1-1-2016


Mary Rose Carr
Royal College of Surgeons in Ireland

Citation

This Thesis is brought to you for free and open access by the Theses and Dissertations at e-publications@RCSI. It has been accepted for inclusion in Masters theses/dissertations - taught courses by an authorized administrator of e-publications@RCSI. For more information, please contact epubs@rcsi.ie.
Transformation of the Management and Delivery of the Home Help Service

Mary Rose Carr

A Dissertation submitted in part fulfilment of the degree of MSc Healthcare Management, Institute of Leadership, Royal College of Surgeons in Ireland

2016

Student ID: 14112884
Submission Date: 5th May 2016
Word Count: 14502
Facilitator: Ms Mary McCarthy
Table of Contents

Abstract i
Acknowledgements ii

Chapter 1 Introduction

1.1 Introduction 1
1.2 Organisational Context 1
1.3 Rationale 3
1.4 Aims and objectives 5
1.5 Role of the student in the Organisation and Project 6
1.6 Summary and Conclusion 8

Chapter 2 Literature Review

2.1 Introduction 10
2.2 Search strategy 12
2.3 Review of Themes 12
   2.3.1 Continuity of Care 13
   2.3.2 Work Life Balance 16
   2.3.3 Reduction in waste in administration 19
2.4 Implications for the project 23
2.5 Summary and Conclusion 24
Chapter 3  Organisational Development Process

3.1 Introduction  27
3.2 Critical Review of Approaches to OD  27
3.3 Rationale for OD model selected  30
3.4 Organisation Development Model  31
   3.4.1 Initiation  31
   3.4.2 Planning  36
   3.4.3 Implementation  43
   3.4.4 Mainstreaming  43
3.5 Summary and Conclusion  45

Chapter 4  Evaluation

4.1 Introduction  47
4.2 Significance of Healthcare Evaluation  47
4.3 Evaluation  48
   4.3.1 Aims  48
   4.3.2 Methods and Measures  48
   4.3.3 Results  50
   4.3.4 Dissemination Plan  52
4.4 Summary and Conclusion  52
# Chapter 5  Discussions and Conclusions

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Introduction</td>
<td>54</td>
</tr>
<tr>
<td>5.2</td>
<td>Project Impact</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>5.2.1 Stakeholders</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>5.2.2 Practice</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>5.2.3 Theory</td>
<td>56</td>
</tr>
<tr>
<td>5.3</td>
<td>Strengths of the project</td>
<td>57</td>
</tr>
<tr>
<td>5.4</td>
<td>Limitations of the project</td>
<td>57</td>
</tr>
<tr>
<td>5.5</td>
<td>Recommendations</td>
<td>58</td>
</tr>
<tr>
<td>5.6</td>
<td>Summary and Conclusion</td>
<td>59</td>
</tr>
</tbody>
</table>

## References

61

## Appendices

74
Abstract

Each year the total number of people over the age of 65 is now growing by around 20,000 persons. The population over 65 will more than double over the next 30 years with evident implications for health service, and other public services, planning and delivery. With this in mind it is inevitable that there will be an increase in the demand for the Home Help Service to maintain those over sixty five as long as possible in their own homes. There is no best way identified by the Health Service Executive to manage change but there is a recognised need to develop strategies to implement change so that the organisation can meet the demands on the services they provide. This proposal on implementation is intended to streamline and standardise the management and the delivery of the Home Help Service by restructuring the way the service is currently managed and delivered by introducing a seven day patient centric rota system. The main focus of this proposal is to enhance the quality of the care that is delivered by increasing continuity of care and reducing carer burnout by providing staff with a system that allows them more time off. In addition to this, the administration process will be greatly reduced by the introduction of a seven day rota system. This initiative was successfully implemented in a small pilot area. This proposal takes these results into account and proposes that a seven day rota system be introduced to each of the sixty six public health nursing areas in the county as a standard approach to manage and deliver the Home Help Service. The HSE Change Model was selected as the Organisational Development Model for this proposal. The initiation and planning stage took into account the results from the pilot area. The implementation and mainstreaming focused on the use of these results to facilitate the change into all areas of the county.
ACKNOWLEDGEMENTS

I would like to thank all the staff and classmates in the RCSI for assisting in my learning over the last two years.

I would like to thank my facilitator Mary McCarthy for all the guidance and support in completing this dissertation.

I would like to acknowledge and thank my former Line Manager, Colin McCann for the support and guidance in implementing this change project.

I would like to thank my friend and colleague Paula Quinn for her encouragement and support during the duration of this master’s programme.

Finally I would like to thank my family for their support over the last two years. A special thanks to David, Charlie and Beth for their love and support always.
Chapter 1 - Introduction

1.1 Introduction

There is no best way identified by the Health Service Executive to manage change but there is a need to develop strategies to implement change so that the organisation can meet the demands on the services they provide (Klunk, 1997). To effectively manage change a plan for direction and the necessary strategy to achieve this change must be devised to successfully implement the necessary changes in the organisation (Kotter, 2001).

Organisational change generates emotional reactions with respect to both processes and outcomes and can be a major contributor to employee commitment or resistance to change (Smollan 2011). Behavioural change is a critical part of effective health care (Rollnick et al, 2008) and most likely the hardest to implement. Overcoming resistance to change has been recognised as one of the key factors for implementing change successfully (Schein, 1988). According to Burnes (2004) change is an ever present feature of organisational life, both at an operational and strategic level. Since the need for change is not often planned for, change can be reactive more than strategic (Burnes, 2004). Successful implementation of change is a necessity to survive in a continuously changing environment (Luecke, 2003).

1.2 Organisational Context

The Home Help Service is a core community service supporting older people to remain in their own homes, preventing admission to acute services, delaying or preventing admission to continuing residential care and it facilitates early discharge
from the acute sector to the community. In the proposed change project area there are in excess of five hundred home helps and two thousand clients in receipt of Home Help Services.

The National Guidelines for Standard Operation of Home Help Services for Older People (2012) outlines the importance of the Home Help Service. It is described as a service for older people in need of personal care assistance living in the community who are predominantly aged over 65 years where these services are funded by the Health Service Executive (HSE). All providers who are in receipt of public funds for home help services - HSE, voluntary and private providers are required to adhere to these National Guidelines. A key component of Government policy is that the use of community and home based care should be maximised and should support the important role of family and informal carer in order to maintain older people at home for as long as possible.

The National Service Plan 2015 (www.hse.ie/serviceplans) list ongoing Home Care as one of the key priorities with Actions to deliver in 2015. One of the main points in the service plan is to establish a service improvement programme to define and implement a standardised process in the delivery of home help and home care packages. This quality improvement initiative could support this delivery.

ALONE is an independent charity that works with the 1 in 5 older people who are homeless, socially isolated, living in deprivation or in crisis. They launched their Home First Campaign 2015 on the 20th June 2015 raising the question, “Why are we forcing older people out of their homes?” They are very concerned that a third of
those in nursing home care could live at home if they were supported to do so. (ALONE.ie)

1.3 Rationale

Life expectancy in Ireland has increased dramatically in the last few decades in Ireland (Layte, 2009). With financial restrictions on all services, it is essential that the way home care is delivered is restructured so that services can be delivered in a timely and safe manner. Delivering a better service with the same resources requires strategic planning and substantial reorganisation (Layte, 2009). Reorganisation needs to take place with strategic plans in place and in addition the operations of the service must run concurrently with the changes taking place.

Having worked as a Home Help Co-ordinator in the Health Service Executive in excess of ten years in which the complexities and dependency level of the patient that the care is delivered to increased dramatically, the author is now of the opinion that the service needs to be re-structured to ensure that service can be delivered in a safe and timely manner to those in receipt of care. The national recruitment moratorium in the HSE has meant that the HSE has had to employ private providers to provide home help services to patients that the HSE staff could not facilitate. Therefore in addition to the increasing complexities, the use of private providers further complicated the management and delivery of the service with multiple providers providing care to the one client.
The existing structure that is currently in place has developed as a result of a gradual increase in patient complexities over that last number of years. This has meant that home help services have gone from one visit per day Monday to Friday per client mainly household to several visits per day personal care assistant. Most clients are now in receipt of multiple visits per day seven days per week. The structure gradually went from Monday to Friday to include night and weekend rosters to accommodate those clients in receipt of night and weekend visits. In addition to Health Service Executive Home Help delivering services it has been necessary to employ private providers to cover all or partial home help services. Currently over 75% of patients are in receipt of visits at least morning and evening Monday to Sunday. Therefore the need to restructure the department and the way that service is delivered is of paramount importance so that clients can receive a quality service in a safe and timely manner. As the number of staff providing service has increased this has had the effect of increasing the possibility of risk and also reducing the continuity of the care delivered.

The lack of resources has significantly reduced in the department due to the recruitment moratorium while at the same time the demand for the service has increased due to an ever increasing aging population. As previously mentioned this initiative is necessary to ensure that a high quality service is delivered now and in the future. This proposal promotes reverting to one management structure, and for the HSE to directly recruit home support workers and thereby eliminate the use of private providers going forward.
In addition to all of the above, numbers of management, clerical and home help staffs were referred to the HSE Occupational Health services as a result of ongoing work related stress. Subsequently Occupational Health made recommendations that these staff be transferred out of the department on health grounds. Another significant number of staff has formally requested transfers out of the department and a number of staff remains on long term sick leave. The key reasons for all this is that staff is not getting enough time off work to rest due to increased workload and demands on the service. Also the volume of administration work has dramatically increased for management and clerical staff with the use of private providers and increased visits/services per client. With all the increase in workload there has been no increase in staffing level in fact there have been reductions in staff levels which further compounded the workload for the remaining staff.

1.4 Aims and Objectives

It is proposed to devise a patient centric seven day rota system within the Home Help Service for the county which standardises and enhances the quality of the Home Care Service delivered to clients, this will also improve the working conditions for home help staff, management and clerical staff in the Home Help Service by facilitating a healthier work life balance and reducing the administrative burden involved in organising and recording services.

The objectives for such a quality improvement initiative are as follows:

- Meet with key stakeholders such as the General Manager, Service Managers, Home Help Co-ordinators and trade unions to give feedback on the pilot area
and advise of proposal to secure additional resources necessary to facilitate implementation

- Meet with stakeholders per area such Home Help Co-Ordinators, home helps, Public Health Nurse, Occupational therapist and clerical administration to establish feedback on current situation and proposed system and present information / feedback from pilot area

- Map the patients’ care plan onto the rota system taking into account patient needs, geographical area, home help contracted hours, worked hours and skill mix and assign home help staff to rotas

- Arrange meeting with home helps to discuss drafts and make any necessary adjustments and agree implementation date

- Issue documentation about changes to staff and service users and organise any inductions of home helps to patients

- Plan reviews for six week post implementation of seven day rota with staff and service users

1.5 Role of the student in the organisation and this process

After submission of the project proposal the student used the proposal as a solution to a crisis in the department in a pilot area which consisted of twenty five clients and twelve staff. A number of home helps had gone on sick leave and stated the reason for the absence was exhaustion as they had no full days off. The days they were at work consisted of a maximum of four hours per day, but these hours ranged from 8 am to 10 pm over a seven day period. The pilot area was one of sixty six public
health nursing areas in the county. This particular area didn’t allow staff evening or weekends off which is in variance from other regions of the county. However, most home helps currently work Monday to Friday mornings, and some evenings. In addition they work a rota of one in four weekends or alternative weekends. The introduction of the seven day rota system would standardise the way the service is delivered and managed across the county.

The role of the student in the organisation as an experienced Home Help Coordinator recognised the need to restructure the way service is delivered to ensure a high quality service is provided with the focus on clients and staff.

The role of the author in this proposal is to research the literature to support the quality improvement initiative and write up a detailed proposal outlining the strengths and limitations for such an initiative. The author will evaluate the pilot area by ascertaining feedback from staff already working on the seven day rota system, evaluate the staff days off/on and evaluate the new system in terms of reduction in communication and administration waste. The author will also design sample rotas outlining how the proposal will be implemented taking into consideration home help contract hours and worked hours (See Appendix 1).

The seven day rota system will replace the old method of three rotas which are currently in operation (See Appendix 2). The care plan for existing and new rota system will be included (See Appendix 3 and 4). The student will also draft sample letters for staff and clients in supporting this proposal (See Appendix 5 and 6). In addition instruction on further management of this system will be included.
1.6 Summary and conclusion

As this initiative has already been successful in one of the sixty six areas within the county there is no reason to believe that the expansion of this rota system into all areas in the county on a seven day basis would be problematic. The overall outcome of initiating this proposal would be that clients receive a higher standard of care. There would be a lesser number or home helps assigned to individual patients, and more continuity of staff providing service, therefore the patient would have consistency in the care that is delivered. Staff would have better working conditions such as more time off, especially more full days off. Management / administrative staff would have less duplication in the administration process and therefore care would be delivered in a more timely fashion.

The impact on the organisation of initiating this proposal successfully would be to accommodate earlier discharge and free up beds in the community and acute hospitals within a shorter timeframe. This in turn would also accommodate hospital avoidance to a greater level in the community. Furthermore this initiative overall is intended to promote staff health and well being and reduce sick leave absence by reducing burnout of staff

There is a substantial amount of work involved in the short term of implementation of this initiative as there is approximately eighteen hundred clients in receipt of service and five hundred home helps in the county but it is envisaged that in the longer term
the system would be of a higher quality and processes would be more efficient thus
resources to manage the service ongoing would be reduced.

Future Health (2012) states that the organisation recognises that structural reform of
the health service will be the key to addressing the problems with our current health
system. They acknowledge that getting the structures right will be a complex task
and this proposal is intended to strive towards changing structures and processes
giving a detailed description on the literature to support the initiative and how to
evaluate such a change management initiative.

Chapter two will examine the research and evidence underpinning this change
project.
Chapter 2 – Literature Review

2.1 Introduction

The Home Help Service was developed as an alternative to long term care in a residential setting and also to avoid unnecessary hospitalization of the elderly population. The number of older people over sixty five in Ireland is set to double in the next thirty years (CSO, 2010), therefore the demand for Home Help Services to support elderly people living at home will inevitably double. This social change must be accommodated in the strategic plan for the Health Service. This proposal is intended to research the literature to support a change initiative in the home help area as part of strategic planning in delivering and managing home help services. Efficiencies can be achieved by restructuring the service so that patients are at the centre of the initiative and also taking into account the needs of staff so that a higher standard of work-life balance is achieved and carer burnout reduced or eliminated. The literature will also support this proposal in terms of reduction of administration waste so that better use is made of existing resources so that the process of accommodating requests for services is in a more responsive and cost effective manner.

Continuity of care is a core value within Healthcare, and it is valued by patients (Pereira, 2003). Continuity of care has been defined in different ways by many people (Saultz, 2003). Discontinuity is sometimes unavoidable, but it threatens professional identity, patient’s expectations, and information management if it is not adequately addressed (Fletcher, 2005).
Data shows that organizational change, heavy workloads, and lack of organizational support lead to increased job stress and decreased levels of job satisfaction (Denton et al, 2002). The caregiver profession can have a high rate of job burnout (Nurse Aid/ Vip May 2013). Organisations need to find ways to reduce burnout and optimize carers well-being and performance (AACN BOLD VOICES, 2015). Caring for staff is key to helping to create an enriched care environment where staff feels a sense of security, belonging, continuity, purpose and achievement (Nolan et al 2006).

Healthcare is endemic with glaring inefficiencies, high and rapidly rising health care costs, which affects the quality of care delivered and creates health care inequalities (Berwick & Hackbarth, 2012). There is an urgent need to bring health care costs into a sustainable range for patients. Commonly, programs to contain costs use cutbacks, such as reductions in staffing levels and increased costs to patients. A less harmful strategy would reduce waste, not value-added care (Berwick & Hackbarth, 2012).

Research finds that “Lean” is a suitable methodology for improving performance and embedding a continuous improvement culture in the public sector where managers possess the capability to implement the approach and sustain it over time (Walley, 2006). The core idea of lean is to maximize customer value while minimizing waste. Simply, lean means creating more value for customers with fewer resources (www.lean.org/WhatsLean). Lean methodology will be further examined in more detail later in this chapter. Furthermore Health care systems have just begun to utilize lean methods, with reports of improvements just beginning to appear in the
literature (Kim et al, 2006). Management commitment and staff engagement are major factors which influence the likely success of change and outcomes from Lean principles. Lean cannot be sustained in the longer term unless continuous improvement becomes an integral part of an organisation’s cultural norms and a clear link is made between Lean improvements and an organisation’s overall strategy. (Walley, 2006).

2.2 Search Strategy

Hart (1998) proposes that a literature review is fundamental to the success of any academic research in that it ensures the feasibility of researching the chosen topic before the study actually commences. The key words used for this literature review were continuity of care, home help, home care, patients, quality of care, safety of care delivered, carer burnout, work life balance, health and well being of staff, shift work, administration waste, inefficiencies in healthcare, lean organisations and many more. There were in excess of eighty papers and journals read for this review. All articles used are referenced in the References Section of this proposal.

2.3 Key Themes

The key themes that are examined for this proposal are continuity of care, work life balance and reduction of waste. The aim of this proposal is to introduce a seven day patient-centred rota system into the home help service. This in turn will reduce the number of staff providing service to client in receipt of the service as staff will work longer days and have more time off thus enhancing the work life balance for staff. In
addition by introducing this initiative it will significantly reduce the administration processes involved in managing the services provided.

**2.3.1 Continuity of care**

Continuity of care is widely acknowledged as important for patients (Hill, 2014). For patients, continuity of care is experienced as security and confidence rather than seamlessness (Haggerty, 2013). The patient’s perspective is important to assess outcomes fully and this is challenging because generic measures of patient-perceived continuity are lacking (Hill, 2014). Variations in perceived importance seem to depend on both individual and contextual factors which should be taken into account during healthcare provision (Waibel, 2011). For patients, many of the benefits of continuity stem from the relationships they develop with their carer when continuity is preserved (Fletcher, 2005). In addition Fletcher (2005) states that continuity minimizes information transfer, potentially decreasing the likelihood of errors. What is unclear from this literature is the effects of discontinuity of care in the home help service as studies all relate to hospital settings with clinicians at the centre of the studies.

In an ideal system, the service should be able to meet the demand of patients’ needs and should be able to maintain a consistent service without affecting the quality and safety of services at times of high demand (Goddard et al, 2009). Personal, continuous care is linked with patient satisfaction. If patient satisfaction is accepted as an integral part of quality health care, reinforcing personal care
continuity may be one way of increasing this quality (Hjortdahl & Laerum, 1992). If continuity of care increases, the risks of hospitalization and emergency department visits decreases, as do health care costs. In a study carried out in a care system, elderly patients with greater continuity of care with health care providers had lower risks of hospital and emergency department use and therefore lower health care costs (Hong et al, 2010). Worrall & Knight (2011) also concluded that the higher the continuity the less risk there was of hospitalisation of the elderly. Efforts to strengthen a high-quality primary care service through patient centeredness should improve patients’ continuity of care, and perhaps help to deter the occurrence of hospital admissions (Barr, 2008). To date there is a dearth of research studies dealing with continuity of care in the delivery of the home help service. Nevertheless the research literature clearly finds that by increasing continuity of care there is an overall benefit to patients in any care structure (Campbell et al, 2000).

Delayed discharge from acute hospital has been a cause of concern in recent times in the HSE. Older people with complex health needs are particularly vulnerable to delayed discharge with negative consequences for their health and wellbeing (Bryan, 2010) but studies found that continuity with a primary care provider was associated with a lower likelihood of hospitalisation (Nelson, 2014). Continuity of care is most commonly defined as a connected and coherent series of healthcare events (Lanzarone, Matta, Sahin, 2012). Building continuity of care takes work but earns trust (Haggerty, 2012). Out-of-hours services signify a marked departure from many service users’ traditional experiences of continuity of care in terms of medical treatments (Gallagher et al, 2013) but this study did not relate to home help delivery which is also delivered outside of normal working hours such as eight to six. Having
less staff provide care and who attend to the patient needs more regularly supports the experience of continuity between staff and patients (Haggerty, 2013) and this proposal will significantly reduce the numbers of home helps providing service.

Some approaches make reference to the nature of work to staff in the complex, rapidly changing, intrinsically hazardous world of health care (Cook, 1994). It is clear that a major activity of workers is coping with complexity and, in particular, coping with the gaps that complexity generates (Wood, 1998). For example, the loss of coherence in a plan of care that occurs during changes of shift is a kind of gap (Cook, 2000). Gaps are defined as discontinuities in care and it is stated that the exploration of gaps and the ways identified to bridge them is a fruitful means of pursuing robust improvements in patient safety. Haggerty (2013) suggests that knowing what to expect and having contingency plans provides security to those involved. Again all of this research is in a hospital context but could also be applied to a community setting.

The main drawbacks of continuity arise from the consequences of its preservation, specifically demands from carers which lead to exhaustion. For patients, errors may be increased when carers are fatigued (Sawyer, 1999). For carers and patient safety Marcus & Loughlin, (1996), well-being Schuratz et al (1987) and the mood Berkhoff & Rusin (1991) of carers may be jeopardized by excessive tiredness. For the health care system, medico-legal issues for institutions may arise as a result of fatigue-related errors (McNoble, 1990). Although these findings in research are related to
medical staff and fatigue the same effects would be experienced by home help workers as they do not have adequate time off to rest between working hours.

As far back as 1996 the Institution of Medicine in Washington claimed that continuity of care is frequently claimed to be an integral part of delivering primary care yet this frequently is not the case. Studies with different methodological approaches and patient populations have demonstrated a reduction in risk of hospitalization for patients with higher continuity of care scores (Nyweid et al, 2013)

2.4 Work life balance for Staff

Work life balance has become a major public issue. This could be related to work being done at odd hours and work intensification (Roberts, 2007). Pressures from work can reduce energy for other activities and can have a negative impact on staff well-being (Haworth, 2005). Women are responsible for maintaining smooth transitions between home and work (Emslie et al, 2009) and as the Home Help work force is almost one hundred per cent women it is paramount that a work life balance is established so that burnout is kept to a minimum.

There is a need for an analysis of the way hours are worked by home help and how it impacts on their lives (Pressner, 1994). When employees have a healthy work life balance it enhances their well-being and contributes to a healthy and high performing workforce (Steenbergen et al, 2009). Results highlight that modernization policies have given rise to out-of-hours cooperatives and this has had a differential
impact on service users with high dependency levels and their caregivers (Gallagher et al, 2013).

Home help resources have increasingly been concentrated on elderly people with the greatest needs (Meinow et al, 2005) and it has been argued that this concentration, along with organisation changes, has resulted in a more strenuous and stressful work situation (Brulin et al, 2000). In a review carried out on the working conditions of the carers it was found that the nature of the role was related to high level of burnout (Estryn-Behar et al, 2007) but it was stated that organisational support and more controlled working environment was associated with better health among carers (Denton et al, 2012). Purdy et al (2010) found that an improved environment led to better job satisfaction and therefore an improved quality of care was delivered. Divergent findings were reported by Hannon et al (2001) between the relationship of working environments and quality of care.

Shift work refers to a work schedule that is outside of the standard working hours ie 8 am to 6 pm (Grosswald, 2004). The way in which the home helps currently work has gradually developed over the last number of years as the dependency of the clients that service is delivered to has increased with almost all patients receiving service outside the standard working hours. These changes to the way home helps work due to health care restructuring have affected the job stress and job dissatisfaction of home care workers (Denton et al, 2002). Findings in research showed that shift work was a resource in everyday life and was used as strategy to balance work and private life (Agosti et al, 2015). When organisations focus on
interventions on increased control in the work environment the negative effects of shiftwork can diminish (Pisarski, 2014). The need to focus on multiple roles and positivity is highlighted by Wayne et al (2004). Working shifts or part time can create a flexibility that promotes work life balance and has positive consequences (Garey, 1999).

Emotional exhaustion in employees is said to affect job performance (Bakker et al, 2004) and emotional exhaustion is a result of job demands (Demerouti et al, 2001). As far back as 1981, Maslach and Jackson described burnout as a syndrome of emotional exhaustion. Numerous studies have shown links between individual mental well-being and health (Huppert, 2009) and studies have proven that a positive emotional state has a positive impact on employee physical health (Pressman, 2005).

There is evidence that the transitions into and out of care settings are managed poorly and therefore this increases demands on community services (Whitehead et al, 2012) and as government policy is to maintain and care for more people at home it is imperative that carers are supported in their role to avoid burnout. High quality teamwork is vital in healthcare because without it patient safety is at risk says researchers of the Institute of Medicine (IMO).

The concept of the ‘work-life balance’ is a means of tackling the problem of increasing amounts of stress in the work-place (Byrne, 2005). Reviews suggests that
working longer days and having more rest days can improve work-life balance, and that it may do so with a low risk of adverse health or organisational effects (Bambra et al, 2008). The introduction of a seven day rota system would mean that staff would work longer days and have more days off in comparison to working every day with fewer hours. It has already been noted that, from the workers perspective, one of the main perceived advantages of compressed working weeks is the greater number of rest days (Tucker, 2006).

No previous study has given sufficient consideration to the impact of the way home helps work in Ireland or how the way they work could lead to burnout.

2.5 Reduction in waste of administration

Decision makers are increasingly faced with the challenge of reconciling growing demand for health care services with available funds (Palmer & Torgerson, 1999). In an effort to improve operational efficiency, healthcare services around the world have adopted process improvement methodologies from the manufacturing sector, such as Lean Production (Radnor et al, 2012). Economic goals encourage reduction of waste and duplication (Bartle and Leuenberger, 2014). Of all the management decisions a leader faces and the easiest to make and hardest to execute is a commitment to focus on our patients and improve quality by eliminating waste (Kaplan, 2012).
It is imperative within all complex care system to ensure that patients receive the care they need in an efficient manner (Unijen et al, 2012). Better planning of care delivery reduces anxiety for patients with chronic conditions (Green et al, 2015). Better planning also reduces misunderstandings and conflict (Brinkman et al, 2014) and improves quality of care whilst reducing costs by making better use of resources (Marckman et al, 2013). Research has shown that better planning is more cost effective (Gade et al, 2008) and Baker et al (2012) found that better planning of care reduced hospital admissions. With health care costs continuing to rise, a variety of process improvement methodologies have been proposed to address the reported inefficiencies in health care delivery and Lean production is one such method (Kim et al, 2006).

The reporting structure within departments needs to be clearly defined to sustain and standardise any process (Womack J. & Jones 1996). Complaints that are identified that expose problems need to be resolved and the learning used to eliminate these problems at an early stage with the emphasis being on continuous improvement within organisations to reduce ongoing waste (Kollberg et al, 2007).

Waiting times for services could be reduced due to a less administrative process (Van Dyke 2011) as only one roster would need to be adjusted instead of the current practice of three. The reduction in waste in administration processes would mean there would be a more cost effective way of working (Slack 2008). Reducing non-value added activities would play a vital part in the success of this initiative (Burges and Radnor 2013).
Womack, Jones and Roos (1990) publications facilitated the concept of Lean thinking. A significant source of health care costs is associated with operational inefficiencies and health care professionals need to implement change to improve the quality of processes (Henk et al, 2006). Lean thinking is an approach which was originally used to strategically improve processes in industry (De Kong et al, 2006) but is now widely used in administration and service areas (Snee & Hoerl, 2004). Romero et al, 2015 found that lean concepts have been applied in a wide range of industrial areas to identify and eliminate the waste in every stage of different processes and also found this improves efficiency and lowers costs. Minimizing waste is the base on which Lean concepts are built. Lean seeks to eliminate activities or processes that consume resources, add cost or require unproductive time without creating value (Romero et al, 2015). Rowbottom et al, 2015 also concluded that project planning using lean principles avoids significant HSE risk and rework.

Lean offers standard common solutions to common complex organisational problems (Henk et al, 2006). Other approaches also exist that support process improvements (Bisgaard & Freiesleben, 2004) such as six sigma with the main focus on cost reduction but they also aim to improve quality and more generally involve systematic process innovation (Bisgaard & De Mast, 2005) using project management which is defined as a chronic problem scheduled for solution (Juran, 1989). Bendell, 2006 suggests that companies pursuing six sigma and lean implementation programmes need to carefully examine how the proposed initiatives
relate to each other and other initiatives before fully committing, or at least to review the programme, to enable sensible programme design and management. Evidently, a number of factors are needed for the success of lean processes, not only is it necessary to implement new processes but an organisation’s culture needs transforming too (Bhasin, 2006). A supporting cultural considerations need to be in place as there does not exist a unique recipe which does guarantee lean success (Bhasin, 2012). Lean has a major strategic significance, though its implementation procedure, staffing implications, general approach to the organisation change with the overall universal conviction of viewing lean as a set of tactics rather than embracing it as a philosophy advocates that this contributes to the relatively low number of successful lean initiatives (Bhasin, 2006). In contrast to the private sector, Lean in healthcare was not seen as a quick fix solution, it takes time for results to yield steadily over a long implementation time span (Walley, 2006).

Downsizing has been associated with the move towards lean working in organisations and has a negative consequences for employees but some studies concludes that downsizing is rarely lean since it usually takes the form of quantitative changes in employment rather than qualitative changes in the process of managing (Kinnie, 1998). Evidence also suggests that downsizing usually has an adverse effect on both employees who leave and those who remain with the organisation (Kinnie, 1998). Results revealed that larger organisations viewing lean as an ideology performed better although considerable investment is required for organisations to be deemed to be embracing lean as an ideology; nonetheless, this does result in the respective organisation benefiting from greater levels of efficiency
(Bhasin, 2012) but the lean benefits are not always obvious since the connection between financial and non-financial measures is fragile (Bhasin, 2012).

2.4 Implications of the project

On full implementation of this proposal the home help service should be able to meet the demand of the clients and the service should be able to maintain a consistent service (Goddard et al, 2009) by providing continuity of care on a regular basis.

As outlined in the rationale for selecting this proposal the stress levels in the home help department has increased in recent years due to excessive demands placed on all staff. More times off with a more compressed way of working hours is a means of tackling the problem of increasing amounts of stress in the work-place (Byrne, 2005).

It can be seen that the practice of lean is a continuously evolving process in which new experimentation and the development of new solutions to improve the process flow leads to a new current state that in turn will develop into the new future state (Kim et al, 2006). Once this proposal is fully implemented it can then be used to further develop the service in terms of auditing, reviews and payment of wages.
2.5 Summary and Conclusion

The focus of the 21st-century healthcare system must be the patient. Such a system will ensure that patients have access to the safest and highest-quality care. Patients must be the first priority and the focus of any transformed system (Berwick & Hackbarth, 2012). Policy makers need to develop and try actively to improve the continuity of care in elderly patients (Hong et al, 2010). For the healthcare system, the benefits of continuity of care may include less staff confusion about patient assignment to care providers Buff & Shabti (1995) and enhanced patient satisfaction (Griffith et al, 1997). Better continuity of care is associated with fewer avoidable hospitalizations and fewer hospital admissions for any condition in a health care system therefore improvement of continuity of care is an appropriate path to follow in a universal coverage health care system (Cheng et al, 2010). The more patients a carer has to provide with a service, the potential for gaps in the continuity of care is increased, because their attention is divided (Cook, 2000).

In order for managers to make the most effective use of staff time and minimize risks to employees they need to take into account the effect of shift patterns on individuals and how shift work can best meet the needs of the organization (Nolan et al, 2006). A workforce that has a healthy work life balance is proven to have a higher performance in the work environment (Steenbergen et al, 2009). Managers must continually develop and support staff to ensure that they have a healthy workforce (Whitehead, 2006). It is of great importance that workplaces have strategies in place for work-life balance like offering alternative ways of working (Silverstein, 2008). Sullivan (2014) notes that it is important that successful implementation of work life
balance involves changing the culture and mind set of those involve. Having a meaningful job and a supportive work climate contributes to energy, positivity and meaningfulness in life. By identifying work related resources, the employee’s positive experiences at work and the ability to benefit from positive work related situations may increase (Nilsson et al, 2012).

It was noted by Henk et al (2006) that if healthcare leaders do not address the issue of rising costs associated with administration processes there will be consequences for the quality of services. He also noted that inefficient healthcare costs more and that continuous and relentless pursuits of innovations in service delivery are necessary. The potential savings achievable from a fractional reduction in waste are far higher than from more direct and blunter cuts in care (Berwick & Hackbarth, 2012). Economists argue that the achievement of greater efficiency from scarce resources should be a major criterion for priority setting (Palmer & Torgenson, 1999). Lean can be applied to the healthcare and its use in this area generates a number of positive outcomes which include improvements in service delivery times, quality, less waste and embeds a culture of continuous improvement (Walley, 2006). Lean success does not come from targeting opportunities in a haphazard manner whilst using only a few of the lean tools (Bhasin, 2012). Often absent from lean implementations are the organisational development aspects that act as a mechanism to the change initiative together (Bhasin, 2012). Lean production is a novel approach to delivering high-quality and efficient care to patients, and it is believed that the healthcare sector can anticipate the same high level of success that the manufacturing and service industries have achieved using this approach (Kim et al, 2006).
In researching the literature it was evident that, to date, there is an absence of research into the way the home help service is currently delivered in Ireland. Moreover there appears to be no other grade of staff with this work pattern. The reason for this is may be because of the way the Home Help service is delivered. Rather than developing strategically, it has developed over the last ten years as a reaction to the ever increasing demands and complexities of the patients to whom the service is delivered. It is apparent that more research into this area in the community context is necessary. In addition the need for change is self-evident.
Chapter 3 – Organisational Development Process

3.1 Introduction

The business dictionary describes Organisational Development (OD) as a theory and practice of planned, systematic change in the attitudes, beliefs, and values of the employees through creation and reinforcement of long-term training programs. OD is action oriented. It starts with a careful organisation-wide analysis of the current situation and of the future requirements, and employs techniques of behavioural sciences such as behaviour modelling, sensitivity training, and transactional analysis. The objective of OD is to enable the organisation to better adapt to the fast-changing external environment of new markets, regulations, and technologies. According to Burnes (2004), change is an ever present feature for organisations both at operational and strategic level. This chapter will outline a proposal for an Organisation Development process within the Home Help Service in the Health Service Executive to enable a more efficient and effective means of managing and delivering service than is currently in place.

3.2 Critical Review of Approaches to Organisational Development

Kotter Change Model

Kotter (2001) identifies the most common mistakes leaders make in attempting to create change and offers an eight-step process to overcome the obstacles and carry out the organisation change process. It establishes a sense of urgency, creates the guiding coalition, develops a vision and strategy, communicates the change vision,
empowers others to act, creates short-term wins, consolidates gains and produces even more change for the future. While useful in certain circumstances, this change model is not selected as the author feels that it doesn't take into account the changes that has occurred in change management areas.

**Senior and Swailes (2010)**

The Senior and Swailes change model successfully explores change and how it relates to the complexities of organizational life and puts an emphasis on applying the theory into practice. This model reflects a rapidly changing world and considers how change has changed. The Senior and Swailes model considers the causes and nature of change; it expands on issues of structuring for change, the cultural and political contexts for change and how to lead change. In addition it addresses the more practical considerations of designing, planning and implementing change. Although this model was not selected for this proposal it is acknowledged that it is very similar to the HSE change model and would be very valuable to use in implementing change within organisations.

**Lewin’s Change Model**

The work of Kurt Lewin dominated the theory and practice of change management for over 40 years. However, in the past 20 years, Lewin's approach to change, particularly the 3-Step model, has attracted major criticisms. The key critique is that his work assumed organisations operate in a stable state and is only suitable for small-scale change projects. It has also been cited as ignoring organisational power
and politics and described as overly top-down and management-driven. The author believes that organisational politics with the Health Service Executive is a major problem. Also the health system is in another period of major change and re-structuring. Therefore finds that this model could be deemed unsuitable for this change initiative.

**HSE Change Model**

The HSE Change Management Resources have been developed to support all staff working in the Health Services to gain the knowledge, skills and confidence to approach change in a way that improves the prospect of a good outcome for patients, service users, staff and communities. The HSE Change Model (See figure 1 below) is based on experience of what works in practice and place a particular emphasis on the importance of engaging people in the process of change. The HSE Change Model is the approach agreed by the HSE Management Team and by the Joint Information & Consultation Forum. This approach to change sets out how to improve services as is stipulated in the Public Sector (Croke Park) Agreement 2010 – 2014 (Health Sectoral Agreement, 2.12) and its successor, the Public Sector Stability (Haddington Road) Agreement 2013 – 2016. The author has decided to select this model as the literature research on this model is up to date. In addition, because this model is being developed and implemented within the HSE and agreed by HSE Management the author is of the opinion that it will be the best model to use.
3.3 **Rationale for OD Model Selected**

There are numerous change models to choose from nowadays. In this chapter the author has examined HSE Change Model, the Kotter model, Senior & Swailes (2010), and the Lewin’s change model. When choosing a change model to initiate change Burke (1994) claims that the criteria for selection should include that it is easy to understand and feasible to work with, it should fit the organisation as closely as possible and it should be sufficiently comprehensive to facilitate the collection of data without omitting important bits of information.

Rather than formulating a model to suit all circumstances it is preferable to accept the fact that there is a degree of chaos during the change process and that leaders
should concentrate on identities and relationship in the organisations that will help them to cope with chaotic change (Karp & Helgo, 2009). As stated above the HSE change model (HSE, 2008) has been selected for this proposal as it most closely fits the organisation.

3.4 Organisation Development Model

The HSE change model has four main steps which include initiation, planning, mainstreaming and implementation. Initiation involves preparing to lead the change. Planning is divided into three categories i.e. building commitment, determining the detail of change and developing the implementation plan. The third step is implementation of the change and the final step is mainstreaming which consists of making the change the new way of working and evaluating and learning from experiences.

3.4.1 Initiation

Preparing to lead the change

Resistance to change has long been recognised as a critical and vital factor that can influence the success or otherwise of an organisational development process. Resistance is often viewed by leaders as an enemy of change, the force which must be overcome if a change effort is to be successful (Schein, 1988). Leadership is a process of identifying a goal, motivating other people to act and provide support and motivation to achieve mutually negotiated goals (Porter-O’Grady 2003).
Leading a change such as this proposal will require the leader to engage in different leadership styles to fully implement all the changes. This is necessary in order to build the necessary commitment as there are a number of different professionals involved in this change process. When dealing with over five hundred home help staff, two thousand clients, sixty six public health nurses, forty occupational therapists, three senior service managers, six home help co-ordinators and six clerical administration staff, a situational style of leadership will be necessary. The sheer numbers of people involved in the change will ultimately mean that there will unmistakably be situations that will arise that cannot be planned for and the leader will need to take control of these situations for those involved (Hersey et al, 1996). Hersey and Kenneth (1972) describe situational leadership as effectiveness resulting from a behavioural style that is appropriate to the demands of the environment and secondly on the learning to diagnose that environment.

In order to effectively empower staff and to manage variances, the leader requires elements of transformational leadership as the leader must possess qualities and competencies in the management of self (Murphy, 2005). Bass (1990) described transformational leadership as occurring when leaders broaden and elevate the interest of employees by generating awareness of the group’s mission and encouraging employees to focus on the good of the group as opposed to their own self gain. The Home Helps working on the seven day rota could advise other Home Helps of the benefits to all concerned. Also this type of style will be particularly prevalent when dealing with health care professional such as public health nurses and occupational therapist. By supporting this initiative it will ultimately lead to a
higher quality and safer service that they too work in and as number of staff will have reduced per client it will mean less input in the longer term from Occupational Therapist and Public Health Nurses as fewer staff to train when introducing new equipment to enhance the safe delivery of services.

Ethical leadership although advocated in the literature may not be the priority of organisations in difficult economic times. However Stoute et al (2013) believe that recent ethical failures leading to mistrust in organisations highlight the need for ethical leadership. Advantages of ethical leadership in the literature have suggested that it reduces employee deviant behaviour and promotes positive and engaging behaviours (Walumbwa and Schaubroek, 2009). When implementing a major structural change in any department it is important to gain the trust of those involved. Elements of ethical leadership will need to be incorporated when dealing with all staff and patients involved in this transition by allowing staff already working in the seven day rota system to be involved as they will gain the trust of their colleagues.

The SWOT analysis below outlines the strengths, weaknesses, opportunities and threats associated with implementing the proposed change initiative in the home help services

**SWOT Analysis**

The strengths of this proposal are that it is aligned to the National Positive Ageing Strategy and the Health Services People Strategy (2015-2018). The National
Positive Ageing Strategy stipulates that the strategy development is a holistic and integrated strategy that address a very wide spectrum of issue necessary to ensure that the experience of ageing in Ireland is a positive one and the Health Services People Strategy (2015-2018) outlines the need to introduce work force planning in the organisation to ensure compatibility between service planning, workforce planning and workforce resourcing.

The weakness of the proposal is that it is because of the number of staff and number of clients in receipt of service there will inevitably be enormous resistance to change. As there is a substantial amount of work involved in this proposal for home help co-ordinators and administration staff there could also be resistance in relation to short term workload.

The opportunities of the proposal are that give the department the opportunity to not only address one issue but several other issues at the same time.

The threat of this proposal is that Senior Management may not fully support this proposal as additional resources will be necessary in management and clerical administration for a period of time and there may be no additional resources available.
The following PESTLE analysis was used to consider is the change initiative aligned with HSE policies, aims and objectives

PESTLE Analysis

**Political** – The Government committed to completing and implementing the National Positive Ageing Strategy so that older people are recognized, supported and enabled to live independent full lives. This Strategy, which was published in April 2013, is a new departure in policy making for older people given its focus on the broader determinants of health.

**Economic** – The National Service Plan 2015 as required under legislation, sets out the type and volume of service which will be provided across the health service within the funding allocated by Government and taking into consideration quality improvement.

**Social** - According to Health in Ireland, Key Trends 2013 - while there is currently minimal growth in the overall population, the numbers as well as the proportion of the population in the older age groups is increasing rapidly. Life expectancy in Ireland has increased by almost three years since 2003 and at 78.7 for males and 83.2 for females is now above the average for the EU (75.7 male, 82.1 female).
**Technological** – Each year the total number of people over the age of 65 is now growing by around 20,000 persons. The population over 65 will more than double over the next 30 years with evident implications for health service, and other public services, planning and delivery.

**Legal** – Future Health – A strategic Framework for Reform of the Health Service 2012 -2015: sets out a commitment for the Department of Health and the HSE to work together to implement an approach to workforce planning and development within it objectives to create supportive and healthy workplaces

**Environmental** – The National Positive Ageing Strategy is the blueprint for age related policy and service delivery in Ireland, outlining a vision for positive ageing and older people, the national goals and objectives required to achieve this vision and a suite of priority areas for action that are based on the broader determinants of health. Therefore, a whole of Government and whole of society approach will be required to implement the National Positive Ageing Strategy.

**3.4.2 Planning**

The three steps in the HSE Change Model for planning change is building commitment, determining the detail of change and developing the implementation plan. These three steps are explained in depth in this section
Building commitment

The author is using the following stakeholder analysis to identify the key stakeholders where commitment will need to gained

<table>
<thead>
<tr>
<th>High Importance / Low Influence</th>
<th>High Importance / High Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIQA Standards</td>
<td>Home Helps already on seven day rota systems (approximately 12 staff)</td>
</tr>
<tr>
<td>Positive Ageing Strategy</td>
<td>All other Home Helps</td>
</tr>
<tr>
<td>People Strategy 2015-2018</td>
<td>Clients or next of kin</td>
</tr>
<tr>
<td>National Service Plan</td>
<td>Public Health Nurses</td>
</tr>
<tr>
<td>Health and Well Being Strategy</td>
<td>Occupational Therapists</td>
</tr>
<tr>
<td>Future Health – A strategic Framework for reform in the Health Service 2012 - 2015</td>
<td>General Manager</td>
</tr>
<tr>
<td></td>
<td>Service Managers for Home Care, PHN Service and OT Service</td>
</tr>
<tr>
<td></td>
<td>Clerical Administration staff</td>
</tr>
<tr>
<td></td>
<td>Home Help Co-Ordinators</td>
</tr>
<tr>
<td></td>
<td>Trade Unions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Importance / Low Influence</th>
<th>Low Importance / High Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private providers of Home Care</td>
<td>Other Home Care staff</td>
</tr>
<tr>
<td></td>
<td>Media</td>
</tr>
<tr>
<td></td>
<td>General Public</td>
</tr>
<tr>
<td></td>
<td>Local Politicians</td>
</tr>
</tbody>
</table>
The literature review carried out for this proposal supports this change initiative and this information would be used to influence all those involved. Pereira (2003) confirms that continuity of care is a core value within health care, and it is valued by patients. Worrall & Knight (2011) also concluded that the higher the continuity the less risk there was of hospitalisation of the elderly. By increasing the continuity of care by potentially reducing the numbers of staff from twelve to two this would impact on the level of training and support the Public Health Nurses and Occupational Therapist would have to give to staff. Through reducing staff number the organisation would also be reducing the processes involved (Womack and Jones, 1996) by engaging with the principles of lean so that the organisation can add value, continuously improve and reduce waste (Radnor et al, 2012). By reducing administration work for clerical staff it would improve the working environment and lead to better job satisfaction thus an improved quality of care that would be delivered (Purdy et al, 2010). The Home Helps would work longer days but have more days off thus employees would have a healthy work life balance which in turn would enhances their well-being and contribute to a healthy and high performing workforce (Steenbergen et al, 2009).

As feedback has been shown to be a recommended tool to collate data and measure the quality of care delivered (Wolf et al., 2012), the author carried out a phone survey on the 22nd February 2016 to the twelve staff who now work on the seven day rota system which has been in operation since September 2015 and the comments are listed below.
### Home Help | Feedback
---|---
Home Help 1 | My daughter said she finally has her mother back at home
Home Help 2 | I think I will finally be able to give up smoking as I am not stressed all the time
Home Help 3 | No way would I want to go back to the way we used to work
Home Help 4 | We are absolutely delighted with this new way of working
Home Help 5 | I thought I wouldn’t know what to do with time off as it is that long since I had a few days off – it great to be able to plan to meet friends again
Home Help 6 | I only every worked fifteen hours per week but I was out working every day now I only work two days per week – I love having time off to spend with my grandchildren
Home Help 7 | It is so much easier to complete timesheets and get other home helps to cover when I need a day off
Home Help 8 | I don’t know how I could ever go back to the old way of working
Home Help 9 | I love the new way of working, the patients are delighted too that it is only me and another home help providing service
Home Help 10 | I know I was resistant to the change but I am really delighted with it now
Home Help 11 | All the other home helps in other areas would love to have this new system
Home Help 12 | I feel so much better now that I have days off and can plan my time off

This group of staff could be incorporated into meetings to give feedback when engaging with other home helps. It is of great importance that workplaces have strategies in place to increase the well-being of the workforce (Silverstein, 2008). It is important that these strategies take into account that successful implementation of any organisation development process involves staff engagement so that the culture
is changed. The input from these staff would gain commitment from other home helps and encourage a change in the cultural norm.

The author also conducted a phone survey with the Public Health Nurse and Occupational Therapist in this pilot area. The feedback was also very positive and no negative feedback was received. The Public health Nurse said that communication with workers in relation to patient updates had greatly reduced and in her opinion the staff and patients were delighted with the change. The Occupational Therapist also noted that when introducing equipment for care delivery and providing training in this area it was much more effective than in other areas where the number of staff needing training was greatly reduced and decreased her workload.

This feedback from employees already working on the seven day rota system will ultimately assist in gaining commitment from all involved in the change.

**Determining the detail of the change**

As already stated earlier this proposal has already been implemented on a small scale in the department in one of the sixty six public health nursing areas which is significant in determining the detail for change. This area consisted of twenty five clients and twelve home helps. On average each area would equate to these numbers but the big towns in the county are proportionally higher. In the pilot area five new rosters were devised. One of these rosters required two home helps to provide service as all the clients required the assistant of two home helps to carry
out the allocated duties. These two home helps would work together in providing
service on an ongoing basis (four home helps to allow off duty). The other four
rosters required only one home help to carry out the requested tasks (eight home
helps to allow off duty). Workers were assigned to the rosters in accordance with
their skills mix, contracted hours and worked hours. It was only necessary to
introduce one home help to two clients as the rest had already met with clients
previously. The Occupational Therapist and Public Health Nurse provided training to
only this one home help to support the transition. There were three meetings with
home helps prior to implementation which lasted approximately one hour each. Prior
to these meetings draft rota

The second meeting consisted of verifying changes and agreeing the planned date
for implementation. At the final meeting the new rosters and care plans for each
client were distributed for final confirmation and reassurance. Home helps were
advised of the literature that was sent to clients that day by the clerical administration
staff. In addition the public health nurse and the occupational therapist were issued
these new rotas for their information. This work took a home help co-ordinator and a
clerical officer twenty eight hours each to complete this process. In addition home
helps were paid three hours to attend meetings.
Developing the implementation plan

1) Organise a meeting with key stakeholders ie General Manager, Service Managers, Home Help Co-ordinators and trade unions to give feedback on the pilot area and advise of proposal to gain commitment and additional resources in the management and clerical staff.

2) When commitment from the meeting above has been agreed the Home Help Co-Ordinator supported by Senior Management will arrange meetings with stakeholders per area i.e patients, staff, Public Health Nurse, Occupational therapist and clerical administration to establish feedback on current situation and proposed system and present information / feedback from pilot area.

3) The Home Help Co-Ordinator and the clerical staff supported with additional resources will devise draft rotas for the area taking into account patient needs, geographical area, home help contracted hours, worked hours and skill mix.

4) Assign home helps to rotas.

5) Meetings should then be arranged with home helps to discuss drafts and make any necessary adjustments and agree implementation date.

6) On final agreement with the stakeholders clerical staff will issue documentation about changes to staff and service users.

7) The home help co-ordinator will induct home helps to patients and arrange training with Public Health Nurse / Occupational Therapist if necessary.

8) Commence new rota system for six weeks pilot period.

9) Plan reviews with staff and service users after six week period to gain feedback through meetings and phone call reviews.
3.4.3 Implementation

The plan outlined above should be done in an area by area basis as re-organisation of one area may have a direct knock on effect on the next area. The implementation of this plan would need to be closely supported by the Service Manager or equivalent to support the Home Help Co-ordinator in the areas. Additional clerical administration in each home help office to manage the paper work and communication for an initial period of time would also be necessary. It is envisaged that this surge of work would in turn reduce work load in administration therefore resources could then be used for further service development and quality improvement initiatives.

3.4.4 Mainstreaming

Mainstreaming is used to focus attention on successful change initiatives and to sustain new ways of working (HSE, 2008). This initiative when standardised across the county could be managed mainly at local level but could be supported from a central function. On successful implementation of this proposal many more initiatives could be implemented eg enable systematic reviews, travel auditing and potentially could be used to pay the salaries to home helps which is currently another labour intensive four weekly administration process in the department.
Making it the way we do business

When the proposal would be implemented successfully, only one rota would need to be reviewed to ascertain if there was availability to in the area where the need is identified. If there was a slot available due to changes in the area i.e a client is no longer availing of the service allocated for one reason or another then the client in need could be slotted into this space and service would be provided in a timely manner. If there was no available slots then rotas from the nearest area could be examined and if available allocate this slot to the client making note to change them to the first area of choice when a slot becomes available. If there were no spaces on any rotas then the client’s approval could go on a waiting list and the home help office would contact the assessor when available to set up services.

In addition when staff would go on planned or unplanned leave the staff that is off duty could be contacted to cover in these emergency situations. When the proposal would be implemented it would mean that fifty per cent of the workforce would be on duty and fifty per cent would be off duty. If there was no staff available in the area where the emergency arose then staff from surrounding areas could cover full days as they would be getting enough hours in this area to justified any additional travel costs that may be incurred. Currently when a staff member reports unplanned leave each client has to be allocated to the vacant slots of possibly ten to twelve home helps for the duration of the absence. This can be problematic if the home help is off for any extended period of time as the home helps covering cannot take on any new patients. In the new system if home helps were off long term then a home help could be recruited to cover for the duration of the leave.
When all the clients and staff from the Health Service Executive have been reorganised, the HSE could look at all the cases with private providers and ascertain if they would fit into any of the new rotas or if new rotas could be set up and employ home helps to cover these services. This would further reduce the administration process of employing private providers and it would mean that care was only delivered by one provider instead of multiple providers.

**Evaluating and Learning**

Having evaluated the pilot area which will be discussed in depth in chapter four the learning would be that if resources had of been put into restructuring the service at an earlier time then strategies could have been put in place ongoing to avoid the discontinuities of care to the extent it has reached. Extra resources in clerical administration, management and home helps may also have avoided unnecessary staff burnout in the department.

### 3.5 Summary and Conclusion

At the heart of the ability to learn is the culture and leadership within an organisation that actively seeks out ways to continually improve the quality and safety of services for its population. This process should be conducted in an open and transparent way with clear accountability and responsibility arrangements to do so (HIQA, 2013). Porter- O’Grady (2003) defines leadership as a process of identifying a goal,
motivating other people to act and provide support and motivation to achieve mutually negotiated goals but it is a complex task comprising of many definitions and qualities Grimm (2010). Beer et al (1996) claimed that change programmes are often highly developed, visible, expensive processes that often do not result in successful change. This proposal is very transparent and incorporates the views of all stakeholders at every stage of the process. Moreover if implemented it has clearly defined benefits for patients and staff. Therefore the transition from the current state to the proposed state should be accomplished
Chapter 4 - Evaluation

4.1 Introduction

Healthcare evaluation relies heavily on measuring health outcomes but healthcare evaluation should also take into account the perceived value of non-health outcomes (McAllister et al, 2012). Evaluation has been defined as a comparison between different systems and processes in terms of cost, efficiencies and effectiveness (Drummond et al, 2005). This proposal will outline an evaluation on the reduction of staff numbers ratio per client in the pilot area and also the potential reduction in other areas and evaluate the rest days of staff in the current system and the proposed system. It will also evaluate administration process reduction in paper and communication process. This evaluation chapter will also outline methods of evaluation going forward with the proposal for staff and client.

4.2 Significance of Healthcare Evaluation

Green and South (2006) refer to evaluation as means of determining the value of any initiatives in relation to acceptable standards in healthcare. Without evaluation there is no way to gauge if an initiative has been successful or not. In the context of healthcare service, the Home Help Service can be evaluated (Ovretviet, 2002). Evaluations should focus on efficiency, effectiveness, economy and equity (Lazenbatt, 2002). An evaluation is carried out to establish whether or not a change initiative has worked, improve health programme implementation, provide accountability, increase support for sustaining or expanding an intervention,
contribute to the scientific base for interventions and impact policy decisions (Green & South, 2006).

4.3 Evaluation

4.3.1 Aims

The aim of the evaluations will be to demonstrate that the pilot area initiative has reduced staff numbers and increased continuity of care. Another aim is to show that it will continue to do so by implementing the seven day rota system into all areas thus improving continuity of care which is one way of increasing quality of services delivered (Hjortdahl & Laerum, 1992). The evaluation will also compare from the pilot area the days off for staff in old system in comparison to seven day rota system. By mapping out new draft rotas and comparing against the existing process in operation, it will show a significant reduction in time in administration whilst reducing costs by making better use of resources (Marckman et al, 2013).

4.3.2 Methods & Measures

The methods and measures for the objectives

- Arrange a once off meeting with key stakeholders ie General Manager, Service Managers, Home Help Co-ordinators and trade unions to give feedback on the pilot area and outline the proposal. Secure additional resources to complete the proposal (260 days of a implementation co-
ordinator and 260 days clerical officer – taking in account annual leave and public holidays approx 1 year commitment of an implementation co-ordinator and clerical officer whole-time for the remaining 65 home help areas). When commitment has been gained from these key stakeholders proceed to meet with area stakeholders

- Arrange a meeting with stakeholders per area ie home helps, home help Co-ordinator, Public Health Nurse, Occupational therapist and clerical administration outlining proposed system and present information / feedback from pilot area. Prior to this meeting draft rotas for the area taking into account patient needs, geographical area, home help contracted hours, worked hours and skill mix. Allocate staff to rotas taking in account their contracted and worked hours. Take a detailed account of the meeting and any necessary changes.

- Arrange a meeting with home helps for the following week to discuss amended draft agree implementation date for new system to become operational.

- Issue documentation about changes to staff with updated rota. Issue service users with agreed date of implementation clearly outlining which staff will be providing service and from what date (new care plan to be attached to letter), provide contact information for further queries (This documentation should be issued one week in advance of the changeover)

- Arrange for home helps to be inducted to patients if necessary

- Plan reviews with staff at a meeting six weeks after implementation and contact service users/next of kin by home visit or telephone call after six week period.
4.3.3 Results

Continuity of care

In the pilot area the maximum number of staff providing service to a client was 4 (where client requires two home helps to carry out allocated tasks) this would have been 11 to 12 home helps in old system (See Appendix 3 and 4) and Figure 2 Below. A Sample of 10 clients from another area projected reduction in carers could be as many as 10 (see appendix 7)

Figure 2

Staff work life balance - Pilot area results (12 home helps)

In the old system over a 28 day period – 6 staff had no days off, 4 had 4 days off and 2 had 2 days off (See appendix 8)

In the seven day rota system over a 28 day period 5 have 8 days, 3 have 20 days off, 2 have 16 days off and 2 have 12 days off (See appendix 8)
Project figures for 10 home help in another area where home helps have every other weekend off there was a reduction of 10 days working every four weeks (See appendix 9) and Figure 3 below.

Figure 3

Reduction in administration waste

A reduction of 71 per cent in administration and communication waste would be achieved ongoing in the home help service if there was a transition from the old way of working to the seven day rota system as proposed (See appendix 10). Figure 4 below shows the reduction in administration, communication, cost and resources in a sample of ten requests for new or existing services.
4.3.4 Dissemination Plan

As the existing pilot area has been a success there is no reason that this initiative should not be introduced to all areas on an area by area basis. As each area will successfully make the transition to the seven day rota system, the positive feedback from home helps to other home helps will spread and each area will be more enthusiastic and open to the change. Likewise when administration duties clearly reduce in the management and clerical role this will also encourage others to participate in the change process. When all staff involved are enthusiastic and positive about the change the clients will undoubtedly be more positive about the necessary changes.

4.4 Summary and conclusion

The proposed change initiative will significantly reduce the number of staff providing a service to clients i.e. in some cases reduction from twelve to two thus increasing
continuity of care and as this is a core value within Healthcare and is valued by patients (Pereira, 2003). The proposed new roster outlines the number of days the home helps will work and the number of days off. This could be one way for the organisation to reduce burnout and optimize carer’s well-being and performance (AACN Bold Voices, 2015). The time taken in administration activity also shows a significant reduction in time and as healthcare is saddled with glaring inefficiencies (Berwick & Hackbarth, 2012) this shows a substantial reduction in non value added activity, which is more cost effective (Gade et al, 2008).
Chapter 5 – Discussions and Conclusions

5.1 Introduction

The aim of this proposal is to devise a patient centric seven day rota system within the Home Care Services for the county which standardises and enhances the quality of the Home Care Service delivered to clients and which will also improve the working conditions for home help staff, management and clerical staff in the Home Care Service by allowing for a healthier work life balance and reducing administration waste.

This proposal on successful implementation is supported by the government’s commitment to completing and implementing the National Positive Ageing Strategy so that older people are recognized, supported and enabled to live independent full lives. Many other HSE strategies such as Healthy Ireland, and the National Service Plan (2015) also support enhancing the quality of care delivered by introducing such initiatives. In addition Health Services Peoples Strategy 2015-2015 promotes better work life balance for staff which this proposal also incorporates.

5.2 Project Impact

The impact of this proposal would be a higher quality service would be delivered in a more effective and efficient manner that it currently is and would enhance the well being of all involved. The short term impact would mean more work in restructuring
with an overall view to reduce ongoing work in the management and delivery process. The health and social complexities of the clients that are in receipt of home help services has increased gradually over the last ten years. In this time the Health Service have had a recruitment moratorium leading to resources being depleted which meant that to remain operational was a struggle therefore strategic restructuring was not possible.

5.2.1 Stakeholders

The main stakeholders involved in this change are the service users in receipt of home help services and the home helps who deliver this care. Although clients may be resistant to the change of staff initially, it is envisaged that the quality of care they receive will be of a higher standard as continuity of care is advocated in all the literature as a positive change that enhanced the quality of care. Home help staff have continually voiced their concerns and their disapproval of having very little time off. They have reiterated this to trade unions and management repeatedly therefore their engagement with the influence of colleagues working on the new system should be supportive overall. Trade unions should also be in favour of this change at their members have already voiced their concerns to them. Other stakeholders such as the Service Manager for the Public Health Nursing service and Occupational Therapy service should support this initiative as it has potential to reduce their staff’s workload and also increase the quality of care delivered to the clients.
5.2.2 Practice

This proposal is in line with HSE policies that aim at delivering a higher quality service with the patient at the centre of any organisation development process and also the policies that aim to support staff. The author believes that it has never been a better time to implement a quality improvement initiative as all of the recent health policy and strategy published by the HSE advocate this type of proposal.

5.2.3 Theory

The literature review strengthens the argument to proceed with implementing this proposal to standardised and improved the quality of the home help services whilst support staff to reduce burnout. The literature and national policies also promote the more efficient use of resources and by reducing time in administration process this is clearly another reason to progress with the outline proposal of introducing a seven day rota system into the Home Help Service.
5.3 Strengths

The strengths of this proposal is that it is aligned to many of the HSE National Policies such as National Positive Ageing Strategy, the Health Services People Strategy 2015-2018, HIQA Standards, National Service Plan, Health and Well being and Future Health 2012 – 2015. Another significant strength to support this proposal is that a seven day rota system has already been successfully implemented in a pilot area. To introduce this initiative to standardise the management and delivery of the home help service in the county gives the department threelfold results in that in increases not only the quality of care and improves the staffs work life balance it also reduces administration cost and resources on full implementation can be used for continuous quality improvement initiatives in the department or organisation.

5.4 Limitations of the project

Due to the large number of people involved in this initiative there will no doubt be resistant to change from workers. Over the last few years in country areas some home helps have remained in the service solely because they care for a client who is a close neighbour and do not want to leave the service as the emotional attachment to these clients is on a personal level as well as a professional level. These home helps will not want to engage in the change but as they are in the minority approximately one per cent, they can be managed under the old system until services are no longer required.

Additionally the limits on this project is that if it is not supported with additional resources for a specific timeframe then there is no way possible that existing
resources could implement strategic change whilst trying to remain operational in ongoing challenging times.

5.5 Recommendations

The author strongly recommends that this project is supported and implemented in the home help service as soon as possible. The reason for this recommendation is that many of the staff in management, administration and home helps have left the department in the last twelve months with recommendations from occupational health that they be transferred due to work related stress. The author is of the opinion that if this Organisation Development initiative is not support then the department is at extreme high risk of losing many more long term valuable employees through staff burnout.

In chapter 1 and chapter 3 references were made to the use of private providers to accommodate requests for service that the HSE could not accommodate due to reduction in staffing level. The author would recommend that all these cases be examined for potential delivery by HSE again and recommend that the HSE employee their own home helps to provide these service so that only one provider ie HSE provides the home help service and it is managed under the one structure.

As stated earlier this proposal on full implementation could be used a means of enabling systematic reviews, used as an audit for travel and certainly has potential to be used as a means of remunerating home help on a four weekly basis. This system could also be managed from a central location in times when local staffs are on
leave as the process would be streamlined and standardised in all areas. Due to the consistent nature of the proposed seven day rota system there would be potential to amalgamate all the local offices in the county and have one location centrally so that clerical and management staff could work together as a team to support each other as opposed to working in isolation in local areas.

5.6 Summary and Conclusion

Change is natural and inevitable and can be brought about by competent effective leaders (Champagne, 2000). Alder (2011) is of the opinion that the best leaders have the courage to see the reality in a given situation and recognise every aspect of implementing initiatives. Understanding and addressing the organisations cultures is important to achieve the desired aim and objectives of any organisational change (Higgins & McAllaster, 2004). However, this process can be very challenging for any change initiative within departments or organisations (Brazil et al, 2010). If leaders don’t attend to their organisations culture then it cannot communicate goals and objectives to their employees thereby resulting in failure of the proposed change (Davidson, 2010). Knowing the culture is central to reforming any organisation (Kalisch and Curley, 2008).

The continued increase in expectations from patients in the healthcare system has highlighted the importance for best quality of care to be provided in a safe and timely manner (Berwick, 2003). Hence, there is a need to have evidence-based healthcare quality, safety and governance frameworks that guide all those involved
in the delivery of safety services and manages risks. Hudelson et al, (2008) suggest that structural re-organisation and coordination of healthcare processes should be the focus for continuous quality improvements.
References


Barr MS. The need to test the patient-centered medical home. JAMA. 2008;300(7):834-835.


Burke, W (1994) Organisational Development: a process of learning and changing, Mass: Addison-Wesley


Estryn-Behar M., Van der Heijden B., Oginska H. et al. (2007) the impact of social work environment, teamwork characteristics, burnout and personal factors upon intent to leave among European nurses. Medical Care 45 (10) 939 - 950


Health Information Quality Authority (HIQA). Investigation into the safety, quality and standards of services provided by the HSE to patients, including pregnant women, at risk of clinical deterioration including those in University Hospital, Galway and as reflected in the care and treatment provided to Savita Halappanavar (2013).


Health Service Executive (2008) HSE Change Model


http://www.businessdictionary.com/definition/organizational-development-OD.html#ixzz3yweoqbtj


Marckmann G and inder Schmitten J. the economics of advance care planning: empirical date and ethical implications. BMJ Support Palliat Care 2013


Mena, Carlos. "the strategic procurement cycle." Leading Procurement Strategy: Driving Value Through the Supply Chain (2014):


Noor NM. Work and family related variables, work- family conflict and womens well-being: some observations. Community Work fam. 2003;6(3)297 -319


Pressner BH. Employment Schedules among dual-earner spouses and the division of household labor by gender. American Sociological. 1997;59:348-64


Roberts K. Work Life balance - the sources of the contemporary problem and the probably outcomes: a review and interpretation of the evidence employee relat. 2007: 29:334-51


Senior & Swailes (2010) OD Model of Change


www.lean.org/WhatsLean

www.hse.ie/serviceplans

www.hse.ie/eng/staff/Resources/cmr/cmr.pdf

www.change-management-coach.com/kurt_lewin.html

Appendix 1

NEW PROPOSED SEVEN DAY ROTA – Monday to Sunday

Home Help 1 works Monday Tuesday, Wednesday, Thursday WEEK ONE and works Thursday, Friday and Saturday WEEK TWO

Home Help 2 works Thursday, Friday and Saturday WEEK ONE and Monday Tuesday, Wednesday, Thursday WEEK TWO

The days worked could vary if necessary to work 14 out 28 days in a four week period

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Address of client</th>
<th>Times of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient no 1</td>
<td>Appartment A</td>
<td>8.15 - 9.00 am</td>
</tr>
<tr>
<td>Patient no 2</td>
<td>Appartment B</td>
<td>9.00 – 9.45 am</td>
</tr>
<tr>
<td>Patient no 3</td>
<td>Appartment C</td>
<td>9.45 – 10.30 am</td>
</tr>
<tr>
<td>Patient no 4</td>
<td>Appartment D</td>
<td>10.30 – 11.15 am</td>
</tr>
<tr>
<td>Patient no 5</td>
<td>Appartment E</td>
<td>11.15 – 12.00 pm</td>
</tr>
</tbody>
</table>

BREAK

| Patient no 2   | Appartment B      | 1.00 – 1.30 pm   |
| Patient no 3   | Appartment C      | 1.30 – 2.00 pm   |
| Patient no 4   | Appartment D      | 2.00 – 2.30 pm   |
| Patient no 5   | Break             |                  |

| Break          |                    |                  |
| Patient no 1   | Appartment A      | 7.00 – 7.30 pm   |
| Patient no 2   | Appartment B      | 7.30 – 8.00 pm   |
| Patient no 3   | Appartment C      | 8.00 – 8.30 pm   |
| Patient no 4   | Appartment D      | 8.30 – 9.00 pm   |
| Patient no 5   | Appartment E      | 9.00 – 9.30 pm   |

Total Hours per day is 8.25 and total per week is 57.75

When allocating home helps to rotas their contacted hours will have to be taken into consideration ie One home help may have a contract for 20 and the other or 30 in this example it would mean that over the four week period the home help with 30 hours (120) would need to work approx. 15 days or more.

Please note

It is very common for home helps to work in excess of their contacts. The HSE has an obligation to provide contracted hours to home helps. NO CONTRACT IS FOR LESS THAN 7 hours per EXCESS OF 39 hours per week.
APPENDIX 2

Home Help Day roster Monday to Friday

Home Helps Monday to Friday - Home Help 1 (Care Plans attached) Each Home Help has a roster for Monday to Friday

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Address of client</th>
<th>Times of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient no 1</td>
<td>Appartment A</td>
<td>8.15 - 9.00 am</td>
</tr>
<tr>
<td>Patient no 2</td>
<td>Appartment B</td>
<td>9.00 – 9.45 am</td>
</tr>
<tr>
<td>Patient no 3</td>
<td>Appartment C</td>
<td>9.45 – 10.30 am</td>
</tr>
<tr>
<td>Patient no 4</td>
<td>Appartment D</td>
<td>10.30 – 11.15 am</td>
</tr>
<tr>
<td>Patient no 5</td>
<td>Appartment E</td>
<td>11.15 - 12.00 pm</td>
</tr>
</tbody>
</table>

BREAK

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Address of client</th>
<th>Times of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient no 1</td>
<td>Appartment A</td>
<td>1.00 – 1.30 pm</td>
</tr>
<tr>
<td>Patient no 3</td>
<td>Appartment C</td>
<td>1.30 - 2.00 pm</td>
</tr>
<tr>
<td>Patient no 4</td>
<td>Appartment D</td>
<td>2.00 – 2.30 pm</td>
</tr>
</tbody>
</table>

Home Help rosters for evening / nights Monday to Friday

Home Help 1 Works Monday, Home Help 2 Tuesday, Home Help 3 Wednesday, Home Help 4 works Thursday, Home Help 5 works Friday

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Address of client</th>
<th>Times of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient no 6</td>
<td>Appartment F</td>
<td>7.00 – 7.30 pm</td>
</tr>
<tr>
<td>Patient no 7</td>
<td>Appartment G</td>
<td>7.30 – 8.00 pm</td>
</tr>
<tr>
<td>Patient no 8</td>
<td>Appartment H</td>
<td>8.00 – 8.30 pm</td>
</tr>
<tr>
<td>Patient no 9</td>
<td>Appartment I</td>
<td>8.30 – 9.00 pm</td>
</tr>
<tr>
<td>Patient no 10</td>
<td>Appartment J</td>
<td>9.00 – 9.30 pm</td>
</tr>
</tbody>
</table>

Weekend Rosters for Saturday and Sunday

Home Help 6, 7, 8, 9 works one weekend in four and in some cases home helps works every other weekend in addition to their weekday roster and possibly an evening or two during the week

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Address of client</th>
<th>Times of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient no 5</td>
<td>Appartment E</td>
<td>8.15 – 9.00 am</td>
</tr>
<tr>
<td>Patient no 2</td>
<td>Appartment B</td>
<td>9.00 – 9.45 am</td>
</tr>
<tr>
<td>Patient no 3</td>
<td>Appartment C</td>
<td>9.45 – 10.30 am</td>
</tr>
<tr>
<td>Patient no 6</td>
<td>Appartment F</td>
<td>10.30 – 11.15 am</td>
</tr>
<tr>
<td>BREAK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient no 2</td>
<td>Appartment B</td>
<td>1.00 – 1.30 pm</td>
</tr>
<tr>
<td>Patient no 6</td>
<td>Appartment F</td>
<td>2.00 – 2.30 pm</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient no 5</td>
<td>Appartment E</td>
<td>7.00 – 7.30 pm</td>
</tr>
<tr>
<td>Patient no 2</td>
<td>Appartment B</td>
<td>7.30 – 8.00 pm</td>
</tr>
<tr>
<td>Patient no 3</td>
<td>Appartment C</td>
<td>8.00 – 8.30 pm</td>
</tr>
<tr>
<td>Patient no 6</td>
<td>Appartment F</td>
<td>8.30 – 9.00 pm</td>
</tr>
<tr>
<td>Patient no 4</td>
<td>Appartment D</td>
<td>9.00 – 9.30 pm</td>
</tr>
</tbody>
</table>
Appendix 3

**PLAN OF CARE – TASKS APPROVED**

**Hours Approved – 24.5 Hrs**

Home Help 1, 2, 3 and 4 am and lunch Monday to Friday  
Home Help 5, 6, 7 Night Monday to Friday  
Home Help 8, 9, 10 and 11 every fourth weekend

<table>
<thead>
<tr>
<th>Name of client: xxxx</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>No. of Carers</th>
<th>Hoist</th>
<th>Duty Time Mon - Fri</th>
<th>Duty Time Sat and Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID NO: 001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Morning – total time required for tasks**

- Set up of task. Assist client to get washed and dressed  
- Prepare and serve breakfast.

**HOIST TO BE USED FOR ALL TRANSFERS**

- Hoist

<table>
<thead>
<tr>
<th>Morning – total time required for tasks</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>No. of Carers</th>
<th>Hoist</th>
<th>Duty Time Mon - Fri</th>
<th>Duty Time Sat and Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>2</td>
<td>yes</td>
<td>9.15 to 10.00 am</td>
<td>Approx 8.00 – 8.45 am</td>
</tr>
</tbody>
</table>

**Lunchtime – total time required for tasks**

- Assist client with toileting and prepare/serve lunch

<table>
<thead>
<tr>
<th>Lunchtime – total time required for tasks</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>No. of Carers</th>
<th>Hoist</th>
<th>Duty Time Mon - Fri</th>
<th>Duty Time Sat and Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>2</td>
<td>yes</td>
<td>1.30 – 2.00 pm</td>
<td>12.30 – 1.00 pm</td>
</tr>
</tbody>
</table>

**Evening total time required for tasks**

**Bedtime total time required for tasks**

- Assist client to get ready for bed and support with dressing into night clothes.

<table>
<thead>
<tr>
<th>Bedtime total time required for tasks</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>No. of Carers</th>
<th>Hoist</th>
<th>Duty Time Mon - Fri</th>
<th>Duty Time Sat and Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>30 mins</td>
<td>2</td>
<td>yes</td>
<td>9.30 – 10.00 pm</td>
<td>8.00 – 8.30 pm</td>
</tr>
</tbody>
</table>

**Total Hours Approved per week = 24.5**

<table>
<thead>
<tr>
<th>Total Hours Approved per week</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>
# Appendix 4

## PLAN OF CARE – TASKS APPROVED

**Hours Approved – 24.5 Hrs**

Rota A  Home Help 1 and 2 works Monday Tues Wed, Thursday
Home Help 3 and 4 works Friday, Sat and Sunday

<table>
<thead>
<tr>
<th>Name of client: xxxxx</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID NO: 001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Morning – total time required for tasks</strong></td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>45 mins</td>
<td>2 yes</td>
</tr>
<tr>
<td>Hoist</td>
<td>Approx 9.15 to 10.00 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set up of task. Assist client to get washed and dressed using prepare and serve breakfast.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOIST TO BE USED FOR ALL TRANSFERS**

| Lunchtime – total time required for tasks | 30 mins | 30 mins | 30 mins | 30 mins | 30 mins | 30 mins | 2 yes |
|                                          | 1.30 – 2.00 pm |
| Assist client with toileting and prepare/serve lunch |

**Evening total time required for tasks**

| Bedtime total time required for tasks | 30 mins | 30 mins | 30 mins | 30 mins | 30 mins | 30 mins | 2 yes |
|                                      | 9:30 – 10:00 pm |
| Assist client to get ready for bed and support with dressing into night clothes. |

| Total Hours Approved per week | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |

Total Hours Approved per week = **24.5**
Appendix 5

RE – Home Help Service

Dear Surname

I write in relation to forthcoming changes to your Home Help service from Monday XXXXX. From this date, there will be changes to the HSE Home Help staff delivering your service and/or to the times that you receive your service.

These changes do not affect the length of time you receive on each visit or the number of visits per day/week.

From XXXXX, your service will be provided by NAME HOME HELPS and service times will be ENTER TIMES

These changes are necessary to facilitate the increasing demand on the Home Help Service and I would ask for your cooperation in this matter for a period of one month and then I will review your times if requested.

I attach a request form for a change in service times; if after a period of one month you require a different time, please complete this form and return to this office. We will prioritise and accommodate your request if/when resources become available.

Finally please note that if other clients on your rota are in hospital etc your time may be earlier or later in the morning and night from time to time. Your home help will inform you of any changes.

Yours sincerely,

Home Care Services Manager
Appendix 6

RE – Introduction of seven day rota system to the home help service

Dear Surname

I write in relation to forthcoming changes to your Home Help service from Monday XXXXX. As discussed and agreed at meeting held on (Insert Date) please find attached new seven day rota. Also find attached new care plans for all your clients.

These changes are necessary to facilitate the increasing demand on the Home Help Service and I would ask for your cooperation in this matter for a period of one month and then I will review your rotas if requested.

Finally please note all clients have been notified in writing of all the changes which are to take place.

Please do not hesitate to contact the home help office if you have any queries in relation to this change over.

Yours sincerely,

Home Care Services Manager
APPENDIX 7

Below is a sample 10 clients and the number of staff providing service to them

A - EXISTING SYSTEM IN OPERATION

<table>
<thead>
<tr>
<th>Patient</th>
<th>No of home helps providing service</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>12</td>
</tr>
<tr>
<td>No 2</td>
<td>10</td>
</tr>
<tr>
<td>No 3</td>
<td>8</td>
</tr>
<tr>
<td>No 4</td>
<td>10</td>
</tr>
<tr>
<td>No 5</td>
<td>9</td>
</tr>
<tr>
<td>No 6</td>
<td>14</td>
</tr>
<tr>
<td>No 7</td>
<td>12</td>
</tr>
<tr>
<td>No 8</td>
<td>12</td>
</tr>
<tr>
<td>No 9</td>
<td>9</td>
</tr>
<tr>
<td>No 10</td>
<td>11</td>
</tr>
</tbody>
</table>

B - PROPOSED NEW SYSTEM

<table>
<thead>
<tr>
<th>Patient</th>
<th>No of home helps providing service</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>4</td>
</tr>
<tr>
<td>No 2</td>
<td>4</td>
</tr>
<tr>
<td>No 3</td>
<td>2</td>
</tr>
<tr>
<td>No 4</td>
<td>2</td>
</tr>
<tr>
<td>No 5</td>
<td>2</td>
</tr>
<tr>
<td>No 6</td>
<td>4</td>
</tr>
<tr>
<td>No 7</td>
<td>4</td>
</tr>
<tr>
<td>No 8</td>
<td>2</td>
</tr>
<tr>
<td>No 9</td>
<td>2</td>
</tr>
<tr>
<td>No 10</td>
<td>2</td>
</tr>
</tbody>
</table>

C - Reduction in staff providing service

<table>
<thead>
<tr>
<th>Patient</th>
<th>No of home helps providing service</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>8</td>
</tr>
<tr>
<td>No 2</td>
<td>6</td>
</tr>
<tr>
<td>No 3</td>
<td>5</td>
</tr>
<tr>
<td>No 4</td>
<td>8</td>
</tr>
<tr>
<td>No 5</td>
<td>7</td>
</tr>
<tr>
<td>No 6</td>
<td>8</td>
</tr>
<tr>
<td>No 7</td>
<td>8</td>
</tr>
<tr>
<td>No 8</td>
<td>10</td>
</tr>
<tr>
<td>No 9</td>
<td>7</td>
</tr>
<tr>
<td>No 10</td>
<td>9</td>
</tr>
</tbody>
</table>
APPENDIX 8

Below is the reduction for the 12 home helps who are already on the seven day rota system over a 28 day period

A – Previous and pilot system days worked, contracted hours and hours worked

<table>
<thead>
<tr>
<th>Home Help</th>
<th>No of days working old system</th>
<th>No of days working new system</th>
<th>Contract hours</th>
<th>Hours worked on average</th>
<th>Average hours working on new rota system</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>26</td>
<td>16</td>
<td>17</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>No 2</td>
<td>26</td>
<td>16</td>
<td>19</td>
<td>31.5</td>
<td>33</td>
</tr>
<tr>
<td>No 3</td>
<td>24</td>
<td>12</td>
<td>22</td>
<td>23</td>
<td>24.75</td>
</tr>
<tr>
<td>No 4</td>
<td>24</td>
<td>12</td>
<td>20</td>
<td>26</td>
<td>24.75</td>
</tr>
<tr>
<td>No 5</td>
<td>24</td>
<td>8</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>No 6</td>
<td>24</td>
<td>8</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>No 7</td>
<td>28</td>
<td>20</td>
<td>35</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>No 8</td>
<td>28</td>
<td>20</td>
<td>33</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>No 9</td>
<td>28</td>
<td>20</td>
<td>28</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>No 10</td>
<td>28</td>
<td>8</td>
<td>7</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>No 11</td>
<td>28</td>
<td>20</td>
<td>16</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>No 12</td>
<td>28</td>
<td>20</td>
<td>19</td>
<td>35</td>
<td>38</td>
</tr>
</tbody>
</table>

Results over a 28 day period

OLD SYSTEM

6 – had no days off
4 - 4 days off
2 – 2 days off

NEW SYSTEM

5 – 8 days off
3 – 20 days off
2 – 16 days off
2 – 12 days off

No staff were disadvantaged to working hours per week
APPENDIX 9

Below is a sample 10 Home help and the number of days that they work in 28 days (over a 4 weeks period)

A - EXISTING SYSTEM IN OPERATION

<table>
<thead>
<tr>
<th>Home Help</th>
<th>No of days working</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>24</td>
</tr>
<tr>
<td>No 2</td>
<td>24</td>
</tr>
<tr>
<td>No 3</td>
<td>24</td>
</tr>
<tr>
<td>No 4</td>
<td>24</td>
</tr>
<tr>
<td>No 5</td>
<td>24</td>
</tr>
<tr>
<td>No 6</td>
<td>24</td>
</tr>
<tr>
<td>No 7</td>
<td>22</td>
</tr>
<tr>
<td>No 8</td>
<td>22</td>
</tr>
<tr>
<td>No 9</td>
<td>22</td>
</tr>
<tr>
<td>No 10</td>
<td>22</td>
</tr>
</tbody>
</table>

B - PROPOSED NEW SYSTEM

<table>
<thead>
<tr>
<th>Home Help</th>
<th>No of days working</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>14</td>
</tr>
<tr>
<td>No 2</td>
<td>14</td>
</tr>
<tr>
<td>No 3</td>
<td>14</td>
</tr>
<tr>
<td>No 4</td>
<td>14</td>
</tr>
<tr>
<td>No 5</td>
<td>14</td>
</tr>
<tr>
<td>No 6</td>
<td>14</td>
</tr>
<tr>
<td>No 7</td>
<td>14</td>
</tr>
<tr>
<td>No 8</td>
<td>14</td>
</tr>
<tr>
<td>No 9</td>
<td>14</td>
</tr>
<tr>
<td>No 10</td>
<td>14</td>
</tr>
</tbody>
</table>

C - Reduction in days worked

<table>
<thead>
<tr>
<th>Home Help</th>
<th>No of days less to work in four weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>10</td>
</tr>
<tr>
<td>No 2</td>
<td>10</td>
</tr>
<tr>
<td>No 3</td>
<td>10</td>
</tr>
<tr>
<td>No 4</td>
<td>10</td>
</tr>
<tr>
<td>No 5</td>
<td>10</td>
</tr>
<tr>
<td>No 6</td>
<td>10</td>
</tr>
<tr>
<td>No 7</td>
<td>8</td>
</tr>
<tr>
<td>No 8</td>
<td>8</td>
</tr>
<tr>
<td>No 9</td>
<td>8</td>
</tr>
<tr>
<td>No 10</td>
<td>8</td>
</tr>
</tbody>
</table>

The maximum reduction number of days off would be 14 per four week period and the minimum number of days off would be 8 per four week period (assuming a 39 hour contract at 8.25 hour days as per sample rota). Currently the maximum number of days off a home help has is 4 per four weeks and on occasion this could be 2 and there are cases where home helps have no full days off.
APPENDIX 10

Below is the administration duties needed to be carried out when a new service request is received or an increase in service has to be put in place. On average ten requests would be received in two working days.

EXISTING SYSTEM IN OPERATION

<table>
<thead>
<tr>
<th>Patient</th>
<th>No of care plans to print when amended</th>
<th>No of rosters to amend and print</th>
<th>No of letters to post</th>
<th>No of phone calls to make</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>12</td>
<td>3</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>No 2</td>
<td>10</td>
<td>3</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>No 3</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>No 4</td>
<td>10</td>
<td>3</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>No 5</td>
<td>9</td>
<td>3</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>No 6</td>
<td>14</td>
<td>3</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>No 7</td>
<td>12</td>
<td>3</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>No 8</td>
<td>12</td>
<td>3</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>No 9</td>
<td>9</td>
<td>3</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>No 10</td>
<td>11</td>
<td>3</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Totals</td>
<td>97</td>
<td>30</td>
<td>97</td>
<td>97</td>
</tr>
</tbody>
</table>

PROPOSED NEW SYSTEM

<table>
<thead>
<tr>
<th>Patient</th>
<th>No of care plans to print when amended</th>
<th>No of rosters to amend and print</th>
<th>No of letters to post</th>
<th>No of phone calls to make</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 1</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No 2</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No 3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No 4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No 5</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No 6</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No 7</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No 8</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No 9</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No 10</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>28</td>
<td>10</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

OVERALL REDUCTION IN WASTE WITHIN TWO DAYS

| No of care plans to be printed | 69 |
| No of rosters to amended       | 20 |
| No of Letters to post          | 69 |
| No of phone calls to make      | 69 |
| PERCENTAGE reduction           | 71% |