

Proposed eye clinic for moorfields hospital



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This report aims to analyse and examine different aspects of Moorfields Eye Hospital's initiative for setting up optometry facilities for children in Central London.

1. 1. Overview

The Moorfields Eye Hospital is internationally known to be one of the oldest, largest and best eye hospitals in the world and provides an extensive range of services for people suffering from different types of eye ailments.

Moorfields is currently examining different alternatives for providing general optometry services, with particular reference to children's vision and genetic sight impairments. The clinic will be expected to function as a day centre and will also provide residential accommodation for short stay patients, as well as for parents of children who participate in research projects or have to undergo laser surgery.

Some of the common eye problems that children suffer from and which will be treated at the clinic are (a) strabismus (lazy eye), (b) amblyopia (lazy vision), (c) blocked tear ducts, (d) retinopathy of pre maturity, (e) eye infection and (f) eye injuries. The services proposed to be provided at the clinic include examination and diagnosis of ailments, recommendation of treatment, patching of eyes, simple treatment and corrective laser surgery. Other types of surgery or more complex treatment will be referred to and treated by the Moorefield Eye Hospital. Moorefields can choose to set up the clinic on either of two buildings that the Camden Children's Trust is willing to provide to the project or on their existing site. Finance and equipment for the project is expected to be organised through the efforts of Moorefields as well

as of other stakeholders like The London University's Medical Research Panel, Camden Council and Camden Children Trust.

1. 2. Purpose

This report aims to examine various organisational and managerial aspects of the plan to set up the eye clinic and to provide advice on the following issues.

Strategic vision, objectives, critical success factors and key performance indicators for the eye clinic.

Identification and management of all stakeholders as well as crystallisation of reputational risks.

Recommended organisational structure.

Appropriate governance processes.

Important PESTEL and SWOT issues.

The report is structured into sequential sections that deal with these issues and a concluding section.

2. Strategic Vision, Objectives, Key Performance Indicators and Critical Success Factors

Vision

Vision essentially represents the deliberated and planned future of an organisation that is realistic, credible and attractive (Abraham, 2005, p 7). A vision, to be achievable, must essentially be grounded in reality (Abraham, 2005, p 7). It must also be believable if it is to be relevant and should attract

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people through its inspirational and motivational aspects. Bennis and Nanus (1986, p 54) state that vision should attract commitment and energise people. It should create meaning in the lives of workers, establish standards of excellence and bridge the present to the future. Harari defines vision to be “ a set of ideals and priorities, a picture of the future, a sense of what makes an organisation special, a core set of principles and a broad set of criteria that help in definition of organisational success” (Harari, 1994, p 29).

With the construction of organisational vision being the critical first step of the proposed eye clinic, it is best described as under.

To provide high levels of eye care for a range of eye ailments, including genetic impairments, to children and thereby achieve significant improvement in all vision related ailments and difficulties of children in the community and in society at large.

Objectives

Statements of vision are essentially broad in nature and represent overarching, inspiring and emotionally driven objectives (Dess, et al, 2005, p 2). Strategic objectives are used to operationalise the vision statement and help in providing guidance on the ways in which organisations can move towards the higher hierarchy goals laid out in vision statements (Dess, et al, 2005, p 2). Objectives, to be truly effective in channelizing organisational employees towards common goals, should, organisational experts believe, satisfy SMART criteria, e. g. they should be Specific, Measurable, Achievable, Realistic and Time-oriented (Dess, et al, 2005, p 2).

The strategic objectives for Moorfields Eye Clinic have been formulated in accordance with SMART criteria and are elaborated as under.

The Moorefields Eye Clinic will provide a range of medical services, including corrective laser surgery, to children suffering from sight problems and genetic sight impairments.

Such afflictions will include but not be limited to Strabismus, Amblyopia, Blocked tear ducts, Retinopathy of prematurity, eye infections and eye injuries. The clinic will also specifically provide emergency services and initial care to children with multiple head injuries, including possible serious head injuries.

The clinic will aim to improve the eye health of children in the community through appropriate treatment, corrective laser surgery and counselling.

The clinic will ensure the highest standards of cleanliness and hygiene in its premises and in all its actions.

The clinic shall provide high quality services through the application of modern medical practices, use of high quality equipment and the efforts of appropriately trained and skilled staff.

The clinic shall attempt to provide pleasant and happy experiences to patients. All patients and parents will be treated with dignity, compassion, care and friendliness.

The clinic shall make all efforts to achieve the excellent standards that are maintained by Moorfields hospital in all areas of treatment, hygiene, care and safety.

The clinic shall try to achieve efficiency in energy utilisation and improve carbon efficiency.

The clinic shall aim to minimise infection levels and keep such levels within the standards prescribed by Moorfields hospitals.

The clinic shall try to use all its financial, human and infrastructural resources efficiently and try to break even by the second year of operations.

The clinic shall treat all members of its staff with dignity, compassion and respect and build an atmosphere of collaboration and cooperation.

The clinic shall make efforts to engage with all its internal and external stakeholders and ensure that their legitimate needs are not compromised through its actions.

Key Performance Indicators (KPIs)

Organisational experts believe that issues that can be measured are the only ones that can be managed (Mohan, 2002, p 3). This maxim is true for all organisations, including hospitals and clinics. The concept of KPIs has become widely prevalent in progressive hospitals and clinics because of its effectiveness in assessment, not just of revenues but also of clinical standards (McCosh, 2003, p 120).

Whilst it is normal to assume that the effectiveness of clinics is mainly measured in terms of hygiene and services to patients, modern managers of medical establishments make use of a range of KPIs to assess the efficiency and effectiveness of their organisations (Mohan, 2002, p 18).

Medical services usually draw their KPSs in four main areas, namely clinical services, emergency services, patient satisfaction and services and financial efficiency (Mohan, 2002, p 37 to 50). Some important KPIs for the Moorfields eye clinic are indicated in the following table.

KPI

Details

Clinical Aspect

The focus of KPIs in this area is on quality.

The effectiveness of clinical services is essentially measurable through various factors that reflect the quality of providing clinical services.

Some indicators in this area are (a) reduction of treatment failures or vision impairment due to clinical negligence, (b) reduction or elimination of threats to life or even of death due to wrong administration of drugs or negligence during laser surgery, and (c) decrease of readmission of patients because of low care quality or lack of quality.

These KPIs are indicative of the various parameters that can be established for measurement of quality of clinical service.

Emergency Services

KPIs in this area should test the readiness of the clinic to deal with accidents and emergencies, including extensive injuries and threats to life of children and other patients. Such evaluation should be focused on the efficiency with which the staff of the clinic respond and attend to trauma oriented situations. Such KPIs should focus on availability of material and equipment like medical trolleys that are necessary during trauma related cases. KPIs should aim to measure time, extent and quality of response to emergency needs.

Patient Satisfaction and Services

KPIs should provide importance to customer relationships. It should be kept in mind that the clinic will be expected to cater to vulnerable children who are likely to be traumatised to various degrees on account of their vision difficulties. KPIs should try to examine various factors associated with customer services like swift response, sufficient attention to parental enquiries, prompt resolution of complaints and enquiries, swift access to services and improvement in customer rating services

Financial Efficiency

Financial matters in modern day clinics are handled by managers and not by nurses or doctors. It is however important for all organisational members to use resources carefully. KPIs should focus on areas like inventory management, purchases of medicines and supplies, and reduction of spoilage due to elapsing of expiry date.

(Mohan, 2002, p 37 to 50)

Whilst the above chart provides details of important KPIs, it is advisable for the clinic to also set up indicators for levels of hygiene and efficiency. Such levels must clearly meet the standards laid down by Moorfields and try to improve upon them.

Critical Success Factors

Critical success factors represent the factors or activities that are essential for ensuring organisational success (Barrett, et al, 2005, p 16). Whilst CSFs were initially used for data and business analysis, they are now applied to most organisational situations (Barrett, et al, 2005, p 16). Some important CSFs for the Moorfields eye clinic are listed below.

Senior level commitment. The success of the Eye Clinic will to a large extent depend upon the commitment of Moorfields to the project (Evert & Sewing, 2008, p 1 to 6). The full support of Moorfields executives will help the project in getting off the ground and in its effective implementation.

Qualified professional staff. The success of the project will depend upon the quality and commitment of its staff (Evert & Sewing, 2008, p 1 to 6). Whilst the setting up of the clinic will be planned by senior managerial and administrative staff at Moorfields, the implementation of the project will depend upon the project execution team and will have to be done efficiently and with careful use of available resources. The efficient running of the clinic after its establishment and commissioning will depend upon the efforts of various employees, both medical and non-medical in nature.

Apart from the two factors detailed above, other critical success factors include (a) the ability of the clinic management to plan work and proceed with its execution, (b) the availability of appropriate resources and infrastructure, and (c) the commitment of the management and staff to children's eye care (Evert & Sewing, 2008, p 1 to 6).

3. Identification and Management of Stakeholders

3. 1. Identification

Public organisations like NHS linked medical clinics are funded from different sources, have numerous stakeholders, and provide important services to a vast range of people in the community. Studies of hospital executives however identify the most important stakeholders of such organisations to be (a) members of the medical staff, (b) patients, (c) the management, (d) members of the professional staff, and (e) the boards of trustees (Kumar & Subramanian, 1998, p 1 to 6).

3. 2. Management

These independent stakeholders need to be carefully managed in order to ensure stakeholder satisfaction, satisfactory conduct of organisational activities and meeting of organisational objectives (Kumar & Subramanian, 1998, p 1 to 6). The members of the medical staff at Moorfields, namely the physicians and nurses will expect to be supported by high clinical quality and appropriate support services (Kumar & Subramanian, 1998, p 1 to 6). Clinical quality is usually expressed in terms of technologically advanced and new services and facilities (Kumar & Subramanian, 1998, p 1 to 6). Whilst patients, like physicians, are concerned about clinical quality, they also require appropriate quality of service (Kumar & Subramanian, 1998, p 1 to <https://assignbuster.com/proposed-eye-clinic-for-moorfields-hospital/>

6). The management of the clinic will have concerns and expectations about achievement of institutional leadership as well as about containment of costs and profitability (Kumar & Subramanian, 1998, p 1 to 6). The important concerns of professional staff like laboratory personnel or occupational therapists also relate to levels of clinical quality and accessibility of appropriate services and facilities (Kumar & Subramanian, 1998, p 1 to 6). The board of trustees, which will formally control the activities of the clinic, will be interested in appropriate and effective resource utilisation, maintenance of revenues and cash flows, organisational profitability and institutional leadership (Kumar & Subramanian, 1998, p 1 to 6).

Whilst the expectations of different groups of stakeholders do overlap in many areas, they differ in terms of the issues that concern them the most (Mohan, 2002, p 43 to 54). Each group of stakeholders should thus be viewed by the clinic management as separate and consistent in the assessment of their impact on organisational operations (Mohan, 2002, p 43 to 54). The actual interaction of such stakeholders with clinic executives will help in the development of different performance goals that will satisfy expectations of multiple stakeholder groups (Mohan, 2002, p 43 to 54). Clinic executives should accordingly formulate their performance goals in order to meet the needs of multiple stakeholders (Mohan, 2002, p 43 to 54). The concerns of the medical and professional staff for clinical quality and appropriate services will be met through goals relating to improvement on the ability of the eye clinic to provide high quality services. The expectations of patients will be reflected in goals like (a) reduction of readmissions for

treatment of the same defect and (b) improvement of satisfaction ratings (Mohan, 2002, p 43 to 54).

The formulation of appropriate goals that cater to the satisfaction of different stakeholder needs will be instrumental for effective stakeholder management (Kumar & Subramanian, 1998, p 1 to 6). The clinic management should also formulate and implement appropriate communication processes to ensure swift identification of stakeholder concerns and information about actions taken by the clinic to meet all legitimate stakeholder needs.

3. 3. Reputational Risks

Organisational reputation represents the collection of beliefs and perceptions, both historical and present, about organisations that exist in the consciousness of organisational stakeholders (Jennings et al, 2002, p 1 to 18). Very few organisations spend time in analysing threats to their reputations. Organisational experts state that reputational damage can be significantly avoided if employees are trained in reputational risk and understand how their actions can affect the perception of various stakeholders for their organisations (Jennings et al, 2002, p 1 to 18).

Reputational risks for the medical clinic will arise if its stakeholders, both internal and external, perceive it to be an incomplete offering (Jennings et al, 2002, p 1 to 18). Such reputational issues have arisen with many public health facilities in the UK over different issues. The emergency departments of such establishments have been criticised for inadequacy in staff, slow response time, poor staff training and lack of requires infrastructure.

Cramped waiting areas and small reception places can be harmful for the reputation of medical clinics (Jennings et al, 2002, p 1 to 18). A range of circumstances, including unavailability of appropriate facilities, lack of hygiene and sanitation, unresponsive staff and extensive waiting time (Jennings et al, 2002, p 1 to 18) can harm the reputation of the Moorfields eye clinic, if they are not dealt with satisfactorily.

4. Recommended Organisational Structure

The clinic, whilst being a small establishment, is likely to require the services of medical, professional and administrative staff. With most members of the staff being well educated and experienced, the organisational structure of the clinic will need to be planned very carefully in order to ensure optimisation of operations, collaborative and cooperative working and sharing of vision and strategic objectives. Bolman and Deal (2008, p 45 to 99) state that development of organisational structure concerns the resolution of two key issues, namely the allocation of work, (differentiation), and the coordination of diverse efforts (integration) after the parcelling out of responsibilities.

Mintzberg describes various types of organisation structure and states that the best are those that are customised to satisfy organisational requirements in terms of vertical and lateral coordination, elimination of duplication, lack of ambiguity in reporting relationships, and encouragement of team work (Dess et al, 2005, p 81 to 99). With the eye clinic likely to be a small organisation, efforts should be made to keep the organisation structure simple with the medical, professional and administrative staff heads reporting to the clinic director. It should be ensured that communication lines

between the three functions are strong and clear and that vertical hierarchies and lateral relationships are clearly established (Dess et al, 2005, p 81 to 99).

The physical establishment and commissioning of the eye clinic will involve efficient and effective project execution. Such projects, to be successful, need to be clearly formulated and are best handled by multidisciplinary teams of experts under the leadership of specified project heads (Bolman & Deal, 2008, p 45 to 99). The individual responsibilities of the team members must be clearly specified. The project must also have the complete support of the Moorfields management and trustees.

5. Important Governance Processes

The trustees and management of the eye clinic need to be very careful about the implementation of appropriate governance. Governance processes must establish policy, promote improvement of performance and provide for organisational planning and management (Schaengold, 2009, p 2).

Such processes should in particular provide for quality of care. Appropriate systems should be put in place for observing the preclusion of adverse clinical outcomes (Schaengold, 2009, p 2). A peer review system should be established for education, prevention, detection and resolution of actual problems and potential challenges, and for monitoring of case reviews through appropriate quality indicators (Schaengold, 2009, p 2).

Governance processes should place special emphasis on ensuring appropriate provisioning of emergency services and on compliance with all legal and regulatory issues (Schaengold, 2009, p 2).

6. PEST and SWOT Issues

The proposed Moorefields eye clinic will after its establishment have to work with and respond to specific internal and external environmental factors.

Some important PEST and SWOT issues that could be relevant in future are detailed below (Hereford Hospital, 2010, p 1 to 14).

Political Issues

DoH policies are now placing special emphasis on shift towards provisioning of better care levels by primary and community providers of care (Hereford Hospital, 2010, p 1 to 14). Such policies are focusing on more forceful management of persistent disease or long term conditions. The private sector is entering into the market for NHS funded healthcare (Hereford Hospital, 2010, p 1 to 14). Regulatory burdens are expected to increase.

Economic Issues

Costs of capital and labour are expected to increase (Hereford Hospital, 2010, p 1 to 14). The costs of some new technologies could reduce. The costs of therapeutics and drugs are increasing. So are litigation costs.

Social Issues

The proportion of older people in the population and the numbers of older people in the UK are increasing (Hereford Hospital, 2010, p 1 to 14). Public expectations from providers of medical services are expected to increase (Hereford Hospital, 2010, p 1 to 14). The eye clinic could also face problems in recruitment of suitable staff.

Technological issues

Technological complexities are expected to continuously increase in the medical sector. Such changes include escalating complexity of hospital care, greater levels of subspecialisation, alterations in clinical practice, greater utilisation of standard care protocols, mobility and miniaturisation of diagnostic equipment and advances in IT (Hereford Hospital, 2010, p 1 to 14).

Strengths

Management skills

High hygiene and low infection levels

Expertise in service

Good quality equipment

Community support

Weaknesses

Change management skills

Limited knowledge of management and profitability

Inconsistent service quality

Opportunities

Diversification into more advanced levels of eye care

Threats

Cost pressures

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Lack of senior level support

Lack of patients

7. Conclusions

This report analyses and examines different aspects of Moorfields Eye Hospital's initiative for setting up optometry facilities for children in Central London.

The Moorfields Eye Hospital is internationally known to be one of the oldest, largest and best eye hospitals in the world and provides an extensive range of services for people suffering from different types of eye ailments.

Moorfields is currently examining different alternatives for providing general optometry services, with particular reference to children's vision and genetic sight impairments.

This report provides specific recommendations on various issues regarding vision, objectives, KPIs, and CSFs of the proposed eye clinic. Such recommendations are followed up by suggestions on management of stakeholders, crystallisation of reputational risks, appropriate organisational structure and governance processes and important PESTEL and SWOT issues. Due managerial consideration to the recommendations and suggestions should help in the establishment of a well planned and efficiently run eye clinic for children with vision problems.