A 'simple' workload allocation system in Physiotherapy Department of TMH (RB)
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Introduction
In rehabilitation block of Tuen Mun Hospital, there are 440 active rehabilitation in-patient beds served by 6 teams of physiotherapists with a total of 19 physiotherapists and 9 supporting staffs. This service covered the majority of the in-patient rehabilitation need and offered around 110,000 attendances in NTWC in 2015. In the high clinical workload and fast changing manpower situation, traditional workload allocation system involving complicated manual calculation procedure could be very time consuming with low efficiency and low accuracy. And a few experienced staffs managed the whole process that caused low transparency of the system and negative feedback from the frontline staffs. A “simple” excel table workload allocation system managed by frontline physiotherapists was implemented since 2013. It could simplify the procedure of manual calculation, improve the efficiency and accuracy of the workload calculation as well as promote frontline staff commitment and positive working atmosphere.

Objectives
1) To simplify the daily workload allocation duty; (2) To promote the frontline staff commitment and positive working atmosphere in Physiotherapy department of TMH.

Methodology
Since May 2013, an electronic workload allocation system was implemented by using the Microsoft Excel software. With the preset formula in the system, operators simply input the number of working staff in each team with reference to the leave system, the duty of each team including physiotherapists and supporting staffs was shown automatically. The file was put in shared folder which could be accessed within HA network. The new system was operated by experienced staff (physiotherapist I) for one-month trial to ensure the smoothness of the system. Then representatives of the frontline staff in each team were empowered to use the electronic workload allocation system with the supervision of designated experienced staffs (physiotherapist I). The frontline staff rotated in by monthly basis in compiling the daily duty list.
Result
When compared to the original system of workload allocation (series of calculation with hard-copy template by an experienced physiotherapist), the new system was more efficient, accurate, flexible, timely and user friendly. The time in spending to compile the daily duty list was decreased by approximately 80%. With the new system, the accuracy of even workload allocation in each team was improved to 100%. Furthermore, the workload allocation could be adjusted shortly in response to urgent change of the manpower such as incidental call sick of staff and urgent increase of bed set during winter surge period. Besides, zero conflict among different clinical teams on the issues of workload allocation was reported after the implementation of the new system. The advancement in electronic system also enabled junior frontline staffs to be committed in daily clinical duty arrangement.