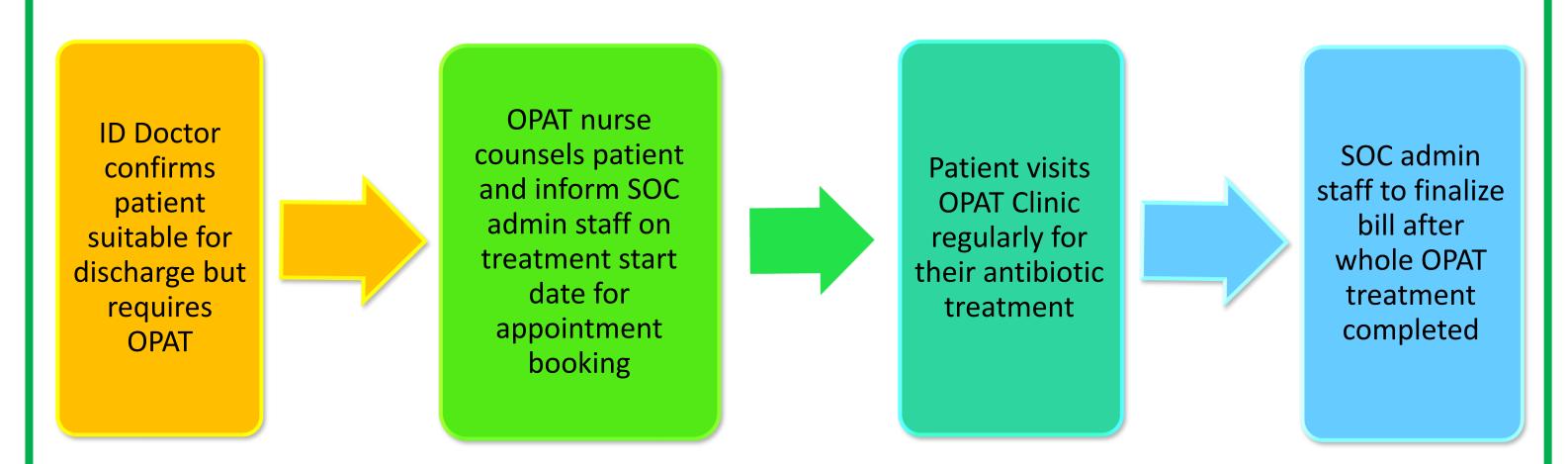


Broader Clinic Space, Greater OPAT Experience!

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BACKGROUND

Infectious Disease (ID) doctors order Outpatient Parenteral Antibiotic Therapy (OPAT) treatment for patients to free up inpatient beds. As such, patients will need to visit the outpatient clinic at SGH Block 3 regularly for their antibiotic treatments.



Problems & Issues

- Reliance on 1 designated SOC admin staff for appointment booking and bill finalization
- Manual recording of patient's records and services rendered which can be a potential error if inaccurately tracked
- Outpatient services left unbilled for prolonged treatment period, resulting in audit issues
- Reliance on Business Office colleagues for Medisave submission

METHODOLOGY

Form a **multi-disciplinary team** comprising clinicians, OPAT nurses, SOC operations, Facilities Development support and various stakeholders from ambulatory areas.

Analyse

- Review the current clinic space, model of care and patient journey
- Propose a new clinic location and model for amalgamated services within close proximity for patients' convenience
- Study the feasibility and requirements of the proposed model

Change Process

Expansion of clini

rom 2 to 4 at DN

- Engage senior leadership to secure necessary resources to support the relocation and new model of care
- Re-design workflow to facilitate seamless patient journey
- Set up infrastructure and create OPAT treatment appointment resource
- Train clinic staff on the new workflow

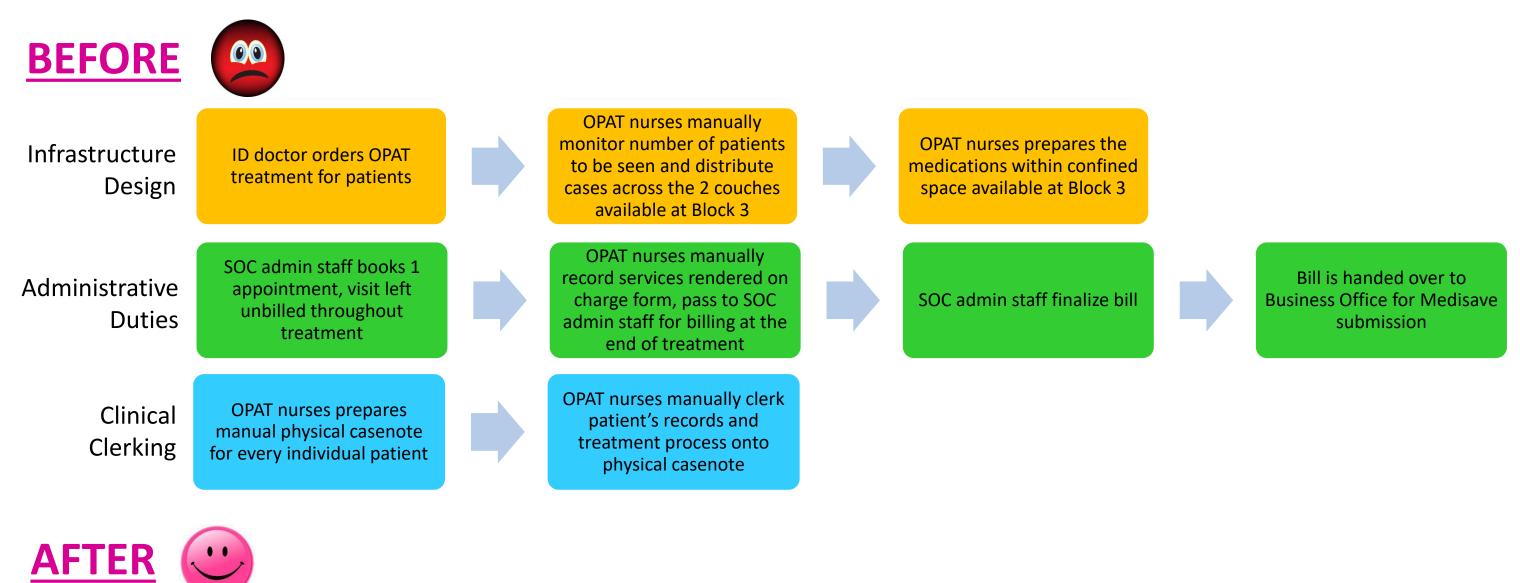
Designated

medication

reated for OPA

nurses

- Relocate from SGH Block 3 to Diabetes & Metabolism Centre (DMC) L4
 Clinic
- Provide on-site support during implementation



OAS resource

reated for bette

tracking and

onitoring of OPA

appointments

OAS visits created

for every

appointments

allowing OPA⁻

nurses to clerl

records

electronically

Redistribution of

ancillary support

eeing up duties k

าd Business Offic

colleagues

Services rendered

can be e-charged

directly after each

reatment by OPAT

nurses

AIM

- To create bigger clinic space that provides patient-centric service and staff-centric working environment
- Streamline processes to improve efficiency and productivity in clinic operations
- Enhance patient experience through improved workflows

RESULTS

Tangible Results

- ✓ Number of patients served for OPAT treatment increased by 21% since relocating from Block 3 to DMC L4
- ✓ Bigger clinic space for nurses clinical duties
- ✓ Integrated facilities with Pharmacy and Laboratory co-located within the premises to ensure convenience and seamless patient journey
- ✓ Timely and accurate billing of OPAT services, eliminating physical charge forms to zero
- Improved accountability and availability of patients' records as all information are clerked into the system electronically

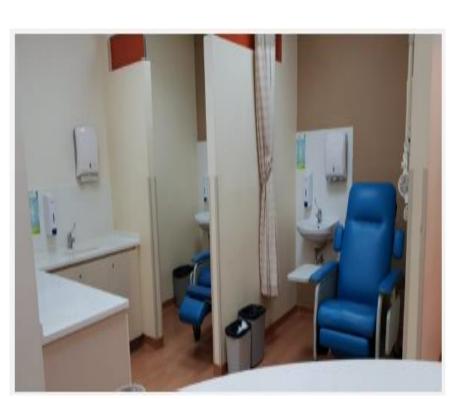


Fig 1: Before @ Block 3 – 2 couches and medications prepared on trolley beside couches



Fig 2: After @ DMC L4 –
4 couches and designated nurse counter for OPAT nurses to monitor patients' conditions

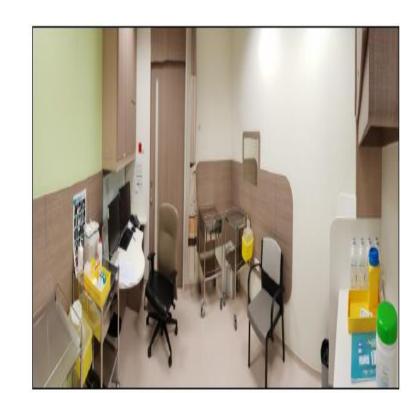


Fig 3: After @ DMC L4 –
Designated drug preparation
room for OPAT

Intangible Results

- Seamless and coordinated care provided by doctors, nurses and ancillary staff, with services organized around the needs of patients
- ✓ Functional and physical proximity of OPAT to SOC improved staff optimization and provides stronger clinic support, improving patient care
- ✓ Positive feedback received from patients as their OPAT experience at DMC was improved with more personal space, and hence less claustrophobic
- ✓ More timely intervention as the new nurse counter in DMC allowed OPAT nurses to monitor all patients at one glance while performing other duties, which improves patient care
- ✓ All services were performed within DMC patients and caregivers did not have to navigate to another location or end up lost in the process which used to cause frustration to patients and staff who have to handle negative feedback
- Saved patients and their caregivers precious time and inconvenience from multiple visits to multiple locations

CONCLUSION

More patients are seen and served in OPAT, which positively impacts the hospital as it **reduces length of inpatient stays** and frees up inpatient beds. Through **right-sizing of job duties**, the whole clinic workflow is more efficient and productive.

The project is also in line with SingHealth's shift towards patient-centric, coordinated care, which organises services around the needs of patients.