



Singapore Healthcare Management 2018

Multi-pronged Approach To Reduce Overtime Creep for Staff Nurses In An Outpatient Department (Clinic 1/2/3)

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Background

Staff nurses (SNs) were increasingly required to work unscheduled overtime as outpatient clinics operate beyond official office hours due to increasing patient numbers and complexity.

This resulted in unfavourable employee engagement survey results related to areas affecting training opportunities and work scheduling affecting personal/family needs.



123
 hours per month
 (Average over 3 months)
 (3 Months Baseline Data)

Objectives



Root cause analysis identified multiple factors contributing to overtime.
 Four interventions were tested over ~1.5 years.

Interventions

- 1) Spreading the doctors' load and encourage referrals to other doctors in similar the sub specialty
- 2) Allowing SNs to claim time in the morning, overtime claim from 5.30 pm onwards
- 3) Schedule SNs to start at staggered timings
- 4) Process changes introducing an end time to non-urgent procedures

Throughout the different interventions, stakeholders (SNs) input was frequently sought out to evaluate impact and generate buy-in.

Results

Intervention
1 & 2

- No significant change in overtime hours
- Workload was mostly better, but no difference to end time
- Staff felt more well rested but no difference to overtime hours

Intervention
3

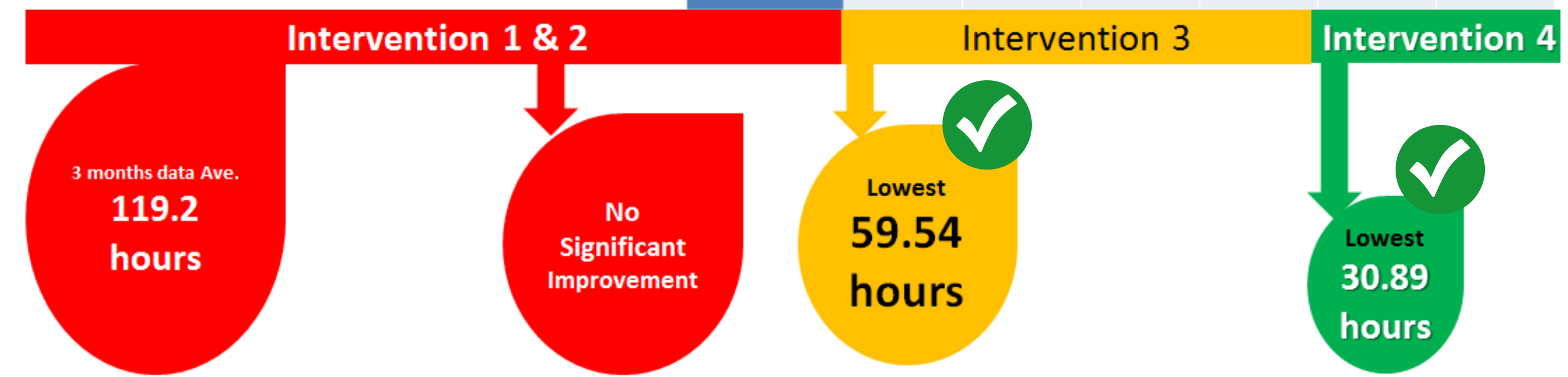
- **Improvement!**
- Staggered start time helped but there were some procedures that ended late and added to the overtime hours

Intervention
4

- **Improvement!**
- Only urgent procedures were encouraged to be performed after office hours

The table shows the sum of the monthly overtime hours for all staff nurses in clinic 1/2/3 for interventions 3 and 4. The 3 month average is compared against the lowest month.

Overtime	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Hours	95.14	80.18	67.12	59.54	30.89	32.09
Cost	\$2,349.96	\$1,980.45	\$1,657.86	\$1,470.64	\$762.98	\$792.62



In addition: Overtime hours reduced by ~75% resulting in significant improvements on relevant employee engagement survey areas related to training hours (7% -> 60% SNs ability to meet required training hours).

Conclusions

Agility in scheduling methods and process changes to limiting end time for non-urgent procedures can successfully arrest overtime creep resulting in improved staff satisfaction and economic savings.

Acknowledgement

A big thank you to the nurses in clinic 1/2/3 for their continuous inputs, which helped greatly reduce the overtime hours.