

EXTERNAL REFERRAL FILE AT A31/32 MEDICINE CLINIC

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- ✓ SAFETY
- ✓ QUALITY
- ✓ PATIENT EXPERIENCE
- ☐ PRODUCTIVITY
- ☐ COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

In A31/32 Medicine clinic, average of 22 patients per month are referred to external institutions for treatment/consultation. The clinic PSAs have to contact and coordinate with receiving institutions to schedule the appropriate appointments, and inform patient accordingly.

Between March to July 2020, there were 3 incidents patients' external referrals appointment were not scheduled after 2-3 months. This resulted in delay on patients' follow up plan, as well as negative patient experience.

Aim

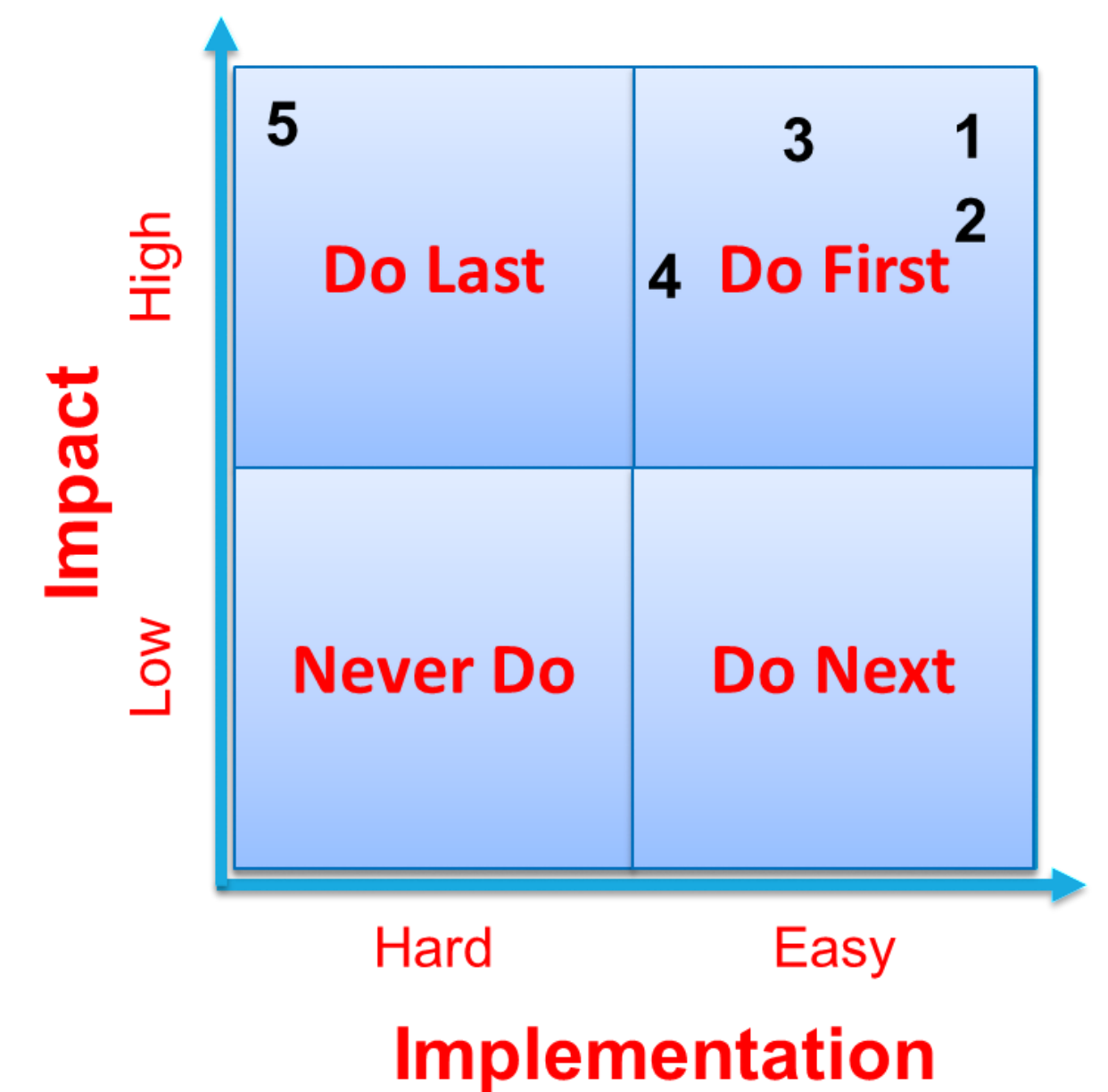
The team aims to achieve below targets by Feb 2021:

- 0 incident of patient complain due to late follow up of external referrals.
- 100% of external appointments are scheduled timely and patients are updated within 2 weeks.

Select Changes

What are all the probable solutions? Which ones are selected for testing?

Root Cause	Potential Solutions
Root Cause B Clinic workflow is not standardized	1 Created a file for all external referrals in the clinic
	2 Identified a team to monitor the file and referrals
	3 Established the workflow for external referrals
Root Cause A Difficult for PSA to remember all the workflow/contact number	4 All contact/fax number, email are listed for easy reference
	5 Implementation of EPIC
Root Cause C Different appointment scheduling system	



Test & Implement Changes

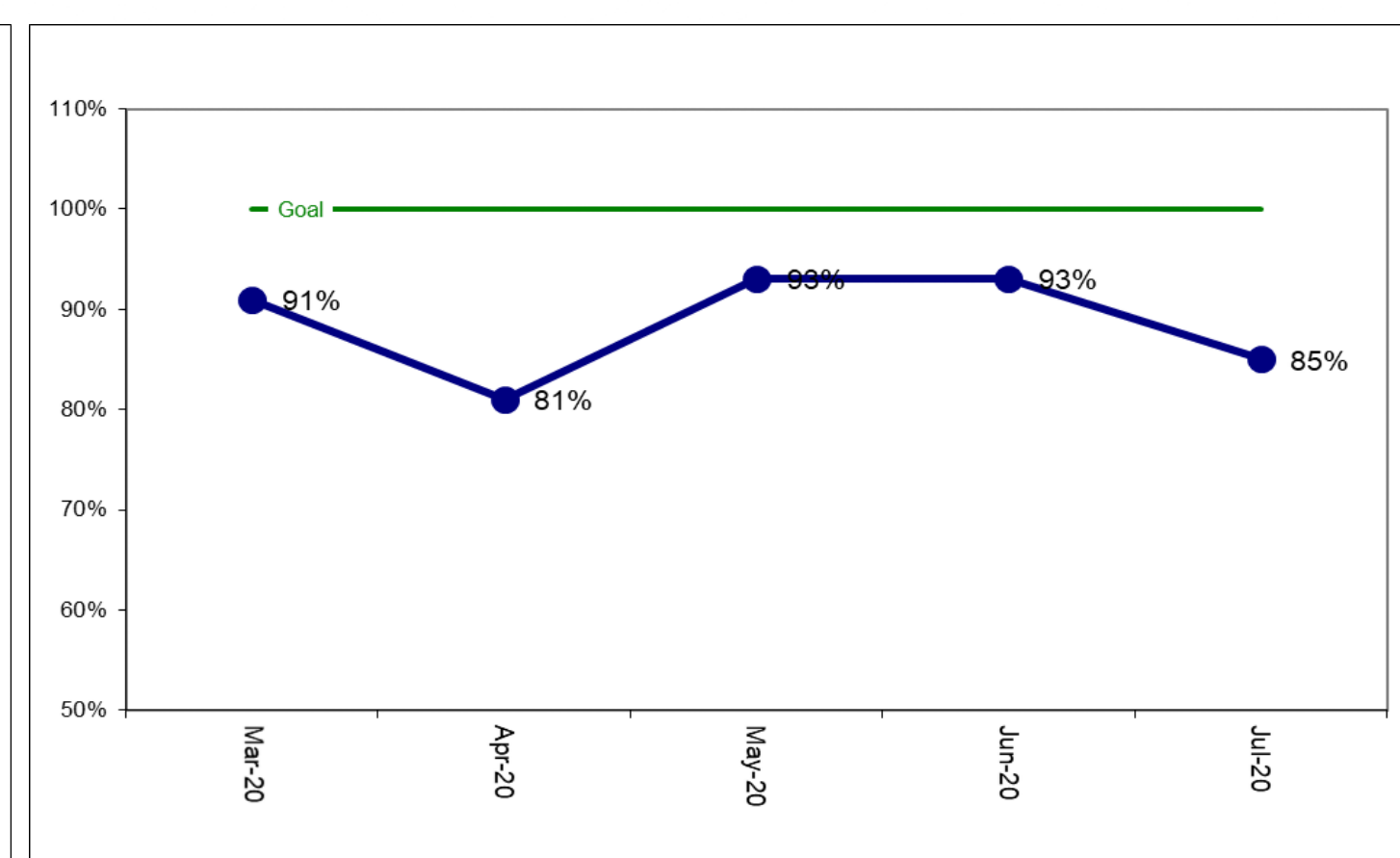
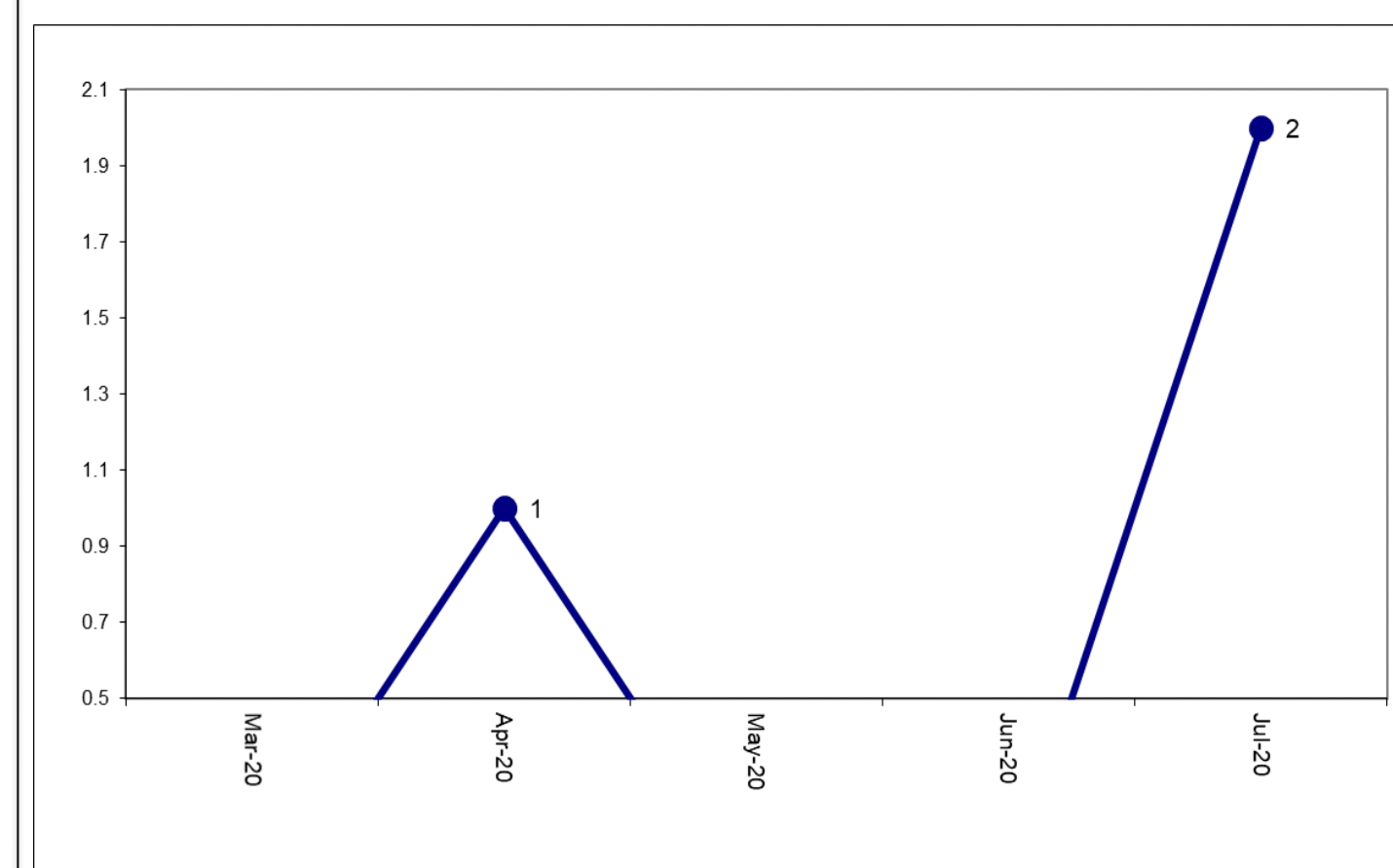
How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1 (Aug-Sep 2020)	Implemented the external referral workflow and files	External file with external hospital contact numbers were created (Using thin A4 file)	There were too many external referrals, PSA IC had difficulty to monitor File was too thick after few weeks	To revise the file arrangement and layout
2 (Oct-Dec 2020)	The external referral file was revised	Used ring file and dividers for easier reference Clear folder were arranged according to months	It is easier for the team to track the external referrals	Standardized the workflow and roll out to A31/32 clinic PSAs
3 (Jan-Feb 2021)	Send out the external referrals through encrypted email	The external hospital contact list was updated with email address PSA ICs email the referrals to receiving institutions	Lesser paper work Compliance with PDPA guideline	Standardized the workflow and adapted by other clinics

Establish Measures

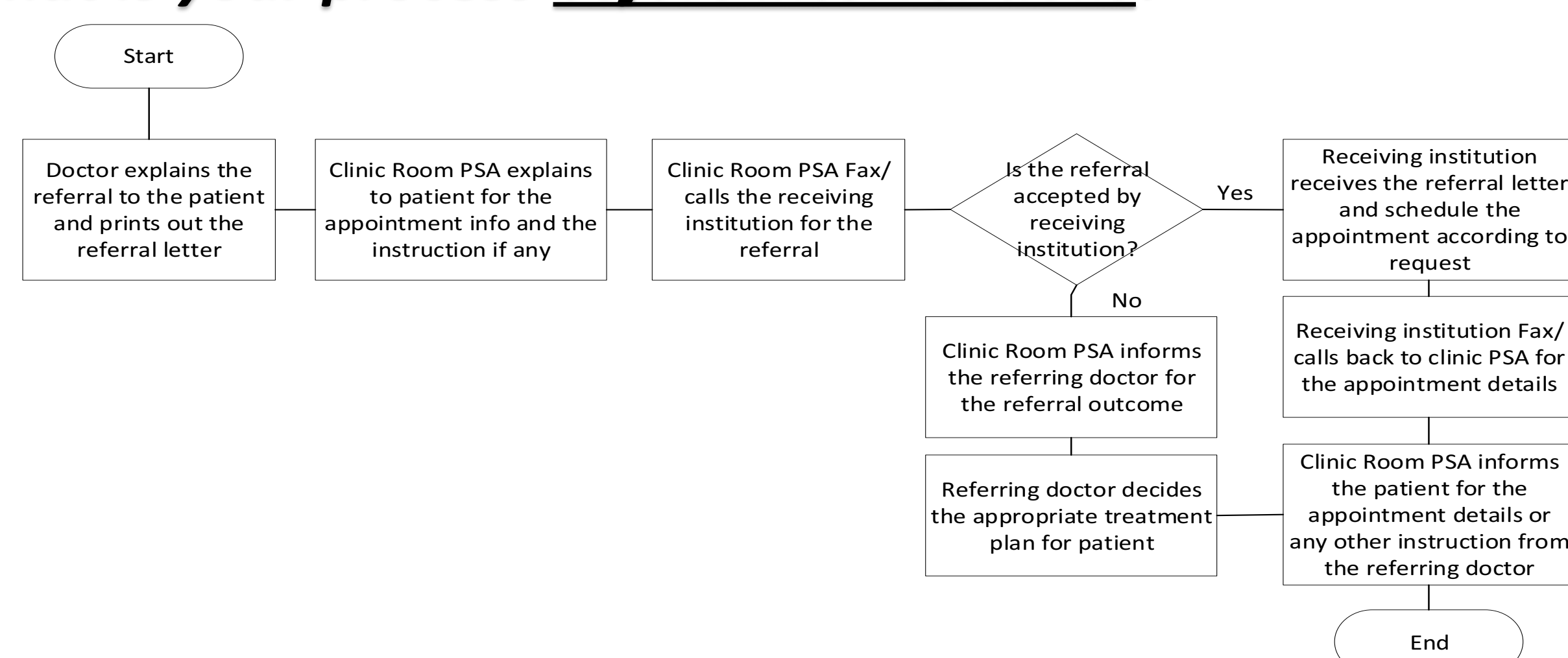
What was your performance before interventions?

- Outcome measure: Numbers of patient complain due to late follow up on external referral appointments
- Process measure: % of external appointments are scheduled and updated to patients within 2 weeks of referral

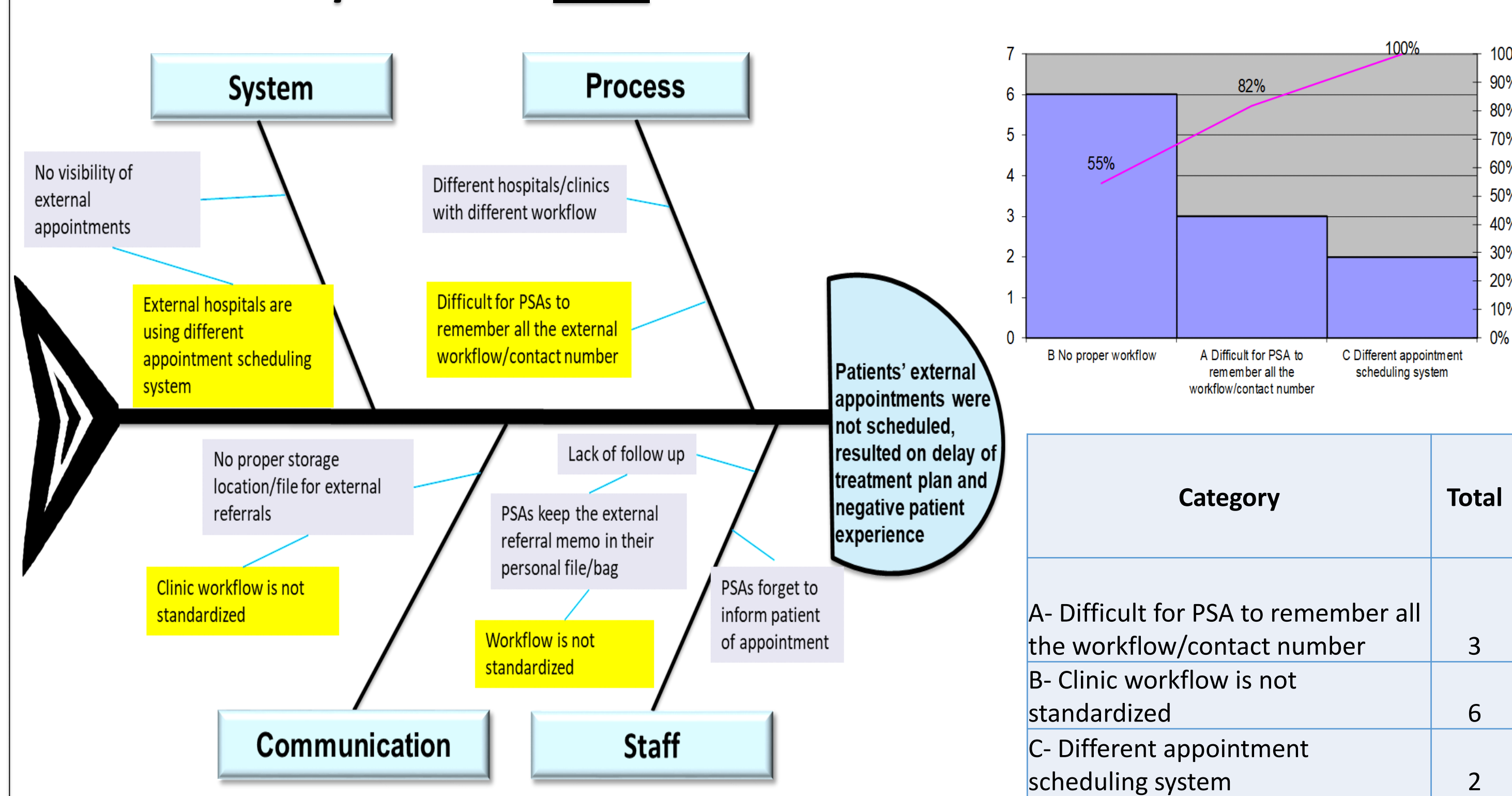


Analyse Problem

What is your process before interventions?

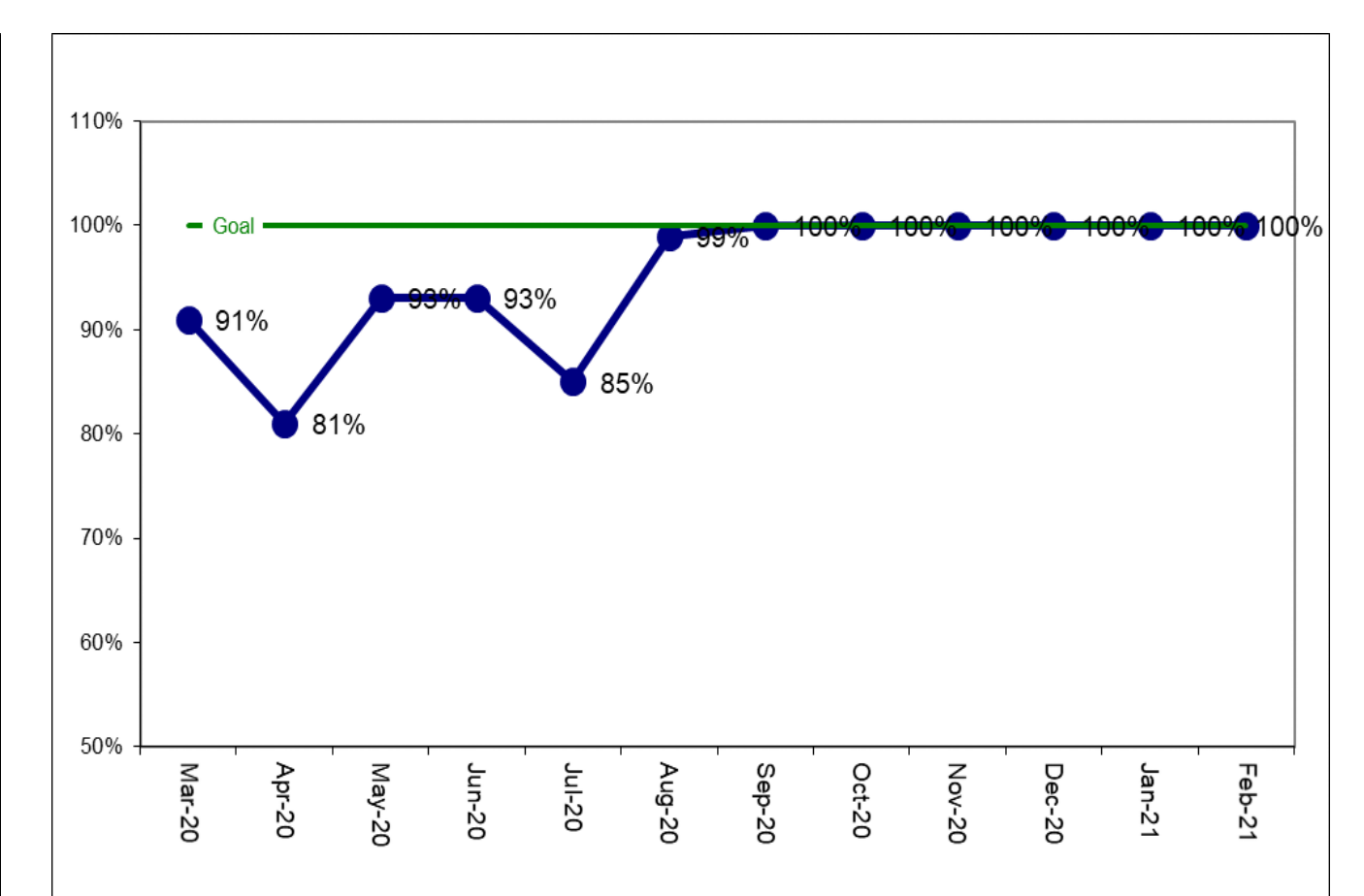
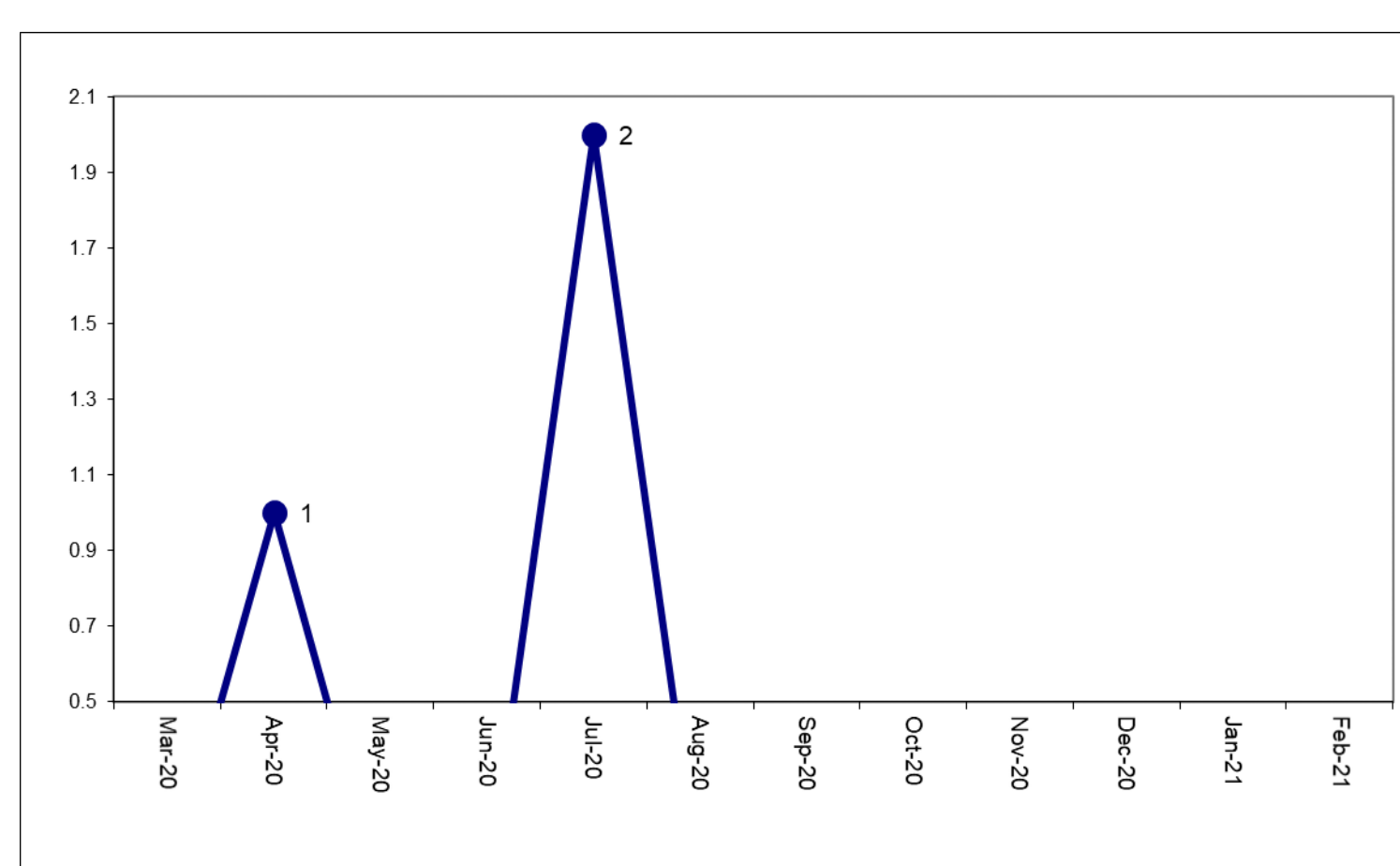


What are the probable root causes?



Results

- Clinic PSAs are able to track the external referral memo easily.
- Achieved 0 complain/ feedback received from patient due to late follow up on external referrals from Aug 2020 to Feb 2021.
- Achieved 100% of external appointments are scheduled and patients are informed by our clinic staff within 2 weeks of referral from Aug 2020 to Feb 2021.



Spread Changes, Learning Points

The project was shared to all SOC clinics during combine roll call. It was adapted according to respective clinic workflows.

Key learnings

- Small changes can make big positive impact to patient care and outpatient journey.
- Streamlined work processes reduce variations and improve clinic work flow.
- Effective communications is the most important part of teamwork.