

## **Project Title**

Improving the process in managing SOC patients and handling the responses to health declaration during COVID-19 period

## **Project Lead and Members**

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Project members: Adelin Lim, Shepherdson Gwendolyn Jill, Chay Yu Xuan, Wong Tze Chin, Clin A/Prof Gerald Chua, Karen Khong

## **Organisation(s) Involved**

Ng Teng Fong General Hospital

## **Healthcare Family Group Involved in this Project**

Healthcare Administration

## **Aims**

Our aim is to ensure 100% of SOC patients are evaluated without delay at the Screening Station before appointments are rescheduled and at the same time achieve zero incident of staff being exposed to COVID-19 infection.

## **Background**

See poster appended/below

## **Methods**

See poster appended/below

## **Results**

See poster appended/below

## **Lessons Learnt**

Due to the frequent change in workflow as a result of the change in health declaration questionnaire, team work and close communication are the most crucial factors in facilitating the smooth flow of patients at the Fever Screening Station and ensuring that no patients are denied treatment in the course of the screening.

## **Conclusion**

See poster appended/below

## **Project Category**

Care & Process Redesign

Quality Improvement, Workflow Redesign

## **Keywords**

Screening, COVID-19, Health Declaration

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# IMPROVING THE PROCESS IN MANAGING SOC PATIENTS AND HANDLING THE RESPONSES TO HEALTH DECLARATION DURING COVID-19 PERIOD

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- SAFETY  
 QUALITY  
 PATIENT EXPERIENCE
- PRODUCTIVITY  
 COST  
 TEAMWORK  
 COMMUNICATION

## Define Problem & Set Aim

### Problem & Opportunity for Improvement

During Feb to March 2020 period, all SOC patients (from 19 clinics, Radiology and Medical Social Services) who responded with at least one 'Yes' to the questionnaire were delayed at Screening Station and their appointments rescheduled due to declined entry. Any rescheduling will result in a delay in treatment.

### Background

Due to COVID-19 situation, SOC (Tower A) is locked down for controlled access into the clinics. All patients entering Tower A must go through temperature screening and health declaration before entry. Any patient who presented with fever or acute respiratory infection symptoms or responded at least one 'Yes' in the health questionnaire are re-screened and held up at the station. If patient's 2<sup>nd</sup> temperature reading is above 37.5°C after re-checking or clinic declines to see patient due to symptoms or 'Yes' to questionnaire, entry to SOC is declined and the SOC appointment rescheduled. On the other hand, if such patients are allowed entry, we risk exposing our clinic staff and other patients to COVID-19 infection.

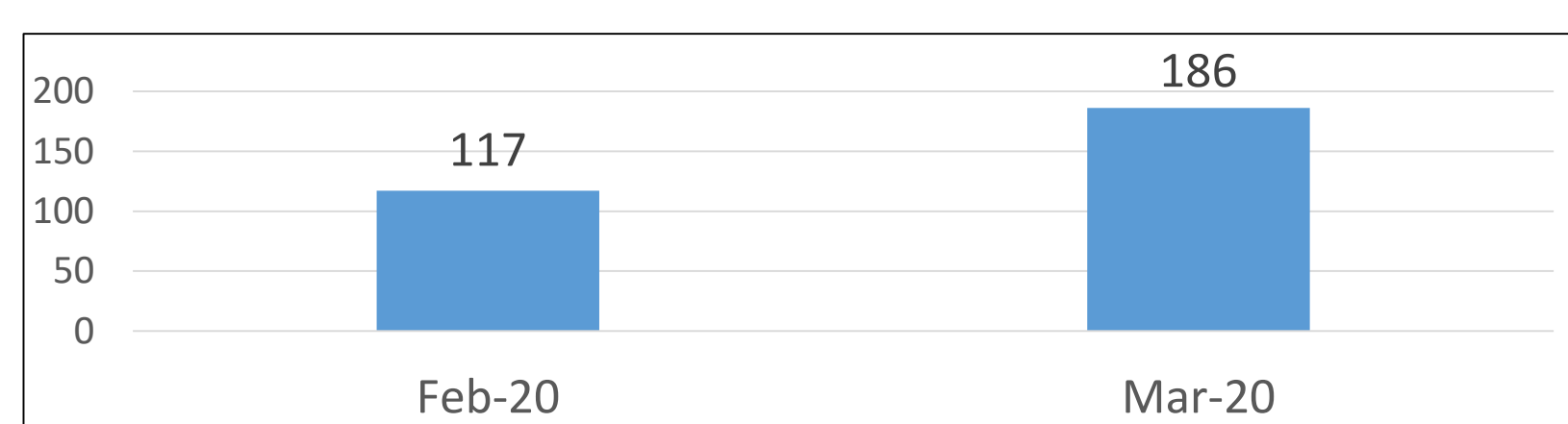
### Aim

Our aim is to ensure 100% of SOC patients are evaluated without delay at the Screening Station before appointments are rescheduled and at the same time achieve zero incident of staff being exposed to COVID-19 infection.

## Establish Measures

### Current Performance:

#### 1. Number of patients denied entry and their appointments being rescheduled

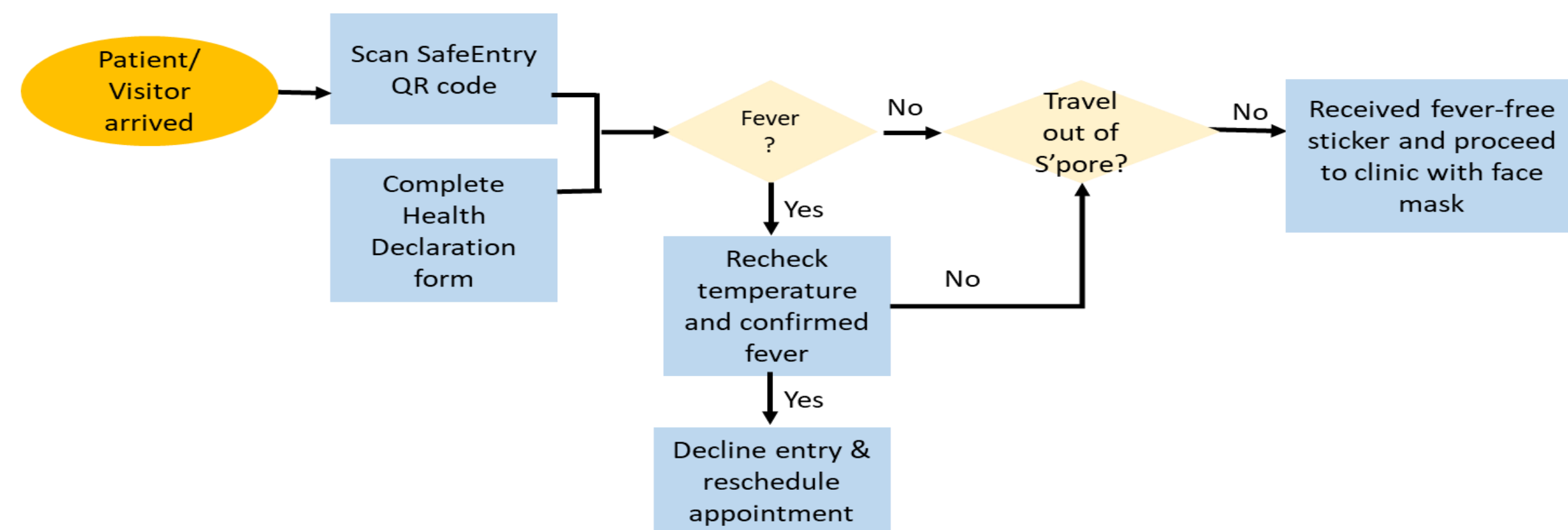


#### 2. Number of patients reported to have confirmed COVID-19 infection after SOC visit

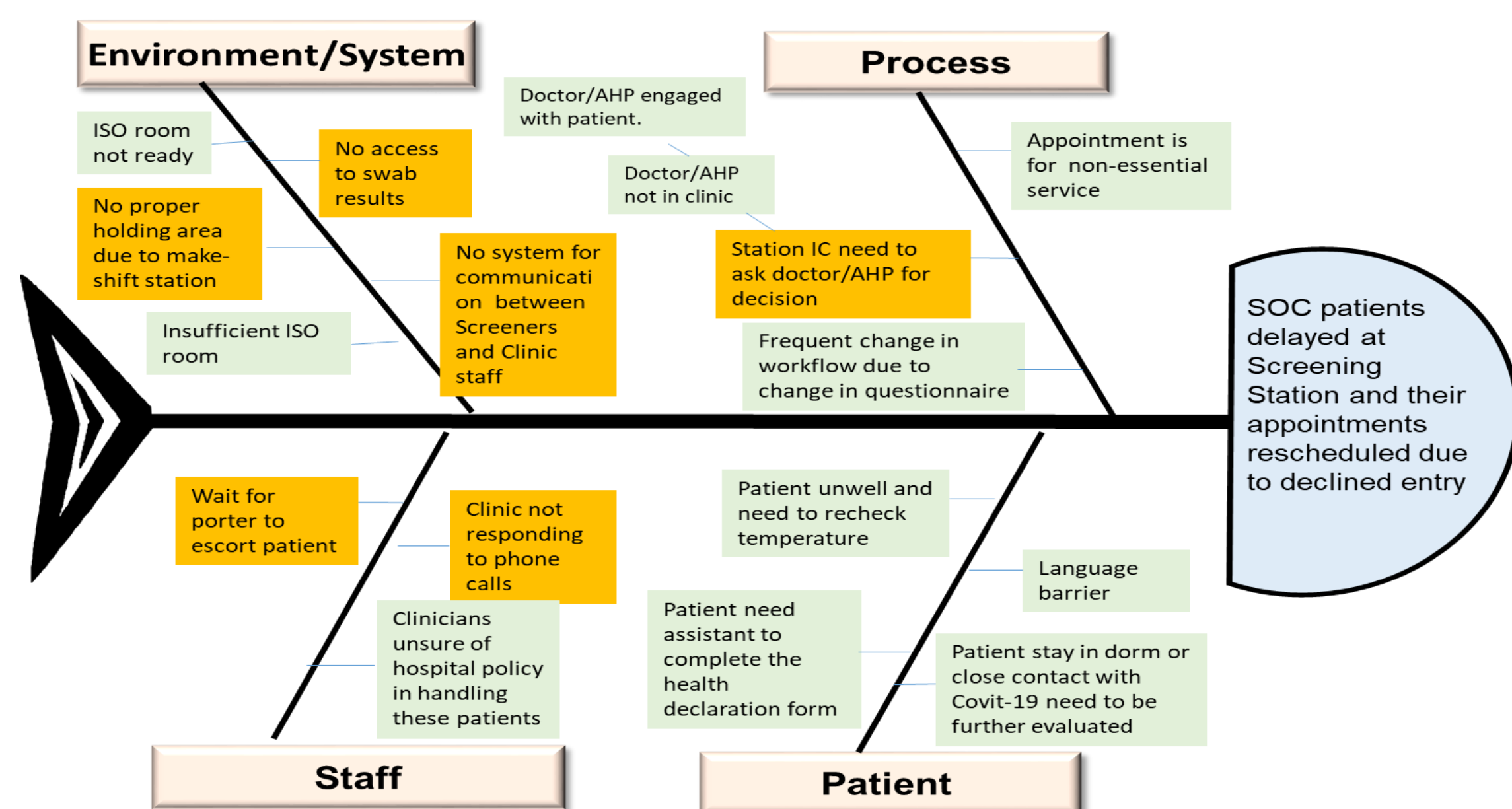
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## Analyse Problem

### Process before Interventions



### Probable Root Causes – Fishbone Diagram

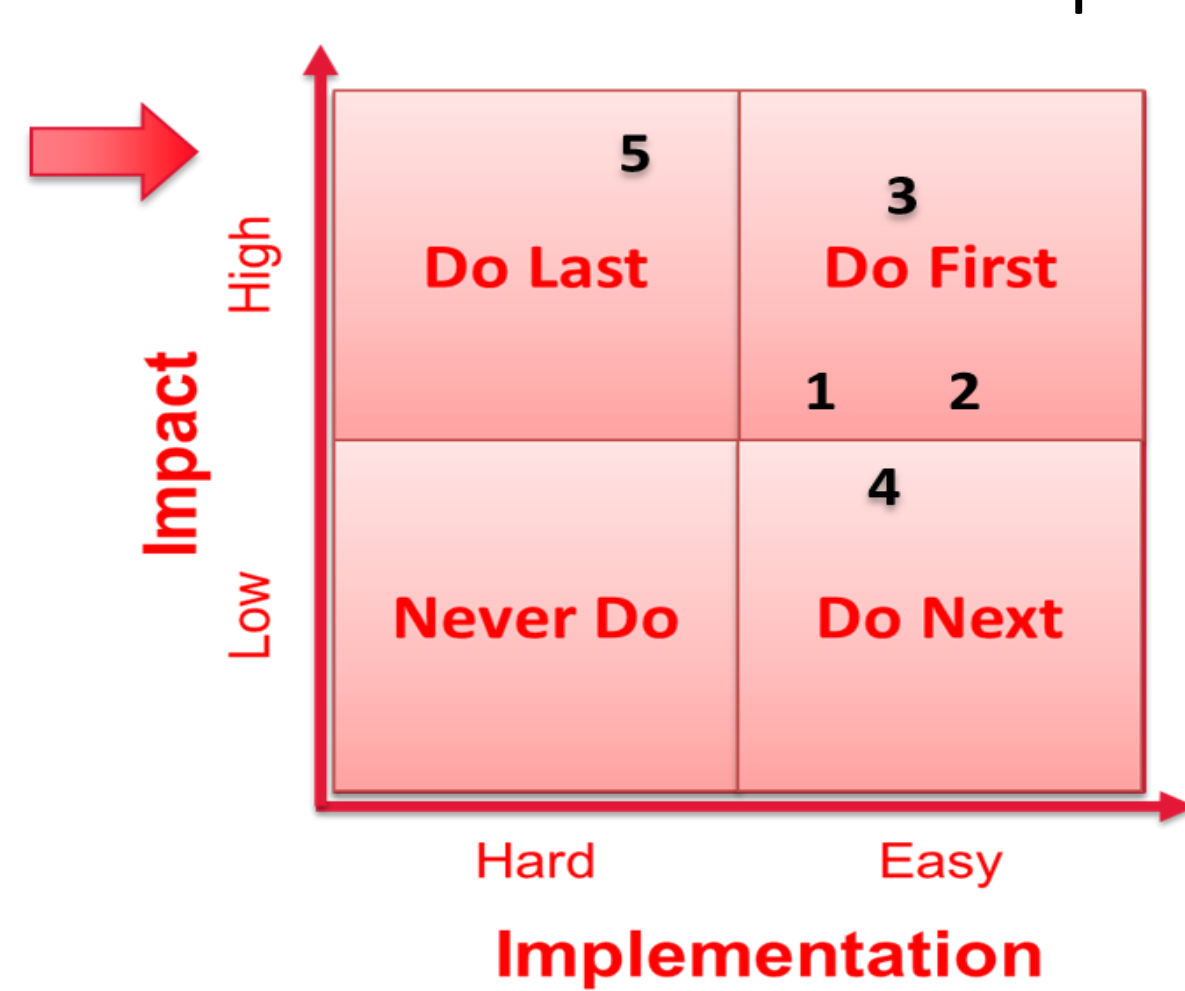


## Select Changes

### Probable Solutions

The following improvements were implemented based on ease of implementation:

Root cause	Potential solutions
1 - Clinic not responding to phone calls	Establish communication system for Screeners to work with Clinic staff using tigertext chatgroup
2 - No system for communication between Screeners and Clinic staff	Use Clinic A23 consult rooms & wait area as holding area.
3 - No proper holding area due to make-shift station	CCG to provide guidelines for handling of responses to health declaration questionnaire
4 - Station IC need to ask doctor/AHP for decision	To use SGWorkpass or/and CTR swab repository to check result.



## Test & Implement Changes

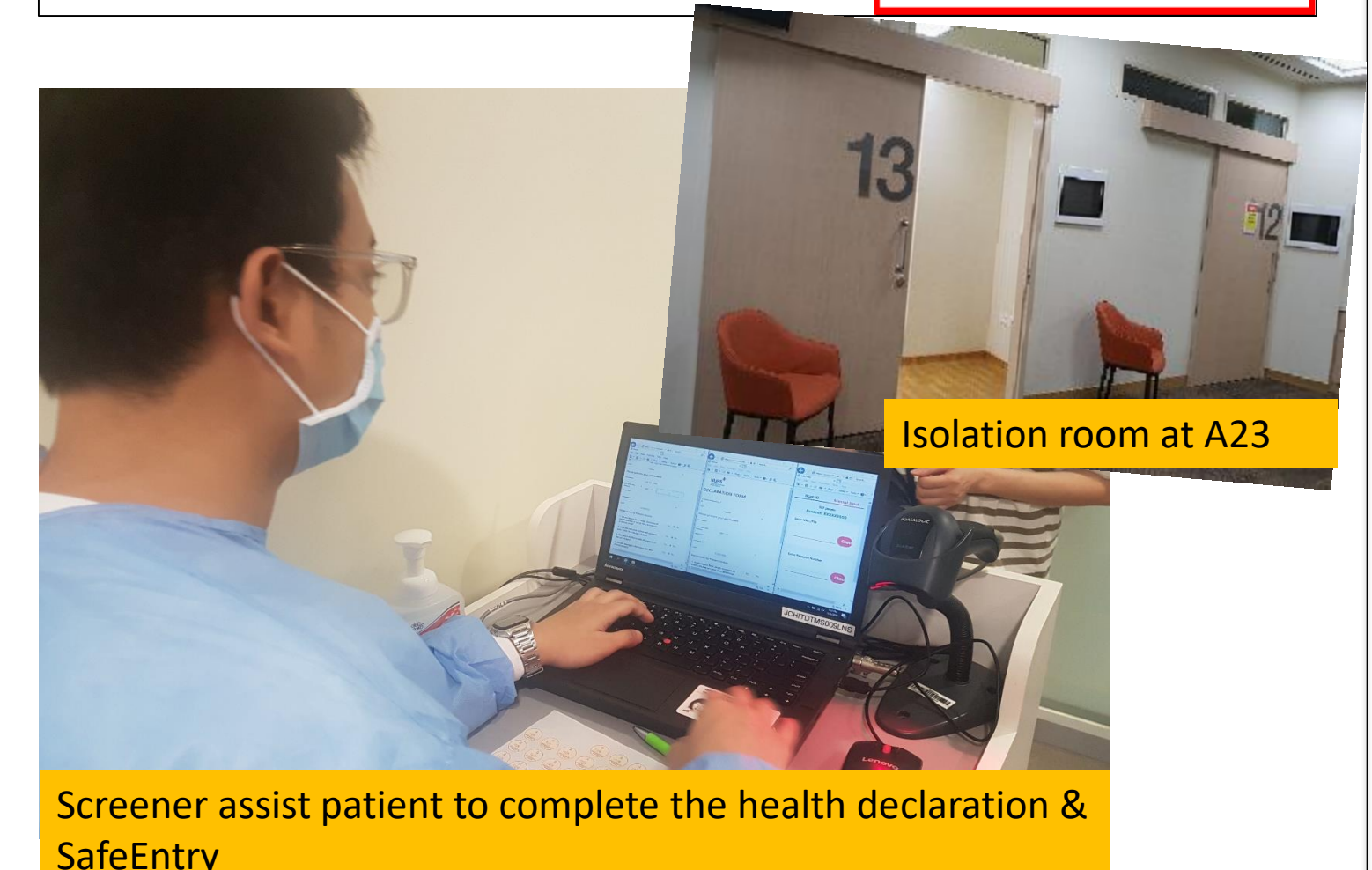
CYCLE	PLAN	DO	STUDY	ACT
1 (Mar-Jun)	Establish a communication system to inform patients and for screeners to work with clinics as they continuously screen patients.  To have proper holding area while waiting for clinic decision on disposition.	i. Send SMS messages to patients to inform them not to come for appointment, if unwell. ii. Use Tigertext chatgroup to communicate between Screening Station and clinics to check on urgency for appointments.  Use the single rooms at Clinic A23 to hold patients that are identified as potential risk of COVID-19 infection.	The Tigertext chatgroup helped to improve the response time as screeners get updated on the decision on disposition and this reduced the holding time for the patients at Clinic A23. Specialty Ops had to check with clinicians for decision on disposition. If proceed, clinicians attend to patients in full PPE.  Holding the patients at Clinic A23 reduced the risk of exposure to other staff and patients. However, as patient load increased, the number of ISO room at clinics were insufficient and waiting time for porters increased.	Continue with the workflow and monitor the COVID-19 situation.  Continue to hold patients at Clinic A23 single rooms.
2 (Jul-Aug)	Obtain guidelines for handling of responses to health declaration questionnaire.	i. Brief all Station IC and the screeners on disposition matrix to handle responses of the health declaration form. ii. Arrange for a porter to be stationed at A23.	Screeners could manage patients accordingly. Patients that were identified to proceed with appointments were escorted up to ISO room in clinic, thus reduced appointment rescheduling.	i. Clinicians attend to patients in full PPE. ii. Patients collect medications after the consult arranged to be done at Clinic A23. iii. Review porter's schedule
	To enable the Screening Station IC to decide on the disposition of the patients.	To use SG Workpass or/and CTR swab repository to identify patients after checking swab result to proceed to clinic as per normal	Station IC can determine which patients can proceed to clinic as per normal based on the swab results. This improved speed of screening and disposition instead of asking the Doctor/AHP for every patient.	Continue to place the high risk patients in ISO rooms. Monitor the COVID-19 situation and tailor the workflow accordingly.

### Handling of responses to health declaration

(a)	(b)	(c)	(d)	(e)	Patient coming to Tower A SOC / Tower C DRC	Accompanying persons Ward visitors & caregivers Vendors / Contractors
No	No	No	No	No	Allow entry if Patient / visitor is healthcare worker in the high risk areas wearing full PPE, and ensure they declare that they do not have unprotected close contact with COVID patients OR (b) Accompanied persons on duty to bring patients for appointments (e.g. nursing home care assistants, ambulance drivers, CERTIS/CISCOSS) if they had declared they don't full PPE during their course of duty in contact with COVID patients Rescheck Q (a) & temp before allow entry	No entry: Give mask (if not wearing) & direct to PHPC / Polyclinic / ED
No	No	No	Yes	No	Give mask (if not wearing) Isolate in A23 room / Tower B & C lobby	No entry: "Cannot go out to work"
Yes					Inform SOC Dr or AHP / DRC / AO / RAD staff For Qn (c) to check SG Work Pass App Await disposition instructions	No entry: "Cannot go out to work"
No	Yes				Give mask (if not wearing) Rescheck Q (a) & temp Allow entry	No entry: "Cannot go out to work"
No	No	Yes	No	No	Give mask (if not wearing) Rescheck Q (a) & temp Allow entry	No entry: "Cannot go out to work"
No	No	No	No	Yes	Give mask (if not wearing) Rescheck Q (a) & temp Allow entry	No entry: "Cannot go out to work"
Yes		Yes			Escort to ED along designated route	No entry: "Cannot go out to work"
Yes			Yes		Escort to ED along designated route	No entry: "Cannot go out to work"

### Handling of foreign workers staying in dormitories.

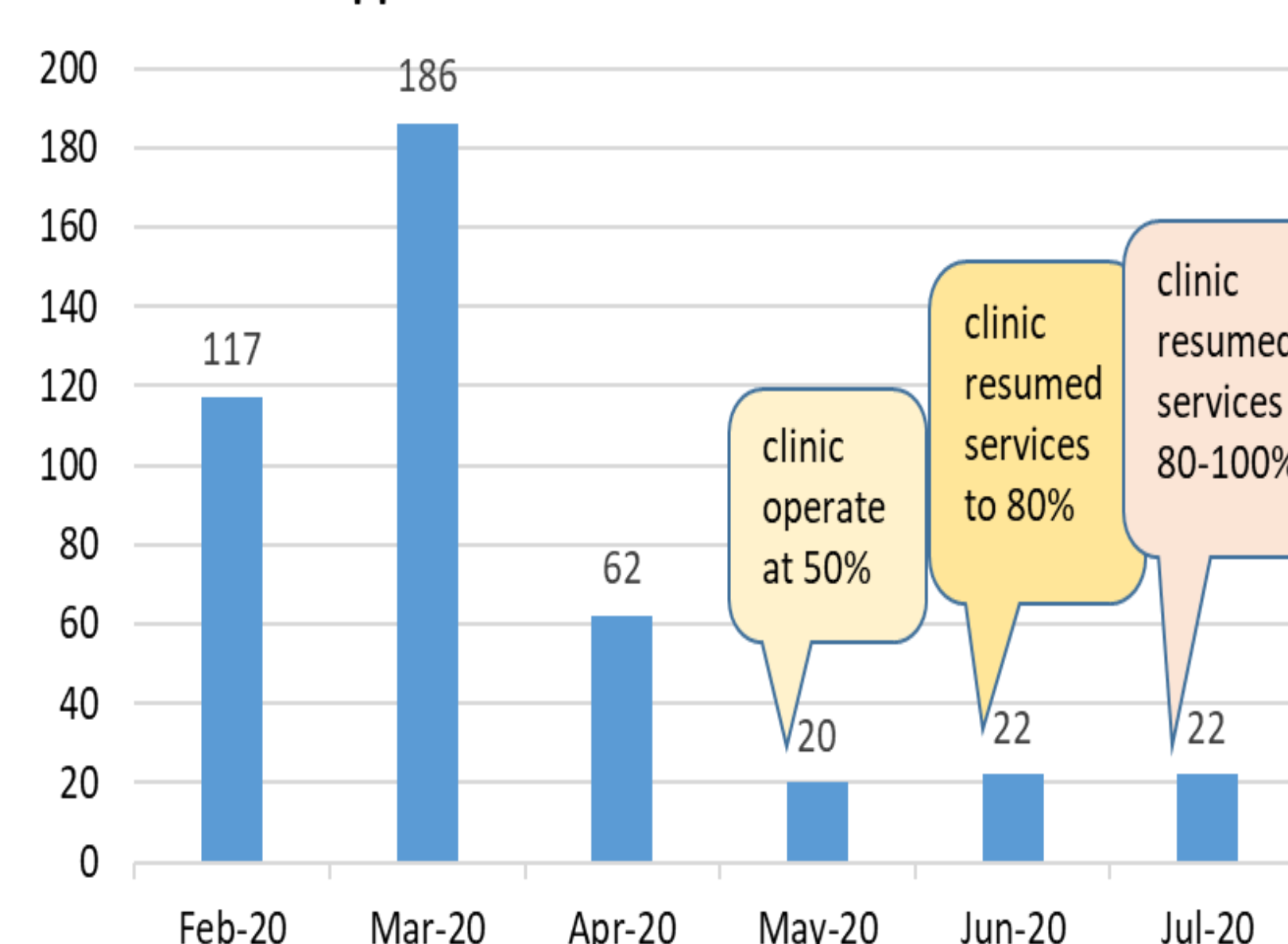
COVID-19 INFECTION	PLACE OF STAY	What to do?	Possible outcomes	My AccessCode
1	Green	Check CTR / NEHR for swab +/- serology results	RW: proceed CNW: proceed if swab (-) within 14D	Cannot go out for work APPROVED TO START WORK
2	Green	Check with clinician on urgency of appt	RW: proceed CNW: proceed if swab (-) within 5D	COVID-19 INFECTION Cleared STAY-HOME NOTICE No
3	Red	Postpone visit or Direct to ED		TRACETOGETHER Isolated PLACE OF STAY Temporary Exemption



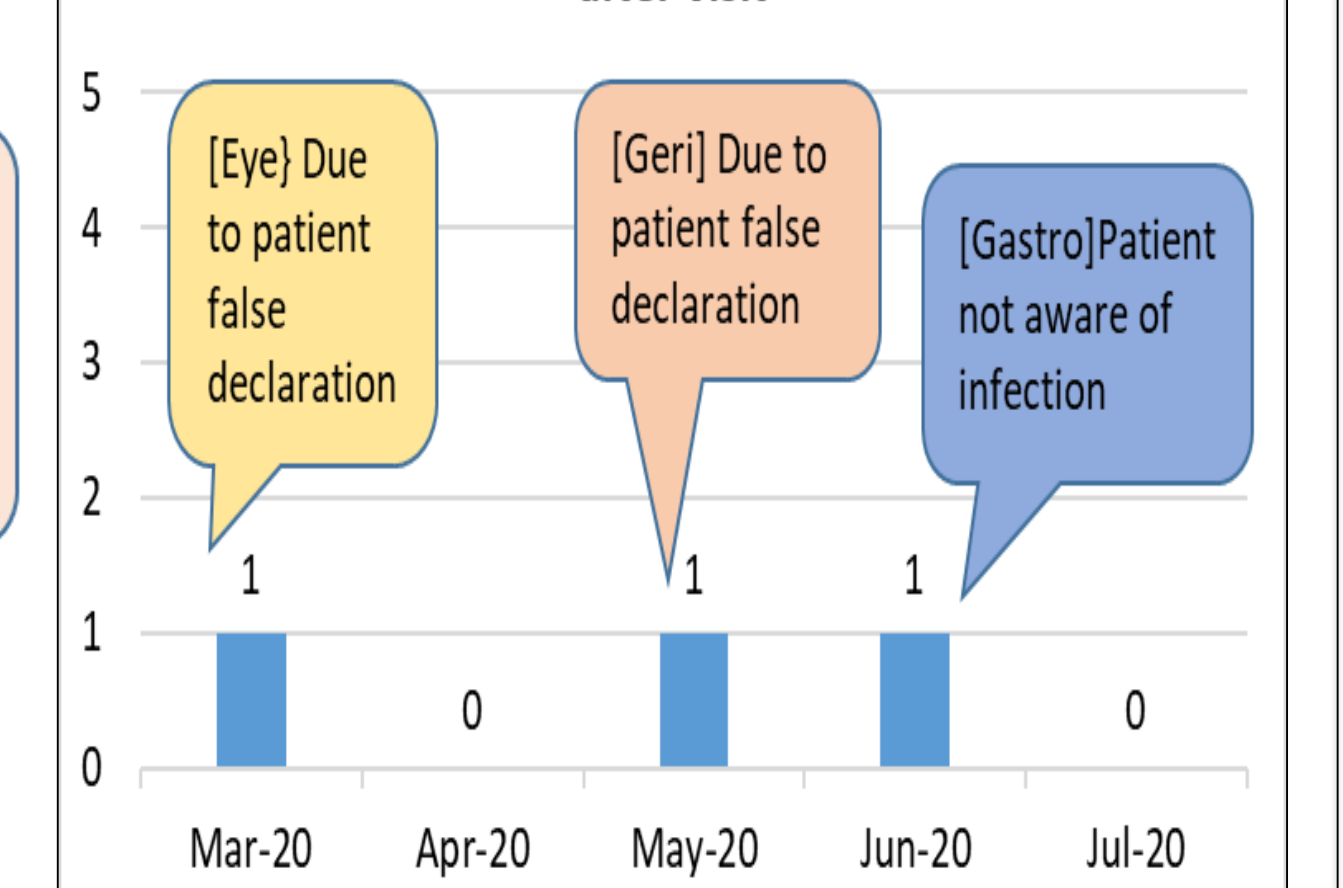
## Outcome

The number of patients denied entry has been minimal while the services has been resumed to 80-100%.

### No of Appointments Rescheduled after evaluation



### Nos of patient identified to have Covit infection after visit



## Spread Changes, Learning Points

### Key Learnings

Due to the frequent change in workflow as a result of the change in health declaration questionnaire, team work and close communication are the most crucial factors in facilitating the smooth flow of patients at the Fever Screening Station and ensuring that no patients are denied treatment in the course of the screening.