

APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

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Appropriate and Value-Based Care

Addressing Ultrasound Scan Postponements: A Quality Improvement Initiative

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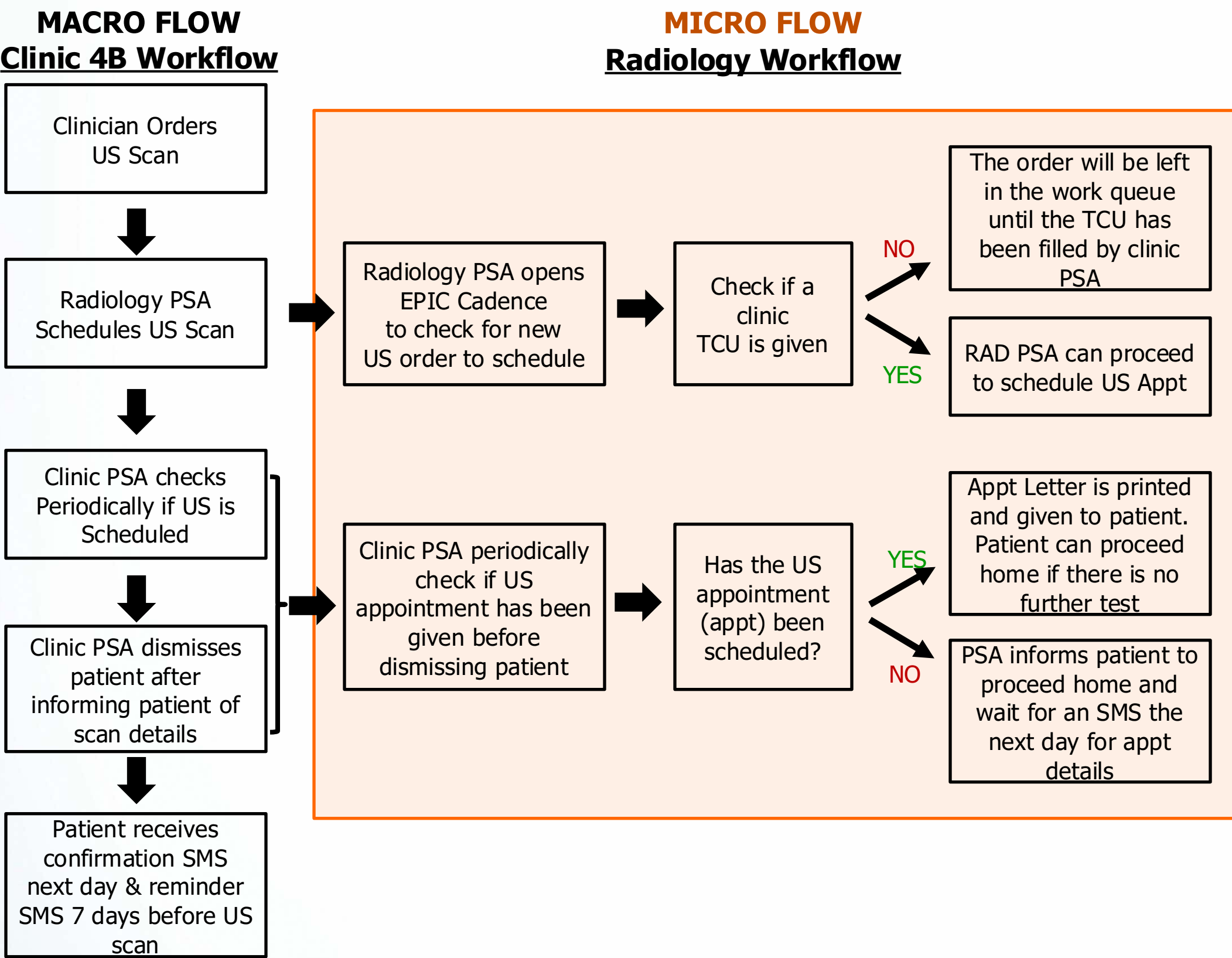
MISSION STATEMENT

The aim of this project is to ELIMINATE the postponement of Ultrasound (US) scans due to patients not fasting prior to their US scan in Clinic 4B. Therefore, we aim to ensure that there are ZERO patients not fasted prior to their ultrasound scans in 6 month.

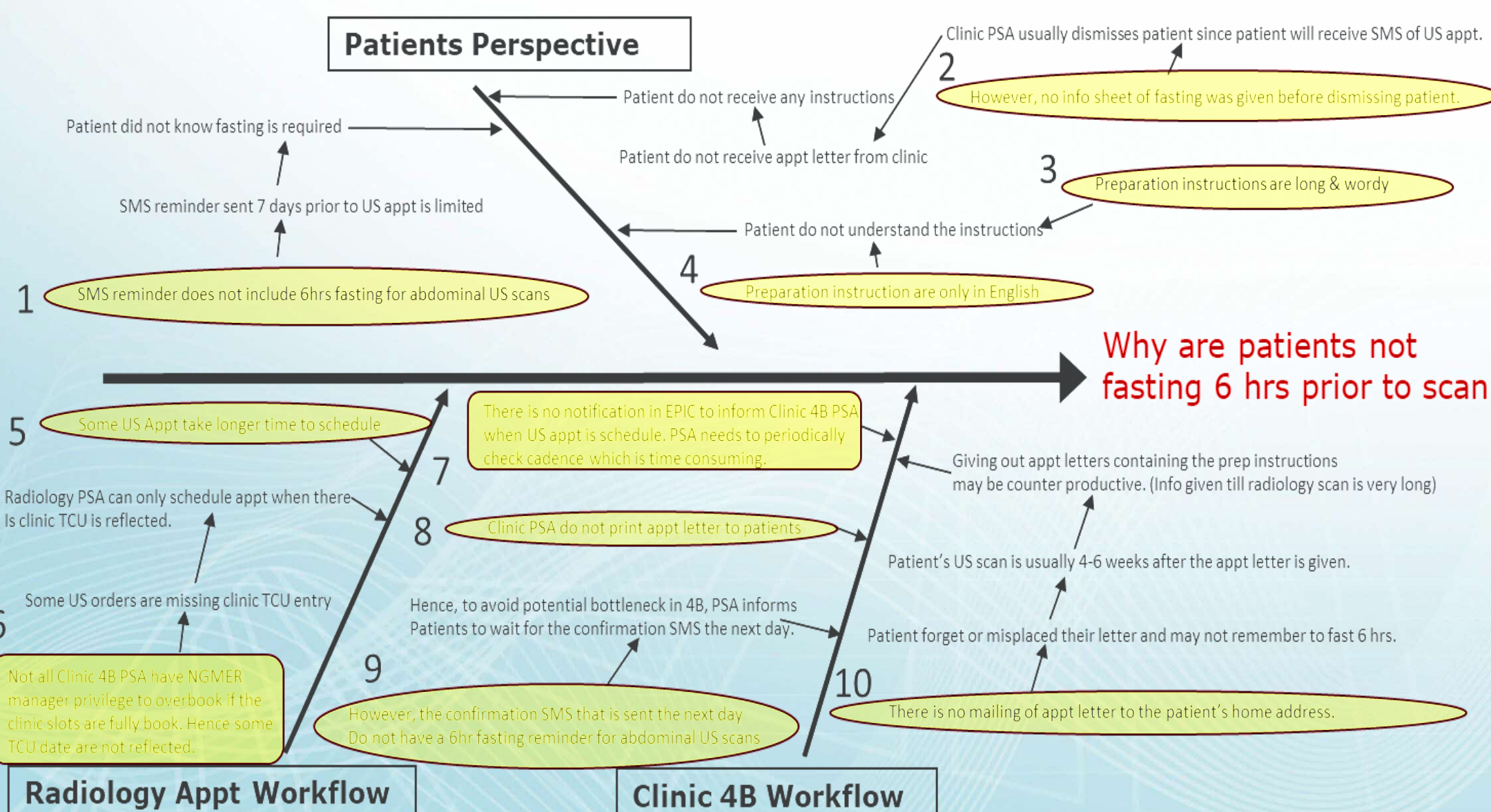
EVIDENCE FOR A PROBLEM WORTH SOLVING

- Clinic 4B has been identified as the primary source of non-fasted patients requiring ultrasound scans. Among its various specialty departments, Gastroenterology (GE) and Hepatology generate the highest volume of ultrasound orders.
- Ultrasound scans are essential diagnostic tools in GE practice, regularly used to evaluate both acute and chronic abdominal conditions.
- According to work instruction WI-DIR-DOC-002, patients must observe a mandatory six-hour fasting period before abdominal ultrasound scans to ensure clear gallbladder visibility.
- Clinic 4B alone records an average of 52 postponed ultrasound appointments monthly due to patients failing to meet fasting requirements.

FLOW CHART OF PROCESS



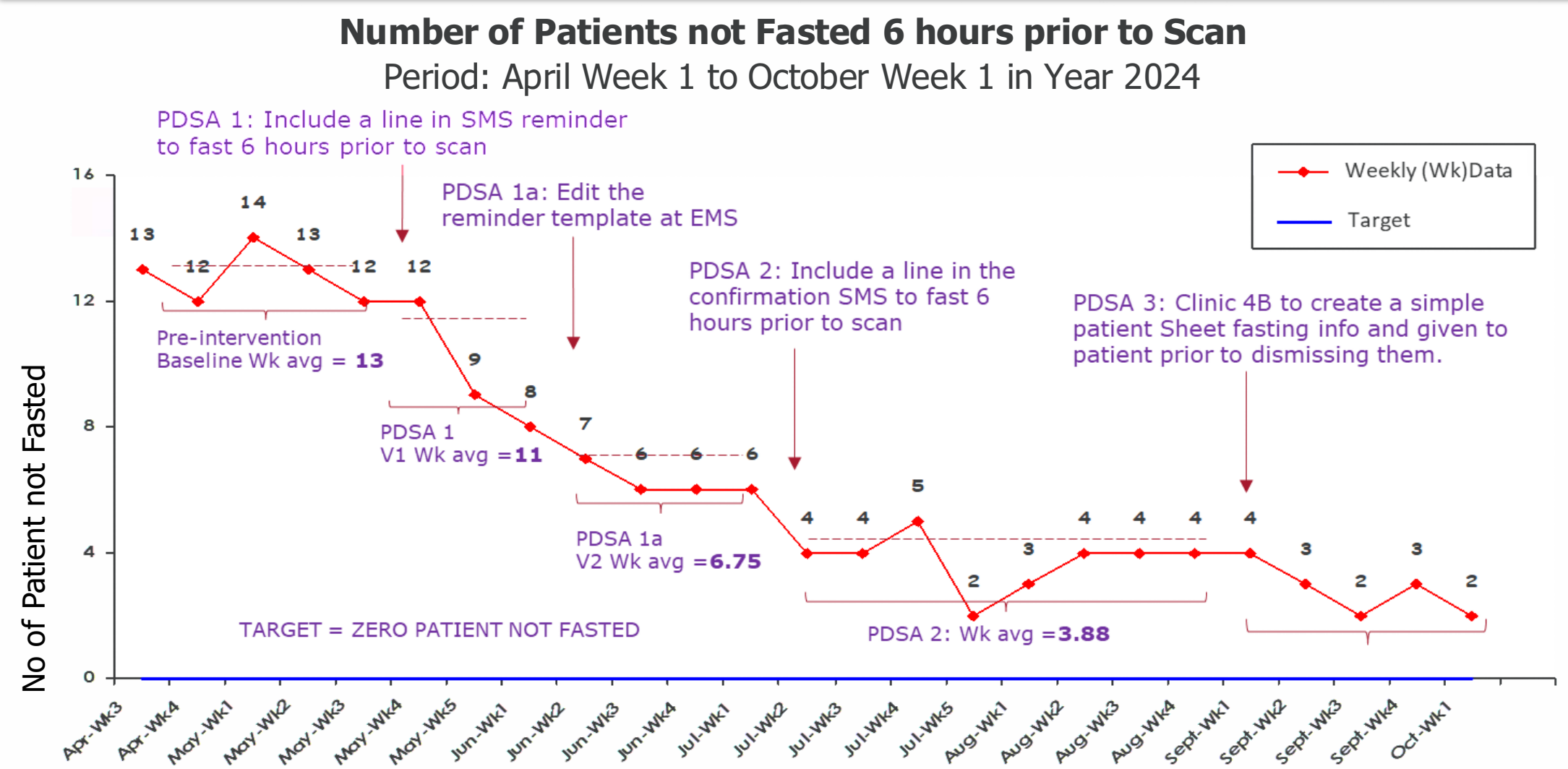
CAUSE AND EFFECT DIAGRAM



IMPLEMENTATION

Root Cause	Intervention	Implementation Date
Cause 1: SMS reminder does not include 6 hours fasting for abdominal US scans	PDSA 1: Include a line in SMS reminder to fast 6 hours prior to scan PDSA 1a: Edit the reminder template at EMS	20 th May 2024 3 rd Jun 2024
Cause 2: Confirmation SMS that is sent the next day does not include 6hrs fasting for abdominal US scans	PDSA 2: Include a line in the confirmation SMS to fast 6 hours prior to scan	1 st Jul 2024
Cause 3: No info sheet of fasting was given before dismissing patient	PDSA 3: Clinic 4B to create a simple patient sheet fasting info and given to patient prior to dismissing them	13 th Sep 2024

RESULTS



COST SAVINGS

	Pre-Intervention	Post-Intervention
No. of Postponements	69	13
No. of Patient Reschedule to another Day	42	7
No. of Patient that could wait till the later part of the day to be re-scan	27	6
Equivalent cost saving from freeing up slots [ie. free-up slots to scan new patient instead of re-scheduled patients (due to postponements)]	New free slots = [No. re-schedules before intervention] - [No. re-schedules after intervention] = 42 - 7 = 35 free slots Saving from the 35 new slots is equivalent to = 35 Slots x \$230 (Average cost of Scan) = \$8,050	

LESSONS LEARNT

- Valuable friendships were forged with different stakeholders to understand the workflows and processes.
Example: We learnt that EPIC privilege for PSAs in radiology & Clinic 4B are different. All PSAs in Radiology have NGEMR manager roles to overbook but in all SOC clinics only the selected PSAs are given this privilege.
- Effective communication between radiology & clinic 4B for the success of a project.
Example: During the 3rd week of the 1st intervention, clinic 4B feedback some patients did not receive reminder doppler renal, liver & HBS scans. There was an immediate rectification & implementation of PDSA 1a of the reminder without the need to pause or disrupt the project.

STRATEGIES TO SUSTAIN

- Continuous communication and engaging department managers to assist in checking in with the project leads on the progress of the project (ie. quarterly checks)
- Regularly evaluate outcomes, gather feedback and adjust to improve the strategies over time (ie. Monthly Scheduled meet up)
- Getting the principal sonographer to continue to do a random audit on staff on their tracking workflow for patient who are not fasted