

# Inpatient Plaster Cast Services provided by Specialist Outpatient Clinic 'H' (SOC H)



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## Introduction

### Why is there a need for an Inpatient Plaster Service?

- 1) Transfer of patients from wards to SOC causes inconvenience to patients and staff
- 2) Trolley beds adds to congestion at SOC H

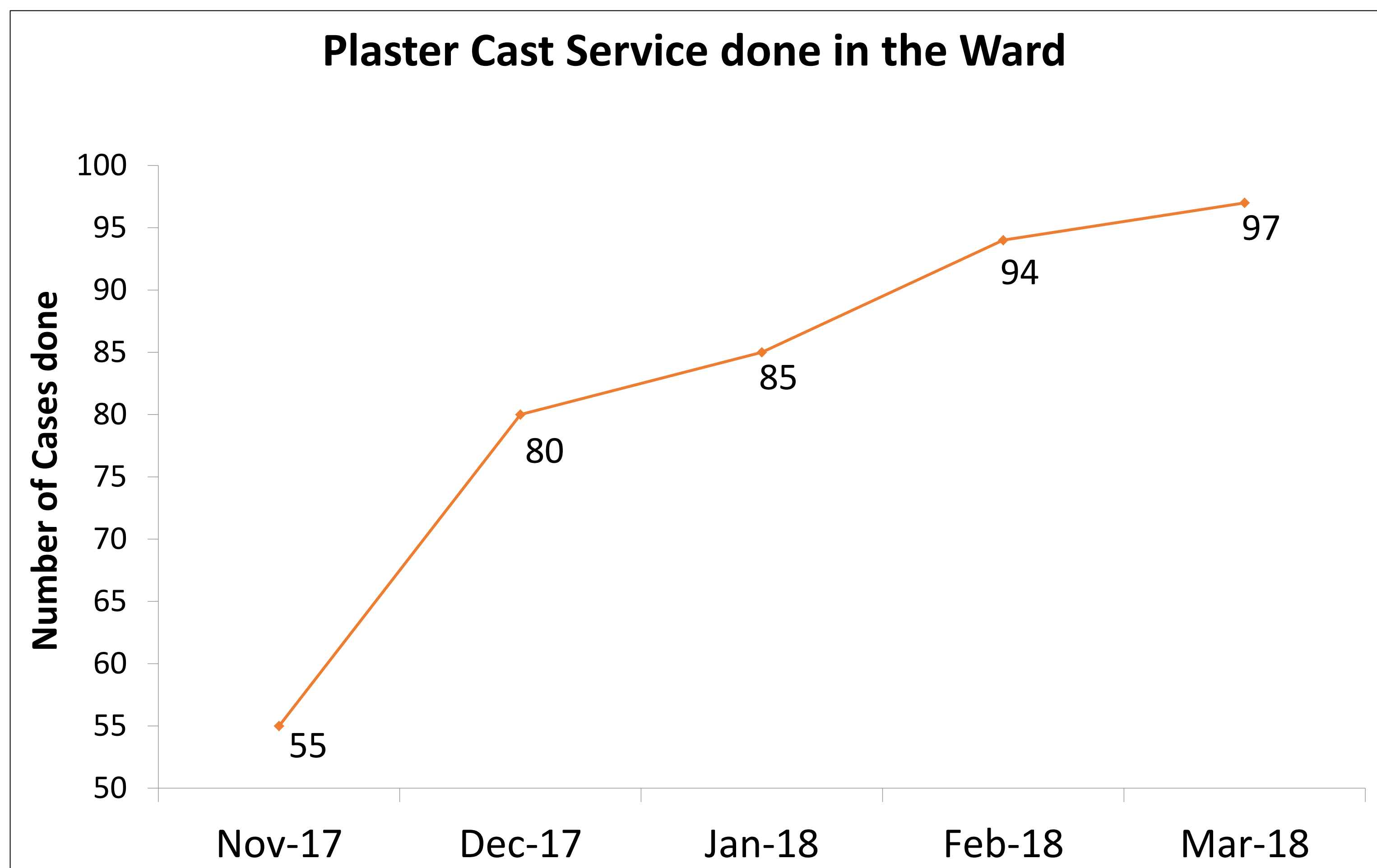
### Objectives:

- Reduce the need to transfer patient between Ward and SOC H
- Reduce number of inpatient trolley beds and congestion at SOC H
- More timely discharges for inpatients

## Methodology

- ✓ Issues observed
  - Safety concerns for patients and staffs
  - Congestion of passageway
  - Privacy of patients
- ✓ Review with stakeholders
  - SOC, Ward and Nursing Division
- ✓ Identify causes and/or issues on the ground
  - Why are inpatients sent to SOC H?
  - What are the challenges in the transferring of patients back to the wards?
- ✓ Review challenges and issues
  - Patients require Plaster cast services
  - E-Porter service high in demand
  - Space constrains at SOC H to hold trolley beds
- ✓ Identify intervention
  - Straightforward plaster cast to be done in the ward
  - Only complex cases are sent down to SOC H

## Results



- ❖ Reduced Trolley Beds seen at SOC H waiting for Plaster Cast – **Patient Safety and Experience**
  - 2 trolley beds per day compared to 6 in the past
- ❖ Patients not required to be transferred from Ward to SOC then back to Ward – **Process Improvement**
- ❖ Patients are able to discharge on time - **Efficiency**
  - 85% had clearance for discharge by noon
- ❖ Safe and less congested environment in SOC H - **Safety**

## Conclusion

The change in this operational flow was to facilitate and benefit the patients in SGH. Patients in the ward benefit from this service as they do not need to be transferred between Ward and SOC. They are also able to be discharged on time, as they now no longer have to queue outside SOC H Plaster Room which could potentially delay their discharge. This project started to provide services for the Orthopaedic Wards (Ward 75, 76 and 64C) and subsequently moving to non-Orthopaedic Wards after the processes are fine-tuned.

