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Optimizing and Reducing Duplications in Capital Resources in GME

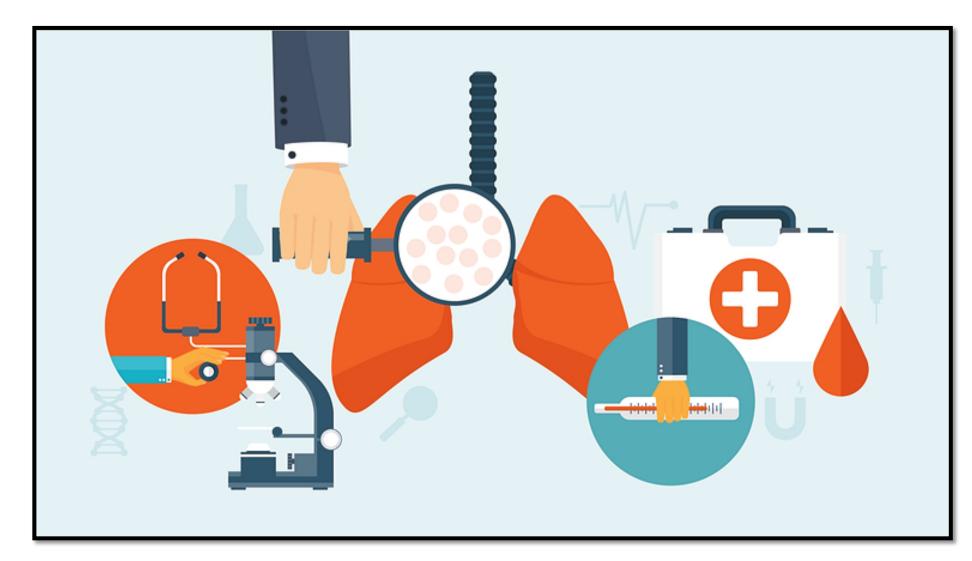
INTRODUCTION

Capital Expenditure (CAPEX) operations in SingHealth Residency (GME) are divided in two areas:

- I. CAPEX under GME Purview and,
- II. CAPEX under SIMS (SingHealth Duke-NUS Institute of Medical Simulation)

At the start of every Financial Year (FY), programs under residency will be planning for their CAPEX budget for the next FY. These submitted requests will be reviewed and approved through GME HQ and SIMS CAPEX budget guidelines and disseminated to the respective programs for spending and utilization in the following FY.

Since certain training equipment could be shared among different programs, it is essential that the purchases of these assets are carefully monitored to avoid unnecessary duplications, and are optimally utilized to maximize cost-savings.



AIM

Previously, CAPEX budgets are collated from all residency programs during the budget planning period. With the formation of SIMS, many simulation training equipment are now amalgamated under SIMS inventory for sharing purposes among all residency programs.

GME HQ on the contrary supports the purchases of training equipment which are unique only to a particular specialty that will be resided under their care.

For more effective monitoring of the budget requests put up by the various residency programs, additional steps are being incorporated into the existing workflow.

The aims of this enhanced workflow are to:

- I. Optimise the utilization of training resources and,
- II. Reduce the purchases of duplicated equipment by the residency programs to achieve greater cost-savings.

METHODOLOGY

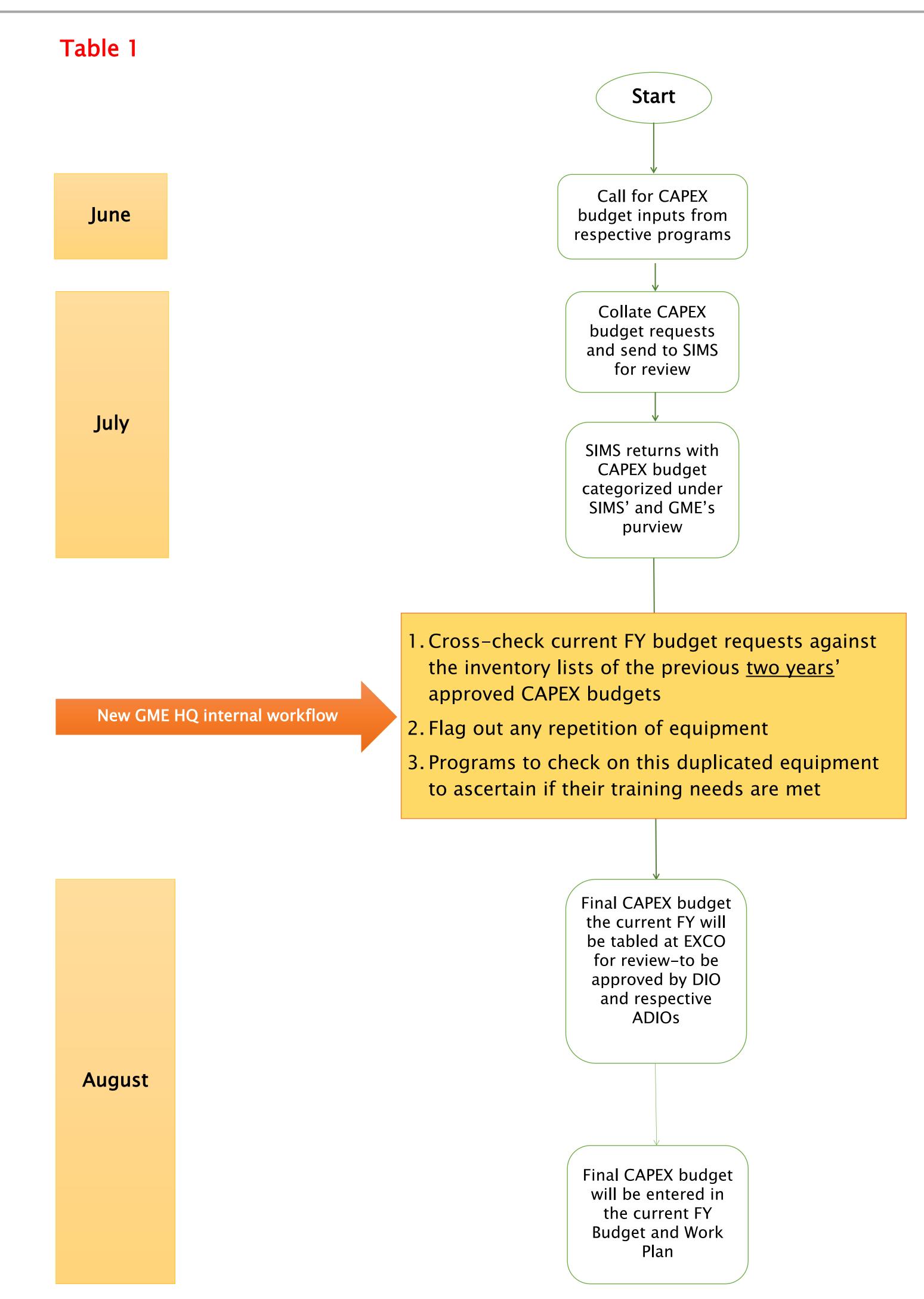
During budget planning, programs will check their CAPEX requests against the updated SIMS inventory list. This list is maintained primarily by SIMS and any updates to the equipment inventory will be reflected in real time via the link disseminated to them.

This step is to ensure that the programs go through the items and ensure that their current requests are not already available in the inventory. GME HQ will forward these documents to SIMS for their inputs on which purchases they will be supporting before they return these back for further actions. The budgets are categorised into CAPEX under GME's and SIMS' purview accordingly.

Since the SIMS inventory list only records those simulation equipment residing with SIMS, there could be a chance that the programs may put up requests for equipment which they have previously purchased for their specialty due to oversight. Therefore, GME HQ will cross-check the current requests with the respective programs' CAPEX records approved over the past 2 years to avoid duplicated purchases, unless due to special reasons such as replacement of existing damaged equipment.

Any repetition of the equipment will be flagged out and the respective programs involved will check on this duplicated equipment to ascertain their training needs. The finalised CAPEX budget will be tabled at the EXCO meeting for review and final approval.

The consolidated workflow is shown in Table 1.



RESULTS

The GME CAPEX budget workflow and records are streamlined and dovetailed with SIMS' records. Programs are now able to better utilize their existing equipment and SIMS' pool of simulation equipment, avoiding any unnecessary purchases.

This workflow also enhances the processes of CAPEX budget monitoring and utilization in SingHealth Residency.

CONCLUSION

The additional cross-checking step undertaken by GME HQ ensures that there will be no duplication of the CAPEX purchases being put up by programs.

It maintains updated internal records of the SIMS and programs' inventory lists to have a better oversight of the CAPEX budget planning process.

Besides ensuring optimal utilization of the capital resources, GME HQ is also able to achieve cost-savings by avoiding duplicate purchases and better allocate the budget to other training equipment that would address other pertinent training needs.