

Introduction

At the Singapore General Hospital (SGH), surgery scheduling is performed by clinically-trained "listing nurses". Following from surgery confirmation with surgeons in the Specialist Outpatient Clinics (SOCs) on the same day, patients will proceed to listing rooms within each clinic for surgery confirmation, pre-surgery instructions and cost estimates of their planned admission.

With the challenges of an ageing population and the manpower crunch in nursing, SGH has embarked on a transformation project to re-design the Patient Service Associate (PSA) job and enable them to undertake surgery scheduling, thereby freeing up "listing nurses" for redeployment into patient care roles. There are a total of 40 registered nurses performing surgery scheduling activities in the SOC's.

Objective

Out of the 40 registered nurses in the SOC's, 8 are stationed in the Centre for Digestive and Liver Diseases (CDLD). Unlike nurses in most other clinics, CDLD's nurses perform scheduling for endoscopy procedures on top of scheduling for regular surgical procedures; in fact, endoscopy scheduling comprises more than two-thirds of CDLD listing workload. Endoscopy scheduling also involves the provision of complex bowel and diet preparation instructions to patients.

The project team set out to replace said 8 registered nurses with PSAs, and at the same review processes to standardise workflows and improve patient experience.

Results

Centralised Listing has successfully deployed 8 PSAs to perform surgery and scope scheduling activities in CDLD.

\$180,000

Manpower savings per annum with the introduction of surgery scheduling by PSAs instead of Nurses

100%

Compliance to Patient Safety

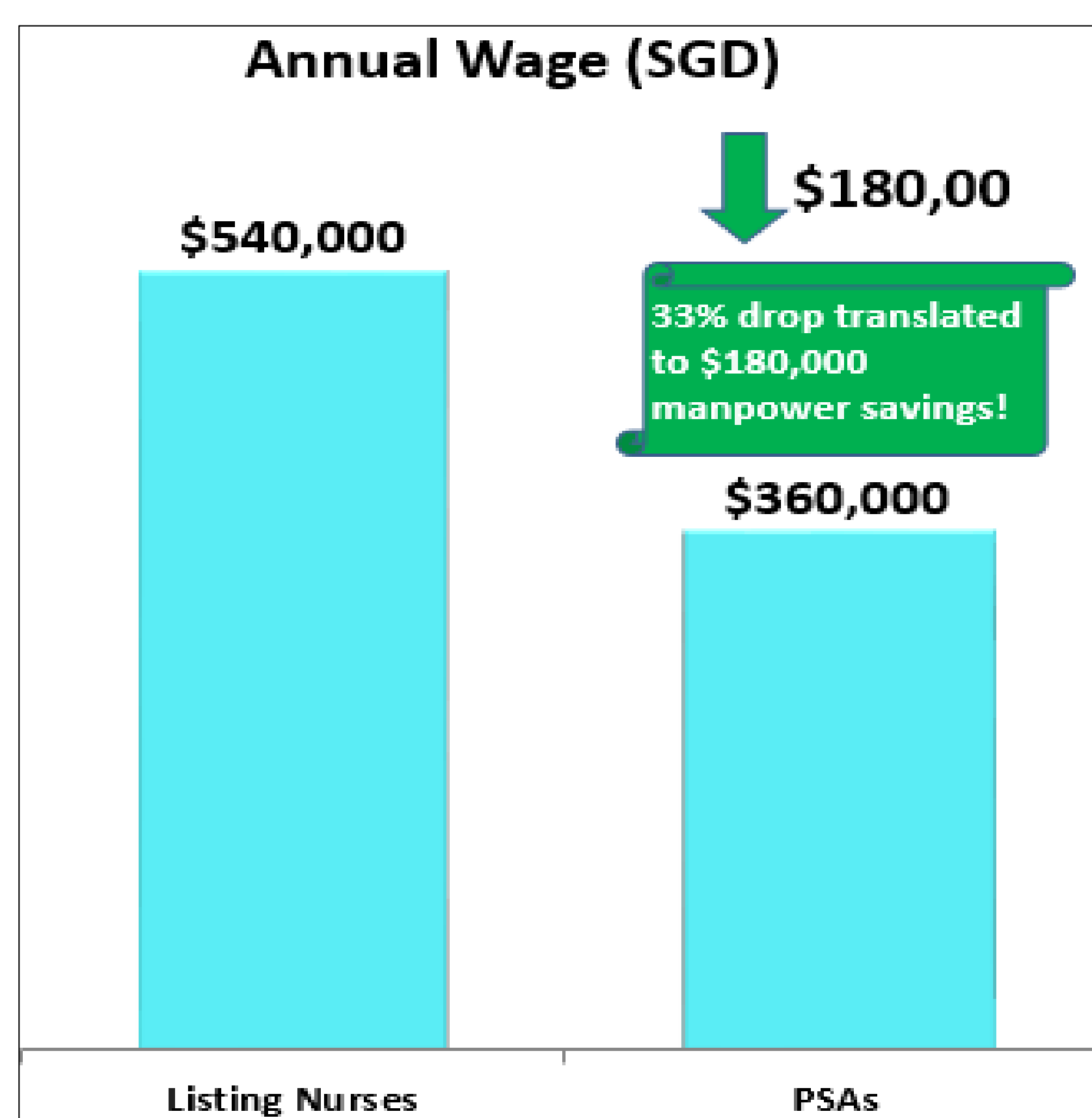
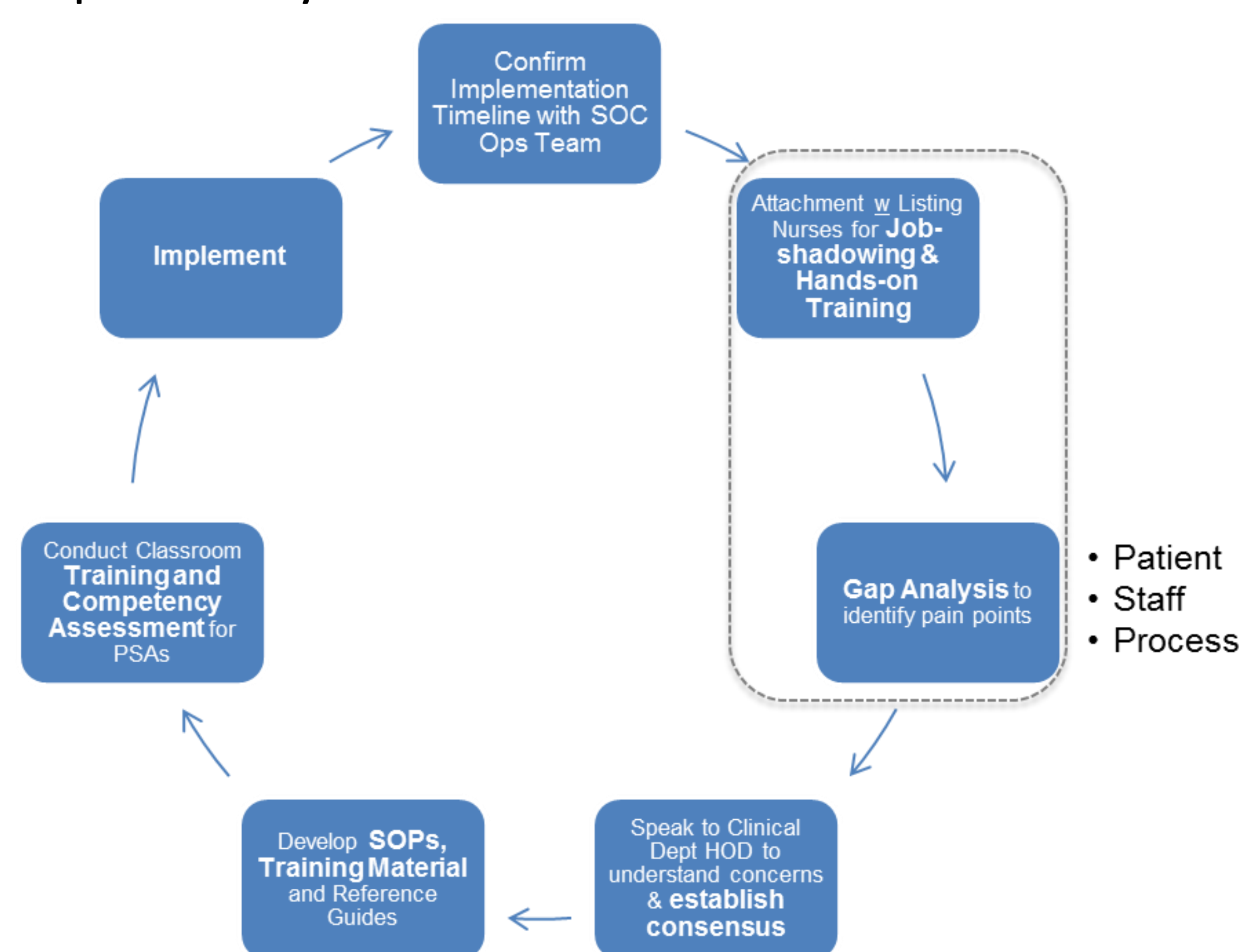
Methodology

Engage and establish consensus with multidisciplinary stakeholders

We no longer perform workflow review in silos. A series of standardisation was established with both clinical and administrative departments. Such standardisation includes bowel and diet preparation, rescheduling and cancellation template, and clinical email enquiry template. Standardisation allows POCC to provide patients with consistent information through the one-point contact.

Establish training curriculum for PSA

A structured training programme was established. This included OJT, classroom training, hand-holding session, buddy system, competency checklist and assessment. Staff have to pass the competency assessment before they are certified competent to work independently.



Conclusion

Cross-departmental and cross-professional collaboration has enabled the transformation of the listing process, successfully replacing Nurses with PSAs, and reducing manpower costs by **33%** (from \$540,000 to \$360,000).