

Project Title

Improving Turnaround Time of Obtaining Discharge Appointments Through Job Redesign

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital

Aims

To reduce the turnaround time in patients receiving post-discharge TCU appointments. To allow trainee to focus on learning the essential ward duties. To manage workload of ward PSAs, especially for cross-covering. To ensure patients receive an interim bill prior to/at point of discharge. To improve patient experience.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Overall patient experience is improved as appointments and statement of charges are obtained more timely. Ward PSAs can work on the frontline work while dedicated staff managed background tasks. Fewer appointment errors were made as staff performing the functions were fully competent and not distracted by ward activities

Conclusion

See poster appended/ below

Project Category

Workforce Transformation, Care & Process Redesign

Keywords

Ng Teng Fong General Hospital, Workforce Transformation, Job Redesign, Inter-Disciplinary, Care & Process Redesign Quality Improvement, Improvement Tools, Ishikawa, Patient Experience

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IMPROVING TURNAROUND TIME OF OBTAINING DISCHARGE APPOINTMENTS THROUGH JOB REDESIGN

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

MEMBERS: KEN KAN, DATSHINI CHANDRA, NUR HAFIZAH, NUR FADLINA, NURFARINA, SONIA JOHNSON

Define Problem/Set Aim

Problem Statement

Between Mar 19 to Apr 19, the turnaround time to obtain patient appointments after their discharge was inconsistent, ranging between 3 days to 2 weeks.

Due to manpower constraints, PSAs were frequently cross-covering multiple wards. The number of outstanding patients' SOC appointments increased. Fewer discharging patients were also receiving interim bills as PSAs were performing cross-covering duties.

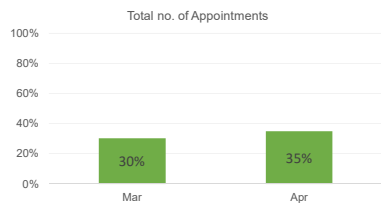
As a result, overall patient experience was affected as anxious patients would call to enquire about their follow-up appointments.

Aim

1. To reduce the Turnaround time in patients receiving post-discharge TCU appointments.
2. To allow trainee to focus on learning the essential ward duties.
3. To manage workload of ward PSAs, especially for cross-covering.
4. To ensure patients receive an interim bill prior to/at point of discharge.
5. To improve patient experience.

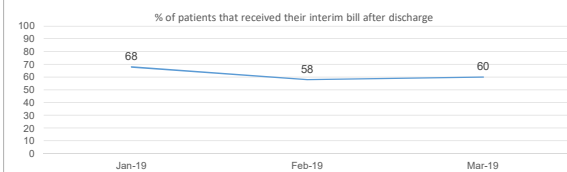
Establish Measures

Outstanding patients' appointments Mar 19 to Apr 19



Accumulation of outstanding appointments that could not be obtained within 1 week led to a high volume of appointments pending in the work queue list every month

% of patients received their interim bill at point of discharge

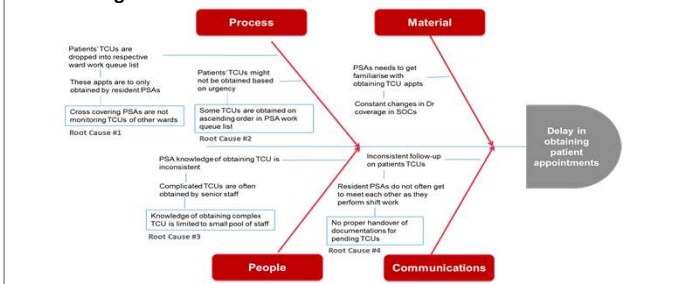


Analyse Problem

Current Process

- Patient appointments are only obtained by resident PSA as covering PSAs.
- Cross covering PSAs have challenges in obtaining outstanding appointments of both resident and covering wards.
- Patient appointments are often not timely obtained.
- Trainee PSAs make errors due to the insufficient competency to manage the complicated process of obtaining the post – discharge TCU appointments.
- Due to cross covering duties, PSAs were not present to issue interim bills to patients at the point of discharge.

Determining the Root Cause



Select Changes

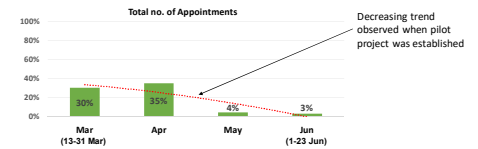
Possible Initiatives

- Team leaders and Reporting Officers to assist with PSA duties
- Request assistance from other Service Ops departments
- Mobilise non-rostered staff to report back to work
- Hiring of part-time staff to support appointment making function
- Centralise appointment booking function by a dedicated team of PSAs.

Test & Implement Changes

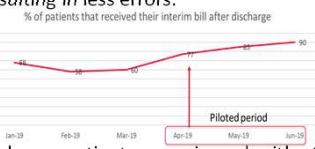
Piloting of Solution:

- Centralised appointment booking function was piloted for wards 8-10 (15 Mar'19 – 21 Jun'19)
- 1-2 senior staff were rostered to perform the duties, operating from Mon-Fri, 9am-6pm at back office
- Staff worked closely with ordering doctors and nurses to book appointments for discharged patients
- The role was also subsequently performed by some junior staff through personal coaching



Results:

- The no. of outstanding appointments has improved tremendously leaving fewer outstanding appointments that could not be obtained within the TAT of 1 week due to availability of slots.
- Booking of appointments is more streamlined and there is proper handover and ownership amongst staff to ensure no appointments are missed out.
- Experienced staff were able to obtain the appointment faster.
- Staff were more focused when performing the dedicated appointment making function, resulting in less errors.



- Majority of the discharge patients were issued with statement of charges during discharge process
- The enhanced workflow allows the patient to know their up-to-date bill size and creates an opportunity for them to seek clarification, if needed
- Serves as a checkpoint to verify patient contact details to minimise possibility of PDPA breaches
- Trainees can focus on other ward duties and complete trainings faster. More manpower available to be deployed in the wards.

Spread Change/Learning Points

Strategies to Spread Change

- To expand the pool of existing PSAs that are fully competent in appointment making
- To develop a detailed training plan for new staff to learn the appointment making function after they complete their ward competency training
- To include booking of external appointments to further streamline and manage the workflow.

Key Learning

- Overall patient experience improves as patients' appointments are timely obtained while majority of the discharged patients received their statement of charges during discharge process
- Ward PSAs can better focused on other frontline work (e.g. interim bill, FC related duties, etc.) while backend tasks are managed by dedicated staff.
- Fewer appointment errors were made as staff performing the function were fully competent and not distracted by ward activities.