

CHI Learning & Development (CHILD) System

Project Title

Project LESS - Lighten ED Safekeep Stockpile

Project Lead and Members

Project lead: Desmond Koh

Project members: Lye Siew Lin, Joyce Loke Poh Ching

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing, Ancillary Care

Applicable Specialty or Discipline

Emergency Department, Patient Service Associates

Aims

ED wants to reduce the number of safekeeping bags held, and time taken for ED PSA to look for these bags by **at least 50%** from May 2020 levels.

Background

See poster appended/below

Methods

See poster appended/below

Results

See poster appended/ below



CHI Learning & Development (CHILD) System

Lessons Learnt

A willing spirit to kickstart difficult conversations, and adopting a team lens to

challenges is key to a good project. Without ED nursing championing the effort, and

inpatient nursing empathetic to the pains, ED operations could not have made

progress on the issue alone.

Conclusion

See poster appended/below

Project Category

Care & Process Redesign, Value Based Care, Productivity, Manhour Saving,

Operational Management, Inventory Management, Quality Improvement, Workflow

Redesign, Job Effectiveness

Keywords

Safekeeping, Personal Belongings

Name and Email of Project Contact Person(s)

Name: Desmond Koh

Email: koh tze hock@nuhs.edu.sg

PROJECT LESS - LIGHTEN ED SAFEKEEP STOCKPILE

MEMBERS: DESMOND KOH TZE HOCK, LYE SIEW LIN, JOYCE LOKE POH CHING

Define Problem & Set Aim

Opportunity for Improvement

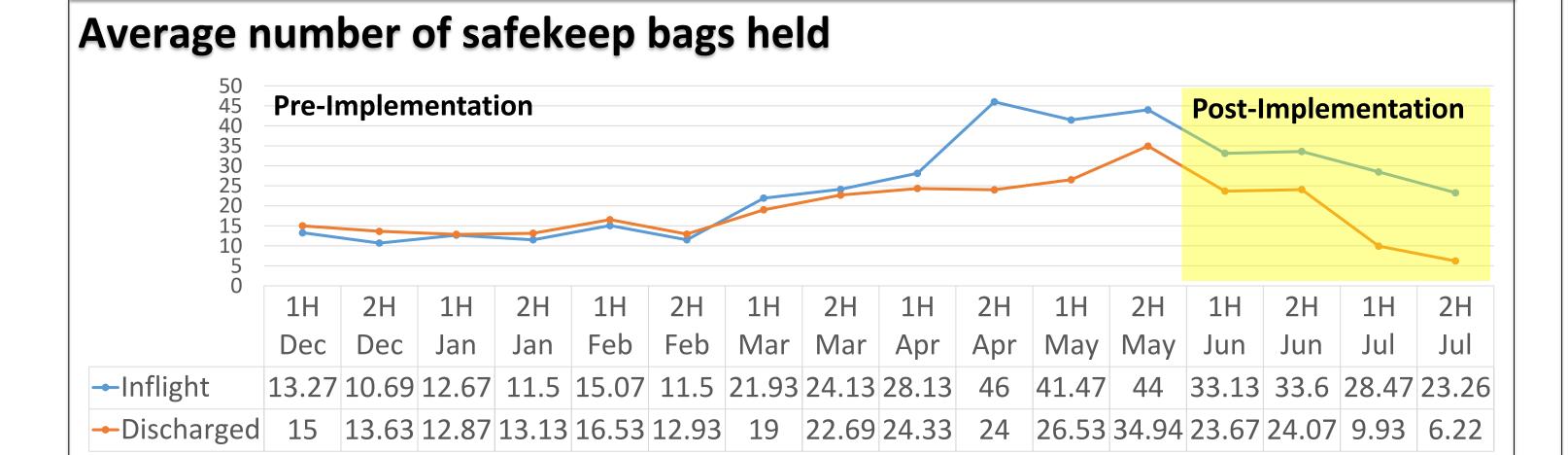
As Covid-19 gathered pace, the number of safekeeping bags held by ED more than tripled from an average of **25** a day in **Dec 2019** to **79** in **May 2020**. Visitation restrictions prevented nurses from passing the valuables (eg NRIC, watches) of less-well patients to next-of-kin (NOK). Bags are **squashed**, and **spilled out** of the crowded safe when it was opened. As a result, ED PSA needed **2.5 minutes** to locate one safekeeping bag on average in May 2020, up from an average of 1 minute in Dec 2019.



Aim

ED wants to reduce the number of safekeeping bags held, and time taken for ED PSA to look for these bags by **at least 50%** from May 2020 levels.

Establish Measures



Analyse Problem

The flow chart below represents the safekeeping work process:

ED Nurse records down all patient valuables on safekeeping form

ED Nurse packs valuables into tamper-proof bag and seals them

Bag and form passed to ED PSA, both parties sign safekeeping forms

ED PSA places bag in safe, retains 1 form. 2 other forms to be placed in patient folder by ED nurse

When ready to claim items, ward nurse or NOK comes to ED with the forms. Bag collected.

ED PSA brings out form retained by ED. All 3 forms signed. ED, ward, and patient retains 1 copy each.

1 to 2 ED PSA assigned 45 mins daily to call up patients and NOK with uncollected items

Interviews were done with ED nurses and PSAs. Pain points were grouped and mapped onto a fishbone diagram. To facilitate pareto analysis and discussion, the team noted the number of times each concern was raised.

Process People R1: No strategy to identify the groups P1: NOK to newly admitted causing pileup – PSA chased patients patients prefer to collect and NOK for collection by order of arrival belongings during or after visitation R2: No proper tracking system to monitor when patients/NOK are contacted to collect **P2**: Nurses prefer to the bags, resulting in wasted work account for valuables via sealed bag to mitigate R3: Bags held increased as NOK cannot accusations of loss accompany patient, and hold onto their items P3: PSA works R4: Inpatient nurses prioritised clinical care inefficiently due to over the admin tasks like collecting belongings strategy and tracking, R5: Surveillance and clean wards reduced and short allocated time What is ownership over unseen belongings, as patient to do this work causing stay in each ward is shorter the pile up in M1: Limited opportunity to acquire ED safe? larger safe during Circuit Breaker period **M2:** Difficult to justify expense for larger safe when safekeep load not generated by ED alone M3: Existing safe sized for non-pandemic workload





Select Changes

Pain points have been tabulated based on the number of interviewees who brought up each concern, and the top four were (1) R3, (2) P2, (3) R1 and (4) R2. These findings were discussed at the monthly ED Clinical-Nursing-Ops meeting. Targeting R3 and P2 for a start, ED Nursing and Operations agreed a joint solution also involving inpatient nursing is necessary.

It was proposed ED Ops will bring safekeep bags to the ward, and ward NIC will sign off and keep the bags in patient's bedside locker. This was tabled and approved at the Nursing Leaders meeting. The situation was illustrated with pictures of the safe, and scenarios explaining difficulties experienced.

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	Communication and responsibility sharing - ED Ops bring bags to ward, ward NIC verifies, signs off, and locks bag in patient's bedside locker	- First run on 1 Jun, with the support of ED and inpatient nursing	 Reduced holding by 28.1%, from an average of 79 to 56.8 per day Ward nurse saved ~10 mins per patient to focus on care, skipping trips to ED for bags Handover can coincide with ward's busy periods. Two property bags not properly accounted had to be traced 	 Explore other solutions based on next highest rated pain points, R1 & R2 To reduce risk and improve efficiency in process
2	Targeted measures on key causes of crowding 1) Call and set date and time for NOK to pick up bulky bags 2) Add pedestal for holding bulky bags with pick up arrangement made 3) Follow up call to discharged patients to pick up bags 4) After three calls, release unclaimed bags to Police	- PSA rostered for task during overlap shift periods, which is when there are additional PSAs to assist - Rostered PSA focuses on one of the duties listed in "Plan" column for 2 to 3 hours. Typically, 3 sessions a week are sufficient to complete all required tasks	- Further reduced number of bags held by 48.1% from cycle 1, to an average of 29.5 bags per day. Time needed to find bag is now 1.5 mins - PSAs gradually improved tracking sheets and communication workflows on their own	- Build ownership and ride on expertise of PSAs in this ground process by grooming them to be leaders of the workflow
3	Empowerment and ownership by frontline PSAs	- Interested PSAs to lead ground-up improvements to project	 To improve team interest and effort invested in project Unlock innate knowledge of frontline PSAs as true subject-matter experts 	- To launch in Q4'20, after appointing PSAs with potential to lead effort

Spread Change & Learning Points

Spreading Change: Communication and teamwork enabled the continued success of the project. The team started with leading by example, refining processes and explanations through repeated sharings. Those familiar with the duties took ownership, guiding others performing the work for the first time. The team intends to fully hand over the coordination of this piece of work to frontline PSA leaders in coming months, and lead further tweaks.

Learning Points: A willing spirit to kickstart difficult conversations, and adopting a team lens to challenges is key to a good project. Without ED nursing championing the effort, and inpatient nursing empathetic to the pains, ED operations could not have made progress on the issue alone.



Material

