



# Minimizing Elective Patients' Waiting Time For Beds

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## Background

In the past, elective patients reported at Admissions Office around the discharge time for registration, financial counseling and allocation of beds. However, due to the complexity of the discharge process at the ward level, patients tend to go back later. This slower turnaround of beds had a downstream impact on elective patients who are already waiting for beds in Admissions Office.

## Objective

To minimize elective patients' waiting time for beds so as to enhance quality of patients' care and reduce staff frustration.

## Actions Taken

Detailed analysis on elective patients bed ready time from Jan 2011 to Dec 2011 was carried out. Based on the analysis, patients were advised to report for admission from 2pm to 3pm for all surgical disciplines except General Surgery; 3pm to 4pm for General Surgery and all other medical disciplines. Clinicians and nursing stakeholders were consulted and collaborated in this initiative.



Sister Tan Siew Choo  
W57 Nurse Clinician.

## Results

- Percentage of patients who do not have to wait for beds went up from **37%** (685 out of 1875) in 2011 to a whopping **53%** (1227 out of 2333) in 2012.
- Average waiting time improved from **42 minutes** → **29 minutes**.
- For the remaining patients who have to wait for beds, the **95<sup>th</sup> percentile** waiting time has improved by **21 minutes**.



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## Conclusion

The staggering of arrival time for elective patients to match the timing of bed availability has resulted in significant reduction in waiting time. In addition, frontline staff do not have to be harassed by patients on the availability of their beds. This has helped to enhance patient's experience and improve staff morale.



**Elective patients who DO NOT have to wait for beds**



*"In the past, I received calls from both Bed Management Unit (BMU) and Admissions Office (AO) staff on the bed status almost daily. Patients were usually frustrated due to the long waiting hours at AO. This situation was further aggravated when they noticed empty beds in the wards. After this initiative, I witnessed a drastic drop in the number of phone calls received from both BMU and AO staff."*

