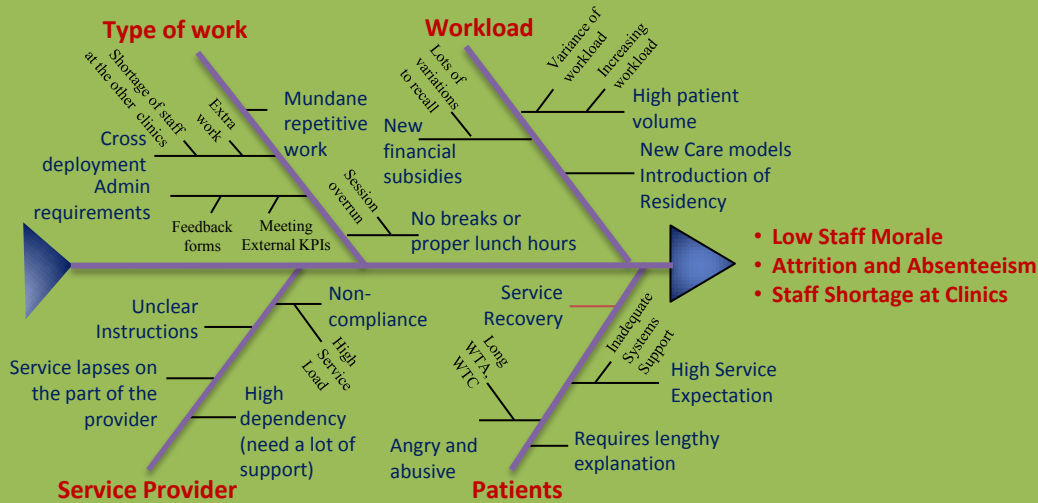


# STAFF PRODUCTIVITY : Balancing the FTE numbers

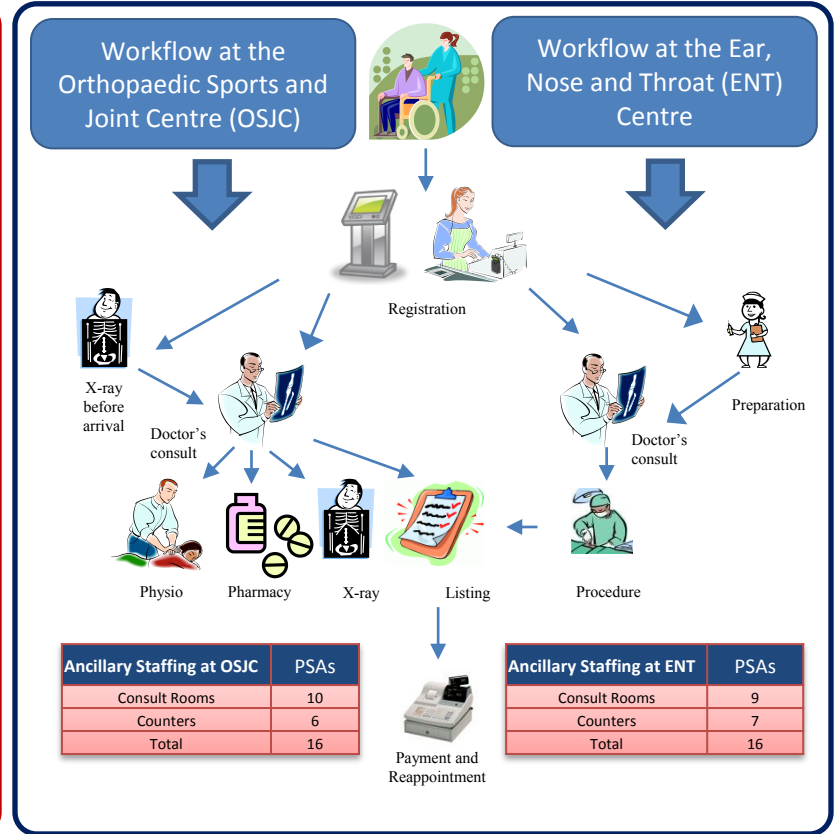


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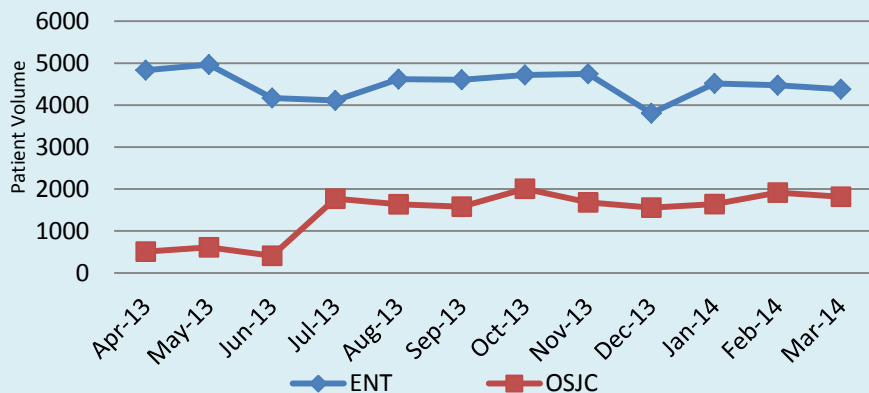
**Challenge : Heavy workload, high absenteeism and poor morale resulting in low productivity and unhappiness among staff at clinic**



**Aim: Achieve better staff productivity balance between two clinics (ENT Centre and Orthopaedic Sports and Joint Centre)**



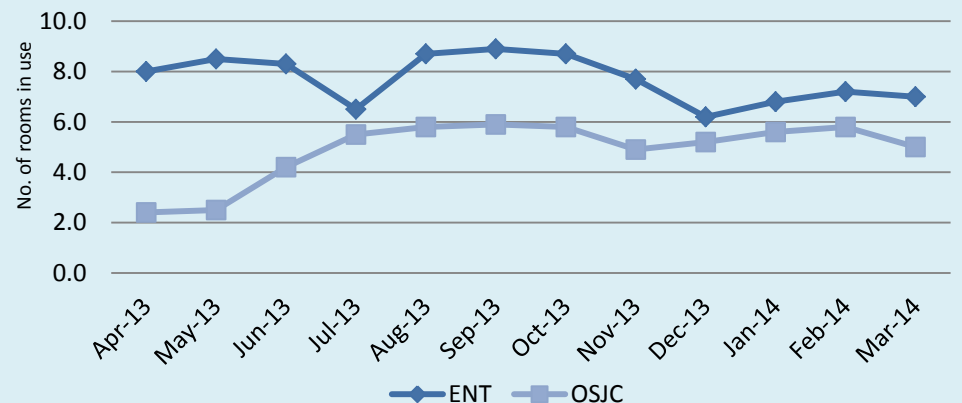
## Workload Comparison



- Average daily patient volume at ENT = 214 (from Apr'13 – Mar'14)
- Average staff productivity per day at ENT counters = 31 patients served
- Average daily patient volume at OSJC\* = 84 (from Oct'13 – Mar'14)
- Average staff productivity per day at OSJC counters = 14 patients served

\*Since it is a new Centre, for OSJC at Camden only the last 6 months worth of available data was considered

## No. of consult rooms used on an avg.



- Average no. of rooms used at ENT = 7.7 (from Apr'13 – Mar'14)
- Average room assistant productivity per day at ENT = 0.85 rooms served
- Average no. of rooms used at OSJC\* = 5.4 (from Oct'13 – Mar'14)
- Average room assistant productivity per day at OSJC = 0.54 rooms served

### Patient Service Associate (PSA) requirements – Counters

- Total counter staff for both ENT and OSJC = 7+6 = 13
- Ideal ratio (ENT:OSJC) based on counter workload = 2.2 : 1
- PSA distribution to balance productivity = 9(ENT) and 4(OSJC)

### Patient Service Associate (PSA) requirements – Consult Rooms

- Total consult room staff for both ENT and OSJC = 9+10 = 19
- Average difference in the no. of consult rooms in use = 2.3
- PSA distribution to balance productivity = 10.5(ENT) and 8.5(OSJC)

## Underlying Assumptions:

- Complexity of counter operations is the same at ENT as it is at OSJC. Although both cater to surgical disciplines and both are one stop centres, OSJC has multiple services (Consultation, Nursing Treatment, Pharmacy, Physiotherapy and DDR), whereas ENT has only two services ( Consultation and Nursing Treatment). Hence, in reality counter operation complexity may not be the same.
- Assistance requirement at the consult rooms are the same. At ENT doctors perform procedures within the consult rooms, hence room assistance requirement is likely to be more.

## Final State, Conclusion and Learning Points

- 3 PSA headcounts (out of a possible 7 PSA headcounts) were transferred from OSJC to ENT. This has resulted in lower absenteeism rates, improved staff satisfaction.
- Productivity per staff is more evened out between the two clinics, thus proving that manpower allocation that is purely based on no. of activity areas is not ideal.