



Singapore Healthcare Management 2018

# HEALTH in your HANDS

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## BACKGROUND

Since 2006, the SGH Mass Health Screening (MHS) has been conducted biennially at the hospital level for all staff. The objectives of the MHS are as follows:

- Enable our staff to understand their health conditions and risks, and seek early intervention or make adjustments to their lifestyles where needed
- Enable SGH to assess and actively pre-empt health risks faced by staff and implement targeted intervention programmes to create a healthy and vibrant workforce

In 2015 MHS, a dip in the overall participation rate was noted.

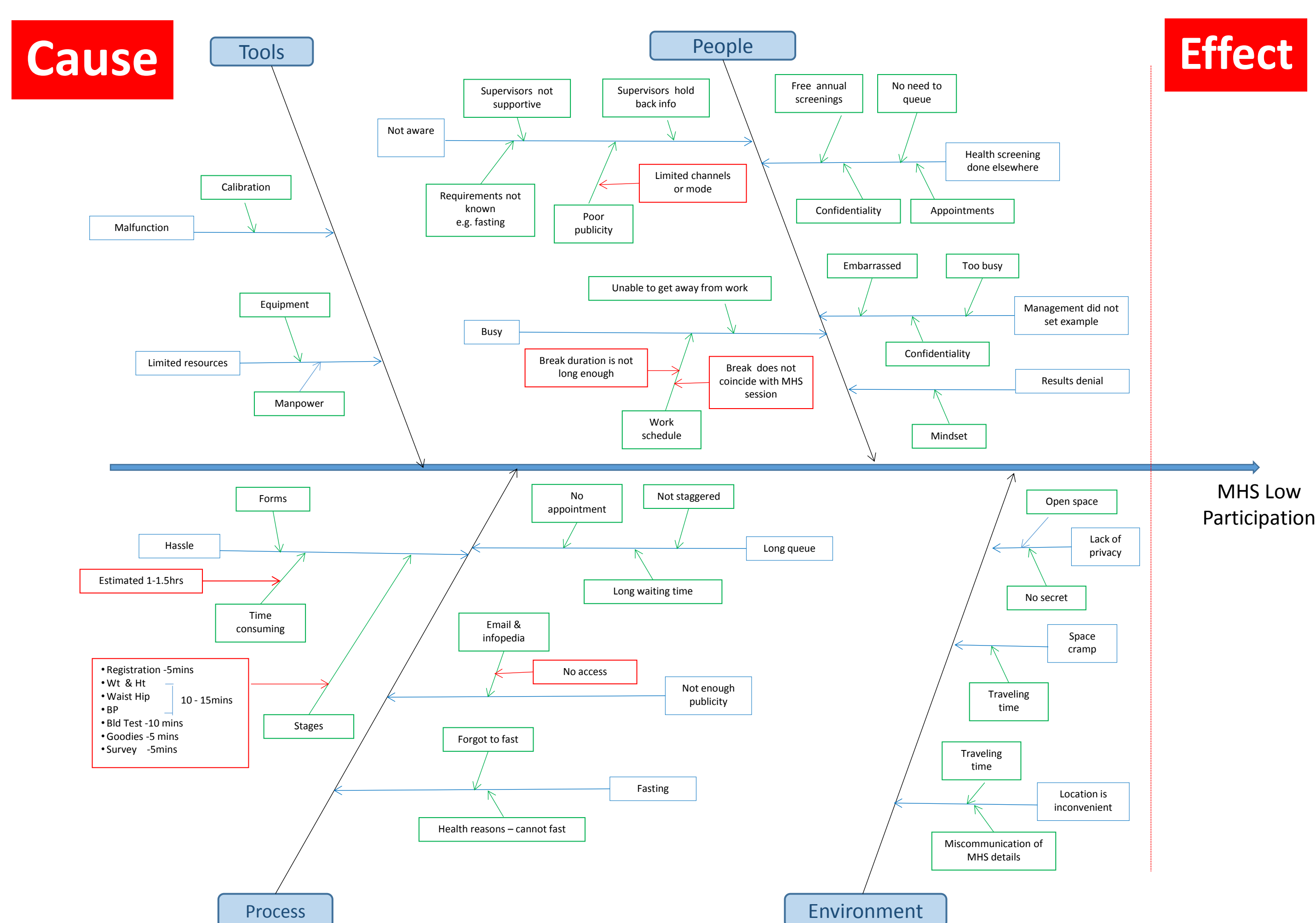
## AIM

To increase the MHS participation rate in Ward 54, Ward 72 and Medical Social Services to 50% of the staff strength.

## METHODOLOGY

Three departments, based on the greatest percentage drop in participation rate from 2013 to 2015, were selected for this project. The root causes for the low participation rate (35%) for these three departments were identified using the cause and effect diagram, which were later affirmed via administration of survey.

## CAUSE AND EFFECT DIAGRAM



A tree diagram was used to narrow down the solutions for the respective root causes. The team then voted for the proposed solutions to the root causes based on feasibility, cost, acceptability, effectiveness and sustainability before implementing the solution with the highest scoring to address each root cause.

Problem	Root Causes	Proposed Solution	Evaluation Criteria					Total
			A	B	C	D	E	
Low Participation Rate at Mass Health Screening	Unable to get away from work	☑ Earlier screening time	17	20	19	16	17	89
		☑ Engage dept. HODs to release staff for MHS	20	20	20	20	20	100
		☑ Inform screening schedule in advance	19	20	19	16	16	90
	Forgot to Fast before MHS	☑ Reminder via SMS or email a day before Screening	20	19	20	17	17	93
		☑ Ask HODs to remind staff to fast before screening	17	19	16	13	14	79
		☑ Staggered time for various group	15	15	12	12	10	64
Long waiting time	☑ Self help (Ht/Wt or fill in forms in advance)	11	12	10	12	11	56	
	☑ Label printing machine **	17	15	17	17	16	82	
	☑ Reverse screening process – start with blood taking first	10	18	12	11	10	61	

Evaluation Criteria :  
- Weightage - 0 to 20    A : Feasibility    B : Cost    C : Acceptability    D : Effectiveness    E : Sustainability

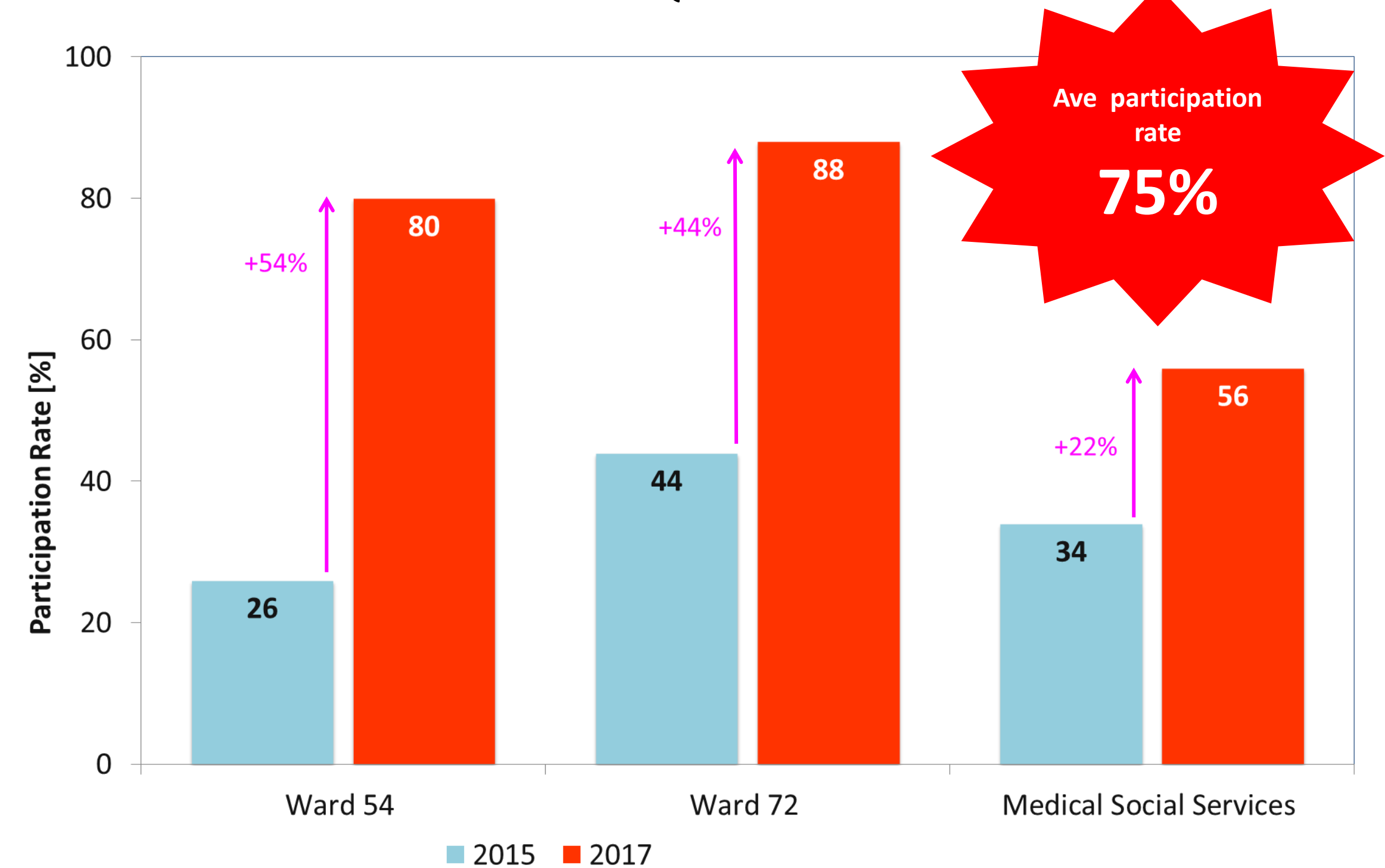
\*\* Label printing machine was not used for MHS 2017 as we were unable to get the software access to setup the machine before MHS 2017

## SOLUTION

The following were carried out before and during the 5-week SGH MHS.

- Engaged HOD and garner their support to release staff for MHS via weekly updates on their department's participation rate
- Email reminders on screening venue(s), schedule, administration and the need to fast prior to their visit
- Forms were made available online so that staff could download and complete the consent & lifestyle survey forms before their screening
- Measures were implemented by the team to ensure staff get screened within 30 minutes from their arrival to departure
- MHS was brought closer to the departments via off-site screenings for the convenience of big departments (more than 20 off-site screening over 24 days)

PARTICIPATION RATE IN MHS FROM THE 3 SELECTED DEPARTMENTS FOR THE QI PROJECT



The proposed solutions were subsequently applied to the other departments outside the project. We screened a total of 5,195 staff or 57% of our total staff population, a 19% increase in participation rate from MHS 2015.