



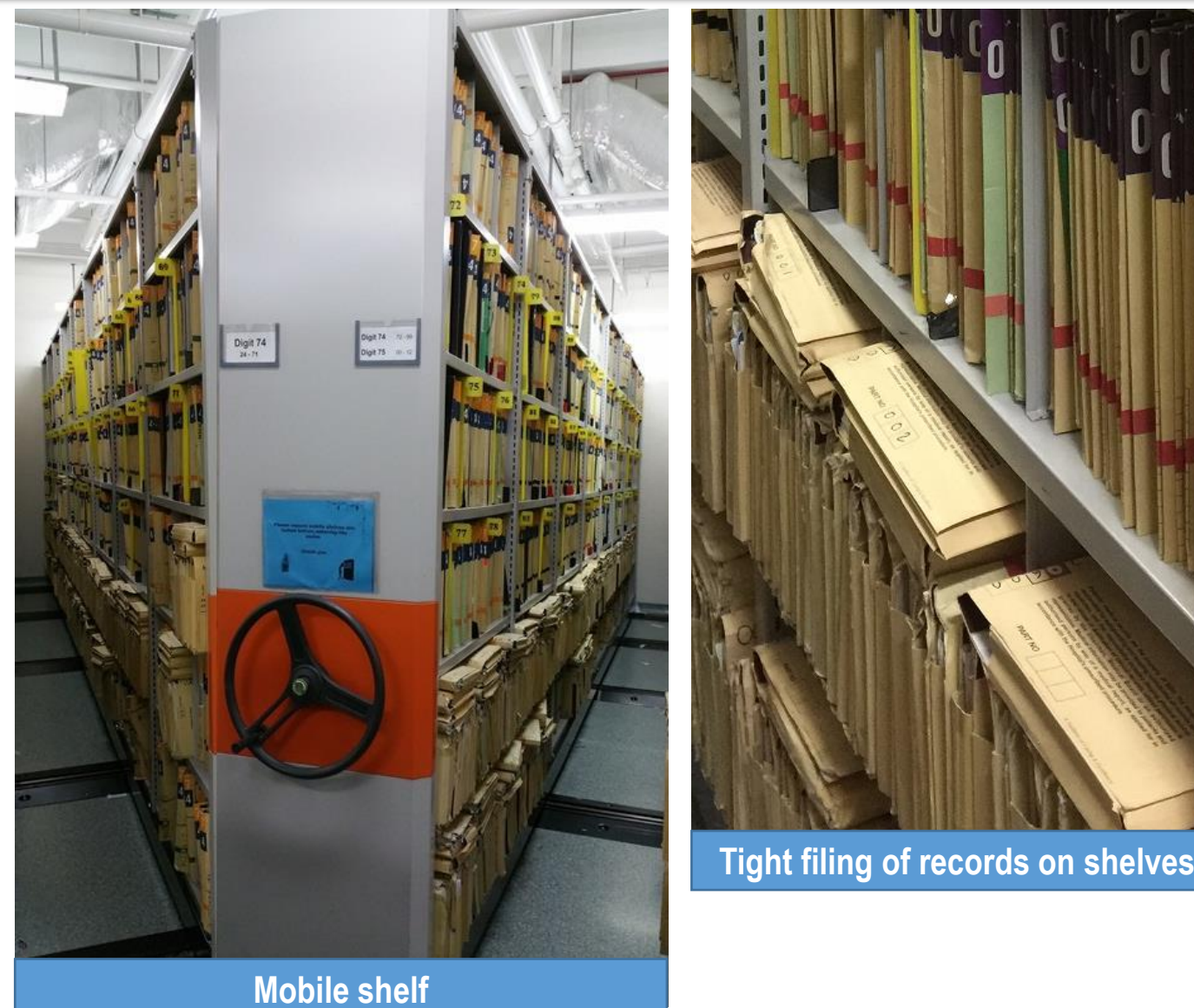
Singapore Healthcare Management 2018

Engaging Staff Strength for Relocation of Inactive Medical Records

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BACKGROUND

Our patients' medical records are stored onsite on mobile shelves within the Health Information Management Services (HIMS) department. Due to overuse and overloading, several of our mobile shelves have broken down and these shelves pose safety risks to our staff who access these shelves to retrieve medical records for patients' appointments and admissions. Furthermore, tight filing shelves pose the risk of developing work-related injuries in the course of pulling out these records and there were no additional room for filing of new patients' records.



Aim: To relocate approximately 500,000 inactive medical records to offsite storage within 1 year.

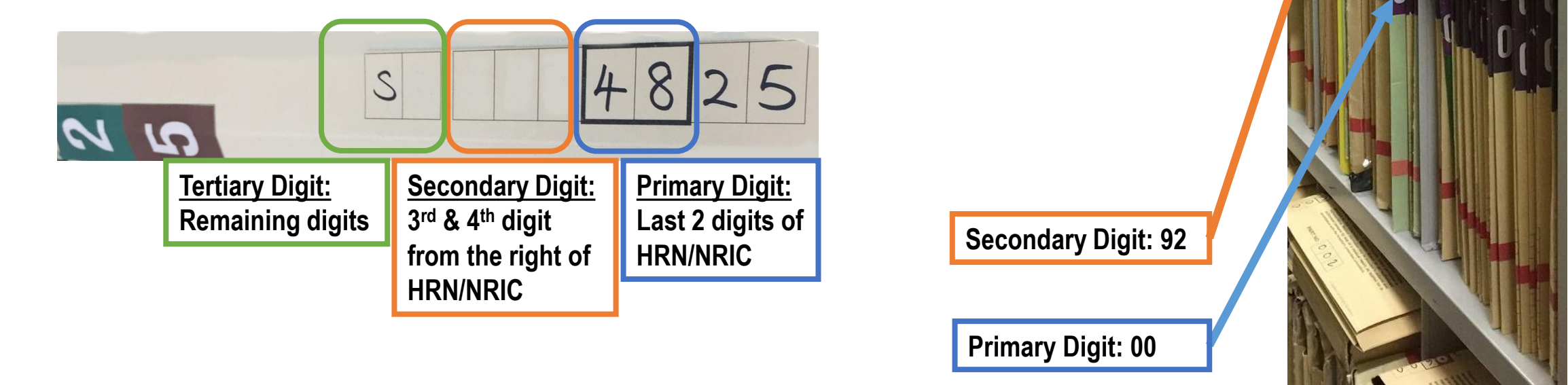
DEFINITIONS

Inactive medical records:

Records of patients with last visit more than 6 months ago will be stored offsite. As this project commenced from 1 Jan 2017, records with visits in calendar year 2015 or earlier were sent offsite.

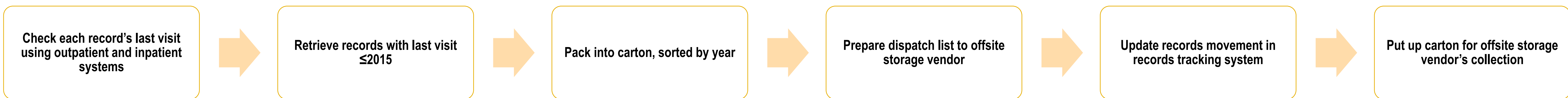
Terminal digit filing:

Records are filed by patient's Hospital Registration Number (HRN) or NRIC, first by its **Primary Digits**, then by its **Secondary Digits**, and lastly by its **Tertiary Digits**.



METHODOLOGY

Workflow



Projections

Key Inactive records: [Folder icon] FTE: [Person icon]

- 1 secondary digit: ~ 50 [Folder icon] (~ 10 [Folder icon] per year from 2011-2015)
- 10,000 secondary digits: ~ 500,000 [Folder icon] (There are 100 primary digits (00 - 99), with each primary digit having 100 secondary digits (00 - 99). In total, 10,000 secondary digits.)

Current team: 2 [Person icon]

- ~ 200 per day [Folder icon] ~ 50,000 per year [Folder icon]
- ~ 100,000 per year [Folder icon] 1 year
- ~ 500,000 per year [Folder icon] 5 years

Ideal number: 10 [Person icon]

- ~ 500,000 per year [Folder icon] 1 year

- Current team was unable to cope with the project's volume. [Downward arrow]
- High manpower costs to hire new staff to complete project. [Downward arrow]
- Hiring was not an option with hiring freeze. [Downward arrow]

Options

1 Outsource to Vendor: 4-5 [Person icon] ~ 288,000 per year 1 year

Current team + Outsource to Vendor: 2 [Person icon] 4-5 [Person icon] ~ 388,000 per year 1 year

- Targeted output by vendor was insufficient to meet goal. [Downward arrow]
- Additional costs to be charged by vendor. [Downward arrow]
- Additional workflow constraints because vendor should not be accessing the hospital's system to check visit dates and updating records movement. [Downward arrow]

2 Engage the entire department on overtime project: 119 [Person icon] ~ 500,000 per year 1 year

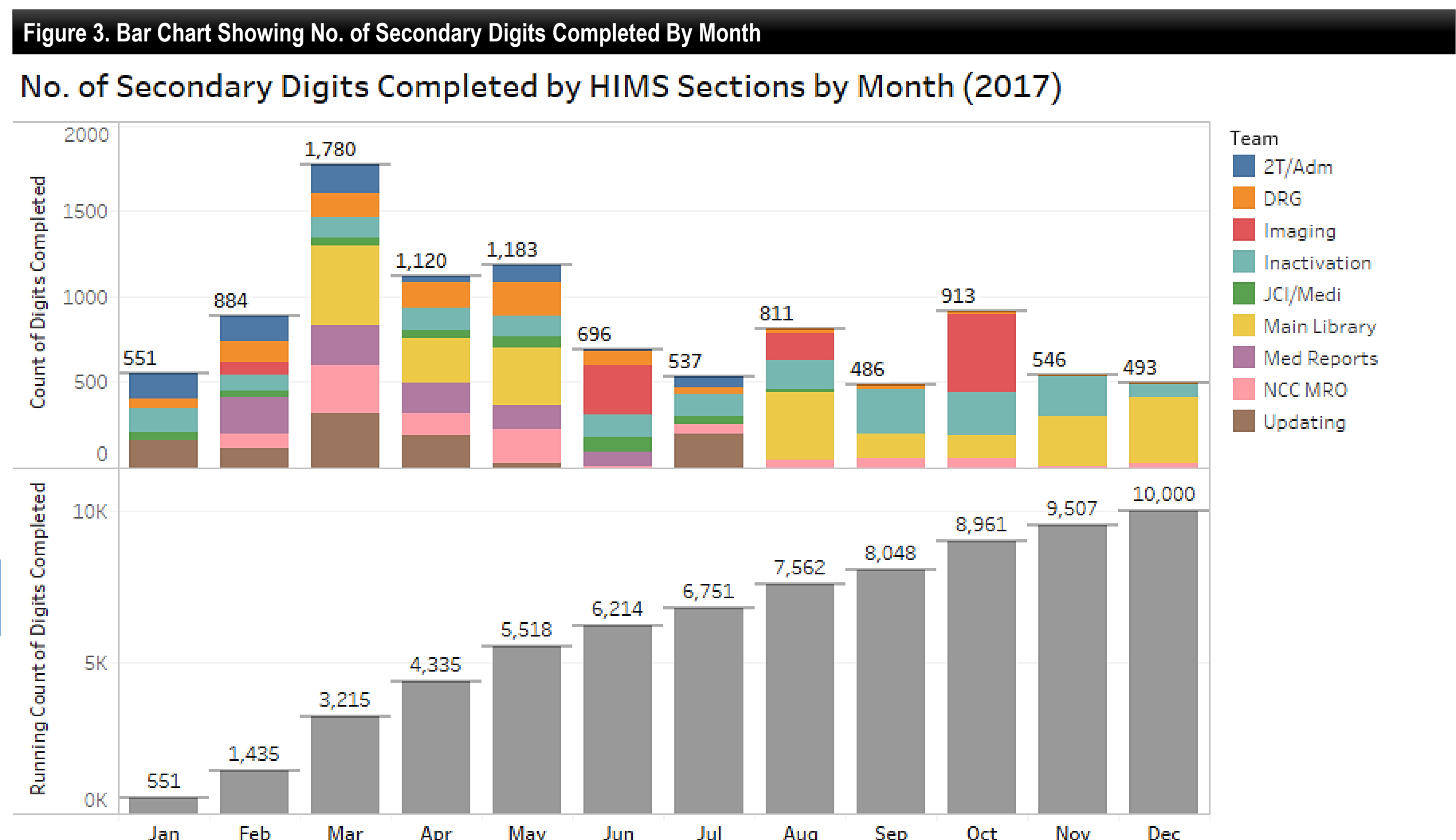
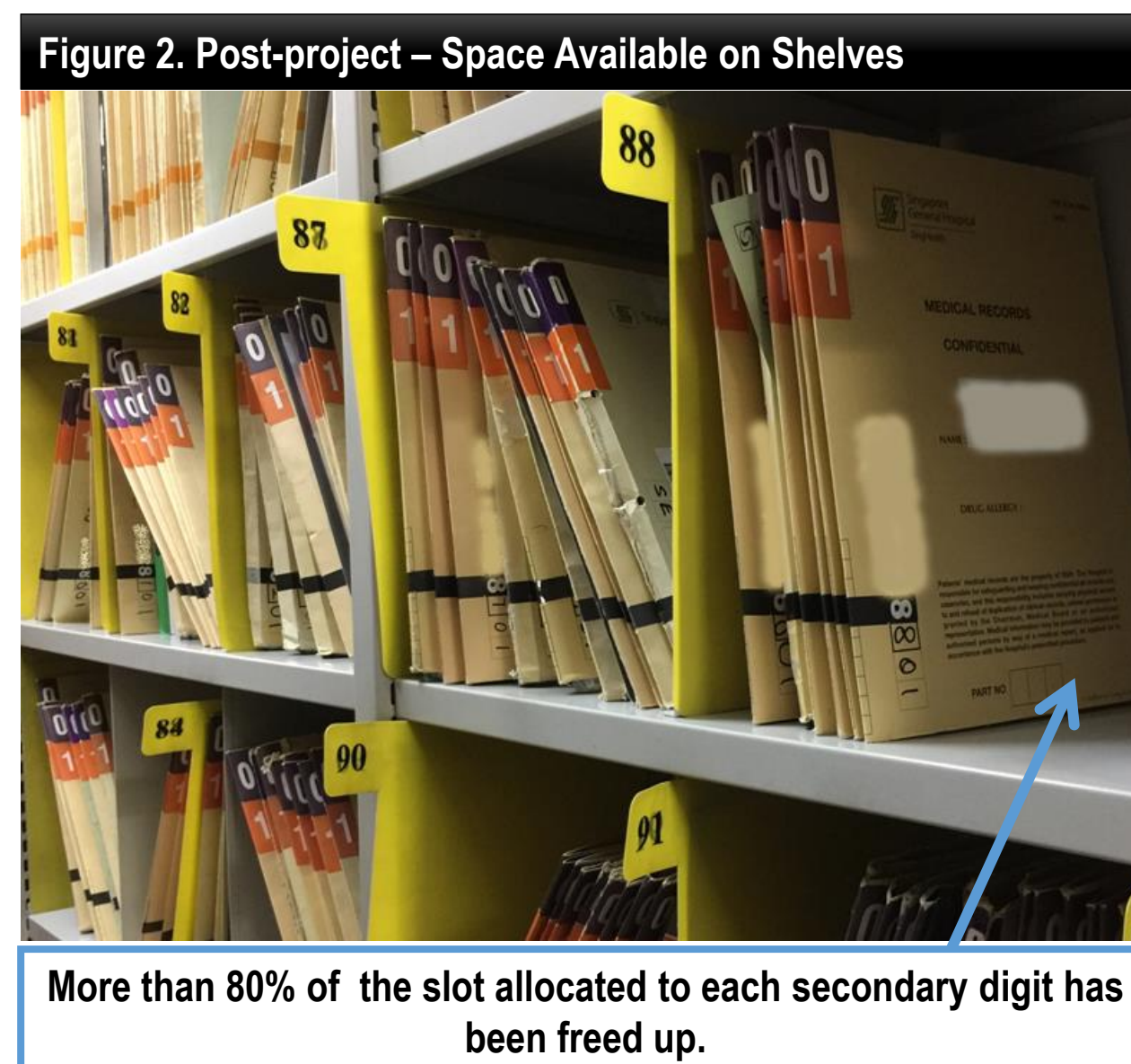
- Easier to train existing department staff. [Upward arrow]
- All staff have access to both outpatient and inpatient systems. [Upward arrow]

RESULTS

We divided the workload across the various sections within the department proportionate to team size. Each team was responsible for completing the project before 31 Dec 2017. Staff were allowed to work overtime on weekdays after work (maximum of 3 hours) and on Saturdays. The project started with training sessions for all staff from Nov 2016 and was successfully completed by 31 Dec 2017.

Figure 1. Allocation of Digits to Various Sections Within HIMS

Group	Type	Primary Digit	Secondary Digit	Total Secondary Digits	No. of Inactive Records	HIMS Sections	No. of Staff / Section
1	Over-time	00 - 09	00 - 79	800	40,000	Tracking (9), Admin (2)	11
2		10 - 19	00 - 79	800	40,000	Updating	12
3		20 - 29	00 - 79	800	40,000	DRG	14
4		30 - 39	00 - 79	800	40,000	NCC MRO	11
5		40 - 49	00 - 79	800	40,000	Main Library	11
6		50 - 59	00 - 79	800	40,000	Main Library	11
7		60 - 69	00 - 79	800	40,000	Main Library	11
8		70 - 79	00 - 79	800	40,000	Medical Reports	12
9		80 - 89	00 - 79	800	40,000	Imaging	14
10		90 - 99	00 - 79	800	40,000	Inactivation (4), JCI/Medicaid (6), Imaging (2)	12
11	Full-time	00 - 99	80 - 99	2000	100,000	Inactivation (2)	
Total		100		10,000	500,000		119



CONCLUSION

We have successfully shown that we could utilize existing resources engage staff strength in resolving critical issues at the workplace and at the same time enhance teamwork and build awareness of issues within the department.