



Singapore Healthcare Management 2018

Minimizing Clinical Risk By Strengthening the Accreditation System in National Neuroscience Institute (NNI).

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PROBLEM

The National Neuroscience Institute (NNI) is Singapore's national centre for the Neurosciences and it provides neuroscience services islandwide. Due to the uniqueness of this business model, NNI clinicians were mostly not accorded their clinical privileges with the respective healthcare institutions promptly due to a delay in the accreditation application process, thereby compromising on patient safety. As such, the NNI's accreditation system was reviewed to identify improvements for a more effective and efficient process to cater to this matrix.

ASSESSMENT OF PROBLEM

Using the Ishikawa diagram, multiple factors which led to the problem were identified.

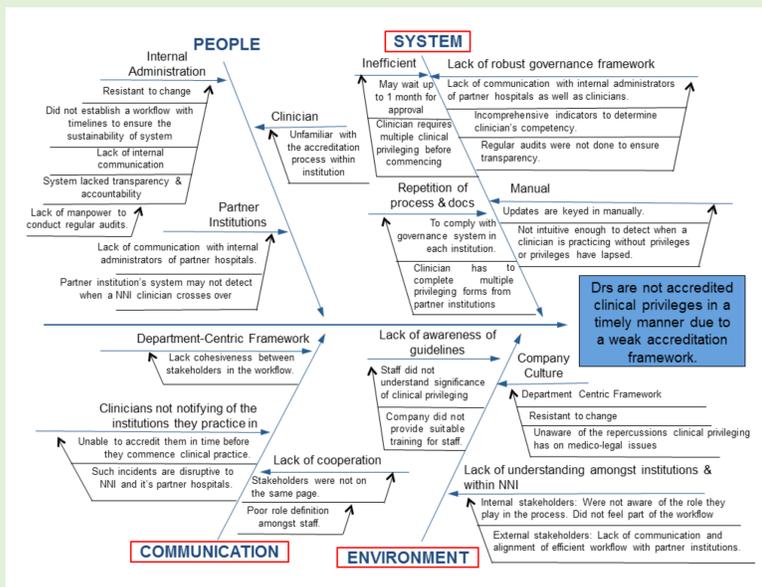


Figure 1: Ishikawa diagram reflecting the potential factors which could have contributed to the weak accreditation framework in NNI.

The team identified 3 main factors to focus on using the Pareto Chart and Iceberg model:

- Manual Accreditation System
- Lack of communication between departments
- Lack of alignment with processes

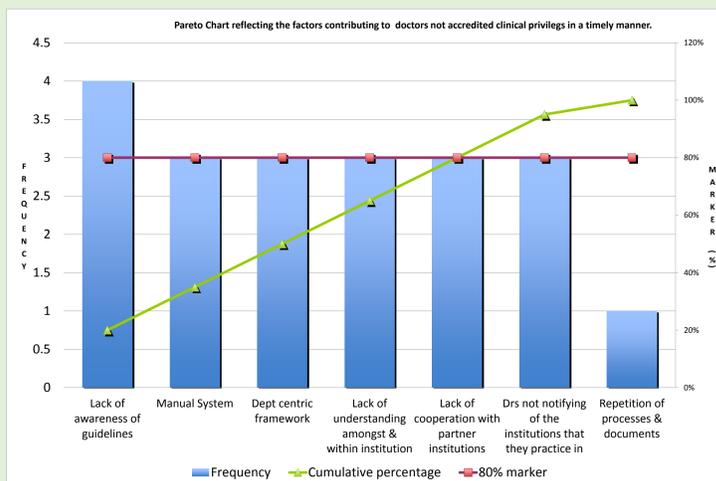


Figure 2: Pareto chart reflecting the main factors which the team would have to focus on.

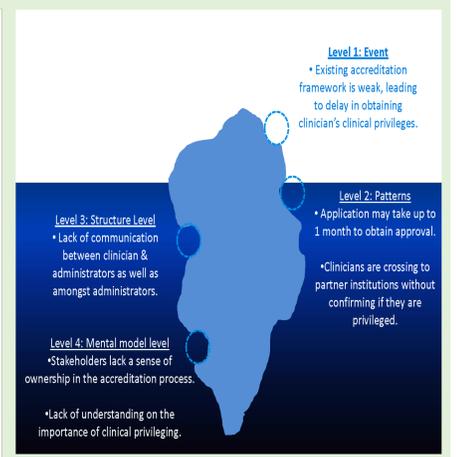


Figure 3: Iceberg model reflecting the underlying issues which could have contributed to the weak accreditation framework in NNI.

INTERVENTION

The team undertook the following intervening measures to resolve the identified factors:

1) Facilitate focus group discussions with internal stakeholders

- To obtain feedback and design a mutually agreed workflow.

2) Meeting with partner hospitals

- To enhance efficiency of the accreditation application process between partner hospitals.

3) Blanket coverage for all doctors

- Doctors will be accredited to all partner hospitals where the department is providing clinical services to before the start of their appointment.

RESULTS

The graph below shows the average processing time for a privileging application to be approved by partner hospitals and within NNI. The turnaround time was set at 10 days to align with cluster level. From the graph, we can see that the average processing time taken by the partner hospitals have dropped significantly. However, the system has to be further fine tuned to meet the target of 10 days. The new system has reduced the average processing time within NNI as well.

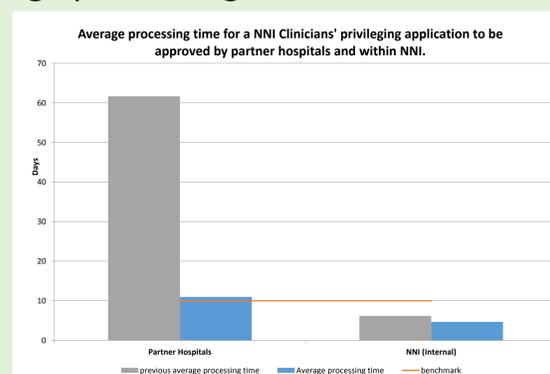


Figure 4: Graph showing the average processing time for an application to be approved before and after implementation of the new system.

CONCLUSION

1. The changes implemented enhanced patient safety and clinical governance within NNI as there is a proper check and balance in the system.
2. To ensure a smooth transition and efficiency of the new accreditation system, the attitude of the stakeholders was of utmost importance. Hence, we were more cognisant of the need for communication when implementing the new system.