

# Rethinking and Transforming SGH Pre-Operative Patient Journey



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## OBJECTIVE

Reinforcing our commitment to improving patient experience, the SGH Pre-Operative workgroup was setup in 2014 to streamline and improve pre-operative care and service delivery to patients.

The workgroup seeks to achieve;

- A **better patient experience**
- **Better integration** of all service providers
- Leveraging on IT to **increase efficiency** where possible
- **Optimisation in resource utilisation**

## METHODOLOGY

The workgroup mapped out the existing processes and touch points in the pre-operative journey of our patients. Gaps analysis was conducted to uncover deficiencies and these issues were segmented into surgery confirmation, pre-op activities and day of procedure.

A **one-day "re-invention" workshop** was conducted. The committee devised new models of care with patient experience as a central component of all we do. Staff envisioned the ideal pre-operative patient journey and implemented the following initiatives to achieve the desired outcomes.

### Gap Analysis

#### Surgery confirmation

Lack of complete info for patients to make informed choice at SOC Listing

Long time spent in system, with many queues & stops (may be >1 visit)

Over-processing at different stops

Many parties contacting patients

Many patients calling SOC Listing for all enquiries

Gaps when op schedule is changed

Patient not optimised for procedure

No shows or last minute cancellations due to patient issues

Communication issues regarding op time, instructions, etc.

### NEW Initiatives

A new Pre-Operative Coordination Centre (POCC) serving as a **ONE** point of contact for patients and staff, facilitated by **Patient Optimisation Dashboard**

- Works with stakeholders to ensure completion of pre-op activities
- Handles changes to schedule
- Handles Surgery appointment reminders 4 days prior to surgery
- Informs patient on reporting time on day of surgery
- Handles/redirects patient enquiries



A **One-stop Pre-Admission Centre (PAC)** with

- Combined stop for surgery listing & detailed financial counseling
- Nurse assessment before investigations
- On-site phlebotomists and ECG facilities
- Job re-design for surgery scheduling to be done by non-nursing staff.

Surgery Scheduling + Financial Counseling

Nurse Triage & Assessment

Pre-Surgery Testing

Anaesthesiologist Assessment

Patient Education

**Improving Patient Education & Communication**

- Dedicated patient education station at PAC
- Improved patient communication materials (i.e. booklet and pre-op journey video)

**Improved pre-op investigation & assessment**

- Standardised test sets for ordering in CPOE, embedded in Electronic Admission Form
- Phone screening for healthy GA patients

**OT Management Unit**

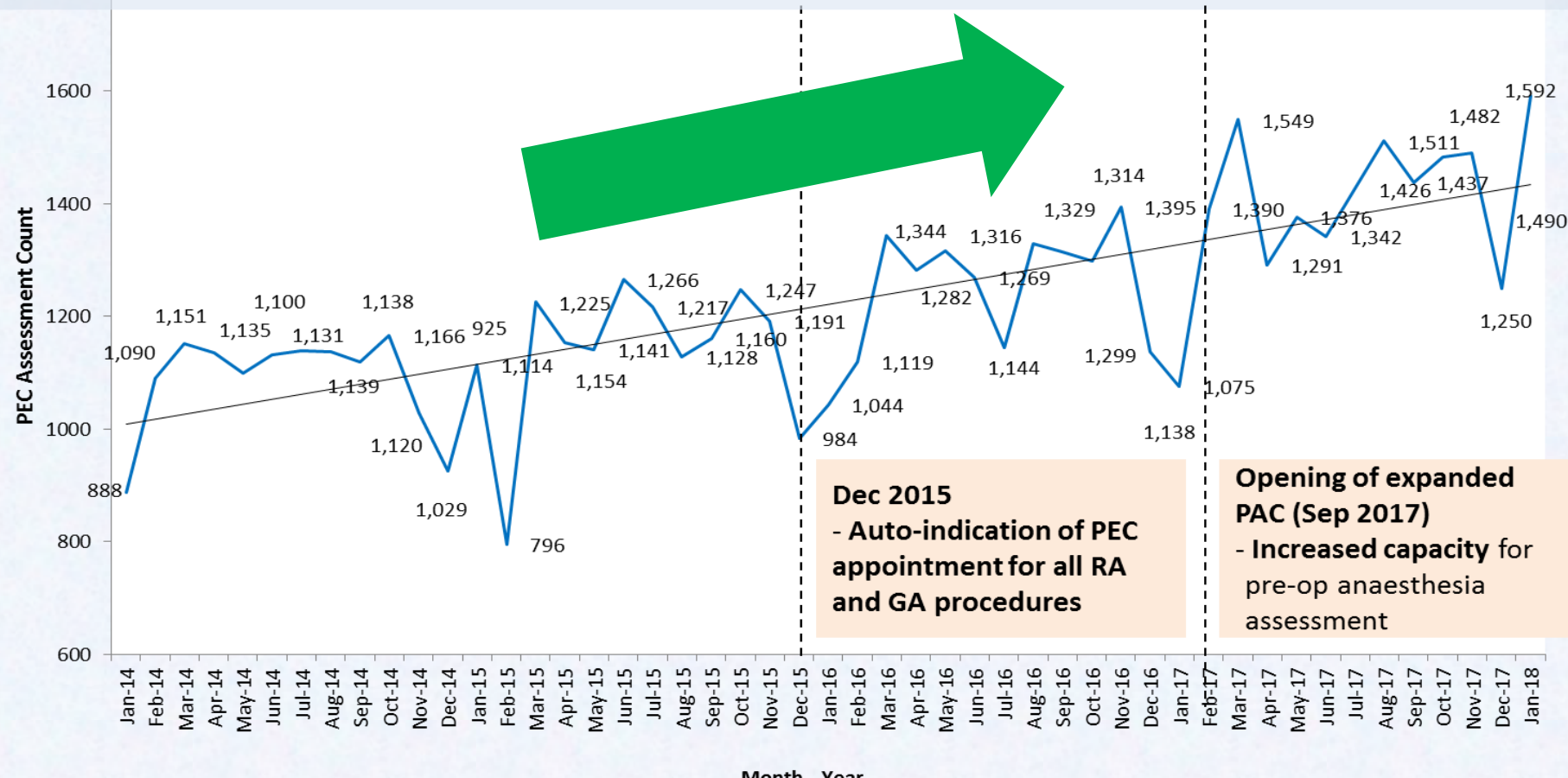
- Ensures OT lists are optimised when there are changes or open slots
- Open access 72 hours listing

Figure 1: Summary of analysis data, solutions implemented and results

## RESULTS

**More patients are receiving anaesthesiologist assessments that better prepare them prior to their surgery.**

**28% Increase in PAC Referrals from Jan 2014 to Jan 2018**



**OT cancellation reduction: 2.1%**

**Revenue generated: \$4 million per annum**

Patient reminder calling 4 days before surgery by POCC has reduced OT cancellation rate by **2.1%**. In addition, this new initiative was able to uncover potential no shows. A total of 70 OT slots were freed

up from Q3-2017 for OT optimisation.

This translates to potential additional revenue generation of \$927,500 per Qtr (MOT), or ~\$4million per annum.

**11 Listing Nurses freed up for redeployment**

Job re-design and enabling patient service associates (PSAs) to undertake scheduling helped to free up 11 listing nurses for redeployment and focus in patient care.

## CONCLUSION

Through the transformation, the workgroup achieved better patient experience, better integration of relevant service providers, manpower redesign and realignment as well as improved optimisation in OT utilization.