

Project Title

Service Transformation – Improving Operational Efficiency & Productivity In Jurong
Community Hospital Outpatient Clinic

Project Lead and Members

Project lead: Ng Kian Swan

Project members: Khoo Chwee Khim, Angelin Hong, Thanaletchumi S, Sheperdson
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Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Patient Service Associates

Project Period

Start date: Apr-2018

Completed date: Jul-2018

Aims

To explore ways to improve the operational efficiency and productivity of the existing
pool of Patient Service Associates (PSAs)

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

Merging of the service counters have helped to cope with the increasing outpatient workload, balance workload among PSAs and the patients wait for a shorter period of time.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Value Based Care, Productivity, Access to Care, Waiting Time

Keywords

Operational Efficiency, Outpatient Clinic

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SERVICE TRANSFORMATION – IMPROVING OPERATIONAL EFFICIENCY & PRODUCTIVITY IN JURONG COMMUNITY HOSPITAL OUTPATIENT CLINIC

NG KIAN SWAN, KHOO CHWEE KHIM, ANGELIN HONG, THANALETCHUMI S, SHEPERDSON GWENDOLYN JCH OUTPATIENT PSA

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

Define Problem, Set Aim

Background

- There was a 38% increase in JCH Outpatient workload since 2016.
- By the fourth quarter of 2018, 6 new rehabilitation services would be introduced into JCH Clinic C12. With the commencement of the new services, projected workload would increase by 10%.
- The table below shows the workload from 2016 to 2018 (projected):

Year	2016	2017	2018
Clinic Workload	17,880	21,051	24,700 (Projected)
Workload (% increase)	-	18%	17%
Number of PSAs	5	4	4
Year to Year Productivity per staff (% increase)	-	47%	17%

Issues encountered

- Both Clinic C11 and Clinic C12 have 2 Outpatient PSAs deployed to the clinics
- Each team focus on serving patients in their respective clinics and have no visibility to the workload in the other clinic
- Thus, when the workload peaks in one clinic but low in the other, the PSAs were unable to pull resources to cope with the peak



Service Counter at JCH Clinic C11 and Clinic C12

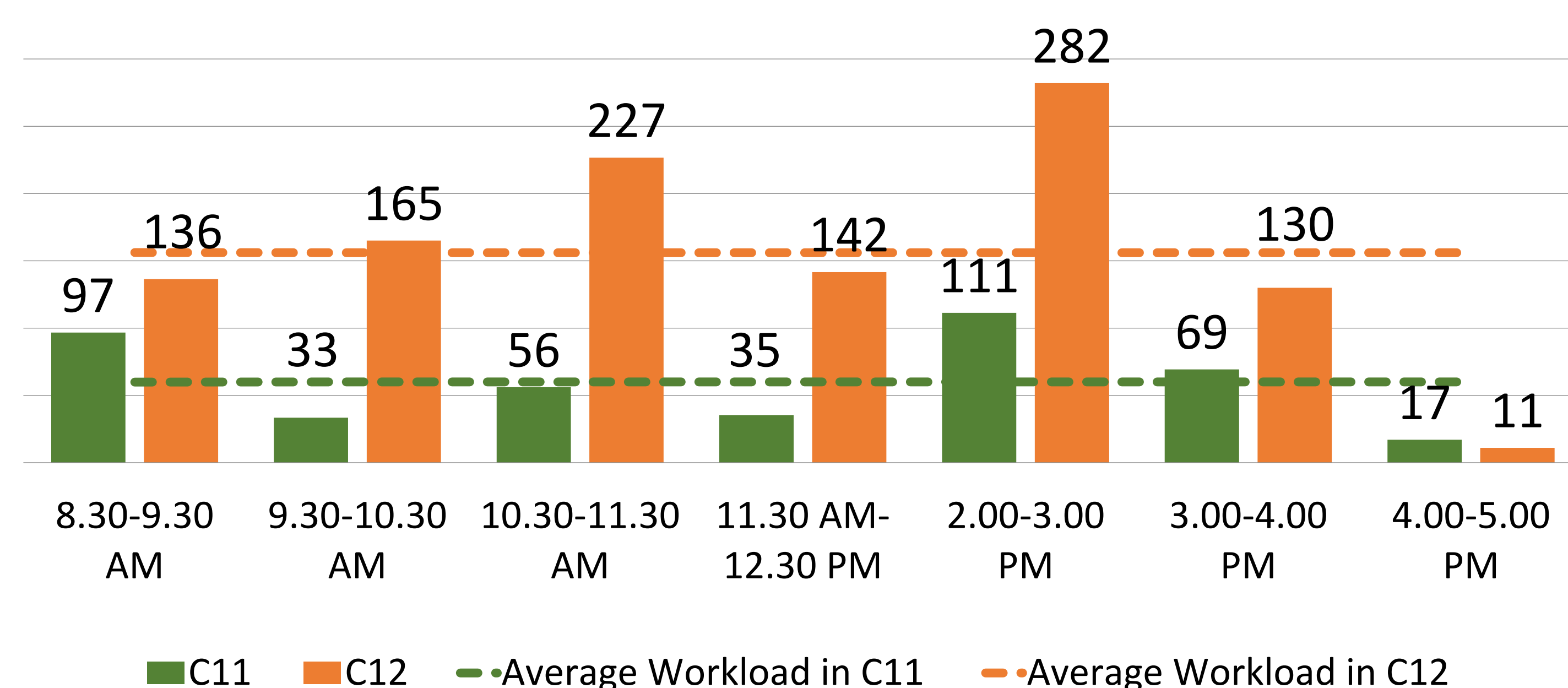


Aim

- With the projected workload increase, there was a need to explore ways to improve the operational efficiency and productivity of the existing pool of Patient Service Associates (PSAs)

Establish Measures

Workload by sessions in Clinic C11 and Clinic C12 (January 2018 to March 2018)



- The data collected revealed that there was uneven workload distribution in JCH Clinic C11 and Clinic C12.
- The workload in JCH Clinic C11 and Clinic C12 peaked at different time periods. In JCH Clinic C11, workload is highest at the start of the clinic session - 8.30am to 9.30am and 2pm to 3pm. Whereas, workload at JCH Clinic C12 was the highest at the mid day - 10.30am to 11.30am, followed by 2pm to 3pm.
- Hence, there would be greater synergy when the two service counters merged into one service counter as we consolidate the manpower of the two clinics. The merged clinic workload could then be evenly distributed among the counter PSAs.

Select Changes

- In April 2018, service counters at JCH Clinic C11 and Clinic C12 were merged into one service counter, located at JCH Clinic C11 to serve patients from both clinics



Service Counter at JCH Clinic C11

- With the merger, JCH Outpatient PSAs were cross trained to handle transaction for both clinics. Hence, they could assist their counterparts when one counter gets crowded.
- In addition, patients from JCH Clinic C12 were re-orientated to the new service counter



Test & Implement Changes

- Increase in overall productivity:** Data from April 2018 to July 2018 was extracted to study the effectiveness of the merger. The data below showed that before merger, the PSA versus Patient served ratio was 1:13. However, after merger, the PSA versus Patient served ratio increased to 1:34.

Workload at JCH Outpatient Clinic (Data from April to July 2018)	Before Merging		After Merging
	C11	C12	C11
Average No. of Patients Served Per Month	1064	1209	2273
Number of PSAs	2	2	3
PSA versus Patient Ratio	1:12	1:14	1:34

- Increase in operational efficiency:** Through cross-training, PSAs were versatile to cover both clinics seamlessly and outpatient workload was evenly distributed among the PSAs. In addition, the waiting time for counter service was reduced.

Learning Points

Merging of the service counters have several benefits

- Able to cope with the increasing outpatient workload
- Balance workload among the PSAs
- Patients experience shorter waiting time