Post MI clinic

Members:
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- ❑ SAFETY
- ✓ QUALITY
- ✓ PRODUCTIVITY
- ❑ COST
- ❑ PATIENT EXPERIENCE

Define Problem, Set Aim

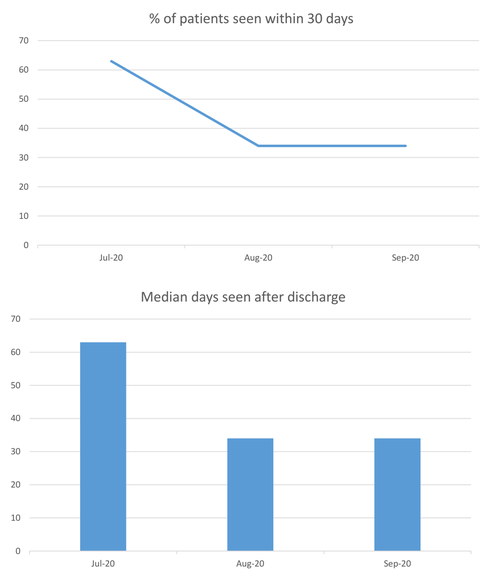
Problem

Post PCI patients should be reviewed in clinic early after discharge (within 4 weeks time) to review complications, compliance and patient's concerns. It is difficult to force book patients in already packed clinics and appointment is delayed. In a mixed clinic set-up, post PCI patients may not get optimal care. In a sampling of 20 patients, 50% were not seen within a month.

Aim

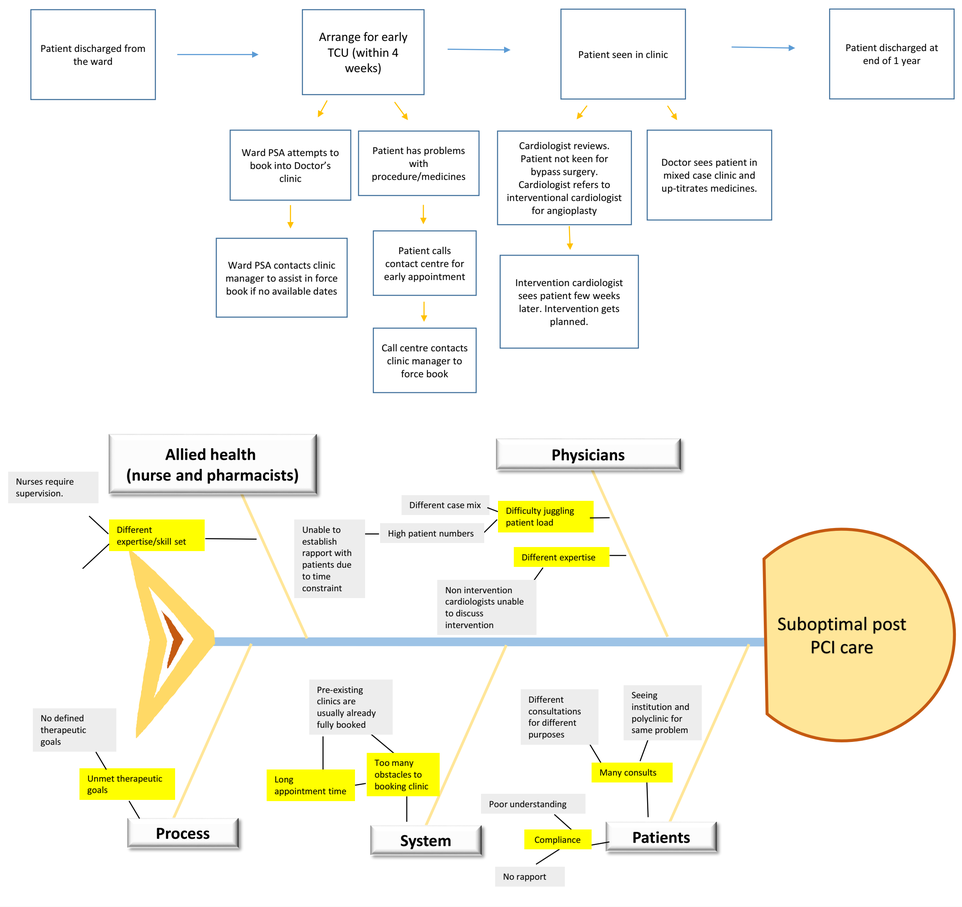
The Post MI Clinic team aims to achieve a post discharge to clinic review waiting time of < 30 days in at least 50% of post PCI and to achieve optimal medical care in this cohort of patients

Establish Measures



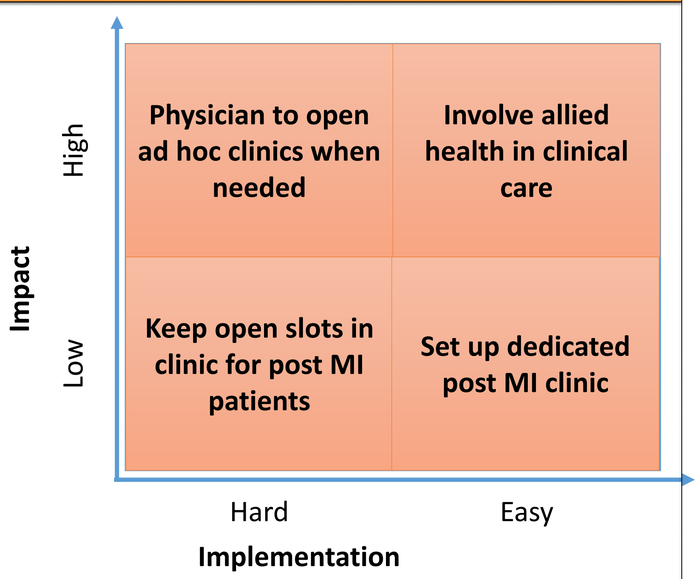
	Manpower cost (Hourly rate)	Normal clinic to see same number of patients (15 patients seen in 3.5 hours x 2)
Consultant	174.23	1219.6
Senior nurse clinician	84.25	
Principal Clinician Pharmacist	78.46	
Patient service associate	18.49	129.4 (1 PSA for each clinic
Total manpower cost		1349

Analyse Problem



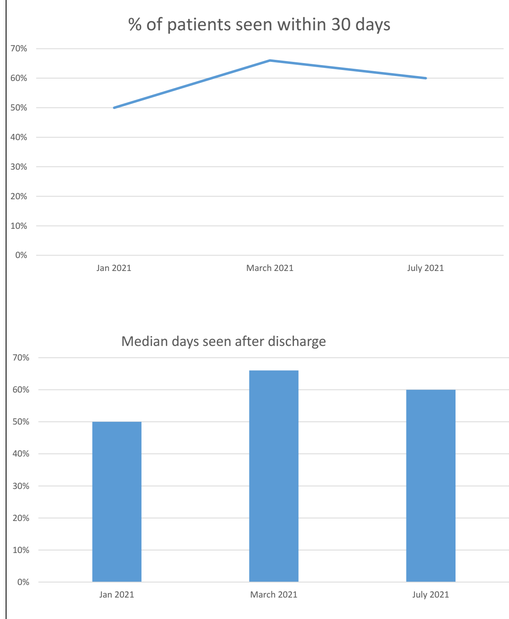
Select Changes

Root Cause		Potential Solutions
Pre-existing clinics are already fully booked in advance	1	*Keep open slots in clinic for post MI patients*
	2	*Set up dedicated post MI clinic*
	3	*Involve allied health in clinical care*
	4	*Physician to open ad hoc clinics when needed*



Test & Implement Changes

Cycle	Plan	Do	Study	Act
1	Start a dedicated multidisciplinary clinic in December 2020 involving intervention cardiologists, pharmacists and nurses. Reviewing only post MI patients hence allowing patients to be booked in 2 to 4 weeks after discharge.	There was confusion as it was unclear which clinic (doctor or nurse) patient was supposed to see.	Create a separate resource for post MI doctor and nurse clinic.	Adapt
2	Clear therapeutic goals to work towards with steps to take if goal is not met.	Initial targets agreed over discussions/emails were not adhered to	Laminated copy of therapeutic goals and management were kept in the rooms	Adapt
3	Patient's 1st visit will be to see specialty nurse to review post procedure complications, medication compliance and understanding of condition.	Nurses need supervision and certain patients maybe more difficult hence requiring doctor's input. This can be challenging if doctor is busy reviewing his own patients.	To limit patients in Doctors clinic so that adequate time can be allocated to help with difficult patients nurses may have	Adapt



	Manpower cost (Hourly rate)	Post MI clinic (3.5 hours duration)
Consultant	174.23	609.8
Senior nurse clinician	84.25	294.9
Principal Clinician Pharmacist	78.46	251.1
Patient service associate	18.49	64.7
Total manpower cost		1220.5

Manpower cost savings to hospital per clinic = 128.5 (9.5% cost saving)

	Consult charges
Post MI clinic	32 x 84 = 2688 (32 patients seen on average)
Normal clinic	30 x 84 = 2520 (30 patients seen)

Total savings per clinic= (2688 – 2520) + 128.5 = 296.5

Spread Changes, Learning Points

A quarterly review of workflow with nurse and pharmacist managers to discuss problems and solutions. These changes are then brought back to their respective teams.
A Tigertext group has also been set up for quick relay of information.

Learning points

There are duties that can be allocated and shared utilising all the resources we have in the hospital. We are able to improve the quality of care we provide at a reduced cost.

Ng Teng Fong General Hospital

Jurong Community Hospital