

IMPROVING TURNAROUND TIME OF OBTAINING DISCHARGE APPOINTMENTS THROUGH JOB REDESIGN

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

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Define Problem/Set Aim

Problem Statement

Between Mar 19 to Apr 19, the turnaround time to obtain patient appointments after their discharge was inconsistent, ranging between 3 days to 2 weeks.

Due to manpower constraints, PSAs were frequently cross-covering multiple wards. The number of outstanding patients' SOC appointments increased. Fewer discharging patients were also receiving interim bills as PSAs were performing cross-covering duties.

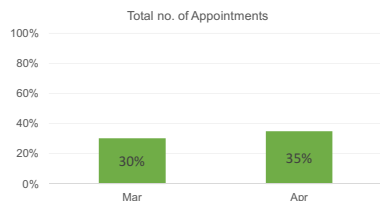
As a result, overall patient experience was affected as anxious patients would call to enquire about their follow-up appointments.

Aim

1. To reduce the Turnaround time in patients receiving post-discharge TCU appointments.
2. To allow trainee to focus on learning the essential ward duties.
3. To manage workload of ward PSAs, especially for cross-covering.
4. To ensure patients receive an interim bill prior to/at point of discharge.
5. To improve patient experience.

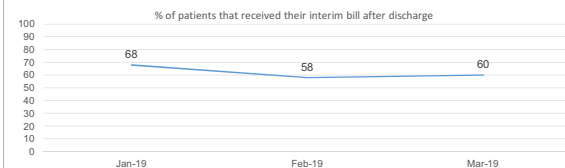
Establish Measures

Outstanding patients' appointments Mar 19 to Apr 19



Accumulation of outstanding appointments that could not be obtained within 1 week led to a high volume of appointments pending in the work queue list every month

% of patients received their interim bill at point of discharge

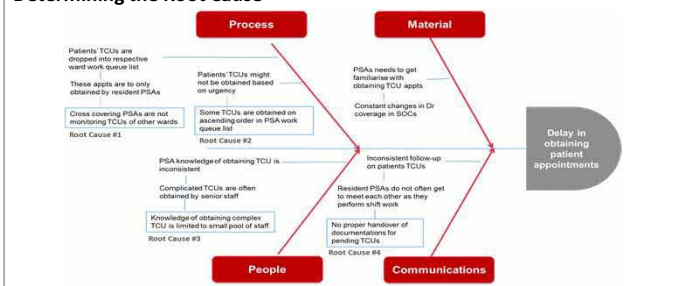


Analyse Problem

Current Process

- Patient appointments are only obtained by resident PSA as covering PSAs.
- Cross covering PSAs have challenges in obtaining outstanding appointments of both resident and covering wards.
- Patient appointments are often not timely obtained.
- Trainee PSAs make errors due to the insufficient competency to manage the complicated process of obtaining the post – discharge TCU appointments.
- Due to cross covering duties, PSAs were not present to issue interim bills to patients at the point of discharge.

Determining the Root Cause



Select Changes

Possible Initiatives

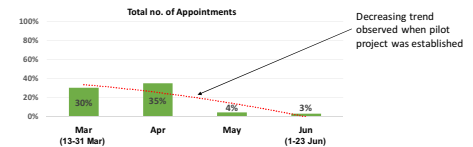
- Team leaders and Reporting Officers to assist with PSA duties
- Request assistance from other Service Ops departments
- Mobilise non-rostered staff to report back to work
- Hiring of part-time staff to support appointment making function
- Centralise appointment booking function by a dedicated team of PSAs.

Test & Implement Changes

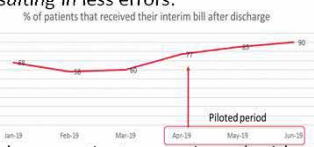
Piloting of Solution:

- Centralised appointment booking function was piloted for wards 8-10 (15 Mar'19 – 21 Jun'19)
- 1-2 senior staff were rostered to perform the duties, operating from Mon-Fri, 9am-6pm at back office
- Staff worked closely with ordering doctors and nurses to book appointments for discharged patients
- The role was also subsequently performed by some junior staff through personal coaching

Results:



- The no. of outstanding appointments has improved tremendously leaving fewer outstanding appointments that could not be obtained within the TAT of 1 week due to availability of slots.
- Booking of appointments is more streamlined and there is proper handover and ownership amongst staff to ensure no appointments are missed out.
- Experienced staff were able to obtain the appointment faster.
- Staff were more focused when performing the dedicated appointment making function, resulting in less errors.



- Majority of the discharge patients were issued with statement of charges during discharge process
- The enhanced workflow allows the patient to know their up-to-date bill size and creates an opportunity for them to seek clarification, if needed
- Serves as a checkpoint to verify patient contact details to minimise possibility of PDPA breaches
- Trainees can focus on other ward duties and complete trainings faster. More manpower available to be deployed in the wards.

Spread Change/Learning Points

Strategies to Spread Change

- To expand the pool of existing PSAs that are fully competent in appointment making
- To develop a detailed training plan for new staff to learn the appointment making function after they complete their ward competency training
- To include booking of external appointments to further streamline and manage the workflow.

Key Learning

- Overall patient experience improves as patients' appointments are timely obtained while majority of the discharged patients received their statement of charges during discharge process
- Ward PSAs can better focused on other frontline work (e.g. interim bill, FC related duties, etc.) while backend tasks are managed by dedicated staff.
- Fewer appointment errors were made as staff performing the function were fully competent and not distracted by ward activities.