

Tackle Capacity Issues and Improve your Workforce





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INTRODUCTION & BACKGROUND

To upskill the Ward Assistants and increase efficiency in departments operations. To improve the workforce and increase staff efficiency in department operations

18 Ward Assistants (WA) were laterally transferred to the Inpatients Ops to facilitate some of the processes improvements in the department.

In-order to assist the WA in their job integration, a few sessions of reviews and analysis were put together to ensure that they will have little to no challenges in holding up to bigger responsibilities and tasks.

Some of the analysis outcomes are:

- 1. Job scope versus capability impediments were in opposite directions.
- 2. Career progress limitations due to limited trainings and upgrades, led to their unmotivated personality and development.
- 3. Negative approach to a new/improved job scope in the Inpatients Ops department post a significant challenge in their work acceptance, integration and support within the department.

METHODOLOGY



From 2015 to 2017, the group of Ward Assistants who upskill to Patient Service Associates(PSA) have achieved and completed many milestones in learning and developing new competencies. These were achieved through:

- 1) Reviewing the Ward Assistants' JD to align them with the PSA's. These include eliminating labour intensive duties that could be taken on by other parties such as outsourced porter services. Assessments were also made on their abilities to perform PSAs roles such as data entries and embracing technology to increase their work effectiveness.
- 2) Training programmes were designed to their learning pace, that includes 'closed in coaching' sessions for those with steeper learning curve, especially in handling computers and systems.
- 3) Consistent engagement with the Nursing and Operations leaders to ensure that the WA's are always motivated and persevere their goals.
- 4) Build ing their identity with the existing PSA. E.g, donning PSAs uniform.
- 5) Continuously reviewing and increasing WA's scope of work and responsibilities progressively to that of a PSA.

Moving forward and 24 months later, the success of the WA's transformation and improvements were documented and proven effective by several Inpatients Ops initiatives that incorporated the '2.0 version Ward Assistants' – Who are the now PSAs. The following are the transition phase of a 1.0 version Ward Assistants:



Proper induction programmes for Ward assistants (WA) supported by a buddy system were designed. During their training, their pace of learning was consistently monitored, and their knowledge acquired were also tested using quizzes and tests.

(Do, Study)

After training, while performing their roles, there were also close supervisions and observations on their ability to cope with their new responsibilities. Gaps in learning were also identified. Feedbacks from the WAs were also gathered.

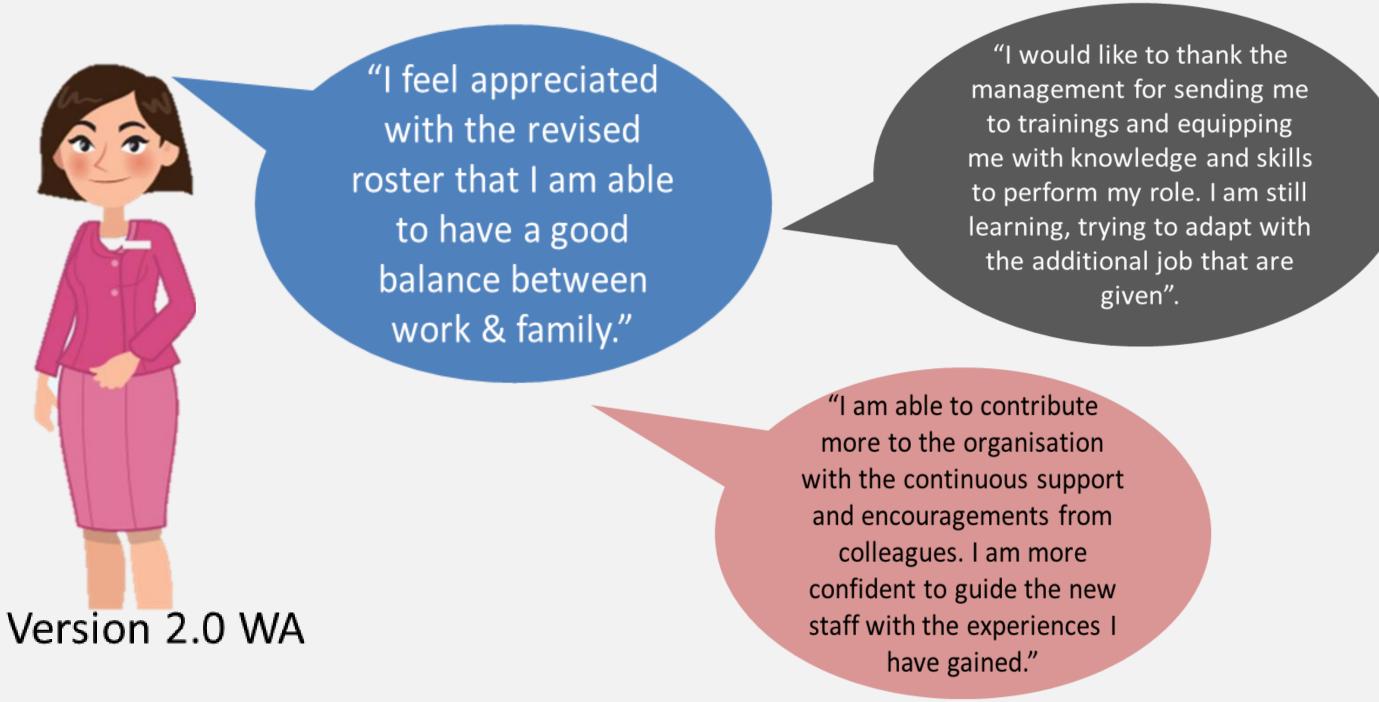
(Act, Plan)

Refresher training and training programmes for new skillsets were designed based on the gaps identified and latest observations in their pace of learning.



RESULTS

- 1) The engagement in learning has helped to build their identities as patient service associates gaining 6 new skillsets to increase productivity and efficiency
- 2) With the Ward Assistants being engaged and motivated, enjoying greater job satisfaction, high motivation and morale, absenteeism and employee turnover was reduced.
- 3) 5 Ward Assistants were promoted after being trained in new competencies. The WA's were appreciative in the opportunities given to them to upgrade and improve:



The 18 WA went through countless of classes to step up their productivity, soft skills and computer literacy skillsets such as:

Systems:

PIMS:

 The transfer or discharge of patients' duties can incorporate additional manpower to support this function when met with a higher bed occupancy situation.

SAP:

 Clerical work to upkeep patient's services, medications and consumables, it now faces less delays as more staffs are able to support this role, resulting in an 'express' overview of bills statements by

patients

AIC:

Expediting
 patients'
 discharge as
 there is now
 more trained
 staff to oversee
 the incomplete
 details that
 might be left out
 due to different
 reasons.

ARJOHUNTLEIGH:

 Monitoring the air mattress utilized by patient is now possible, it is imperative to ensure that the patients received the correct charges, a lead up to an initiative coming up.

PERSONAL AND COMMUNICATION DEVELOPMENT COURSES

To upkeep the hospital image and standard, it is important for all WA 2.0 to be able to communicate effectively with the patients and in presence deliver a professional image.

AGING
GRACEFULLY
THROUGH
IFELONG LEARNING

Job redundancy due to age and inability to cope with changes are no longer a threat to the greying group of WA staff.

CONCLUSION & FUTURE WORKS

The WAs are applying newly acquired skillsets across any jobs/tasks assigned to them within the department.

Through the PDSA cycles, the staff will be assessed and training programmes enhanced to keep them motivated, and progressively elevating the levels of their responsibilities, stretching their limits to reach new heights.

The dynamics and concepts of upskilling staff can be applied across different levels and group size of the staff in the hospital.