

## Workload Analysis

(see accompanying file *EEG Tech Activity Graph.xls*)

The accompanying excel pie chart graph illustrates an example of a staff activity workload analysis. These graphs represent the daily activity of the EDPS department's EEG technologist's work. Demand for EEG enters this department from numerous sources, is inspected, and is appointed. On the day of the appointment, the work flows through that department through a series of steps. In order to successfully complete the work a number of critical components including room, machine and technologist have to converge. Preliminary investigation revealed that the room and machinery are not the constraint. Those components actually exhibit quite a bit of idle time. The technologist governs the rate of flow - the work can progress only as fast as the technologist. The department then embarked on a meticulous study of the technologist's workload. What does she do and how much of it does she have to do?

There are a variety of ways that the technologist staff activity can be captured. The most simplified way is as follows:

- Direct patient work - the 'red zone' which indicates face-to-face contact with the patient/client
- Indirect patient work - activities that directly support the red zone. This would include activities such as review of chart prior to the appointment or visit.
- Non-patient work - activities that, while being part of the current job expectation and as a consequence are paid tasks, are not directly related to direct patient care. This would include activities like attending meetings.

In this example, the direct patient care work includes “applying, recording and removing.” This terminology refers to the tasks that the technologist performs related to the actual EEG test. The indirect workload is sub divided into two distinct components:

- Indirect - which includes escort, do a history, explain the test and room turnaround
- Report - which includes “erase, make and save” which are descriptions of the specific activities required in reporting the test. This is a type of indirect work. This group found it valuable to separate this activity out as it helped identify how much time the EEG technologist spends doing paperwork and report preparation which are activities that could potentially be done by another staff member. Shifting the work could result in more dedicated 'red zone' time.

The indirect work component can be broken down further to take a deeper cut at how much time is spent doing various activities. Within the indirect work component, many activities that could be done by others were identified. These included things like phone calls, chart reviews, dictation, documentation, paperwork, and consultation with physicians. Deeper and more meticulous investigations are more likely to identify whether the right people are doing the right work. Some programs have “travel” as a large component of indirect (and sometimes classified as non-patient care workload). This activity may require a separate and distinct category, but certainly requires an evaluation and decision.

Capturing staff activity with this type of analysis requires a commitment on the part of leadership, a tool that captures the correct categories of workload, and a willingness on the part of staff members to commit to doing a daily diary/journal for a period of time. One to two weeks of data generally provides a good sample. The required staff time for data collection will be unique to each program/person's work responsibilities and schedule. It is most useful to develop a tool that breaks the day into 15-30 minute segments. Common activities identified in advance such as (1) phone call, (2) chart review, (3) dictation and (4) travel, can be coded and entered as a simple code number rather than handwriting out the activities over and over again. Once the journals are completed, the data, entered as a code or a handwritten activity needs to be categorized into the general segments, then tallied and analyzed.