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Reducing Near-Term Rescheduling & Improving Chair Allocation Efficiency at NDCS

Daniel Tay¹, Teng Ya Wen², Xu Jianxiong¹
Lorraine Christine Johnson², Michael Choo^{1,2}

¹Office for Service Transformation, Singapore Health Services Pte Ltd
²National Dental Centre Singapore



BACKGROUND

In collaboration between OST and NDCS under the Improving Access to Care Workgroup of NDCS Service Transformation Taskforce, the team sought to reduce the occurrence of adverse patient experiences caused by rescheduling at short notices.

AIMS

Primary Aim: To improve NDCS patients' access to care and minimise clinician-initiated rescheduling of patients' appointments.

Secondary Aim: To empower Heads of Departments (HODs)/Units (HOUs) and Clinic Executives (CEs) with up-to-date clinician staff strength information, so as to optimise resource planning and operatory allocation.

METHODOLOGY

The team engaged HODs and senior management of NDCS to institute a new appointment resource change process including:

1. A bi-annual leave forecasting exercise for clinicians
2. Processes for unplanned changes to the appointment resource via a change request form

These were formally documented as part of the Centre's policies & procedures (P&P) and disseminated to all stakeholders.



To ensure compliance to the new P&P, quarterly updates are presented at management forums to highlight the performance of individual departments and units. Statistics reported include:

1. Medium term changes (less than 42days)
2. Near-term changes (less than 2days)



RESULTS

1. Clinician-related reschedules improved from 68.7% pre-implementation (April 2016 to September 2016) to 54.8% post-implementation (October 2016 to March 2017) ($p < 0.001$).
2. Near-term reschedules with less than 2 days lead time decreased from 4.5% to 3.7% in the same comparison period ($p = 0.0763$).
3. The improvements in reschedule lead-times also resulted in other outcomes such as improving patient experience and appointment rescheduling staff experience.

CONCLUSION

Through the implementation of well-thought out policies with the appropriate buy-in from management and stakeholders, reduction of near-term clinician initiated appointment reschedules were achieved and this led to better and more patient-centric care. Any policy change necessitates the availability of appropriate tools to manage, monitor, and enable proper implementation.

This project also demonstrates that it is possible to harness ubiquitously available software such as Microsoft Excel, to achieve improvements in operational workflow.



To compliment the new process

1. A resource master tracking tool in Microsoft Excel for data entry and oversight was developed to aid department administrative staff in monitoring leave and any other resource changes raised by clinicians
2. An allocation tool in Microsoft Excel for clinic executives was developed to facilitate their day-to-day dental chair allocations.

Integrating out-of-clinic records with chair allocation

- Department Admin maintains clinician's out of clinic records in the shared drive
- Data flows to the new allocation files to assist Clinic Executives' in doing chair allocation

