INTRODUCTION | BACKGROUND
A major role of Health Information Management Services (HIMS) is to retrieve medical records and have them delivered to various locations such as wards, clinics and clinical departments. These medical records are required by the various locations for the clinical care of patients and other administrative purposes such as completion of medical reports/replies by clinicians.

The delivery of hardcopy medical records relies heavily on manpower. With the advent of electronic medical records, processes have to be transformed to adapt to the change.

AIM
The principal aim of this project is to streamline the delivery of medical records to optimize the manpower without compromising the end-result.

METHODOLOGY
The challenge of changing the processes involves team members from different departments to be open minded on the possibilities and willingness to change. There were several sessions of discussion with the various teams involved.

Methods used to guide the team through these discussions included:
- The “Why” method to analyse the need for the delivery trips to each location in the past in comparison to the present.
- Analysis of the transportation route and workload analysis & distribution – to narrow down the causes and possible solutions.
  - Workload analysis is not just the quantity but also the thickness of the medical records.
  - Example for inpatient cases, the number of medical records + thickness = load.
- Analysis of gaps and concerns - to identify the gaps in process that we need to close and concerns to address.
- PDSA cycles – to fine-tune the solutions such as the different combination of routes, time schedules, hand-overs like a relay. E.g. proposed solution A vs B.
- Training of staff in new routes, schedules and tasks.

From the analysis and discovery:
1. Inpatient cases – number of inpatient medical records returned remains the same but thickness of folders are reduced due to increase in adoption of electronic documentation.
2. Outpatient cases – number of medical records to be delivered to clinic has reduced for some clinics like DMC and ARC. Outpatient documents returned are thinner.

Solution:
1. Reduce the number to trips to the ward and clinics as more records can be transported per trip.
2. Each porter to cover more areas e.g. one porter to cover two blocks of wards instead of one porter per block of wards.

RESULTS | CONCLUSION
With the change in processes, there were time and resource savings such as manpower which can be deployed to other areas of work.

Streamlining of the process also allows us to deliver effectively.

Tangible benefits
1. For inpatient locations: 2 porters to cover for all the wards instead of the 4 porters ➔ -2 staff
2. For outpatient locations: consolidation of services from other areas to cover the duties for some of clinics like DMC ➔ -2 staff
Total 4 out of 12 staff returned to the centralized pool of transportation staff.

Intangible benefits
1. Lesser trips with thinner volumes of medical records is physically less taxing for staff.
2. Processes are optimized.