



# Singapore Healthcare Management 2017

# ADDING VALUE TO CARE

The 3M Way to scale up Integrated Team Based Care  
 MUDA (Waste) MURI (Overburden) MURA (Unevenness)

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## Background

In 2016, SHP-Bedok conducted a pilot to evaluate if team based care improves care outcome for patients. The pilot involves a group of 5 doctors sharing consultation task with 2 care managers. The outcome of the pilot showed significant improvement in the percentage of patients treated to target, completed needful care process and appropriately right sited.

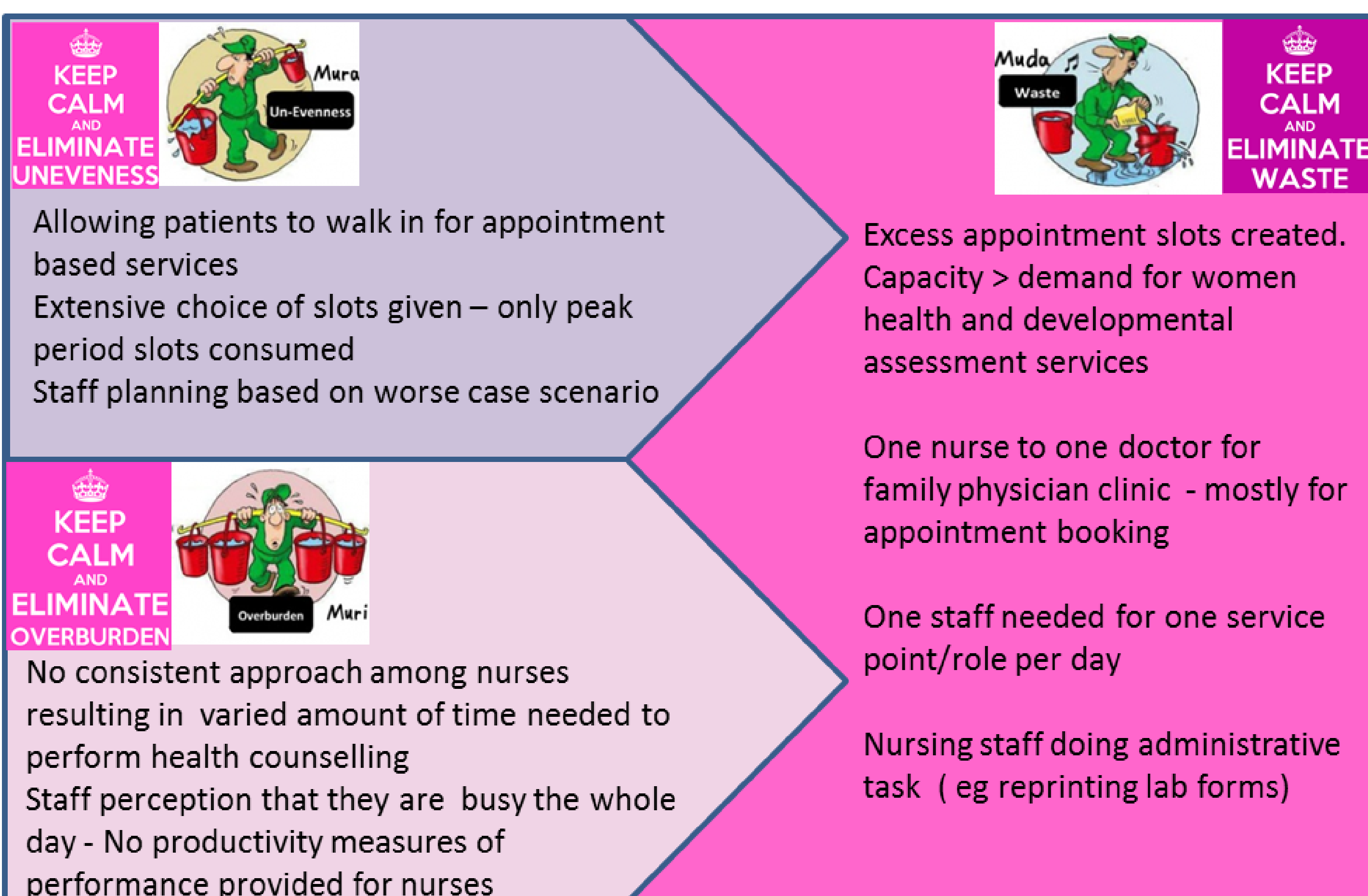
While the testing of this pilot was easily accomplished and the results are promising, the influence of this pilot was in limbo as we needed more care managers to scale it up for the whole clinic. Thus, despite the promising outcome, this model of care appears unsustainable.

We thus embark on an improvement effort to increase the productivity of all nurse based services in order to support the care manager role using existing number of staff.

## Aim

- To increase the number of nurses to perform care manager service through redesigning work process
- To ensure daily utilization rate for all nursing services points is more than 80%

## Methodology



Strategy	Intervention
Redesigning appointment slots Capacity cannot exceed demand	No of slot for developmental assessment reduced from 20 per day to 12 per day and for women screening clinic reduce from 20 per day to 7 three times/week Spread of appointment slots available for booking reduce to defined periods eg 8-10.20 am, 11-12 am, 2-2.40 pm, 3-4 pm instead of whole day or half day sessions
Top of license Nursing practice	Appointment making for Family Physician Clinic reassigned to ancillary staff Ancillary staff trained to reprint lab forms
Standardized pathway	Scripted pathways and toolkits provided for nurses performing health counselling. Nurse to abide by time norm set for health counselling
Reducing peak and trough	Not to accept walk in patients if there are no more appointment slots available Limiting the patient's choice for slots
Changing staff mindset	Staff to perform multiple complementary roles in a day Staff deployment for a particular station ( non appointment based station) is base on best case patient workload. However, if there is increased patient number, additional staff will be deployed to assist when the situation arises. Objective productivity performance measures share with staff. Each staff is provided with their workload numbers during fortnightly weekly staff meeting

## Results

Utilization for all nurse based services has increased from 20 -70% previously to 80 -100%

## Conclusion

- Using the 3M Way, we are able to utilise the current manpower to support team based care for the current clinic set-up.
- Team based care have been shown to improve care outcomes for our patients

Nurse Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
June 5, 2017	DA (Developmental Assessment)	DA	DA	DA	DA
8:00	DA	DA	DA	DA	DA
8:20	DA	DA	DA	DA	DA
8:40	DA	DA	DA	DA	DA
9:00	DA	DA	DA	DA	DA
9:20	DA	DA	DA	DA	DA
9:40	DA	DA	DA	DA	DA
10:00	DA	DA	DA	DA	DA
10:20	DA	DA	DA	DA	DA
11:00	WSC (Women Screening Clinic)	Cover Tx (Treatment Room)	WSC	Cover Tx Room	WSC
11:20	WSC	Cover Tx Room	WSC	Cover Tx Room	WSC
11:40	WSC	Cover Tx Room	WSC	Cover Tx Room	WSC
12:00	WSC	Cover Tx Room	WSC	Cover Tx Room	WSC
12:20	Cover Tx Room	Cover Tx Room	Cover Tx Room	Cover Tx Room	Cover Tx Room
1:00					
2:00	WSC	Patient Recalling	WSC	Patient Recalling	WSC
2:20	WSC	Patient Recalling	WSC	Patient Recalling	WSC
2:40	WSC	Patient Recalling	WSC	Patient Recalling	WSC
3:00	DA	DA	DA	DA	DA
3:30	DA	DA	DA	DA	DA
4:00	DA	DA	DA	DA	DA

