



Singapore Healthcare
Management 2019

Manpower Optimisation and Job Re-design: Re-Conceptualising the SGH Inpatient Ancillary Workforce



Singapore
General Hospital
SingHealth

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BACKGROUND

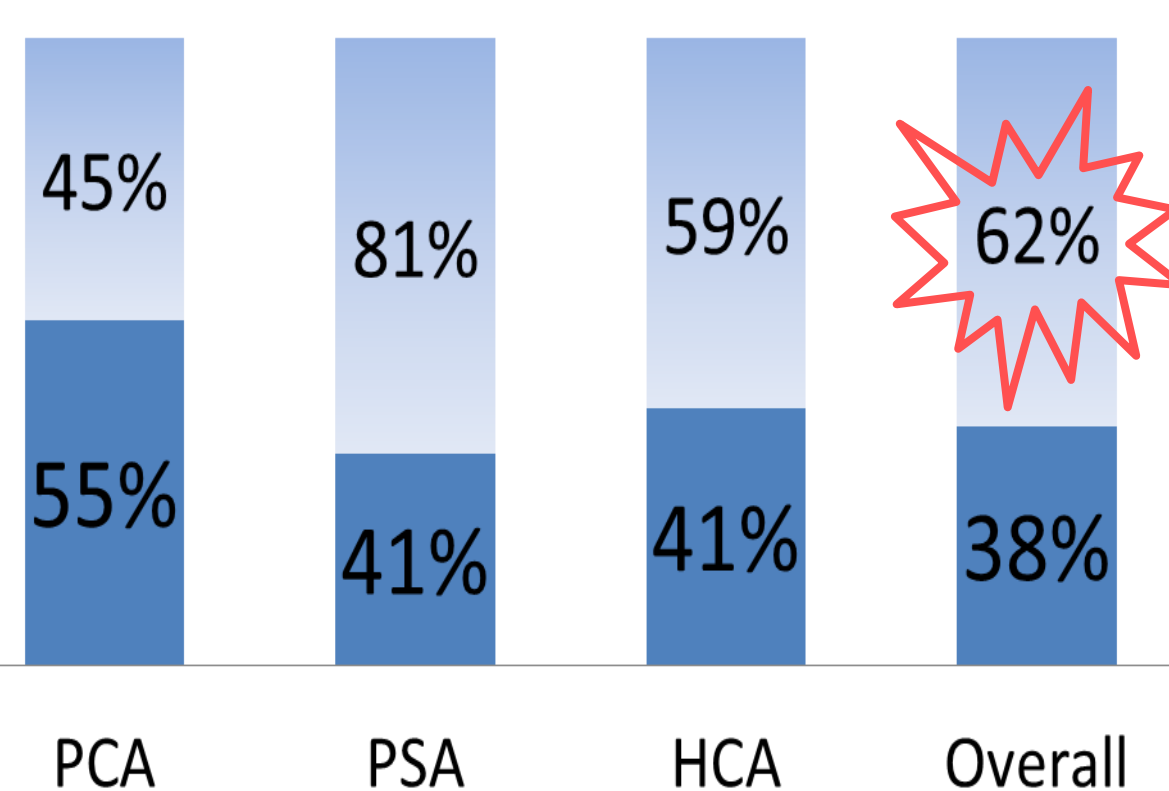
The inpatient ancillary group, which includes Healthcare Assistants (HCA), Patient Care Assistants (PCA) and Patient Service Associates (PSA), has been identified as **jobs at risk** at SGH due to:

- shortage of local labour
- declining staffing level by 37% since 2014
(PSA @ -3.9% CAGR & PCA @ -10.1% CAGR)
- ageing demographic with 62% aged 50 & above
- job scope increasingly moribund with technology adoption

Ageing Demographic

Inpatient Ancillary Workforce

Below age 50 Age 50 & Above



Technology Transformation

Changes Affecting Job Scope	Man-Hour Saved a Day
e-Documentation	4 – 5 hours
Automatic Rostering	6 mins
Time Savings for PSA	4 – 5 hours
Pneumatic Tube	~ 1 hour
Urinalysis	~ 15 mins
Time Savings for PCA	~1 hr 15 mins
Upcoming Changes	
e-Charge Form	2 hours
MDI	15 – 30 mins

Savings per ward of
~6.5 manhours per day

AIM

To **review** and **rationalise** the functions of the inpatient ancillary staff for **manpower optimisation** and sustainable cost-effective delivery of services.

To redesign an **amalgamated role of Care Support Associate** to handle patients from admission to discharge, so as to re-skill and up-skill inpatient ancillary staff and enable their continued employability.

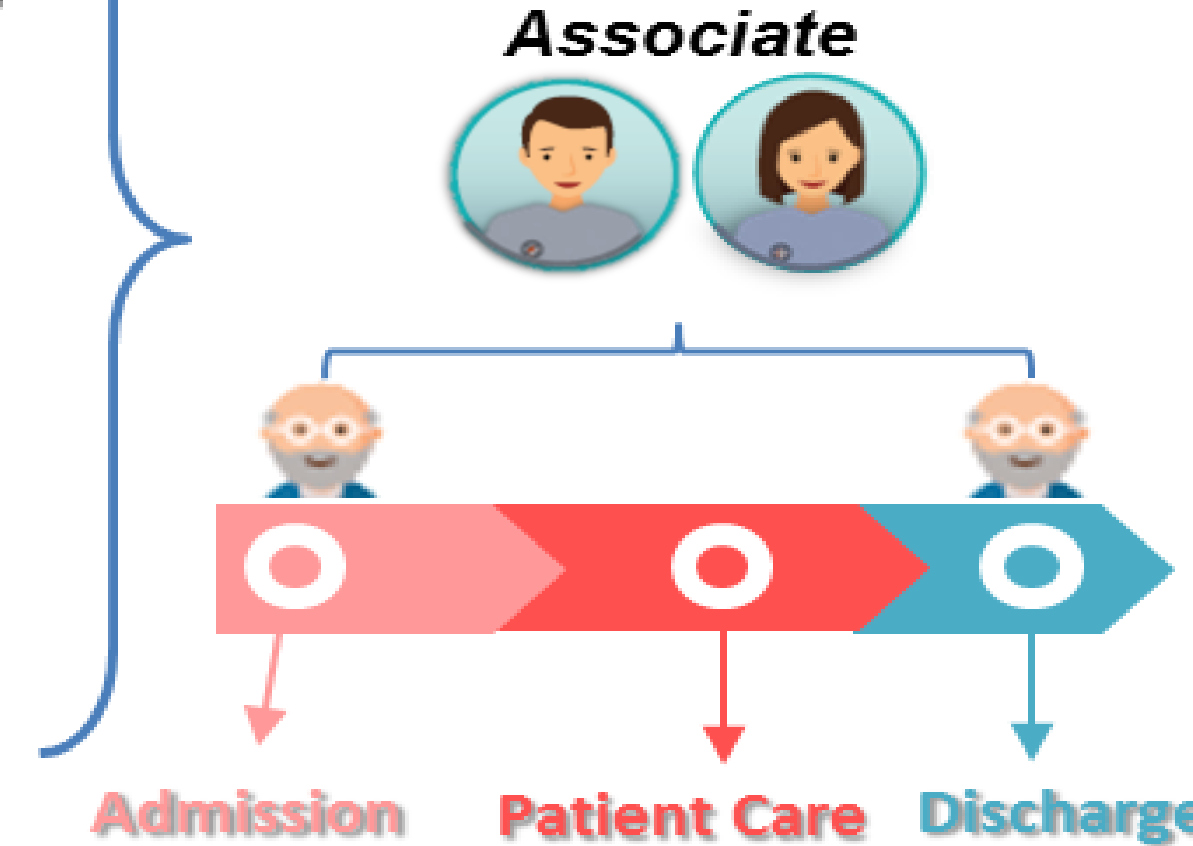
Care Support Associate



- Basic patient care & clinical duties
 - Patient parameters monitoring
 - Patient portering
 - Ward inventory
- +
- Patient admission, discharge and transfers
 - Appointments making

Enhanced Job Task

Care Support Associate



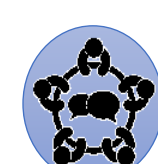
METHODOLOGY

Information Gathering & Analysis



Job Shadow staff in the wards to understand:

- a typical workday for the PCA and PSA
- the workload pattern across different shifts
- the workflow of core activities



Focus Group Discussions with staff and their supervisors to gather information:

- on areas of work that can be right-sited, streamlined and leveraged on through technology
- perceptions of current and future role changes



Staff Survey to find out preparedness of staff to be re-skilled for expanded roles and work on shift



Planning

Analysis of Survey Results:

- 63% of PCAs prepared to take on more than 5 of 8 new tasks
- 36.8% of PSAs prepared to take on more than 5 of 12 new tasks
- 31% of PSAs compared to 88% PCAs prepared to work shift
- 8 wards with high proportion of PSA and PCA prepared for re-skilling to CSA

Competency Mapping & Training Needs Analysis

- Jointly mapped by HR and Nursing Division to identify competency gaps of existing staff for the CSA role
 - > curriculum of 40-hour simulated training and 160-hour on-the-job training with preceptorship was developed for re-skilling to CSA
 - > staff to pass competency assessment before they can be designated as CSA

Implementation

Stakeholder Engagement

- Garnered support from Union and Senior Management
- Communicated to affected staff on new job scope, career progression opportunities, work arrangements and training
- Constant check-in with CSA trainees and ward nurse managers for feedback
- Sharing by a CSA (converted from PSA) to the existing PSAs -> additional 7 PSAs signed up for the reskilling training

Pilot Run in 8 Wards

- based on survey results on preparedness to re-skill

Recognition

- Graduation ceremony for the inaugural batch of CSA
- presented a certificate and new name tag to recognise them as part of the inpatient nursing care team



RESULTS

24 PSAs/PCAs successfully re-skilled and assessed as competent CSA from the pilot group in November 2018

28% increase in nursing support manpower in the 8 pilot wards

57 PSAs/PCAs trained as CSA in inpatient wards as at March 2019

\$1.2m saving in manpower cost avoidance with conversion of PSA to CSA

37 Snr CSA up-skilled to take on advanced clinical duties freeing nurses for more complex nursing duties

EFFECTS OF CHANGE

Building for future needs

- Moving forward, only CSAs will be hired for inpatient ancillary work
- Expanded to PCA in Accident & Emergency (A&E) for re-skilling to CSA

Scalability

- Rolling out on a larger scale to the rest of SingHealth institutions

Leaving no staff behind

- Ongoing engagement and encouragement of PSAs to re-skill as CSA or be deployed as PSAs in other areas for employment sustainability