

Example of the strathfield health centre case study

[Business](#), [Management](#)



The Strathfield Health Centre is a comprehensive Health Care provider catering its services to the Strathfield region in Sydney, Australia. The facility was started in 2003 by a group of six doctors. The facility is currently headed by Dr. Louis Lima. The SHC has been constantly expanding its operations and serving more and more clients each year. With this the administrative problems have also begun to emerge and there exists a need for a review of the overall operations and recommend a few changes that could be made for a smoother functioning of the facility.

The paper shall present a concise account of the interviews conducted on the six administrative personnel and try to demarcate a few problem areas for the administration.

The interview with Dr. Louis Lima tells us that there are in all 4 Doctors, four physical therapists, and three registered nurses at SHC who provided billable services to the patients. The facility seems to have sufficient space and the interviews do not reveal any space constraint at SHC. The interview with Bridgitte Beaumonte first informs us of the appointment, patient record and filing techniques, Insurance claims process and the accounting method. The accounting method seems more or less smooth with Constantine Combie, the Accounting Assistant not suggesting any difficulty with his job.

Lisa Langford the appointments clerk, Susan Sung patient records clerk and Tom Thomas insurance processing clerk however discuss in detail how tedious their respective jobs can be. The method used by the SHC seems to be a very elaborate and thus considerably lengthy. Each of the clerks is responsible for maintaining multiple records for their respective works. The nature of the tediousness of their respective tasks is summarized below:

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- Lisa Langford: The appointment lists are generated each day for the next day and a call list for the reminding patients for the appointments the day after. There are eight different appointment books for eight different providers. The setting up of appointment is done unscientifically and randomly, thus leading to a longer queue than what might be possible with an automated system. Also the work to be done on Thursday is the double the usual as she doesn't work on Saturdays. An automated system is a must to streamline the whole process and reduce patient waiting time and physician idle time (Wijewickrama and Takakuwa, 2012).

- Susan Sang: The patient filing system also seems to be not scientifically designed. The idea of 1 folder for each household sounds right but the Each folder contains the patient list, payment records and insurance claims and is often exchanged among the other two administration clerks. This raises the risk of misplacing of data and also the addition of new members to a household file seems random. A newer system of filing the patient records with the use of computers would eliminate such a threat and make retrieval of information much easier (Platiau, Gallina, and Jeffrey, 1972).

- Tom Thomas: The insurance claims seem to be a major problem area as these claims remain unattended or unaddressed for a rather long time. The non standardized claim forms that Tom needs to fill is a major problem. The claims status summary reports is also a problem area. These reports are tedious to build and utilize a lot of time and resources. A standardized procedure and pre filled templates would simplify the overall procedure.

References

Platiau, P, Gallina, J, and Jeffrey, L 1972, Computer improves record keeping. 1, Hospitals, 46, 22, pp. 90-95

Wijewickrama, A, and Takakuwa, S 2012, Designing outpatient appointment systems with patient characteristics: a case study, International Journal Of Healthcare Technology & Management, 13, 1-3, pp. 157-169