



Operations Risk Management at Off-site Ambulatory Centres

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Background

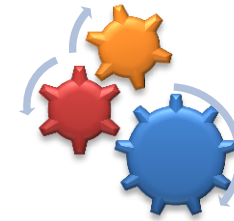


- Singapore General Hospital (SGH) started operating its Orthopaedic Sports and Joint Centre (OSJC) at the Camden Medical Centre at one Orchard Boulevard from mid-March 2013.
- Projections - **65000** patients every year, or approximately **9%** of SGH's outpatient work-load.
- Support services such as radiology, pharmacy and physiotherapy needs to be provided.

Framework



People(staff)



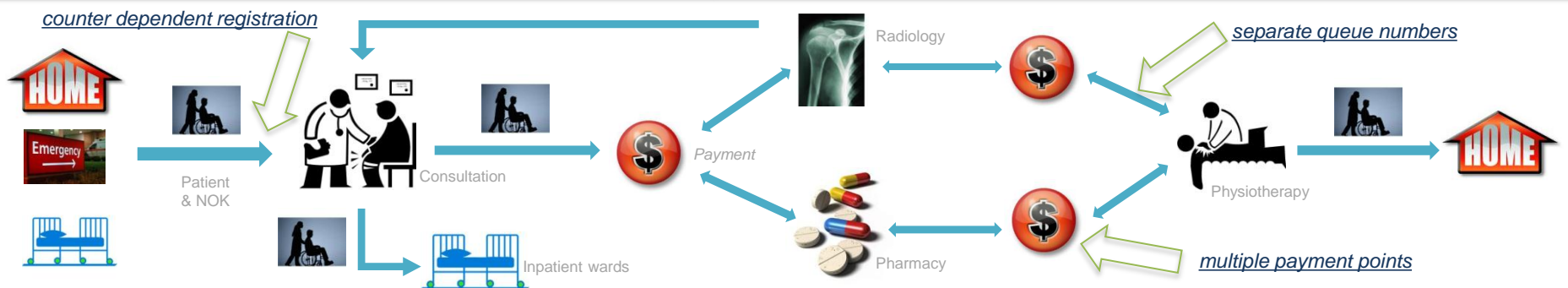
Processes



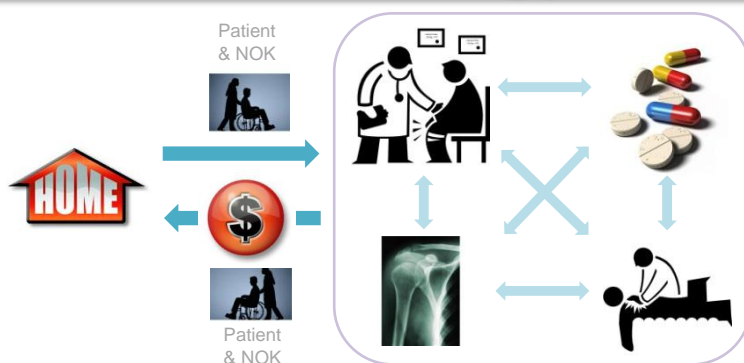
Patients

- Understanding of operations' dependence on SGH eco-system.
- Process and patient flow analysis. SOP mapping.
- Stratification of Areas-of-Influence (AOI) and risk mitigation prioritization.
- Modelling to identify infrastructure constraints

Generic Outpatient Flow at SGH



Streamlining patient flow at OSJC to mitigate operational risk



- One queue number for entire patient journey
 - Dynamic flow of queue number – 'push', 'pull' and 'hijack' to optimize resource utilization
 - Entry of charges at point-of-service
 - Appointments given at point-of-service
 - Consolidated billing and final one-stop payment
 - Patient journey provided as guide
 - Zoning and color coding for easy way-finding
 - Minimizing counter role through pre-queue no.
 - Levels 2, 15 and 16 performing as one consolidated virtual unit
- ⇒ Patient is not 'missed' out
 - ⇒ Resource is not wasted
 - ⇒ Correct billing
 - ⇒ Accurate communication
 - ⇒ Reduces revenue loss
 - ⇒ Prevents missed appointments
 - ⇒ Reduces navigation time
 - ⇒ Prevents counter delays
 - ⇒ Decreases operational redundancies

Macro-risk management strategies as a part of operations planning

Category	Risk Description	Management at SGH Campus	Mitigation strategies for OSJC operations at Camden Medical Centre
Patient Safety	Inadequate response to emergency situations like collapse of patient.	Code Blue (dedicated ER team) is activated and patient is transferred to Emergency Department/ Ward.	Intra-OSJC ER team responds to any patient collapse. SCDF is activated. Patient, when stabilized, is transferred to SGH Emergency Department
Information Availability & Confidentiality	Patient information not available timely and compromise of confidentiality.	Casenotes and online clinical records.	No transfer of casenotes from SGH campus to OSJC. All patient information is captured online. Digital audit trails act as a deterrent to potential abuse and breaches.
Security	Abusive patient harms staff working at OSJC. The premises are broken into after office hours.	SGH security department as well as CCTV.	Response protocol involving Camden Security and SPF, detailed CCTV coverage, card-activated main entrance and alarm-activated pharmacy fridge.
Supply of stock items & essentials	Shortage of essential supplies due to oversight or an unexpected surge in patient volume.	Routine projections with provision of ad-hoc supply based on need. Storage not an issue due to sufficient relevant space.	Provision for thrice daily supply of essentials to OSJC from SGH campus based on active monitoring and just-in-time (JIT) analyses.