### Assisted OT Listing – New Initiative to Decrease Patient Waiting Time in Gynaecology Outpatient Clinic

**Angsumita Pramanick**, Felicia Ang Yiqian, Rosnah Bte Ismail, Sylvia Sim Yew Luan, Manisha Mathur

**Department of O&G**
Division of O&G, SingHealth Duke-NUS OB&GYN Academic Clinical Program
Specialist Outpatient Clinic C
Speciality and Anaesthesiology Services

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### Introduction

Wait time in clinics has been a long standing and significant problem. Long wait time leads to unnecessary discomfort to patient, low patient satisfaction and unpleasant clinic experience. 

**AIM:** To improve percentage of patients waiting for consultation ≤30 min in Specialist Outpatient Clinic (SOC) C and decrease patient waiting time.

### Methodology

Root cause analysis was conducted and identified long consult time due to coordination work to list case for surgery as major factor contributing to the long wait time (Figure 1). A few minutes delay for each patient caused ripple cumulative impact where subsequent patients were exposed to extended long wait time.

**People**
- Lack of doctors due to manpower allocation
- Junior doctors require more time (to seek advice from senior doctors)
- Doctors not reaching on time or got called away to wards for emergencies

**Process**
- Long consult time due to case complexity
- Long consult time due to listing case for surgery

**Environment**
- Shared registration counters and patients arriving at same time
- Large patient load at subsidized clinic

**Solution**

Coordination process to list case for surgery and set agreeable date between OT, consultants and patient is time consuming and does not require a doctor’s expertise (Figure 2).

#### After decision for surgery and consent taking
- **OT listing coordination:**
  - Contacts 2 consultants (tagged and sub-speciality) to inform of case listed and check availability
  - Doctor contacts OT for surgery date
  - 2 main lines answering to whom of KKH & G
- **Case need for OT:**
  - Doctor contacts OT for surgery date
  - Doctor checks if patient can make it for surgery date
- **Patient not available:**
  - Patient not available

#### Doctor fill in assisted OT listing form
- OT listing staff to arrange surgery

### Results

A pilot was introduced in February 2018 and full implementation in May 2018 for listing major and minor cases. Percentage of patients with consult wait time ≤30 min improved from 53% to 56% (Figure 3). The improvement was on steady rise despite increasing patient load, ongoing introduction of new electronic documentation system and fluctuating doctors’ manpower.

Increase in number of cases listed for surgery through assisted OT listing was observed (Figure 4). Post implementation survey done in July 2018 showed positive satisfaction levels among end-user doctors (Figure 5a). There were even feedbacks requesting to extend workflow to private clinics. Patients listed for surgery through assisted OT listing were surveyed and the results were very encouraging, bringing convenience without compromising on patient safety (Figure 5b).

### Conclusion

With the roll out of assisted OT listing:
- % of patients with consult wait time ≤30 min improved from 53% to 56%
- Highly satisfied end-user doctors and clinic staff
- Convenience and better experience for patients
- Quality care and doctor-patient interaction
- Optimised existing manpower resources
- Increased operational efficiency

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**Image 1:** Fish bone diagram for root cause analysis
**Image 2:** New workflow to list case for surgery through assisted OT listing
**Image 3:** Percentage of patients with clinic wait time ≤30 min and clinic workload
**Image 4:** Number of minor and major cases listed through assisted OT listing
**Image 5:** Post-implementation survey results by (a) end-user doctors and (b) patients