



**Singapore Healthcare  
Management 2018**

# Cutting down rework in obtaining SOC appointments for ward discharges

Eugene Sim, Lee Fook Yuan, Tina Phua, SOC, SGH  
Gormit Kaur D/O Bachan Singh, Norhayati Bte Ahmad  
Deputy Director, Salimah Bte Mohd Ayoob, Nursing, SGH

## Aim

To reduce the processing time for ward PSAs in obtaining SOC appointments for discharged patients.

## Introduction

Every week, 1520 outpatient appointments are made for discharged SGH inpatients for follow up at our Specialist Outpatient Clinics (SOCs). 85% of these appointments are made by ward staff relatively easily. However, finding slots for the remaining 15% proved to be a huge challenge for staff and has led to frustration for patients and staff alike.

The main reason for not being able to find appointments, cited by ward staff, are that the clinic lists are already full and not all staff are able to force book patients in the appointment system. This is common for specialties with high workload and overbooking has to be carefully managed due to concerns of long waiting time to consultation at SOC.

The net effect of this is the need for coordination of such appointments between wards and SOC. The complicated workflow has led to high turnaround times for appointments, leading to lowered patient satisfaction and staff stress. To address these issues, a team formed by members from SOC Operations and Nursing Division came together to address the issue.

## Methodology

The team started by reviewing the existing workflow where faxes was the primary mode of communication between ward PSAs and SOC for obtaining SOC appointments. However, this method is time consuming, error prone and can led to a lot of rework. Examples of the challenges faced by both groups of staff are shown in Figure 1 below:

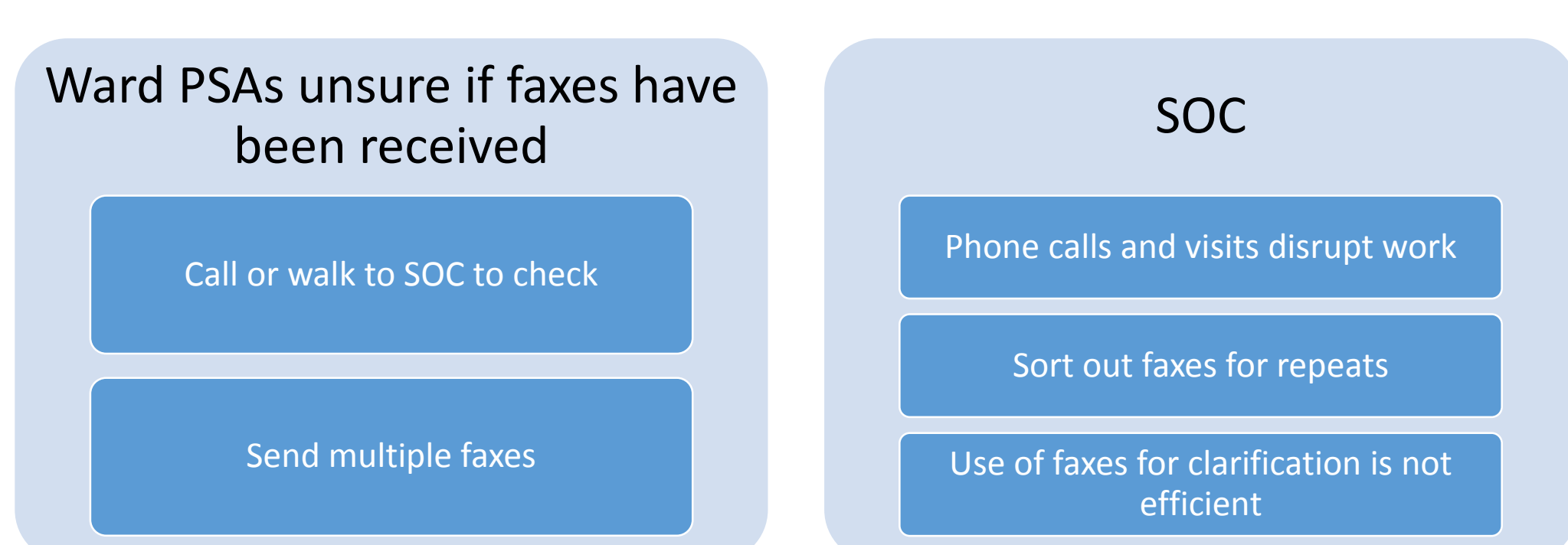


Figure 1: Challenges faced by ward and SOC staff

The solution that was finally chosen had several benefits. Firstly, it was easy to implement as it did not differ greatly from the existing workflow. This meant that staff from both departments would not have to adapt to a major change in their daily workflow. Secondly, it was relatively fast and cheap to implement. Lastly, it used the IT resources currently available to SGH and replaced the use of fax machines.

The revised workflow moved the primary mode of communication from faxes to emails, hence cutting down on the time taken for ward PSAs send a fax. Sending emails was considerably faster. It also saves the ward PSAs from sending multiple faxes or calling SOC staff to check if faxes have been received. The new workflow helps improve turnaround times as well. The emails are sent to an email distribution list, covered by the SOC Resource team, to coordinate the appointments.

Another solution selected by the team was granting force booking access to more ward PSAs so as to further reduce the need for SOC's involvement. This meant that more PSAs are able to force book the appointments themselves, shortening the turnaround time and leaving SOC to handle the more "problematic" appointments.

## Conclusion

This project showed that minor changes to workflows can bring about major changes in outcomes. Using email, a simple IT tool that is widely available, the team was able to bring about efficiency to a work process while still feel familiar to staff.

## Results

The new initiative was implemented in June 2017 and an average of 125 emails were sent weekly between wards and SOC. Figure 2 below highlights the major differences between the old and new workflow, how the old workflow was cumbersome while the new method helped streamline work for both SOC and wards.

With this new workflow, the SOC resource team receiving the emails are able to clarify instructions, if needed, and able to provide updates to the ward staff promptly. In order to ensure patients do not have to wait long to receive their outpatient appointments, SOC set a 1 day turnaround timeframe to provide a reply to the wards. An audit of the turnaround times after implementation showed that 91% of the appointment requests were replied within the 1 day timeframe (Figure 3). While the turnaround time of 1 day was achieved for most cases, the team established an escalation process to help ensure cases were not missed out.

The ward staff do not have to call SOC to check if the faxes have been received, ask for status updates or handover during change of shifts. With more staff granted force booking rights, they are more empowered in their work and are able to improve upon patient satisfaction upon discharge.

The general feedback from the staff was that stress was reduced and email communication helped their workflow greatly.

Differences	Old	New
Workflow	Faxes were sent to a single location	Emails with subject headings to denote specialty or clinic sent to a email distribution list
Correspondence	Time taken to send faxes	Sending emails can be done without movement from desk
Sorting incoming mail	Had to be sorted by hand at the receiving end	Faster and easier as SOC staff can sort the emails by specialty on Outlook
Replies and clarification	Dependent on when faxes were retrieved	Faster replies (within 1 day)
Coverage	Physical faxes had to be handed over to covering staff	Easy to cover others as everyone on the distribution list receive the emails

Figure 2: Differences between the old and new processes

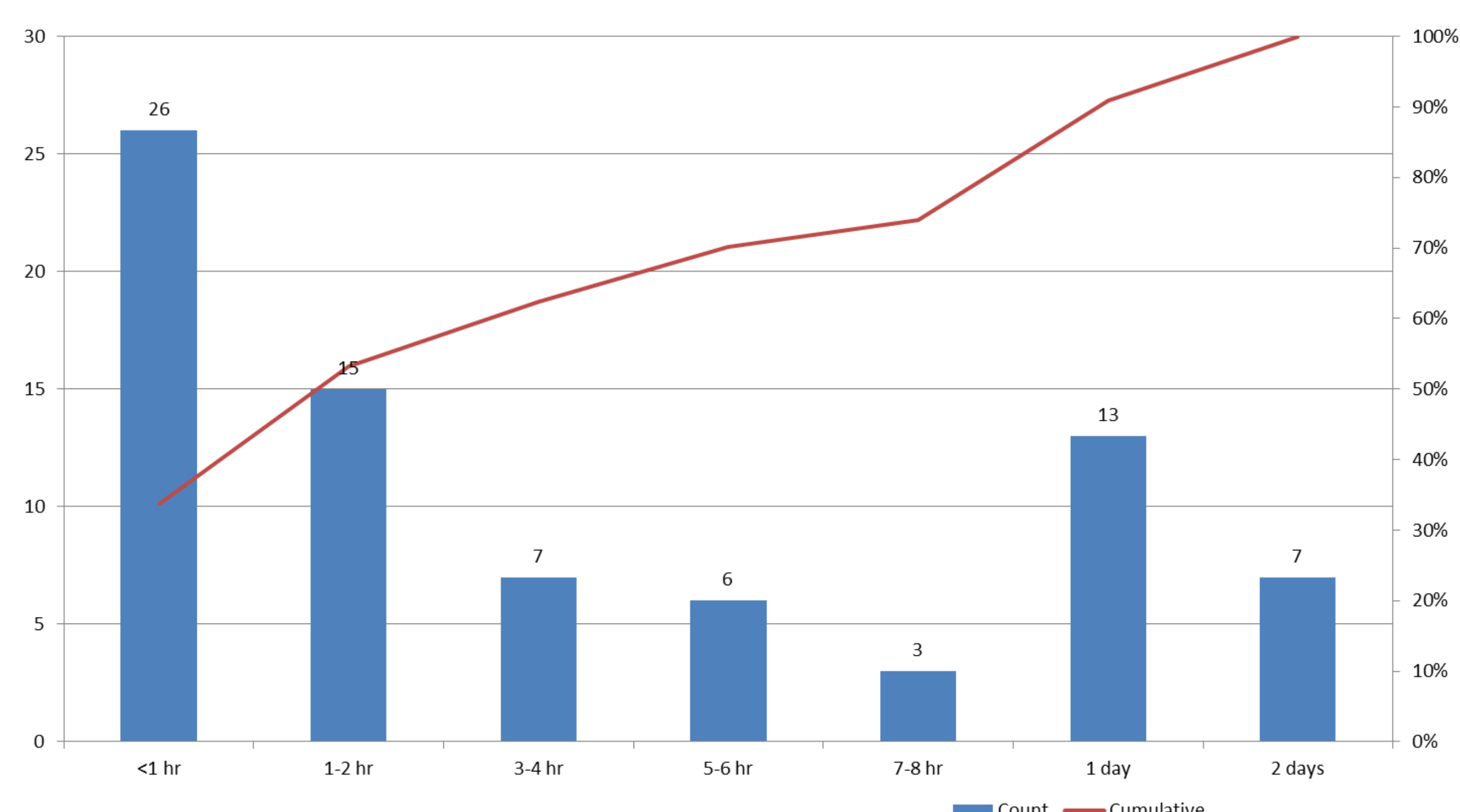


Figure 3: Post-implementation audit of SOC turnaround times