

OPTIMISING MANPOWER UTILISATION OF INPATIENT PSA

KEN KAN, CHEW YUN PING, SITI RADYAH, KUMAR HEMA, NURFARINA, NUR ATIZAH

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

Define Problem, Set Aim

Problem Statement

The average turnaround time of Mobile Team (MT) to conduct inflight Financial Counselling (FC) has increased from 2 to 5 hours during the period of Oct to Dec 17. The time taken exceeds the expected lead time of 2 hours. As a result, patient experience is compromised due to the longer wait time for FC. In addition, a surge in incidences of Ward PSAs performing cross covering and overtime was also observed during the same period.

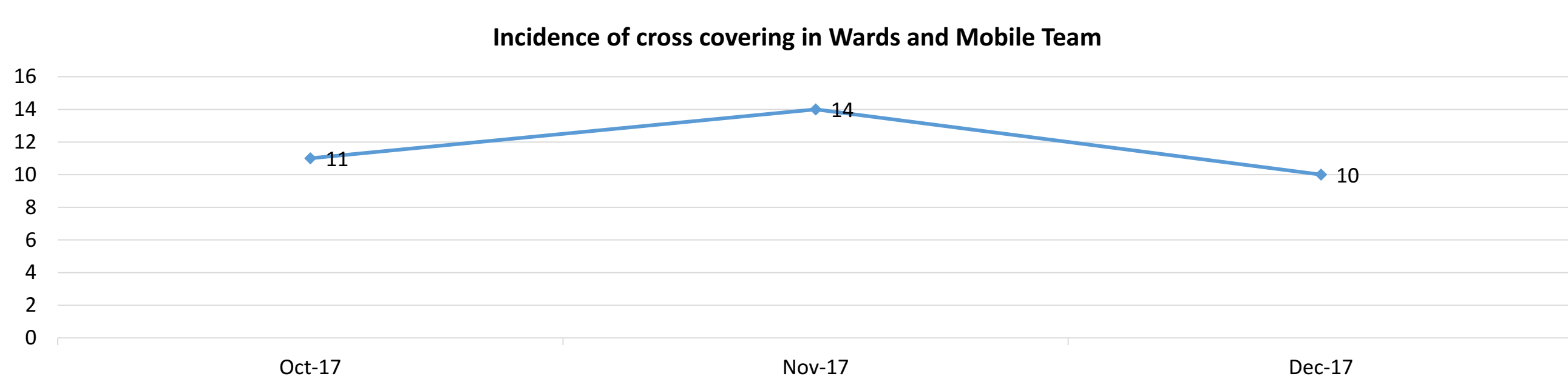
Aim

To reduce turnaround time of MT to conduct inflight FC by optimising manpower utilisation through effective cross training and workload levelling between teams, so that our patients and their next-of-kin can be served promptly and efficiently and to minimize downstream delays (e.g. JCH transfers & procedures). Moreover, reduced incidences of cross coverage will also improve staff morale and reduce stress and fatigue.

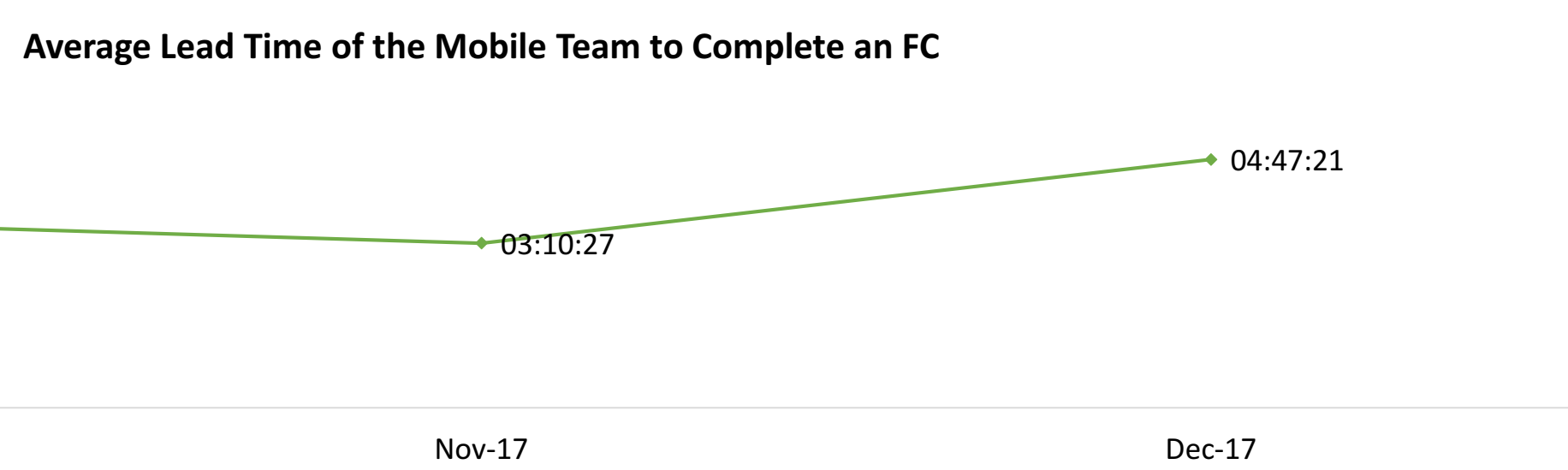
Establish Measures

Performance between Oct'17 and Dec'17

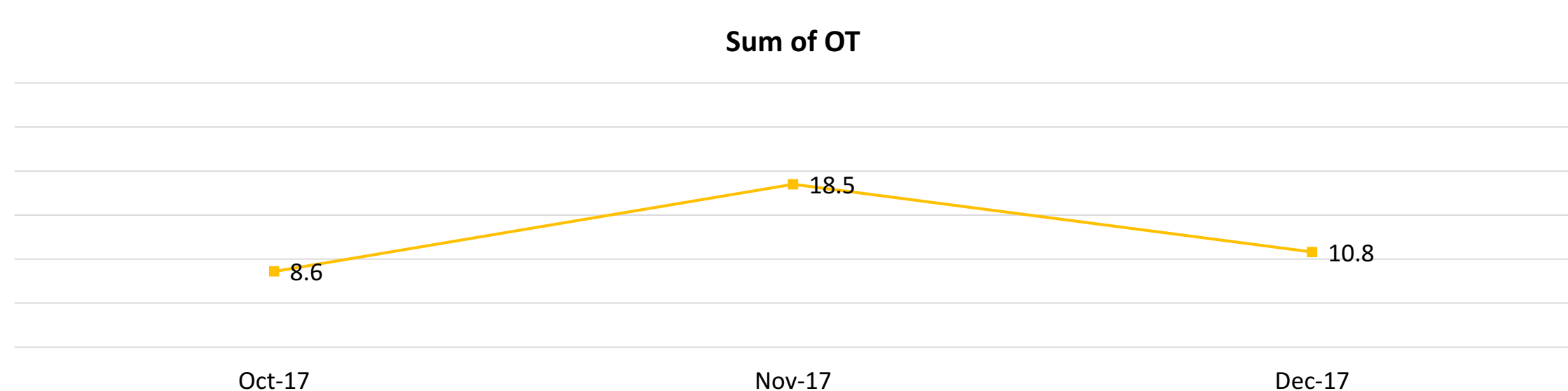
- Average of 12 incidences of ward PSAs performing cross-covering duties.



- While the MT is expected to complete FCs within a lead time of 2hrs, the average lead time of MT PSAs to complete F.C.s increased from ~3.5hrs to ~5hrs.



- MT PSAs performed a total of 37.5 hrs of overtime within this period.

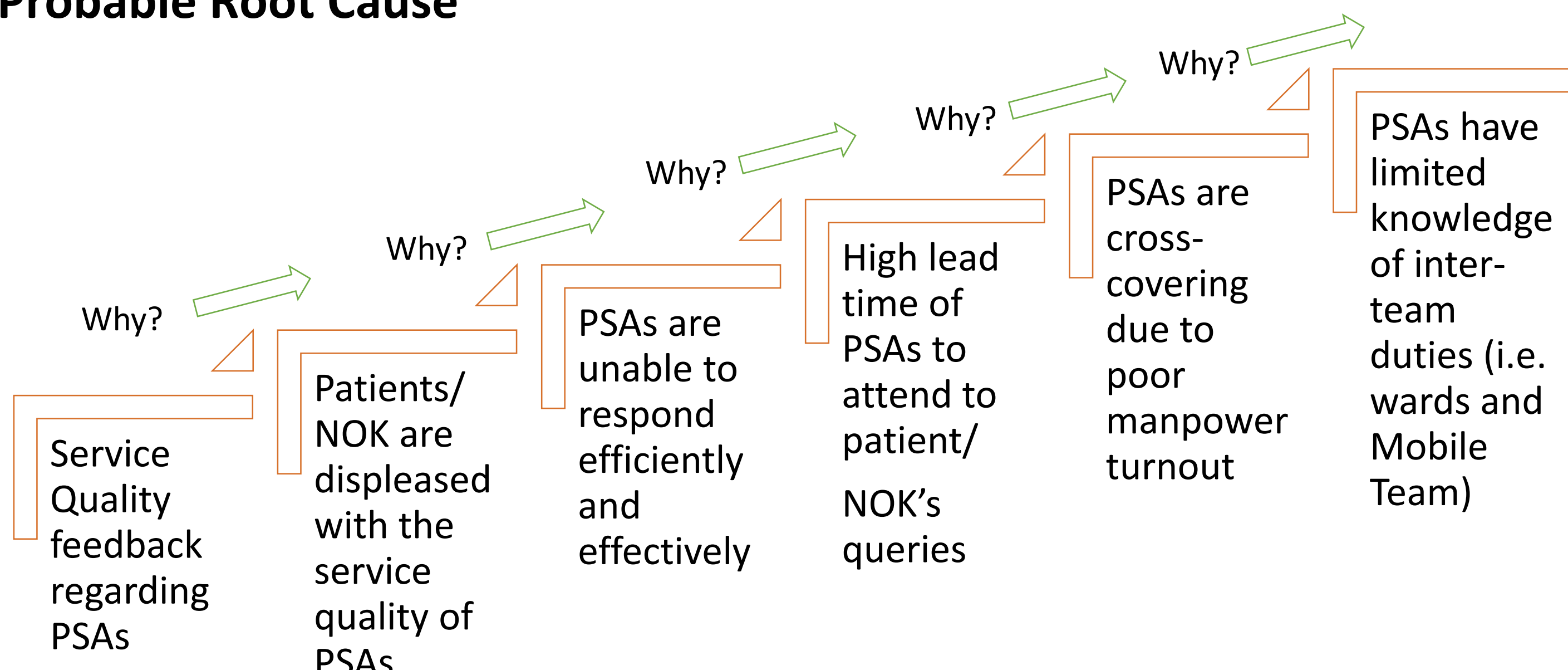


Analyse Problem

Current Process

- Staff are redeployed within teams to perform cross-covering duties when manpower is low.
- Staff may be tasked to perform overtime to cover the shortfall of manpower.

Probable Root Cause



Select Changes

Possible Initiatives

- Request assistance from other departments
- Team leaders and Reporting Officers to assist with PSA duties
- Mobilise non-rostered staff to report back to work
- Hiring of part-time staff to support peak hours
- Conduct cross-training to increase competencies of PSAs to perform cross-team duties (i.e. Ward ↔ MT)

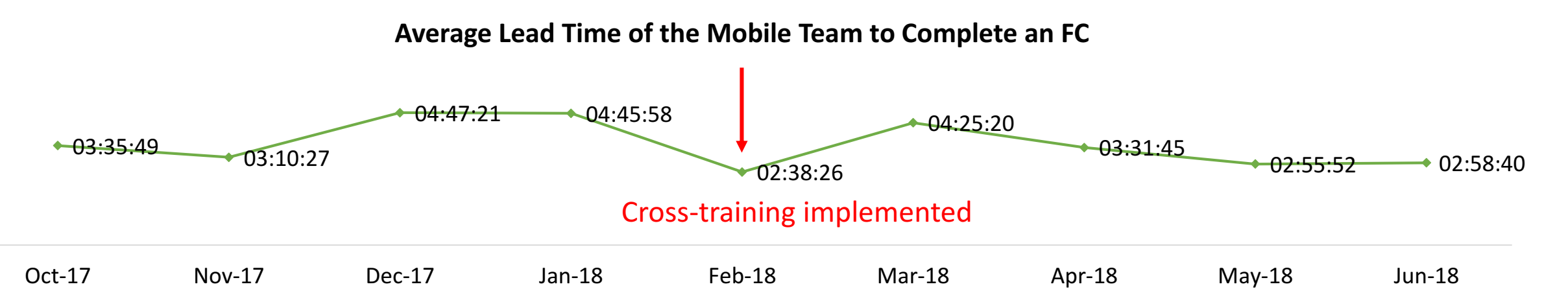
Test & Implement Changes

Piloting of Solution:

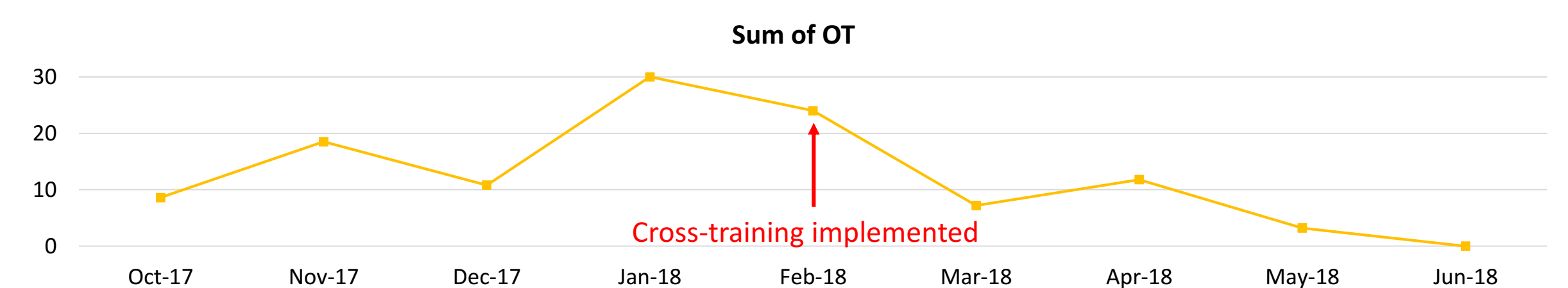
- Devise and development of training plan and materials were carried out in the month of Jan'18 while staff are being identified for cross-training.
- In Feb'18, cross training of Wards and MT PSAs was implemented. This allows both teams to understand and acquire the skills and knowledge of each team. Following which, this enable the teams to support each other during their respective peak periods (Ward: 10am to 3pm; MT: 3pm to 8pm).

Results:

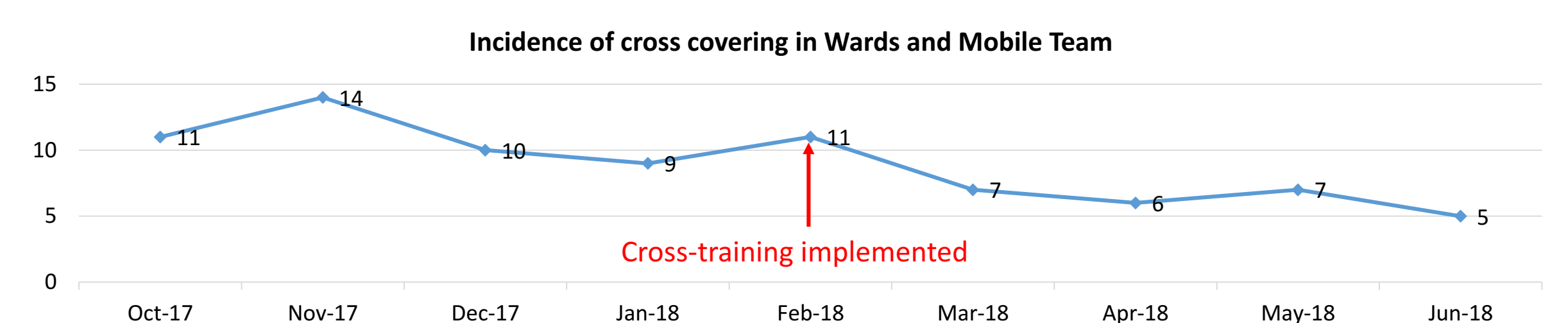
- Results of initiative was assessed from Mar-Jun'18 through monitoring of PSA's task turn-around time and incidences of cross covering.
- Average lead time of the MT to conduct FCs was reduced from 5 hours to 3 hours.



- This expedites the transfer of patients to JCH and patients' readiness for procedures.
- The average overtime performed by MT PSAs gradually decreased to zero post-implementation.



- Incidence of ward PSAs performing cross-covering duties reduced from a monthly average of 10 to 6 incidences.



Spread Changes, Learning Points

Strategies to Spread Change

- To select high potential staff to increase their competency set, leading to job enrichment.
- To expand the pool of cross-trained PSAs for better resource utilisation.
- To explore feasibility of other inter-departmental cross-training opportunities.

Key Learning

- Overall patient experience improves as they were served more promptly and efficiently by PSAs.
- Reduction in cross-coverage duties reduces staff fatigue, thereby improving staff morale.
- Workload levelling allows for optimal manpower resourcing in each service area with differing peak periods.