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Organize ten process so Tanat some things can get cone Wendell toners are walling to napped.

They don’t reduce the load on individuals; for instance the surgeons work load is staggering. Should they even out the exams by dividing them 3 ways the process would be a lot more efficient. The variable of taking X-rays and changing the machines positioning is too labor intensive, by organizing tasks and setting the machines up , (2 for upper and 2 for lower) and then allowing for variation with the engaging 2 machines, patients would process more quickly; this would add capacity and lower the backup of patients waiting. ) Where is the bottleneck in the process? What other capacity constraints are there in the clinic? It appears that the bottleneck occurs in the radiology department. According to the staffs estimates of processing time, the work involved takes 23 minutes, yet on average the patient surveys report that this process on average takes 58 minutes.

This as described in the case seems to be due to the manipulating of the machines.

While this is an area of concern, I also believe that processing the patients t the registration desk is a task that could be virtually eliminated altogether. Simply by requiring patients to register online and scan or fax documents by a predetermined cutoff time, staff members could complete this process without interruption and have the necessary information already in a file when the patient arrives. 4) What is the economic cost of wait times? The economic cost for the clinic due to waiting times rise.

By taking more time to process the patients, the clinic cannot reach its potential of seeing 108 patients. This of course results in less revenue.

Currently the clinic operates at 74% capacity, exulting in a loss of 26% revenue. The parents also experiences economic impact. Not only are they paying for the insurance and copy associated with the visit, they are also taking time off of work to go to the appointment, and because of the length of time that they are spending, and they may be losing more time at work than necessary.

Were the process more efficient the cost could be reduced, allowing for the parents to get back to work more quickly. 5) What improvements can be considered? In order to reduce the patients waiting periods the answer seems to be very simple o me.

Patients can persisted via email their insurance health card, and referral documents by Saturday or Sunday during the week before their appointment. This gives the patient and parent freedom to handle this on their own time more leisurely.

One clerk and one nurse, (if necessary) from the staff can process all of the patient’s information on the Sunday before the week began. Once the information has been processed, the clerk would email the parents back with a verification code, and an informational brochure that explains the x-ray procedure. The code would then be incommunicado upon arrival to the clinic to one of the remaining 2 receptionist. Where upon the receptionist would hand a file to the parent, this would leave 2 clerks day of the appointments for live reception and three nurses.

This would cut down waiting through registration from 16 minutes for new patients, and 10 minutes for returning patients to tout 2 umlauts Tort Don. I en villous adjustment would D dedicate four x-ray machines for the clinics use Monday thru Wednesday, and setting two for upper extremities and two for lower extremities, or having done the registration mentioned above, calculate the percentage between the x-rays needed for a given day and set up the imaging rooms accordingly.

This would cut wait time down even more, as mentioned previously a pamphlet explaining the x-ray procedure would have already been communicated to the parent/patient; these pamphlets should also be placed in the x-ray reception area, they should be very user friendly, and easy to understand. There is not enough information to determine how long it takes on average for the imaging process, only that patients in the survey port spending 58 minutes during a visit to the Radiology department.

There is not enough information to give an exact time savings, but I’m sure that this would streamline the waiting period Lastly the surgeon and senior residents could spread the exams out a little more evenly.

The surgeon most definitely should see the patients with greater complexity or complications, and I feel that there is really no need for a resident to accompany the surgeon on his exams. By utilizing both residents and the surgeon independently the exam room time would decrease by a significant amount of time.