

### **Project Title**

To Receive 100% Elective Surgical Procedure Approval Letter Before the Next TCU Day

### **Project Lead and Members**

- SSN Khadijah Azman
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- Dr Leonard Tan Toh Hui

### **Organisation(s) Involved**

Changi General Hospital

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

Nursing

### **Specialty or Discipline**

Surgery

### **Project Period**

Start date: Apr 2020

Completed date: Sep 2020

### **Aims**

To receive 100% elective surgical procedure approval letter before next TCU day

### **Background**

See poster appended / below

### **Methods**

See poster appended / below

**Results**

See poster appended / below

**Lessons Learnt**

See poster appended / below

**Conclusion**

See poster appended / below

**Additional Information**

Singapore Healthcare Management (SHM) Conference 2021 – Shortlisted Project  
(Operations Category)

**Project Category**

Care & Process Redesign, Quality Improvement, Workflow Redesign, Value Based  
Care, Functional Outcome, Care Continuum, Outpatient Care

**Keywords**

Prison Medical Services, Trackable List, Security Risks

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**Singapore Healthcare Management 2021**

# To Receive 100% Elective Surgical Procedure Approval Letter Before The Next TCU Day.



Changi General Hospital  
SingHealth

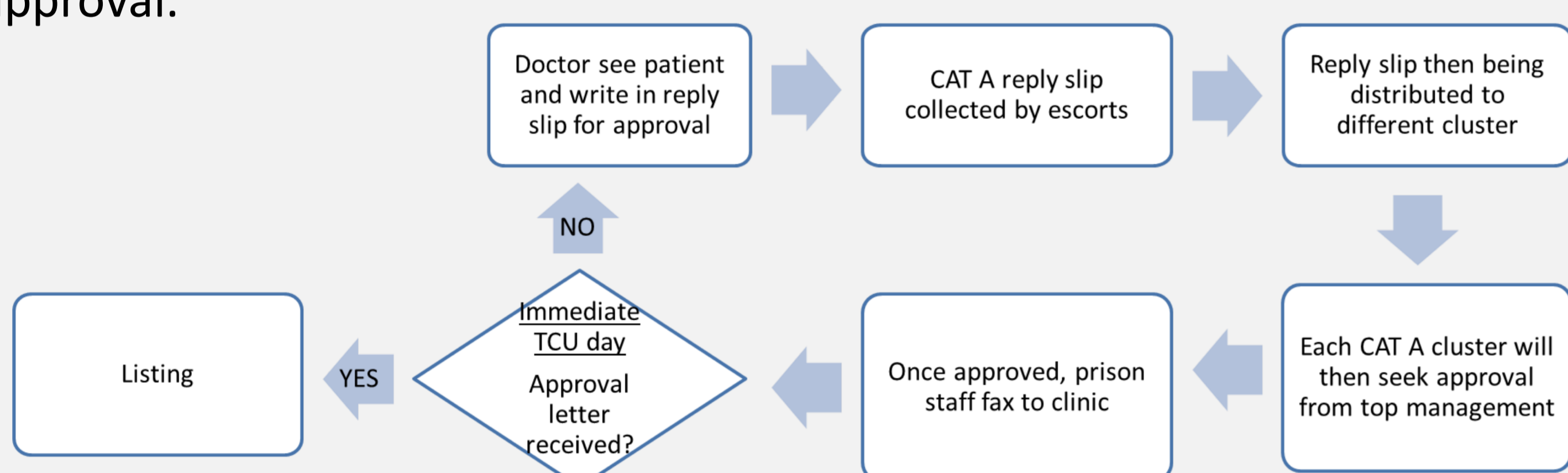
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## Introduction

Approval of elective surgery for Cat A patients must be given by the prison medical services prior to listing. The approval letter is usually faxed to the respective specialist outpatient clinics by the prison medical services and scanned into the electronic medical records.

There was only 70% of patients that have the approval letter during their immediate follow-up visits over the last 6 months. Patients who do not have the approval leads to repeated consultation visits which increases security risks; causes frustration to both patient and doctor. Ultimately resulting in treatment delay.

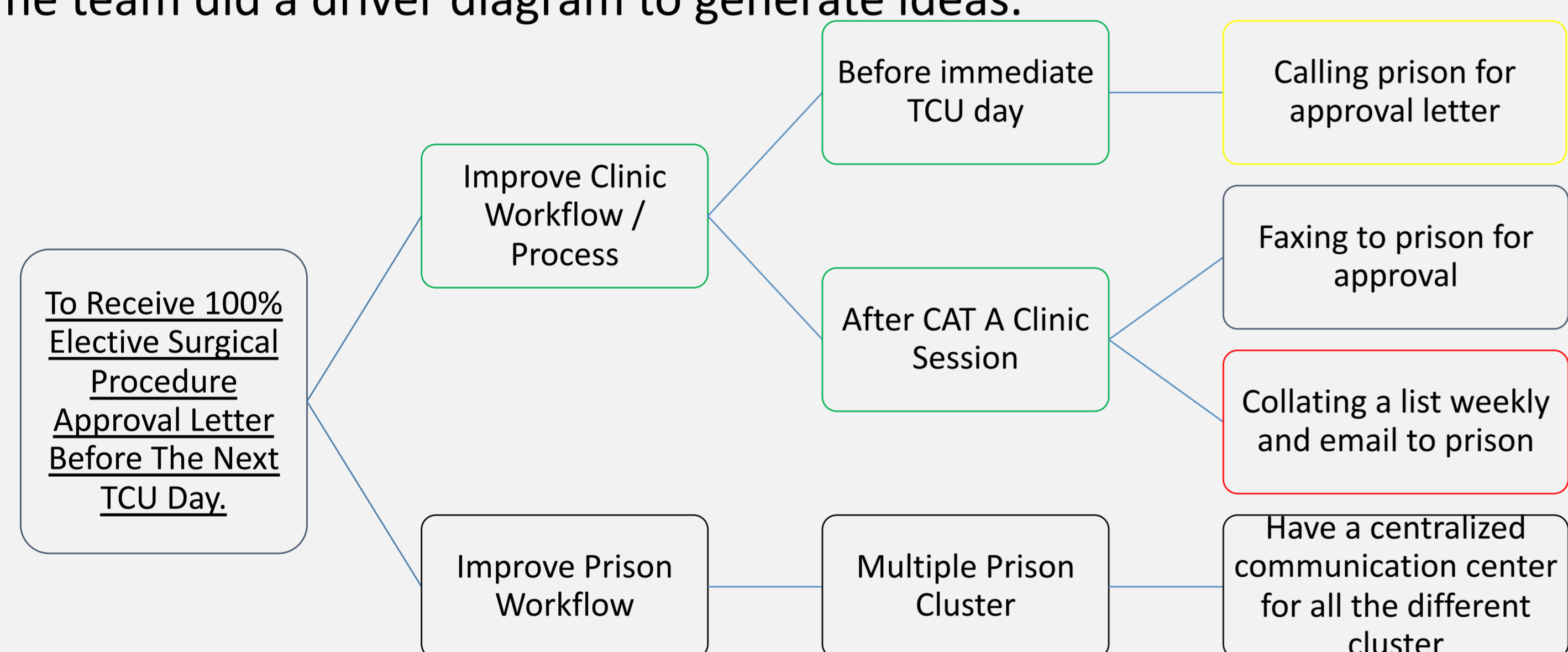
The main reason as shown in the diagram below for low approval letter received is loss in transmission as there are so many processes in getting the approval.



The aim of the project is to receive 100% elective surgical procedure approval letter before next TCU day.

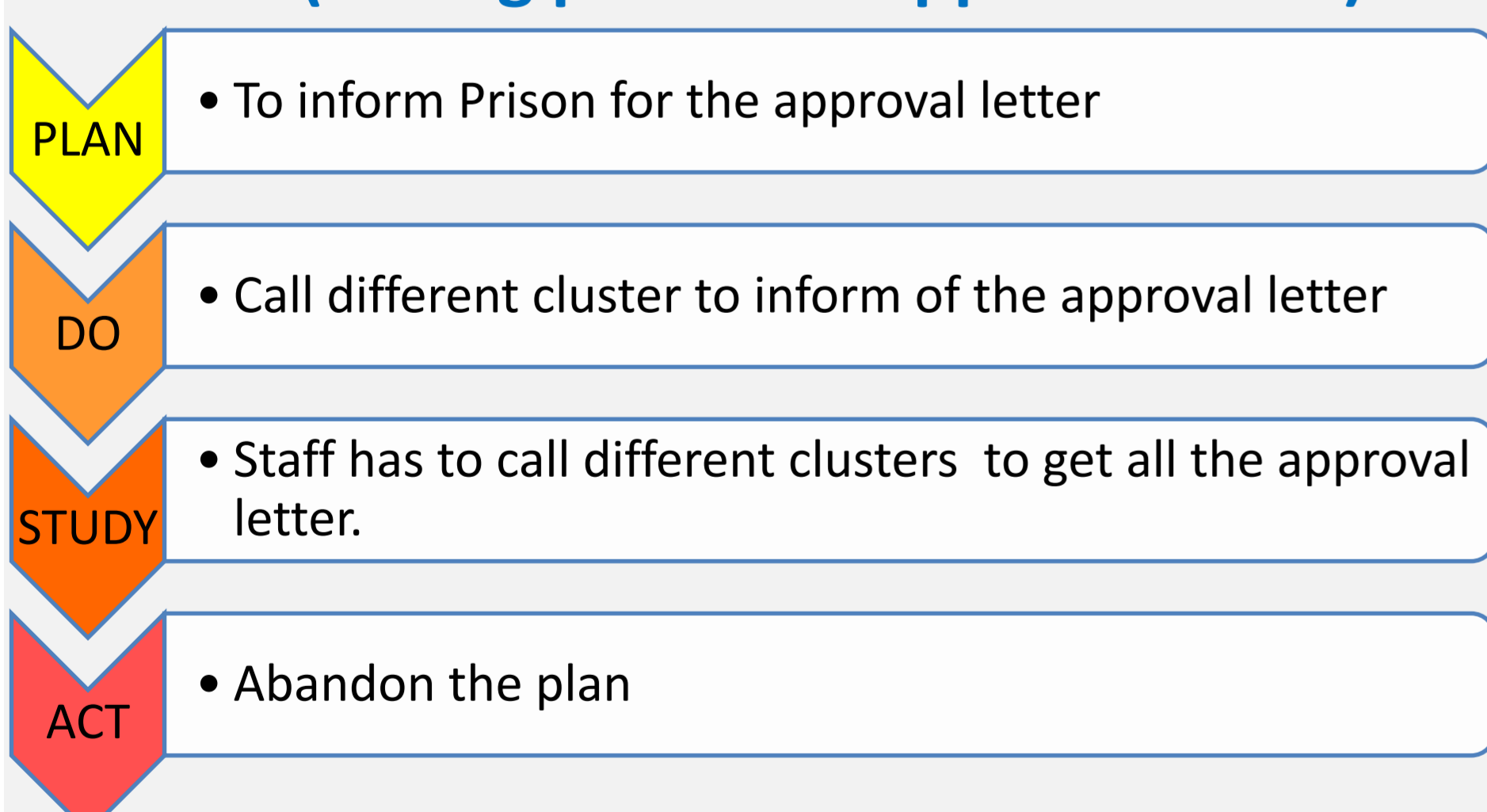
## Methodology

The team did a driver diagram to generate ideas.



The team tried 3 PDSAs: calling the prison for the approval letter; faxing the prison cluster for the approval; collating a list weekly & email to prison.

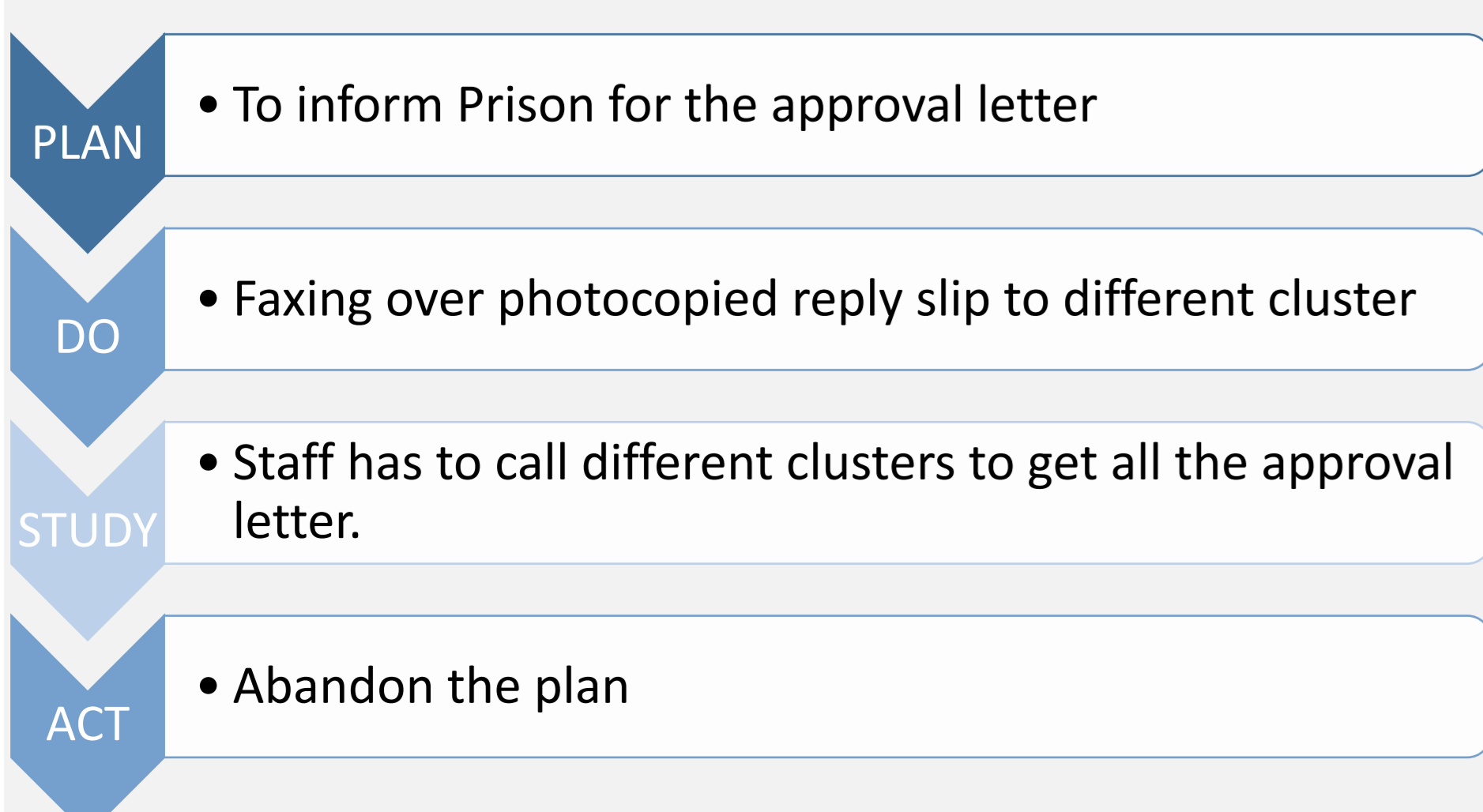
### 1<sup>st</sup> PDSA (Calling prison for approval letter):



- Cons:**
- Difficult to identify which cluster the patient belongs to
  - Information received may not be accurate.
  - Multiple phone calls just to identify the correct cluster.

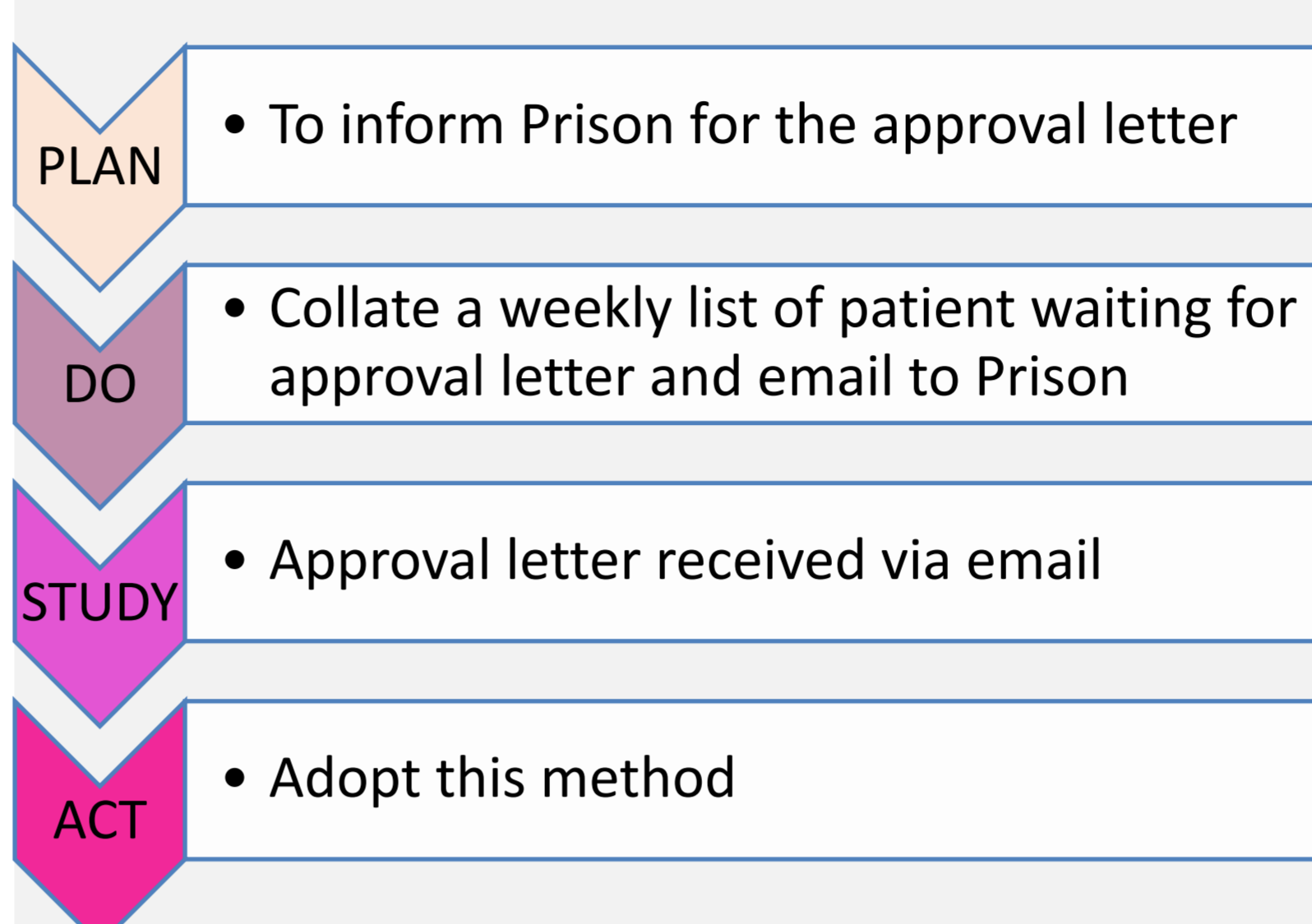
### 2<sup>nd</sup> PDSA (Faxing to Prison for approval):

To inform Prison for the approval letter



- Cons:**
- Cluster details of the patient stated in the reply slip may not be updated.
  - Clinic staff to call the clusters after faxing to confirm receipt of the reply slips
  - Calling multiple clusters again to identify the correct cluster.

### 3<sup>rd</sup> PDSA (Collate a weekly list and email to prison):



**Pros:**

- Email the list to a group of cluster in charge.
- Does not require the clinic staffs to divide which cluster the patient belongs to.
- The respective prison staff will reply via email with the approval letter before the patient's next TCU.

## Results

**Outcome measures:** Percentages of approval letters received during immediate follow-up.

During the 1st and 2nd PDSAs, the percentage of the approval letters did not increase. However in 3rd PDSA, the percentage of approval received during the immediate TCU day increased to 100% and it maintained for the next 4 months.

Percentages of Approval Received During Immediate Follow Up



**Process measure:** The compliance rate of staff following the new workflow.

The compliance rate of clinic staffs doing the 1<sup>st</sup> and 2<sup>nd</sup> PDSAs was 60%. Clinic staffs had difficulty getting to the correct prion cluster for the approval letter and this hindered them from following up as too much time was wasted on calling.

The compliance rate was 100% for 3<sup>rd</sup> PDSA as the workflow was much easier to follow and does not require too much time to spend on it. This was maintained throughout the 4 months.

**Balance Measure:** In the 1<sup>st</sup> and 2<sup>nd</sup> PDSA, clinic staffs was unhappy with the new workflow as it requires more time for them to follow-up on the cases.

In the 3<sup>rd</sup> PDSA, clinic staffs was more satisfied as lesser time and effort was required for the new workflow. This has reduced the number of patients coming back for TCU just for the approval letter. It also helps doctors with continuation in the patient's treatment.

## Conclusion

Improving the elective surgery approval process for prisoner patients was challenging. Prisoners are in various clusters and each clusters are managed by different officers. The use of labour intensive methods and the difficulty of locating the prisoner in the correct cluster frustrated our clinic staff resulting in no improvement.

Our success came when we decided on creating a trackable list of patients that we could check back on, the nursing manager as a liaison and using email to communicate with all clusters in a single setting weekly. This resulted in less repeat visits by our Cat A patients, reducing security risks in patient transport and being able to see more patients with acute issues.