Introduction
The Pre-Admission Centre (PAC) files and manages patients’ Electronic Admission Forms (EAF) who require a planned admission. For operations readiness, these EAFs were sorted by Pre-Operative Assessment Date.

These EAFs are sent to PAC from Outpatient Clinics at the time patients consent to their admission, and are kept in Financial Folders till the patients’ admission day, whereupon they are dispatched to the respective Admission Centres across the hospital to facilitate patients’ registration process.

Problem
Patients’ admission information (Admit Type, Admission Date and Pre-Operative Assessment Date) are subject to change due to the following reasons:

a) Changes in patients’ availability
b) Changes in surgeons’ availability
c) Changes in patients’ medical condition prior to surgery
d) Changes in Operating Theatre availability

Correspondingly, these changes necessitate time-consuming modifications to the filing and updating of patients’ admission information on the Financial Folders.

Methodology
The team performed a time motion study for 18 days (from 2 to 20 April 2018).

- Each day, an average of 73 minutes is required to locate and update financial folders.
- For surgical patients, 65% of changes occurred before patients’ Pre-Operative Assessment appointment and 35% occurred after.

A Cause and Effect Analysis (Figure 1) was performed to identify the reason for the volume of reworks. Several rounds of voting were carried out, and Pareto Chart was plotted (Figure 2).

The identified reason for the high volume of rework on the changes was that the Financial Folders were prepared too early, and chose to focus on the rework of Financial Folders before patients’ Pre-Operative Assessment.

Workflow Optimisation
- EAFs are no longer sent to the PAC.
- Patient’s admission information on the financial folders are only prepared after patients report on day of Pre-Operative Assessment (Figure 3), using copies of the patients’ EAFs. This eliminates rework to update the information on the financial folders for ‘PAC No-Shows’.
- Any changes to patients’ admission information before their appointment continue to be updated in the system and remain accurate at all times.

Results
Workflow Optimisation resulted in the expected 65% reduction in workload (Figure 4).
Changing the filing workflow also resulted in more storage space by shortening the shelving period of Financial Folders (Figure 5).

Conclusion
This initiative helps to eliminate over-processing which is consider as waste in a process. For now, Financial Folders are still required as some patients’ record are not E-ready. With patient’s health and financial records gradually switching to electronic. This would enable information to be available on various platforms which would potentially further streamline the process to go paperless and folder-less.