

# PROJECT LESS - LIGHTEN ED SAFEKEEP STOCKPILE

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- SAFETY
- PRODUCTIVITY
- QUALITY
- COST
- PATIENT EXPERIENCE
- TEAMWORK
- COMMUNICATION

## 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.

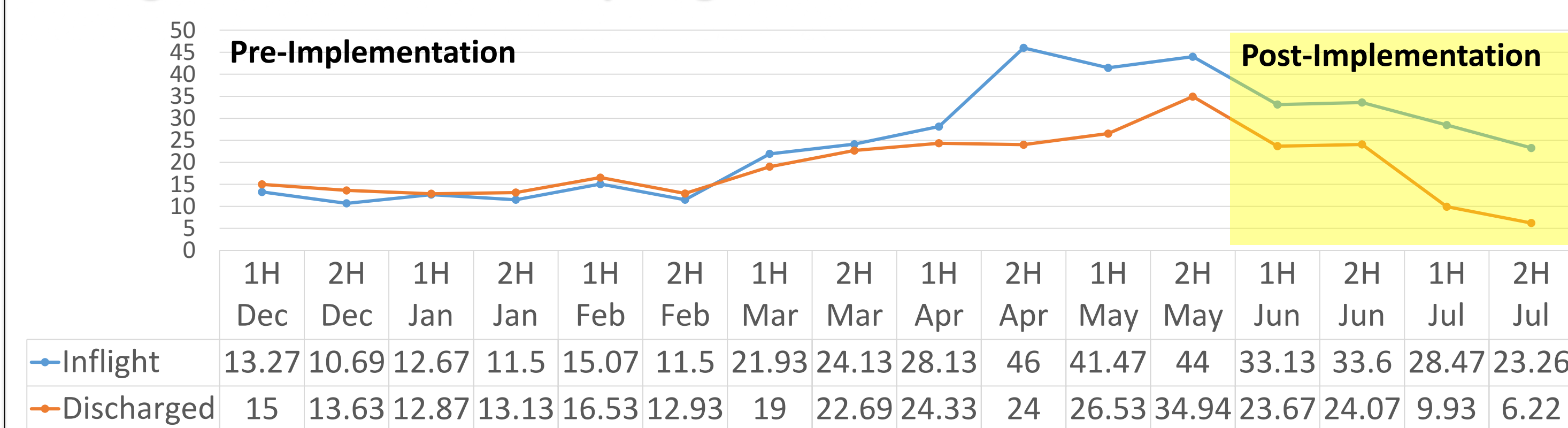


### Aim

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.

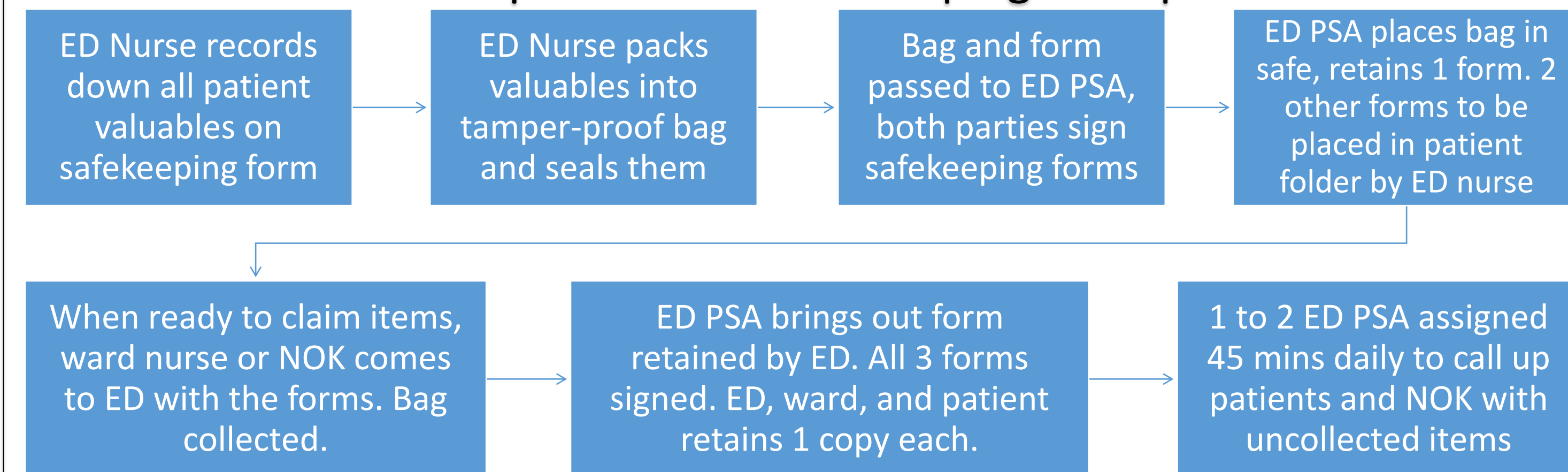
## Establish Measures

### Average number of safekeep bags held

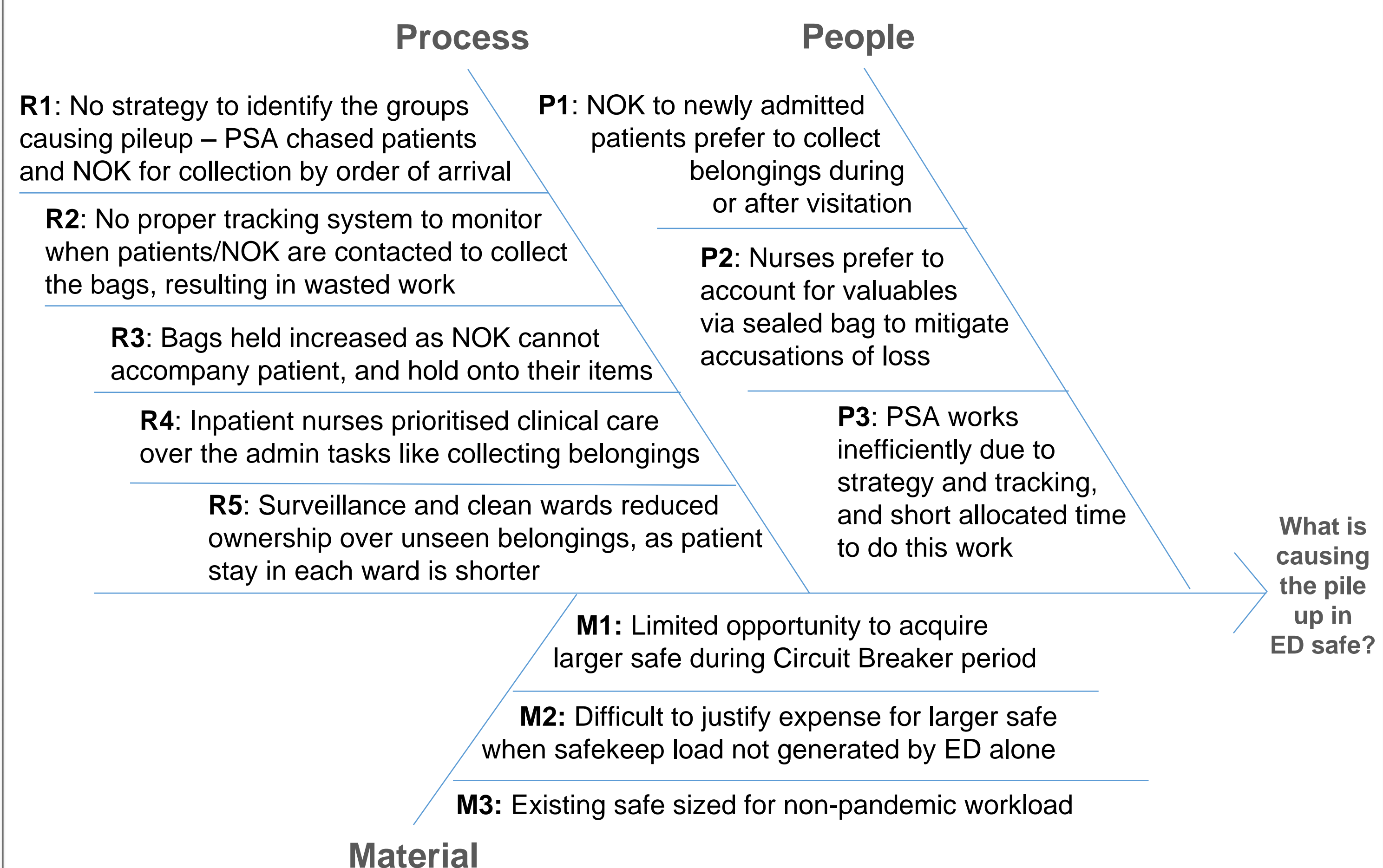


## Analyse Problem

The flow chart below represents the safekeeping work process:



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.



## 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     | <p><b>Communication and responsibility sharing</b></p> <ul style="list-style-type: none"> <li>- ED Ops bring bags to ward, ward NIC verifies, signs off, and locks bag in patient's bedside locker</li> </ul>   | <ul style="list-style-type: none"> <li>- First run on 1 Jun, with the support of ED and inpatient nursing</li> </ul>  | <ul style="list-style-type: none"> <li>- Reduced holding by <b>28.1%</b>, from an average of 79 to 56.8 per day</li> <li>- Ward nurse saved <b>~10 mins</b> per patient to focus on care, skipping trips to ED for bags</li> <li>- Handover can coincide with ward's busy periods. Two property bags not properly accounted had to be traced</li> </ul> | <ul style="list-style-type: none"> <li>- Explore other solutions based on next highest rated pain points, R1 &amp; R2</li> <li>- To reduce risk and improve efficiency in process</li> </ul> |
| 2     | <p><b>Targeted measures on key causes of crowding</b></p> <ol style="list-style-type: none"> <li>1) Call and set date and time for NOK to pick up bulky bags</li> <li>2) Add pedestal for holding bulky bags with pick up arrangement made</li> <li>3) Follow up call to discharged patients to pick up bags</li> <li>4) After three calls, release unclaimed bags to Police</li> </ol> | <ul style="list-style-type: none"> <li>- PSA rostered for task during overlap shift periods, which is when there are additional PSAs to assist</li> <li>- 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</li> </ul> | <ul style="list-style-type: none"> <li>- Further reduced number of bags held by <b>48.1%</b> from cycle 1, to an average of <b>29.5 bags</b> per day. Time needed to find bag is now <b>1.5 mins</b></li> <li>- PSAs gradually improved tracking sheets and communication workflows on their own</li> </ul>   | <ul style="list-style-type: none"> <li>- Build ownership and ride on expertise of PSAs in this ground process by grooming them to be leaders of the workflow</li> </ul>                      |
| 3     | <p><b>Empowerment and ownership by frontline PSAs</b></p>   | <ul style="list-style-type: none"> <li>- Interested PSAs to lead ground-up improvements to project</li> </ul>   | <ul style="list-style-type: none"> <li>- To improve team interest and effort invested in project</li> <li>- Unlock innate knowledge of frontline PSAs as true subject-matter experts</li> </ul>   | <ul style="list-style-type: none"> <li>- To launch in Q4'20, after appointing PSAs with potential to lead effort</li> </ul>  |

## 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.