board and the Department of Health.

be restated as:

- To achieve standardisation of *physically and sensory* service design, delivery and quality *throughout the areas serviced by the Eastern Health Board.*;

that the objective:

- To establish agreed funding levels for service providers in the voluntary sector.

be restated as:

- To establish *and monitor* agreed funding levels for service providers in the voluntary sector.;

that the objective:

- To co-ordinate services and service planning, through centralised consultation mechanism.

be restated as:

- To co-ordinate services and service planning, through centralised consultation mechanism, *and facilities through information flows to/from service delivers.*;

Additional Goals and Objectives

2.6 The following additional goals were derived for the services:

- To provide support and on-going training to maximise the quality of the service delivers.

- To provide operational day care facilities for the disabled.

2.7 The following additional objectives were derived for the services:

- To establish and maintain centrally a register of all those awaiting residential care facilities, day care facilities or independent housing..
- To provide locally access to a centralised database of information for the physically and sensory disabled..
- To implement an appropriate recruitment process which supports the delivery of quality services.
- To provide resources which enable the delivery of quality services.
- To develop a central register of people with physical and sensory disabilities which can be easily integrated with other Board systems.
- To provide high quality respite care facilities.
- To provide an efficient and effective transport service which supports the delivery of services to the physically and sensory disabled throughout the Board's region.
- To retain and develop staff through appropriate development programmes.
- To conduct performance appraisals.
- To provide services which are accessible to the physically and sensory disabled.
- To establish Service Level Agreements for the voluntary sector.
- To provide agreed funding to enable the provision of agreed services.
- To share expertise between different disciplines.
- To extend the provision of day care facilities.

Issues

2.8 The following issues were identified during this phase of the workshop:

- Requirement for job specifications which clearly define roles and responsibilities;
- Lack/Shortage of information on the number of new people requiring services;
- Need for improved communication across disciplines particularly in respect of general care information and contact information on a client;
- Need to ensure that any systems implemented by Board are compatible ;
- Requirement to develop and record standard indications for clients.
- Lack of administrative support has put more pressure on professional staff re. requirement for data entry which is currently being entered more than once;
- No download facilities available to users in respect of systems currently in place. This limits the usability of the systems.;
- Currently client information is not readily available;
- Difficulty in getting information on service requirements;
- Requirement for a holistic approach to care delivery;
- No centralised approach to the provision of secretarial services;

Constituencies

3.1 The term constituency may be defined as:

"An identifying group which may or may not be aligned along structural or functional lines, used to map the organisation to culture."
e.g. Customer, client, department (internal), voluntary agency, GPs, Pharmacists

3.2 In this context the primary constituencies are the clients of the service. The key constituencies identified are shown below. In these lists the nature of the relationship between the service and the constituency, i.e. as a customer of the service or as a supplier to the service, is shown along with the type of contact between the two - whether at an individual level or at an organisational level.

Clients

Constituency	Relationship	Contact
Client - individuals within the community with physical and sensory disabilities	Customer	Individual/Group
Client relations	Customer	Individual/Group

Internal

Constituency	Relationship	Type of Contact
Hospital Management	Supplier - Policy	Individual/Group
Other Programmes	Customer/Supplier - Referrals & Services	Individual/Group
Public Health Nurses	Customer/Supplier	Group
Dept. of Public Health	Supplier - Information	Individual
Finance	Supplier - Processing Payments	Organisational
Secretariat	Customer - Answering Board Queries and PQs	Individual
Estate Management	Supplier - Purchasing, Leasing & Insuring Premises	Individual
Personnel	Supplier -Recruitment, IR	Individual
Communications	Supplier - Media Contact	Individual
Technical Services	Supplier - Maintenance of facilities	Individual
Management Services	Supplier - Systems & Information	Individual
Medical Board	Customer/Supplier	Individual/Group
Students	Customer/Supplier	Groups
Professional Staff	Supplier	Individual/Group
G. P. Unit	Customer/Supplier	Individual/Group
Environmental Health Officers	Supplier	Individual

Community Care Management	Customer/Supplier	Group

External

Constituency	Relationship	Type of Contact
Dept. of Health	Customer - Developing Plans, Activity Reports Supplier - Funding, Policy	Organisation
Ombudsman	Customer - Appeals	Individual/Organisation
Controller & Auditor General	Customer - Accounts	Individual/Organisation
Voluntary Hospitals	Customer/Supplier - Service Co-ordination/Delivery and Referrals	Individual/Group/ Organisation
Third level colleges	Customer - Information sharing on Supplier - Development of Educational facilities	Individual/Organisation
Suppliers	Supplier	Group
Voluntary Agencies	Supplier - Service Contracts Customer - Funding & Co-ordinating Services	Organisation
Dublin Corporation/ County Councils/Gardai	Customer/Supplier - Emergency planning for major events/disasters	Group/Organisation
Public Representatives	Customer	Individual
Builders/Architects	Customer - Information	Individual/Group
Community/Area Partnerships	Customer	Individual/Group
Unions	Supplier - Case resolution	Individual/Group
G. P's	Customer/Supplier	Individual/Group
Coroner	Supplier	Individual
Health Research Board	Customer - Data Supplier - Analysis	Individual/Organisation

3.3 The interaction with the internal, external and client constituencies is typified by:

- Irregular or unpredictable forms of contact;
- Low levels of structured data transfer;
- High volumes of unstructured data transfer.

Services

4.1 Services may be defined as:

"A function that is provided on request, and that hides its internal implementation from the requester. Services typically represent shared, reusable functions. A service can provide a simple or complex function; its implementation can be technically simple or it can require multiple technologies, clinical skills, and administrative skills. 2. Work performed for an enterprise or organisational unit by some organisation other than itself.."

E.g. X-Ray, Laboratory Services, A & E Services

4.2 The following are the key services identified for the Hospital Care Service.

Service	Produced By	Frequency

Diagnostic Procedures
• Assessment
  • Speech
  • Sight
  • Hearing
  • Occupational Therapy
  • Physiological
	Specialist	On Request

In-patient Services	Specialists	On demand/On request
Out-patient Services	*Specialists*	On demand/On request
Day Services	*Specialists*	*On request*
Therapy Services • Speech • Occupational • Physio. • Social Work • Diversion	Specialists	On request
Nursing & Allied Services	Nurses	On demand/ request
Transport	Ambulance staff and external suppliers	As required
Dietary Service	Specialists	On request
Pastoral	Chaplain	On request
Financial Report & Returns	Clerical/Admin	Weekly

Parliamentary Questions	Admin/Clinical	As required
Returns re Patients	Clinicians/Admin	Regular
Information & Education	Admin/Clinical	Regular
Training	Admin/Clinical	On-going
Service Plans Replies to Queries Activity Reports	Admin/Clinical	Weekly/Monthly/ Annual
Inventory Management	Admin.	Daily
Policies & Protocols	Admin/Clinical	As required
Admin. Support	Admin	Daily
Management Info.	Admin/Public Health/Clinical	Regular
Epidemiological Info.	Admin/Public Health/Clinical	Regular
Clinical Info.	Admin/Public Health/Clinical	Regular
Research		As required
Professional Liaison	Administrative and Clinical staff	As required

Issues

4.3 The primary issues relating to services are:

- *The products & services are generally reactive;*
- Too must time spend by professionals in non-value added activities;
- Services should meet the needs of the clients which need to be clearly identified.

Processes

5.1 In deriving the processes undertaken by the service the following hierarchy of processes was used:

- Mega Process
  - Major Process
    - Process

In some of the Major Processes it was not possible to drive down to process level within the time available.

5.2 The definitions of the respective categories are:

Term: Mega Process: "The highest-level processes identified for an enterprise. Typically the following 6 mega processes are defined for an enterprise: gaining new business; product/service design; operations; after-sales support; support; and executive. Most enterprises have between two and ten of these high-level processes"
e.g. In-patient treatment, Accident & Emergency treatment

Term: Major Process: "A high-level process in the process decomposition of an enterprise; one level below mega process".

Term: Process: "A specific ordering of work activities across time and place, with a beginning, an end, and clearly defined inputs and outputs. A structure for action defining how work is done. Business processes are the structure by which the organisation physically does what is necessary to produce value for its customers.."

5.3 The processes identified for the Hospital Care area are:

Mega Process		Major Processes		Processes	
2.1	***Executive***	2.1.1	Planning		
		2.1.2	Procuring Resources		
		2.1.3	Developing & Approving policy		
		2.1.4	Monitoring implementation of services		
		2.1.5	Co-ordination with other services and agencies		
		2.1.6	Reporting		
		2.1.7	Accounting for performance & service		
2.2	***Administrative Support***	2.2.1	Providing staff information		
		2.2.2	Information Management		
		2.2.3	Finance	2.2.3.1	Budgeting

	Mega Process		Major Processes		Processes
	Administrative Support cont.	2.2.4	Resource Management	2.2.4.1	Recruit, induct and educate staff
				2.2.4.2	Manage Facilities
				2.2.4.3	Inventory Management
				2.2.2.4	Manage staff allocation/rostering
				2.2.4.5	Manage catering service
2.3	***Service Development***	2.3.1	Education/Training		
		2.3.2	Resource & skill provision		
		2.3.3	Service Evaluation		
		2.3.4	Contract Management		
		2.3.5	Performance Management		
2.4	***Service Delivery***	2.4.1	Operating in-patient service	2.4.1.1	Referral
				2.4.1.2	Patient Assessment
				2.4.1.3	Development of Care Plan
				2.4.1.5	Treat Patient
				2.4.1.6	Patient Discharge
		2.4.2	Operate Out-patient service	2.4.3.1	Referral
				2.4.3.2	Information Gathering
				2.4.3.3	Assessment
				2.4.3.4	Treatment
				2.4.3.5	Discharge
				2.4.3.5	Follow-up
		2.4.3	Operate Day Care facilities		

Issues

5.4 The key issues identified in relation to the processes are:

- Processes/procedures are generally undocumented;
- Few processes have associated performance measures;
- Resources are not optimally allocated;
- No structures are in place to support Quality Management
- Duplication of services - Hospital based services and community based services

KEY INFORMATION NEEDS 6

6.1 A key information need refers to a set of information required by the business to execute it's functions. Information needs are broken down into two categories:

- **Term: Executive Information Need**
  "Information required to monitor achievement of objectives or critical success factors, the validity of critical assumptions, or the impact of opportunities and problems."

- **Term: Operational Information Need**
  "A statement of the information required to operate or monitor a process; for example, First Contact by DED, or Time to house an emergency child referral."

6.2 The major information needs identified in the study are grouped in Appendix B relative to the processes they support. For ease of review they are summarised and grouped below into their respective categories:

Type	*Need*
Executive	DED Profiles of Community - Demographics - Socio/Economic
	Outcomes per service provided
	Knowledge of best practices at clinical and operational levels
	Client Satisfaction Rating
	Budget performance
	Epidemiological Information
	Patient treatment statistics - Casemix Information - Discharges - Admissions - Interventions - Tests
	Research data
	Activity Statistics
	Staff Profile/Training
Operational	Budget
	Expenditure - by Patient - by Pay/Non-pay items - by intervention
	Service Information - What is available and where - Contact details.
	Activity data by product by service by centre
	Patient data - Demographics - Diagnostic - Test results - Care plans - Clinical history - Family data

Operational *cont.*	Respite Bed Availability
	Inventory Information (Equipment)
	Diary facility
	Needs data (clinical, social, environmental)
	Research Data
	Maintenance information
	Staff details
	Staff profiles
	Gaps in staff skills against needs
	Staff Leave/Absence records
	Development needs of staff

Issues

6.3 The key issues relating to Information needs are:

- Information systems support for the processes is very low. There are not used to best advantage as the returns from the information entered is minimal;
- Information needs must be met flexibly;
- User autonomy must be considered;
- Integration between any information systems implemented will be key;
- Who holds the budget of appliances;

APPENDICES

APPENDIX	
A	Attendees
B	Detailed Process Forms
C	Opportunities

ATTENDEES

Ms Frances Khouri

Ms Anne Clarke

Ms Eithne Kenny

Ms Barbara Rooney

Process Description Form

PROCESS	Assessment	LEVEL NO.	
Description:			
Section Responsible: Doctors, Ward sister, service providers and specialists.			
Frequency: On referral.		Triggers: Referral.	
Inputs: Tests, test results, patient history, activities of daily living,, cognitive assessment and environmental assessment (where is client living), carer and family profile.			
Outputs: Care plan, update chart.			
Customer:			
Supplier:			

PROCESS	Treatment	LEVEL NO.	
Description:			
Section Responsible: Different disciplines.			
Frequency:		Triggers:	
Inputs: Care plan and treatment itself.			
Outputs:			
Customer:			
Supplier:			

PROCESS	Service Evaluation	LEVEL NO.	
Description:			
Section Responsible: Senior specialists.			
Frequency:		Triggers:	
Inputs: Statistics (computer and manual), production of activity reports, monthly basis form spreadsheets, annual staff and client satisfaction audit.			
Outputs:			
Customer:			
Supplier:			

PROCESS	Planned discharge	LEVEL NO.	
Description:			
Section Responsible: Specialists.			
Frequency:		Triggers:	
Inputs: Prognosis from treatments.			
Outputs:			
Customer:			
Supplier:			

PROCESS	Resource planning	LEVEL NO.	
Description:			
Section Responsible: Senior specialists.			
Frequency:		Triggers:	
Inputs: Annual statistics, staffing, service plans, service required, management services reports, budget.			
Outputs: Service plan, on going ad-hoc activity requirements.			
Customer: Senior management team.			
Supplier:			

- Use of Care Plan for clients.
- Establish links between different disciplines and across programmes.
- Use of appropriate systems to assist with the dissemination of information around the Board.
- Devolved budgeting to lower level within the organisation.
- Use of IT system to improve integration with other service areas.
- Integrated hospital information systems - use of a common Database.
- Use of IT systems to empower local user e.g. user friendly reporting writing facilities.
- Facilities for sourcing information on research, best practice etc. e.g. Internet, MEDLINE and also for contacts with other healthcare service delivers on a world-wide basis
- Better communications with other departments in relation to patient requirements
- Elimination of duplication of work - requirement to record patient details ONCE and provide access to all who require access to such details.
- Integration of all Board systems - currently staff do not have access to complete patient record particular where the patient may be availing of more than more service.
- Identification of key people to contact for information
- Develop information system to measure service quality.
- Use of equipment such as laptops, mobile phones to allow professional to spend more time in the field rather than requiring a return to the office to access information, patient notes, etc.
- Developing support systems for individuals working in isolation.
- Effective staff rostering systems.
- Use of diary facility