

Mr Gerard Hayes Secretary HSU

By Email:

info@hsu.asn.au

Cc Kim.Morgan@hsu.asn.au

Dear Mr Hayes

RE: New Administration Manager Position at Mona Vale Hospital

I am writing to advise you of a new position of Administration Manager being created at Mona Vale hospital. The proposed role is planned to commence in September 2022 and will provide our administration staff with a direct line manager. The role will also have responsibility for data management including providing dedicated support to and training for administration staff in our in-house data systems.

Please find enclosed Consultation paper for your review.

Our consultation period will commence on 31 August, 2022 and we welcome the HSU's feedback on this proposed new role. It would be appreciated if a response relating to the paper was received by 14 September, 2022.

If you have any questions or would like the opportunity to discuss this further please don't hesitate to contact me either via email Tayia.Yeates@health.nsw.gov.au or by phone 9998 6355.

Your sincerely

Ms Tayia Yeates

Acting General Manager

Mona Vale Hospital

Date:

Restructure – Consultation Document MVH Administration Manager

Overview of restructure

Mona Vale Hospital (MVH) conducted a review of the current administrative structure, identifying a need for a dedicated Administration Manager to take responsibility for data performance, staff management and governance of administrative processes.

Background

Prior to September 2018 MVH/Manly employed two Administration Managers, with responsibility for Patient Liaison Officers, ED Clerical and Switchboard staff. With the closure of MVH/Manly hospitals and the subsequent opening of Northern Beaches Hospital these roles were not retained. Since the reopening of MVH, administration roles have reported through Nursing with ad hoc oversight of administrative data integrity and process efficiencies.

Current Structure

Administration roles at MVH currently report to the following Managers:

- Director of Nursing
- Allied Health Manager
- Assessment and Rehabilitation Unit (ARU) Head of Department
- Rehabilitation and Aged Care (RACS) Head of Department
- Palliative Care Head of Department
- Nursing Unit Managers (NUMs)

The current structure is included in Tab A

Proposed Structure

The manager role will be responsible for ensuring District administrative KPIs are met, workload is shared equitably, resources are appropriately allocated and that administrative staff receive professional development.

With direct line management of identified Administration staff, the new Administration Manager will have responsibility for allocation of workload, prioritisation of resources, recruitment, orientation, training and development, PDR's, performance management, recognition and career development, monitoring compliance with District KPIs, initiating quality improvement and efficiency projects, rostering and vacancy replacements and managing the Administration Officer casual pool.

They will work closely with other Managers across services to ensure co-ordination of annual leave cover, system training, and dedicated support to staff in data performance including errors in billing, CHOC, SNAP, and NAP. This role will be a 'super-user' of administrative systems used for ABF funding and bulk billing and provide support and guidance to administration staff in their use and guidance on efficient workflow processes. Additionally, the role will be tasked with upskilling administrators in using Office365 functionality.

The Administration Manager role is graded as HM1 and will be 0.63 FTE.

The proposed position description is attached as Tab B.

The Administration Manager will have the following direct reports:

- Rehabilitation Aged Care Administration Officers
 – inpatient Assessment and Rehabilitation Unit and Beachside Rehabilitation Unit (ARU/BRU) and outpatient services-Administration Officer 4 & Administration Officer 2
- Community Health Centre (CHC) Receptionist-Administration Officer 3
- Urgent Care Centre (UCC) Ward Clerks/Receptionists-Administration Officer 3
- Chest clinic Administration Officer-Administration Officer 3
- Staff Specialist Administration Officer Geriatric Evaluation Management/Palliative Care Unit (GEM/PCU)-Administration Officer 4
- Casual Administration Officers

This restructure will result in a change in reporting line for the above staff working in these positions.

The table below indicates which administration positions are affected, including their current FTE.

Position	FTE	Current Line Manager	Proposed Line Manager
RACs Admin	1.6	RACS Head of Department	MVH Administration Manager
Admin Outpatient	1.0	Director of Nursing & ARU Head of Department	MVH Administration Manager
Staff Specialist Support GEMPCU	0.5	Director of Nursing	MVH Administration Manager
CHC Reception	1.0	Director of Nursing	MVH Administration Manager
TB Chest Clinic	0.2	Director of Nursing	MVH Administration Manager
UCC reception	2.7	Director of Nursing	MVH Administration Manager
BRU Reception	0.6	Director of Nursing	MVH Administration Manager
Casual Admin Officers x 4	-	Director of Nursing	MVH Administration Manager

Administration roles that will remain with their current line manager include – Ward Clerks, Allied Health Administrators and Clinical Support Officers (CSO). The table below shows the roles that are unaffected:

Position	Current Line Manager
Physiotherapy Admin	Physiotherapy Head of
	Department
OT/BRACE Admin	Occupational Head of
	Department
Executive Assistant to MVH	General Manager
Executive	
Support Services Admin	Facilities Manager
BRU CSO	NUM BRU
ARU CSO	NUM ARU
GEMPC CSO	NUM GEMPCU
Ward Clerk ARU	NUM ARU
Ward Clark GEMPCU	NUM GEMPCU
Ward Clerk BRU	NUM BRU

The proposed organisational structure is attached as Tab C.

Recruitment Timetable

The following table outlines the timeframes for consultation, recruitment, and communication of the role of Administration Manager.

Date	Actions	Responsibility
22 July 22	Position description finalised and submitted to the Grading Committee.	HR
	HM1 Grading confirmed - 22 July 2022	
3 Aug 22	ATF Brief submitted	GM
15 Aug 22	Hold Administration meeting to communicate details of new role.	HR and DON
31 Aug 22	Consultation paper sent to HSU for feedback. Consultation period from 31 August 2022 – 14 September 2022.	GM and HR
31 Aug 22	Review and incorporate consultation feedback into plans and documents.	
6 Cont 22	Hold 1-1 meetings with impacted staff to explain the change and seek their feedback.	Current Manager
6 Sept 22	Follow up with letter to affected staff to confirm change of reporting line and date change will be effective from.	
12 Sept 22	Confirm establishment with Employee Services to update StaffLink. Ensure Administration Manager position is established in line with the new organisational structure, staff are mapped to the correct positions/classifications, and obsolete position numbers/cost centres are eliminated in StaffLink and obtain final sign off from requesting manager.	GM

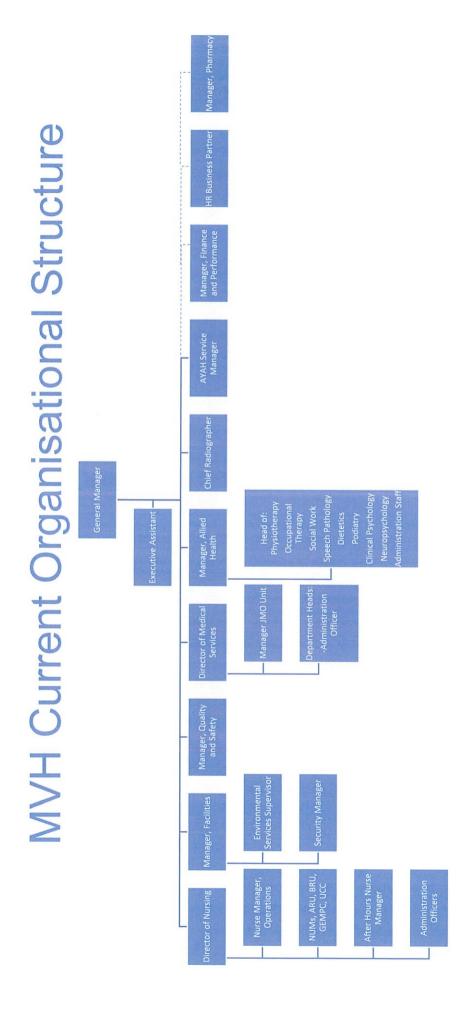
Review

The structure will be reviewed six months following implementation to ensure that staff and patients are safe and administration service is maintained. The General Manager to seek input from staff of the structure and identify recommended changes and improvements.

Approved	Position	Signed
Jennifer McConnell	General Manager Mona Vale Hospital	Jucay

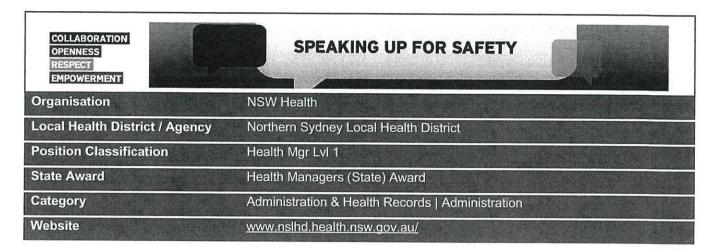
Attachments

TAB A – Current Organisational Chart TAB B – Position Description TAB C- Proposed Organisational Chart



POSITION DESCRIPTION NSLHD - Administration Manager





PRIMARY PURPOSE

The Administration Manager is responsible for optimising the delivery of administration services across Mona Vale Hospital, ensuring the delivery of high quality customer service that is effective and efficient and meets District KPIs.

COVID-19 VACCINATION COMPLIANCY

All NSW Health workers are required to have completed a primary course of a COVID-19 vaccine which has been approved or recognised by the Therapeutics Goods Administration (TGA). New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an approved medical contraindication certificate certifying the worker cannot have any approved COVID-19 vaccines available in NSW.

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations. Please provide proof of booster vaccination if available.

RESPIRATOR USE

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

ESSENTIAL REQUIREMENTS

As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.

NSLHD supports <u>diversity and inclusion</u> and these principles should be applied when interacting with our patients and work colleagues.



NSLHD - Administration Manager



KEY ACCOUNTABILITIES

- Ensuring the requirements of the patient journey from admission to discharge is accurately captured and administrative staff have high standards for data integrity, records management, billing processes and that data is entered within agreed timeframes. Providing advice to staff as an expert user of administrative systems and hospital applications.
- 2. Managing inpatient, outpatient and reception administration staff including rostering, recruitment, management of casual pool, undertaking performance development reviews and performance management, rostering attendance at mandatory training. Liaising with relevant operational managers to monitor performance and recognise excellence.
- 3. Coordinating administrative workload across services and providing leave cover. Facilitating professional development through administrative staff working across different roles and learning about other aspects of hospital administration.
- 4. Developing strategies and projects to improve the processes around the capture and recording of administrative data that supports revenue collection and minimises errors.
- 5. Fostering exceptional customer service among administration staff to deliver an outstanding patient, visitor and staff experience. Creating positive communication lines during initial responses to external complaints or queries from patients and families referring to Patient Representative Services.
- 6. Ensuring administration staff understand and adhere to data security and information privacy policies and take responsibility for maintaining confidentiality of patient information.
- 7. Contributing to hospital wide operational planning processes and projects as required.

KEY CHALLENGES

- Prioritising daily workload across administration teams members, liaising with local management to understand the administrative needs of different departments.
- Influencing and negotiating with key stakeholders and administration staff in a dynamic setting with competing needs and hierarchies.
- Coordinating activities and programs to continuously improve coding/billing accuracy to ensure the data collection, reporting and revenue raised reflects the complexity and diversity of care provided.

KEY RELATIONSHIPS	
Who	Why
Nurse Unit Mangers/Department Managers/Executives	Understand workload requirements in respect to administrative tasks. Allocate appropriate resources for relief coverage. Provide assistance with performance management. Consult about staff development opportunities and collaborate to ensure progress is achieved.
Finance and Performance team	Analyse inpatient revenue processes to identify improvement opportunities. Engage in improvement processes developed to ensure data collection KPIs are meet.
Administration Staff	Build relationships and understanding through open communication channels. Empower the team to excel in their roles, being consumer focused and encouraging a positive workplace culture.
Patients, Carers, Visitors and Staff	To champion outstanding customer service skills and assist in the delivery of exceptional patient, carer and visitor experience.



NSLHD - Administration Manager



SELECTION CRITERIA

- Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them
- 2. Relevant qualifications or relevant experience with demonstrated capability to manage staff and administrative processes.
- 3. Demonstrated experience managing a team of staff that deliver on service outcomes.
- 4. Demonstrates clear verbal and written communication with an ability to influence and negotiate in an assertive and courteous manner with stakeholders.
- 5. Evidence of exceptional customer service standards, demonstrated through a record of meeting or exceeding patient/consumer/manager expectations.
- 6. Demonstrated ability to be highly organized, take initiative, and work independently to achieve outcomes
- 7. Knowledge of NSW Health Administration systems including eMR, PBRC, MS Office applications, StaffLink, TRIM.
- 8. Demonstrated knowledge of maintaining patient data integrity, records management, revenue processes and ensuring privacy and confidentiality of data captured.



NSLHD - Administration Manager



Job Demands for: NSLHD - Administration Manager

Physical Demands		
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks	
Infrequent	Frequent	
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes	
Occasional	Frequent	
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks	
Infrequent	Infrequent	
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks	
Infrequent	Infrequent	
Squatting/Crouching - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery	
Infrequent	Infrequent	



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Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	Lifting/Carrying - light lifting and carrying (0 to 9 kg)
Occasional	Occasional
Lifting/Carrying - moderate lifting and carrying (10 to 15 kg)	Lifting/Carrying - heavy lifting and carrying (16kg and above)
Infrequent	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Not Applicable	Not Applicable
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Infrequent	Frequent
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Frequent	Not Applicable
Driving - Operating any motor powered vehicle	
Not Applicable	



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Sensory Demands		
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)	
Constant	Occasional	
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)	
Not Applicable	Not Applicable	
Touch - use of touch is an integral part of work performance		
Not Applicable		

Psychosocial Demands		
Distressed People - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness	
Infrequent	Infrequent	
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients	
Infrequent	Not Applicable	
Exposure to Distressing Situations - e.g.		



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child abuse, viewing dead/mutilated bodies	
Not Applicable	

Environmental Demands		
Dust - exposure to atmospheric dust Infrequent	Gases - working with explosive or flammable gases requiring precautionary measures Not Applicable	
Fumes - exposure to noxious or toxic fumes Not Applicable	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE Not Applicable	
Hazardous Substances - e.g. dry chemicals, glues Not Applicable	Noise - environmental/background noise necessitates people raise their voice to be heard Infrequent	
Inadequate Lighting - risk of trips, falls or eyestrain Infrequent	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight Not Applicable	
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C Not Applicable	Confined Spaces - areas where only one egress (escape route) exists Not Applicable	







Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls
Infrequent	Infrequent
Working At Heights - ladders/stepladders/scaffolding are required to perform tasks	Biological Hazards - exposure to body fluids, bacteria, infectious diseases
Not Applicable	Not Applicable



MVH New Organisational Structure

