



Singapore Healthcare Management 2017

72 Hours Open Access Listing

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Introduction

- From the Operating Theatre (OT) utilisation data collected, it shows that SGH has an average of 80% utilisation, hence highlighting the room for improvement.
- As OT remains a key asset of the hospital, accounting for a large percentage of resources and operational costs, it is exceptionally important to ensure optimization.

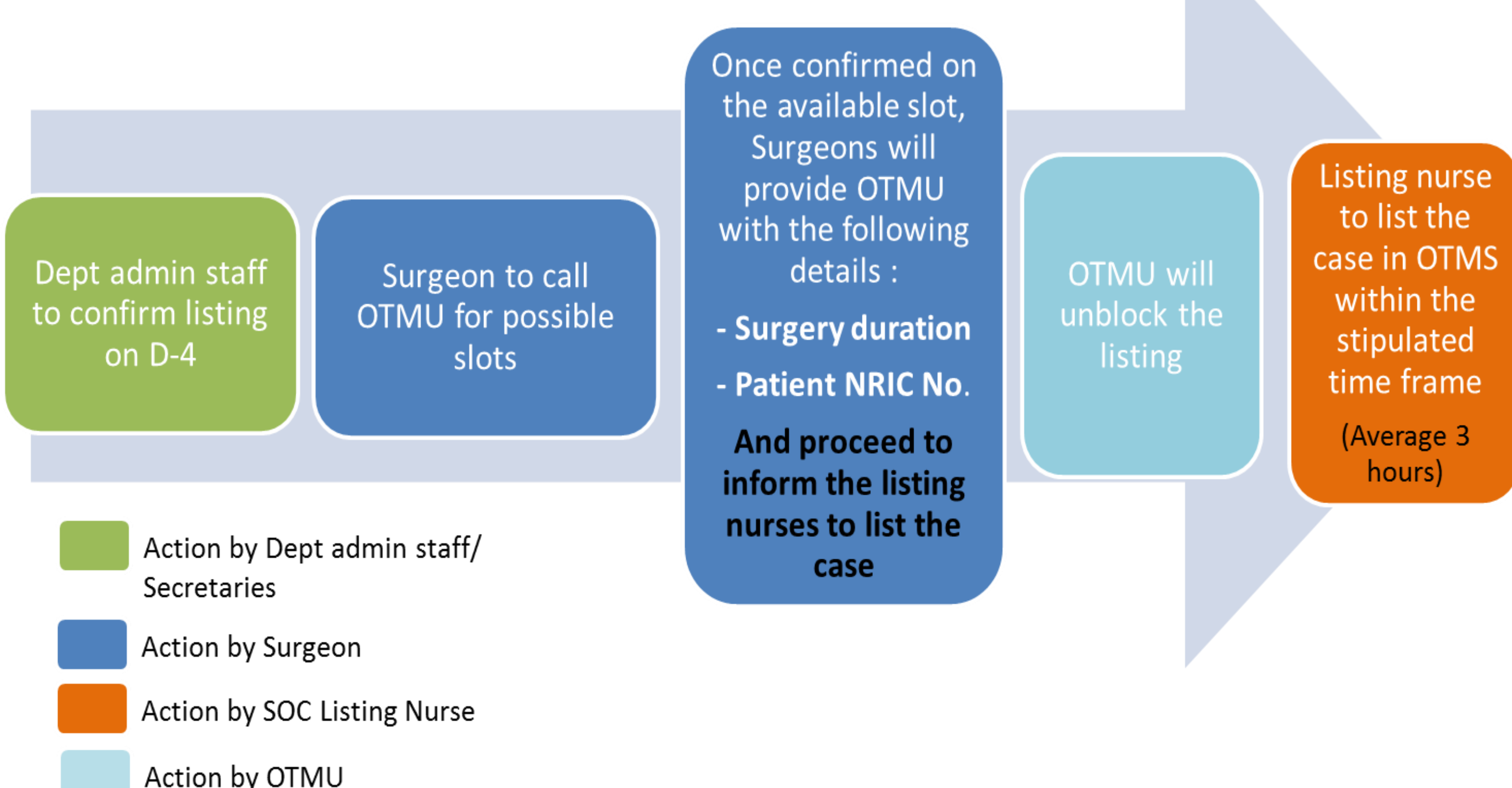
Objectives

- Optimise the utilisation of OT resources.
- Increase the flexibility of adding surgeries given a short lead time, thereby improving patients' waiting time for surgeries.

Methodology

- Once it reaches 72 hours prior to surgery, the list will be managed by Operating Theatre Management Unit (OTMU), and no longer managed by the Specialty. OTMU team will assign suitable listing slots in any available OT (regardless of which Specialty or Surgeon the slot belongs to) for any requests within 72 hours.
- 3 disciplines are identified to be involved in the pilot stage (ENT, Head & Neck, PLS).
- New process workflows are worked out as follows:
 - 4 days prior (D-4):** Department administrative staff to confirm all listings. All listings will be blocked after the listings are confirmed at 5pm.
 - 3 days to 1 day prior (D-3 to D-1):** Surgeons will call OTMU for possible slots. Once confirmed on the available slots, listing nurses will proceed to list the cases after OTMU has unblocked the slot in the system.

72 Hours' Open Access Listing Workflow (D-4 to D-1)



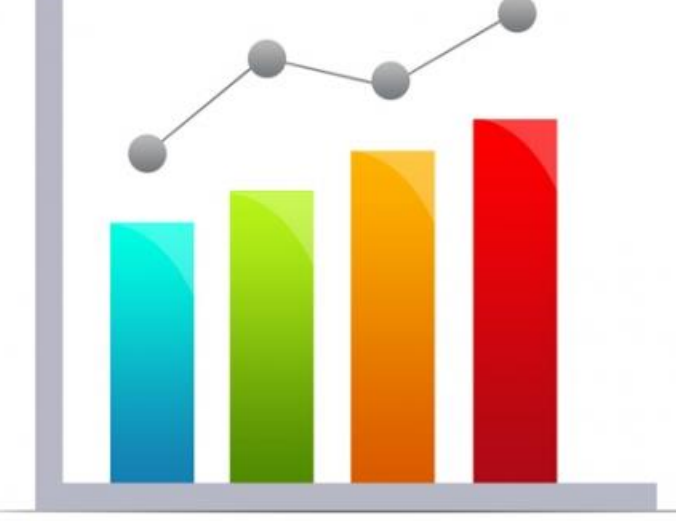
Implementation



- Conduct roadshows to all relevant stakeholders on the new workflow



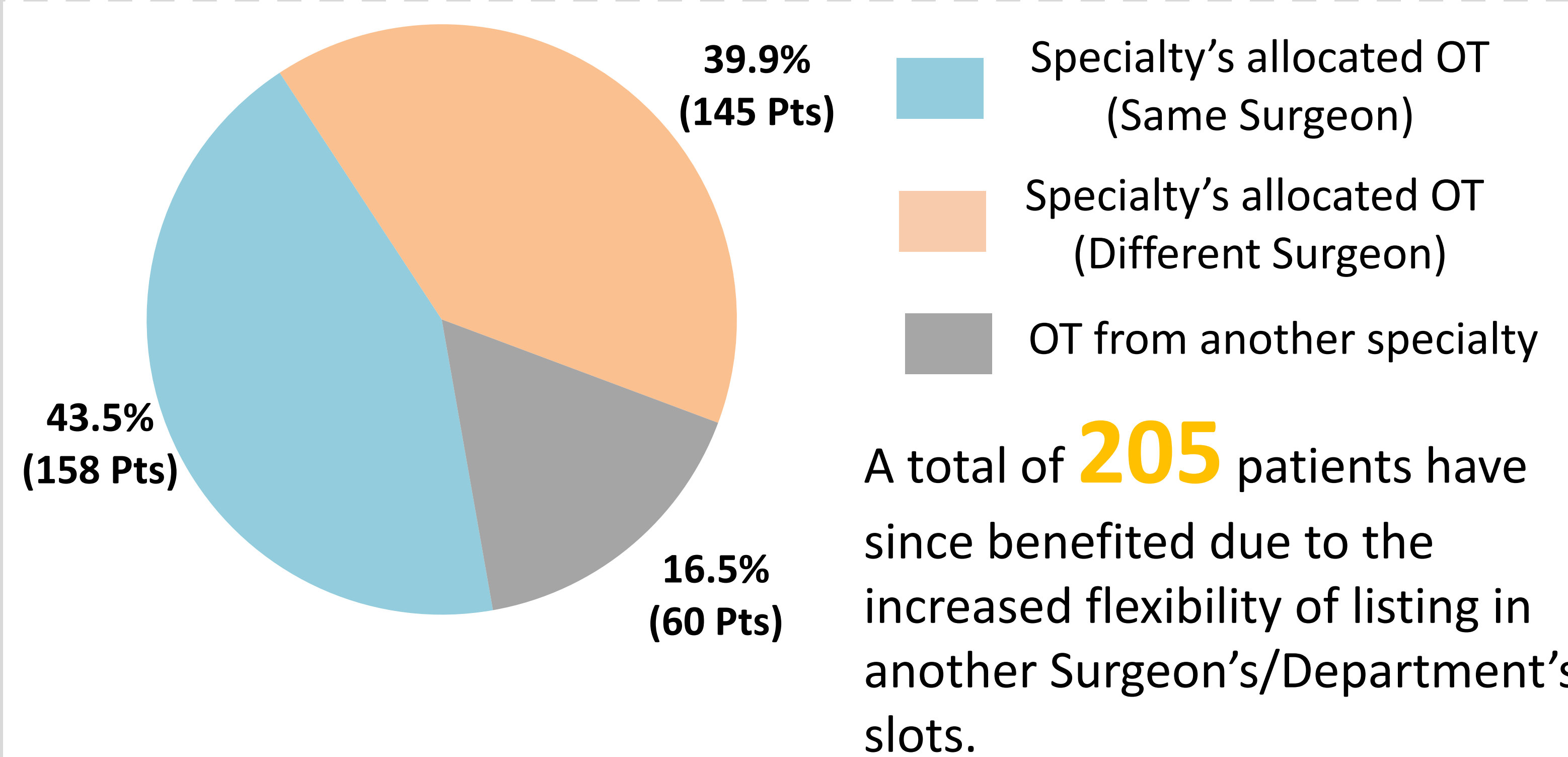
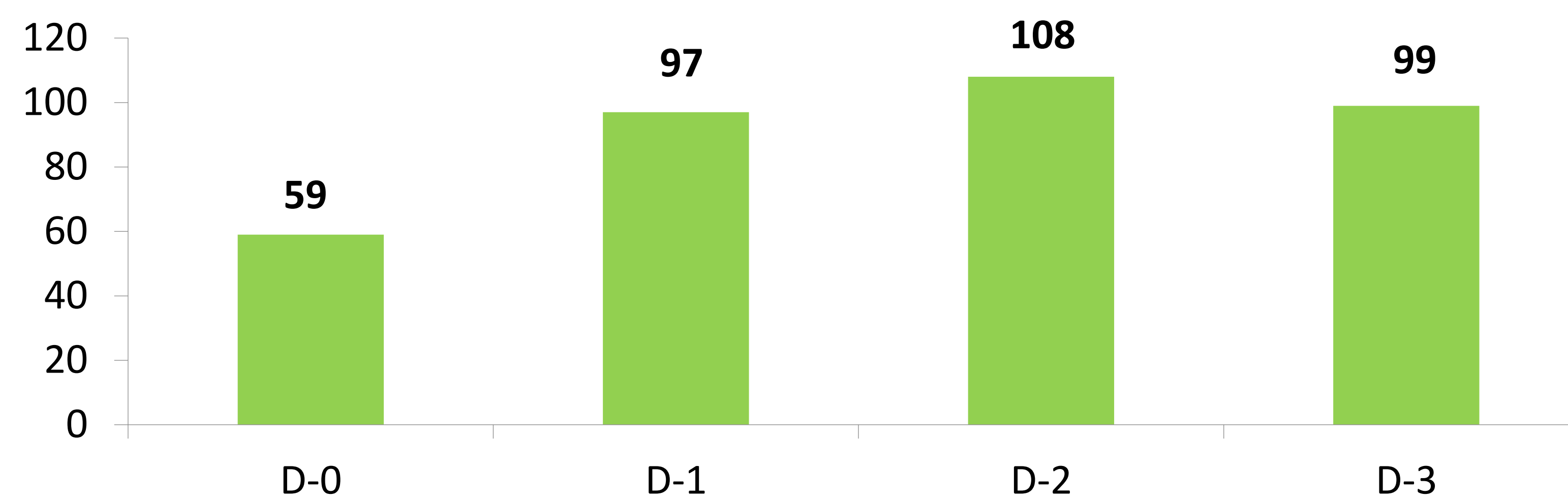
- Workflows are regularly reviewed based on feedback garnered from the various stakeholders



- Data is extracted and analysed periodically to assess the sustainability and effectiveness of the initiative

Results

- Total no. of cases added within 3 days: **363**
- Added (D-0): 59 (16%)
- Added (D-1): 97 (27%)
- Added (D-2): 108 (30%)
- Added (D-3): 99 (27%)



An increase of **6%** OT utilization is contributed by these add-on cases.
 *Data Period: 26 Aug 16 to 30 Mar 17

Conclusion

- The initiative helps in improve the utilisation as "idle" lists are now open for use by another discipline easily. **It results in less wastage in the operational, manpower and other resource costs of running an OT.**
- Lists are more evenly distributed** with unnecessary overtime, thereby **minimizing patient safety errors**. It **relieves the stress incurred on the Nurses in-charge of staffing** as last minute overtime requests are kept minimal.
- Given the positive results attained from the pilot, the **2nd phase of implementation** was further extended to 4 more disciplines – Upper GI, HPB, Breast and Surgical Oncology on 5 June 2017.