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PROJECT BACKGROUND / AIM

Inpatient Operations (Inpt Ops) has a decentralised model for appointment making, where each Patient Services Associate (PSA) processes the appointments for their ward. With the move towards more administrative support for clinical staff, it is projected that there will be a more diversified and increased requirements for PSA. Industry survey with public hospitals indicates that a centralised appointment scheduling model allows for a more holistic approach for the increasing complex art of making an appointment.

AIM

Develop an appointment specialist role to focus on managing patients' follow up in clinics after discharge from wards (excluding PEH and ATA).

METHODOLOGY

1. PLAN

- Two PSAs to cover appointment workload for 4 wards
- Removal of manual documentation of appointments
- PSA equipped with laptops, online access to appointment instructions and prioritisation guidelines



Current → 1 PSA : 1 ward
Pilot → 2 PSA : 4 wards



2. DO

Trial: October 2017 in 3 Orthopedics and Surgical wards over two weeks.
November 2017 in 4 General Medicine wards over two weeks.

Ideation and engagement with Inpatient Nursing to define a list of urgent cases.

3. STUDY

- The guidelines to highlight priority cases were useful in identifying and escalate urgent cases.
- Time saving with the online access to view instructions and documentation of appointments.

PRIORITY



4. ACT

- An average of 243 caseload per day is indicative that it has to be spread among team members
- It is essential to provide the tools (laptop) and (Excel) skills to empower staff to manage the change
- Priority guidelines to be shared with ward PSA to enable escalation of urgent cases

MEASURES



Error rate for appointments is on a downward trend since the phasic implementation of Appointment Specialist Team (AST) from June 2017.



AST's strength of 12 demonstrated the ability to cover the discharge appointment scope of 77 ward PSAs, allowing opportunities for ward operations scope to widen.



Concerted and regular interaction with stakeholders in the appointment process improve working relationships, leading to better communication and integration.



Formation of AST allows:

Office hours shift

- ✓ Work life harmony for mothers, an option from operation's shift work

Online platform for Outpatient Appointments

- ✓ Reduce possibility of missing out AHP and Nursing appointments

Patients able to discharge earlier

- ✓ Align to hospital's aim to free up beds for acute patients

E-documentation of appointments booking

- ✓ Smart and sustainable tracking model

Appointment Errors



CONCLUSION

With support from the ground and Nursing team, AST was able to form quickly and take on the full suite of the discharge appointment workload. It is important to provide the tools for the team to take on the challenge in workload, and upskill with training for the new system and work processes. The team displayed great tenacity and adaptability in the changing landscape; with the specialisation – the focus and ownership in their work propels them to actively seek more comprehensive measures to streamline their processes.

Moving forward:

- Cross-specialty training to further develop the inpatient appointment team and for flexible deployment
- Actively support communication between hospitals and patient on their outpatient follow up