Singapore Healthcare Management 2017

READY BED BOOKING
In an Acute Hospital setting
Changi General Hospital (CGH)
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① INTRODUCTION

CGH Bed Management Unit (BMU) oversees a 1000+ bed hospital in allocating the "best fit" beds to our patients. In 2016, the team came together to see how can BMU streamline bed allocation which saves time and manpower, thereby better allocating existing staff to perform other value adding initiatives.
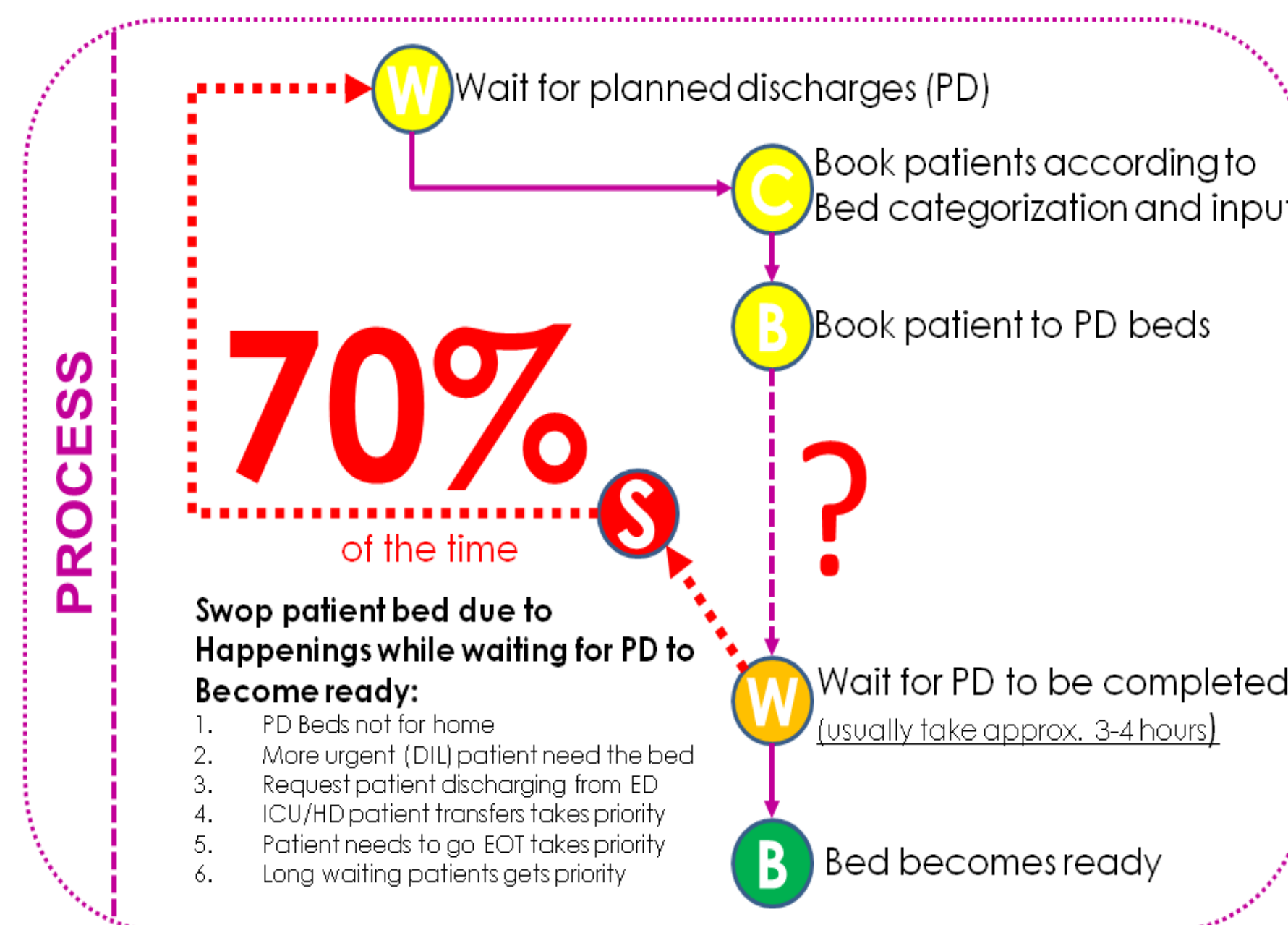
② AIM

- To simplify bed booking workflow
- To reduce unnecessary rework
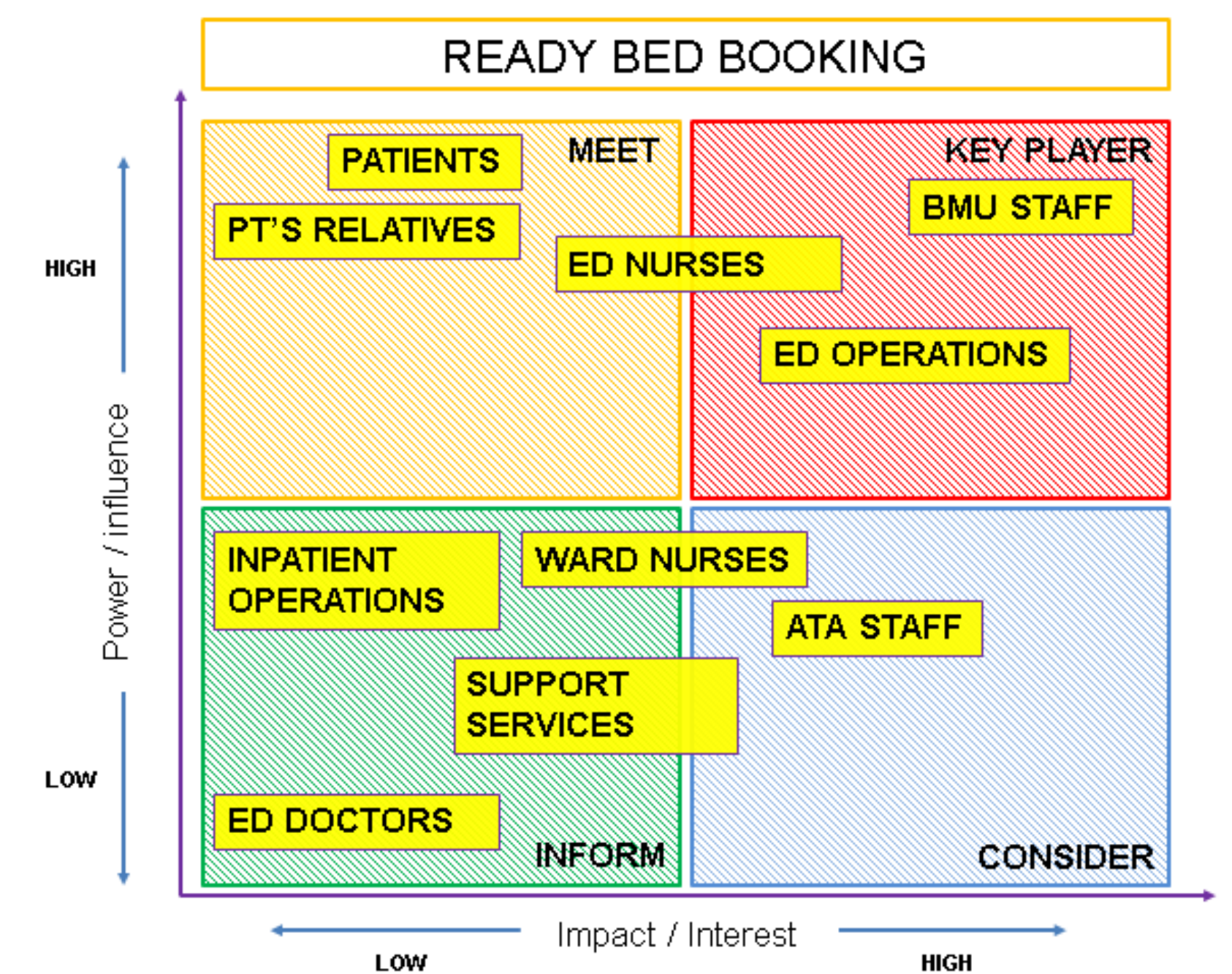- To reduce errors and improve patient safety

③ METHOD:

A **10** step process was done to ensure this initiative was effective and done properly:

1 Evaluate current processes
   Identification of waste in bed booking processes
2. Propose solutions to eliminate wastage
3. Perform stakeholder analysis
4. Conduct trial run for 1 week with 4 identified wards
5. Match observed and expected results from trial run
6. Modify when need be
7. Active engagement with stakeholders
8. Full Implementation
9. Monitor initiative for any issues
10. Evaluation

EXISTING WORK PROCESS

PROCESS

W Wait for planned discharges (PD)
C Book patients according to Bed categorization and inputs
B Book patient to PD beds

70% of the time

S ?

W Wait for PD to be completed (usually take approx. 3-4 hours)

B Bed becomes ready

Swop patient bed due to Happenings while waiting for PD to Become ready:
1. PD Beds not for home
2. More urgent (DIL) patient need the bed
3. Request patient discharging from ED
4. ICU/HD patient transfers takes priority
5. Patient needs to go EOT takes priority
6. Long waiting patients gets priority

STAKEHOLDERS

READY BED BOOKING

Power / Influence — Impact / Interest

MEET: PATIENTS, PT'S RELATIVES, ED NURSES
KEY PLAYER: BMU STAFF, ED OPERATIONS
INFORM: INPATIENT OPERATIONS, WARD NURSES, SUPPORT SERVICES, ED DOCTORS, ATA STAFF
CONSIDER

④ RESULTS:

Mistakes and delays related to swapping of booked beds have been reduced after ready bed booking was implemented. The staff performing this "swapping" duty was redeployed to do morning rounds to engage and update admitted patients of the status of their inpatient beds in the A&E observation room. This not only improves patient experience while waiting for a bed, it also gives them the assurance that they are not forgotten.
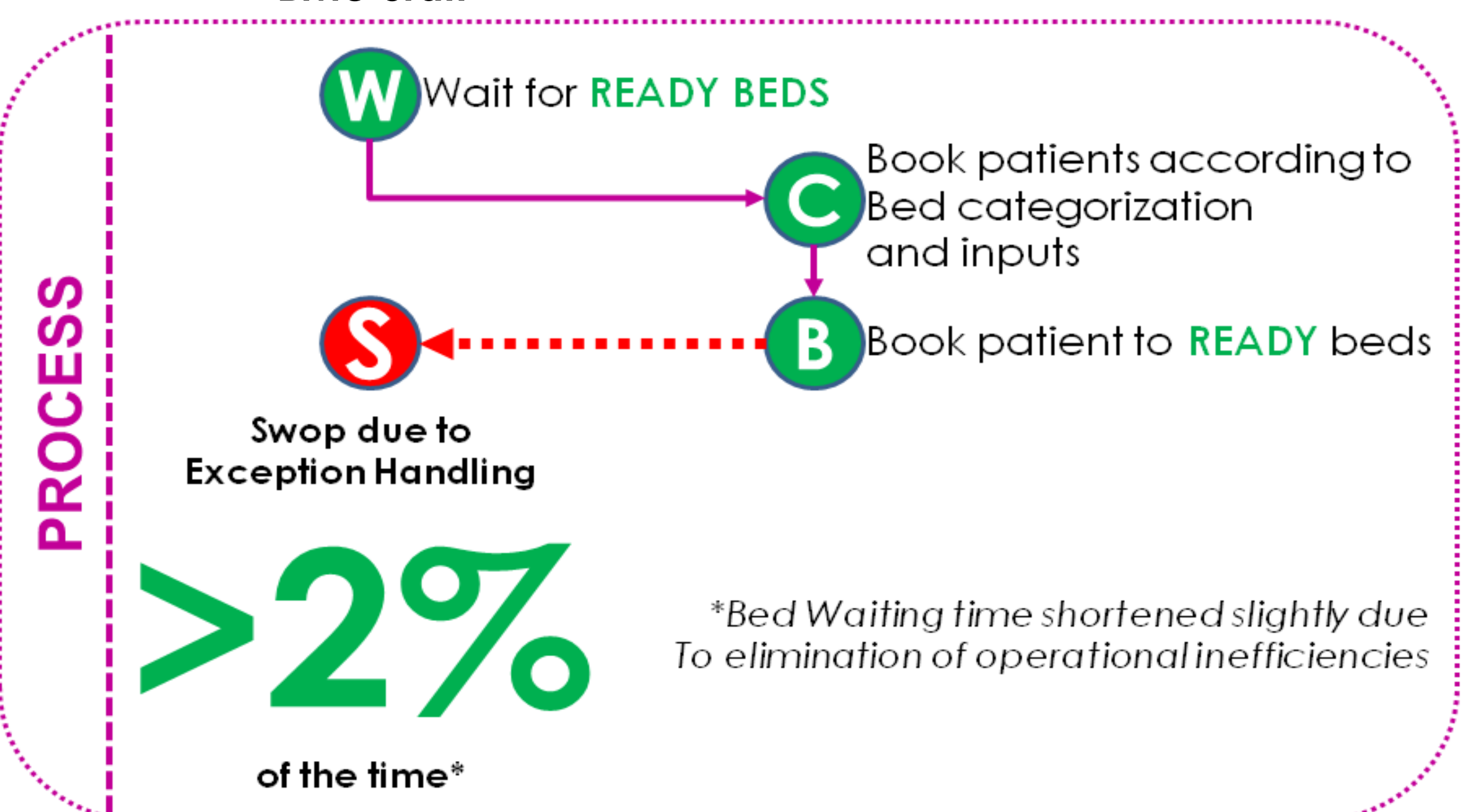
ACHIEVED

1. More than **95% reduction** (70% to >2%) in reworks from BMU staff
2. Shorter Bed waiting time for patients due to reduction of reworks
3. Increase in Staff Morale

"Eliminating booking of planned discharge beds and wait to book ready beds have helped us be more efficient and effective"
- BMU Staff

NOW

INPUT — REQUEST BED
Gender
Class
Discipline
Cat Status

OUTPUT
WARD ✓
BED ✓
Correctly Assigned

PROCESS

W Wait for READY BEDS
C Book patients according to Bed categorization and inputs
B Book patient to READY beds
S Swop due to Exception Handling

>2% of the time*

Bed Waiting time shortened slightly due To elimination of operational inefficiencies

⑤ CONCLUSION:

With the removal of wastes in the bed booking process, there is an increase in the staff morale as they are doing more meaningful work. Patients ultimately benefit from shorter waits and higher patient satisfaction rates.

Changi General Hospital

A MEMBER OF EASTERN HEALTH ALLIANCE