

Streamlined administration at Rennie Grove

Results & ROI

- Nursing line telephone call-handling time reduced by 40%
- Reduction of 90% in the time taken to produce daily rotas
- Rota process made 100% error free through introduction of self-checking

The client

Rennie Grove Hospice Care is a charity providing care and support for adults and children in Buckinghamshire and Hertfordshire with life-limiting illness. Since 2011, the charity has been experiencing a period of organic growth, that has led to investment in their IT infrastructure and care services. However the composition of the Clinical Administration Team has not been adjusted to account for the changes and growth in other areas. The team has been left to evolve over time, reacting to problems and resource challenges with like-for-like recruitment or using volunteers to complete tasks.

The challenge

The processes and support provided by the team had not been reviewed for some time, this led to business cases from clinical teams who wanted to hire their own dedicated administration staff. The disadvantage of this is the additional cost that the charity would have to bear, as well as introducing more single-person dependencies in key roles within the organisation.

Ad Esse was asked to review the clinical administration processes and support Rennie Grove Hospice Care to design a function that meets the needs of the clinical teams and reduce dependencies on single individuals or volunteers. The solution would have to be more efficient and therefore release capacity within the team. This would allow the team to do more with the resource available, and free up the team leader from day-to-day administration work.

The approach

The review comprised 6 stages:

1. Develop a SIPOC (Suppliers, Inputs, Process, Outputs, Customers diagram) of clinical administration processes. This revealed that administrative work was being treated as a series of tasks rather than a number of end-to-end processes.
2. Identify any additional administrative support required by the team. This revealed additional tasks within end-to-end processes such as starters and leavers.

3. Complete end-to-end mapping of key processes. Those selected included: creating rotas, starters and leavers, call handling, and the patient administration lifecycle. These five processes accounted for over 70% of the team's time.
4. Validate solutions with all key stakeholders and create an implementation plan.
5. Redesign the SIPOC and capture responsibilities against the processes.
6. Redesign the way the team allocate and complete work, to remove single-person dependencies.

The benefits

The review resulted in a multifunctional administration team that thought in terms of processes instead of tasks. Additional benefits included:

- An improved patient administration lifecycle process, with a paper-free, streamlined process that resulted in a single, full electronic patient record
- Improved information sharing, and a standard approach to managing caller expectations
- Team leader able to step away from administration tasks
- The introduction of the principle of any qualified nurse signing patient discharge letters to reduce waiting time
- Redesigned forms used in the starters/ leavers process to increase right first-time completion.



This has been a fascinating process which has created the opportunity to review thoroughly what we do. We saw clear time saving opportunities very early on and all of our nursing staff were encouraged to contribute which enabled them to see where they could save time also."

Sue Varvel, Director of
Nursing and Clinical Services