Background

43,000

Yearly number of SUB Urology patients

Management by specialists or junior doctors independently
- Specialist: Associate Consultant and above
- Junior Doctor: Medical Officer (6-monthly posting) / Senior Resident

May potentially compromise on patient safety especially in acute illnesses

Non-compliance to corporate guidelines
- Medical Board policy: “Patient must be seen by specialist at least once every 3 visits”
- Junior doctor supervision policy: “Ensure oversight and graded authority and responsibility”

Stress and frustration on junior doctors, no proper opportunity for teaching or learning

Method

Formation of team with different experts, goal setting, weekly meet ups to brainstorm, strategise, ensure that we meet timeline and execute plans.

Much research were carried out to understand corporate guidelines on specialist review of SUB outpatient, to ensure compliance and patient safety.

In-depth data analysis was done to study the feasibility of execution plans
- Manpower (availability of specialists and junior doctors, leave coverage, who sees urgent walk-in etc)
- Resources (Number of team clinic per session, standardised setup to account for sufficient slots to meet demand)

Formation of team clinics, managed by consultant in charge alongside junior doctors. Each consultant is allocated a session for their team clinic. When consultant is on leave, new case slots (NC) will be blocked. This became part of work protocols for the department.

The concept of team clinic was trialed in one of the senior consultant clinics for an entire month

Team clinic concept was presented at department meeting to rally support and “buy-in”, concerns were also addressed pre-implementation

Department roster was created based on following priorities:
1. Operating Theatre allocation
2. Doctors relocated to Sengkang General Hospital but still practicing at SGH (fixed schedule)
3. SGH doctors

Continous improvement, Plan-Do-Check Act (PDCA) cycles, routine statistical monitoring and “Buy-in”

Meeting with department continued post-implementation:
- 1 week after-to address any concerns
- 1 month after-to check on management of all SUB patients
- 3 months after-to ensure balance workload
- 6 months after-to review resource setups
- 1 year after-to review KPIs and more

Results

100% Patients seen by specialists

Maximise the number of SUB patients managed by a specialist and equitable distribution of workload

E.g: a senior consultant saw an increase of 82% in 2018.
(4499 patients in 2018 versus 2472 patients in 2017)

Greater confidence and assurance from SUB patients and next of kin

Increased patient satisfaction and compliments of 147.8% (290 in 2018 versus 117 in 2017)

Better supervision of junior doctors, platform for junior doctors to be trained with real examples from specialists in a reasonable workload setting

Standardization of clinic resource setup allows for easy management of resource changes moving forward.

For example, in Oct 2018, NC SUB slots were found to be under utilized, a reduction of slots across all team clinics were effected quickly as all the resources were setup in the same fashion.

- Room Utilisation: 85%
- Waiting Time for NC SUB Appointment (WTA) more than 60days: 1.5%

Conclusion

The efforts to improve patient safety and experience are utmost priorities to Urology department. The new organisational structure for SUB clinics created opportunities for more patients to be seen at SGH urology and for specialists to transfer valuable knowledge to junior doctors. The thorough planning and design of the organisation structure of subsidised clinics helped the department achieve significant results including low waiting time to appointment (WTA), high room utilisation, increased compliments which are all in line with Singhealth and SGH goals. The project has been implemented for more than 1 year and has continued to gain great success.