



Singapore Healthcare Management 2019

Lois Goh, SGH
Daphne Goh, SGH
Peh Bee Har, SGH
Dr Nor Azhari, SGH
A/Prof Henry Ho, SGH

Improving and Sustaining Access to Care for Urology patients

INTRODUCTION

Singapore is facing an impending wave of silver tsunamis as Singaporeans are living longer and having fewer newborns. They are ageing at a faster rate as compared to the last decade based on the annual Population in Brief report released by the National Population and Talent Division in September 2018.

With an ageing population, comes the burgeoning worry of ailing health. The increasing proportion of older people with urological problems is a cause for concern if they are unable to receive adequate and appropriate care in time.

OBJECTIVES

- To reduce waiting time to appointment of more than 60 days (WTA>60days) for SUB NC from 34% in June 2017 to less than 10% by December 2017
- A sustainable long term approach

BACKGROUND

SGH Urology department was clocking high percentage of waiting time for appointment of more than 60 days (%WTA>60 Days) of 76.5% for a subsidised new case (SUB NC) referrals from primary care providers in June 2015. Vigorous interventions were done to decrease the %WTA>60 Days to an average of 20.5% by the next financial year (FY). One of the initiatives was to screen and prioritize the acute conditions such as bladder, kidney stones, oncology and for less serious conditions such as microhaematurias to be given a later appointment date. New cases for Microhaematurias were the bulk of patient load as it was one of the most common urological conditions in Singapore.

In June 17, the %WTA>60 Days started to peak at 34%, above the organisation target set at 17.8% of patients waiting for more than 60 days. Microhaematurias NC were waiting an average of 300 days for an earliest appointment, which was far above target set. This resulted in a mad scramble to bring down the %WTA>60 Days to our target.

METHODOLOGY

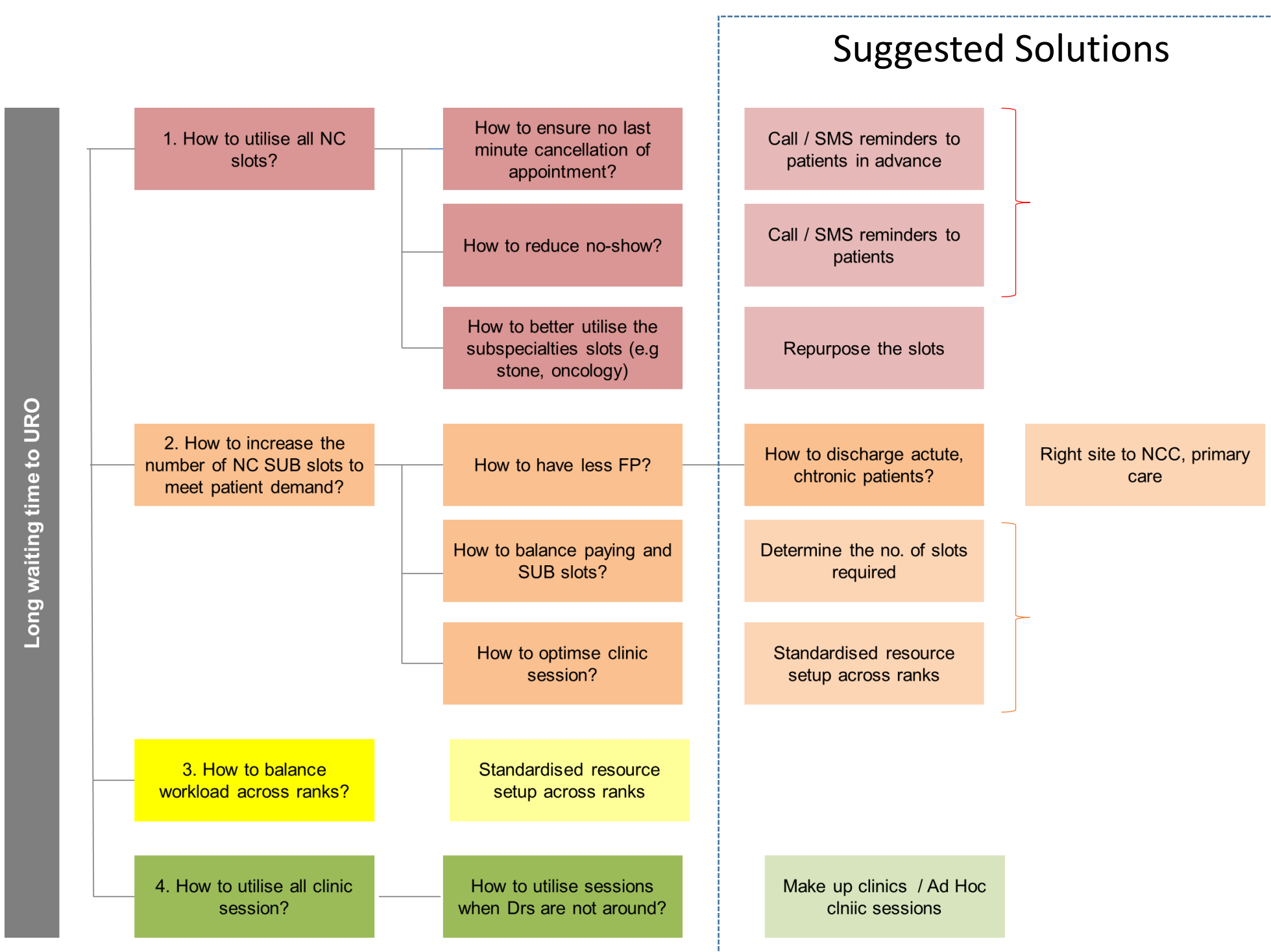
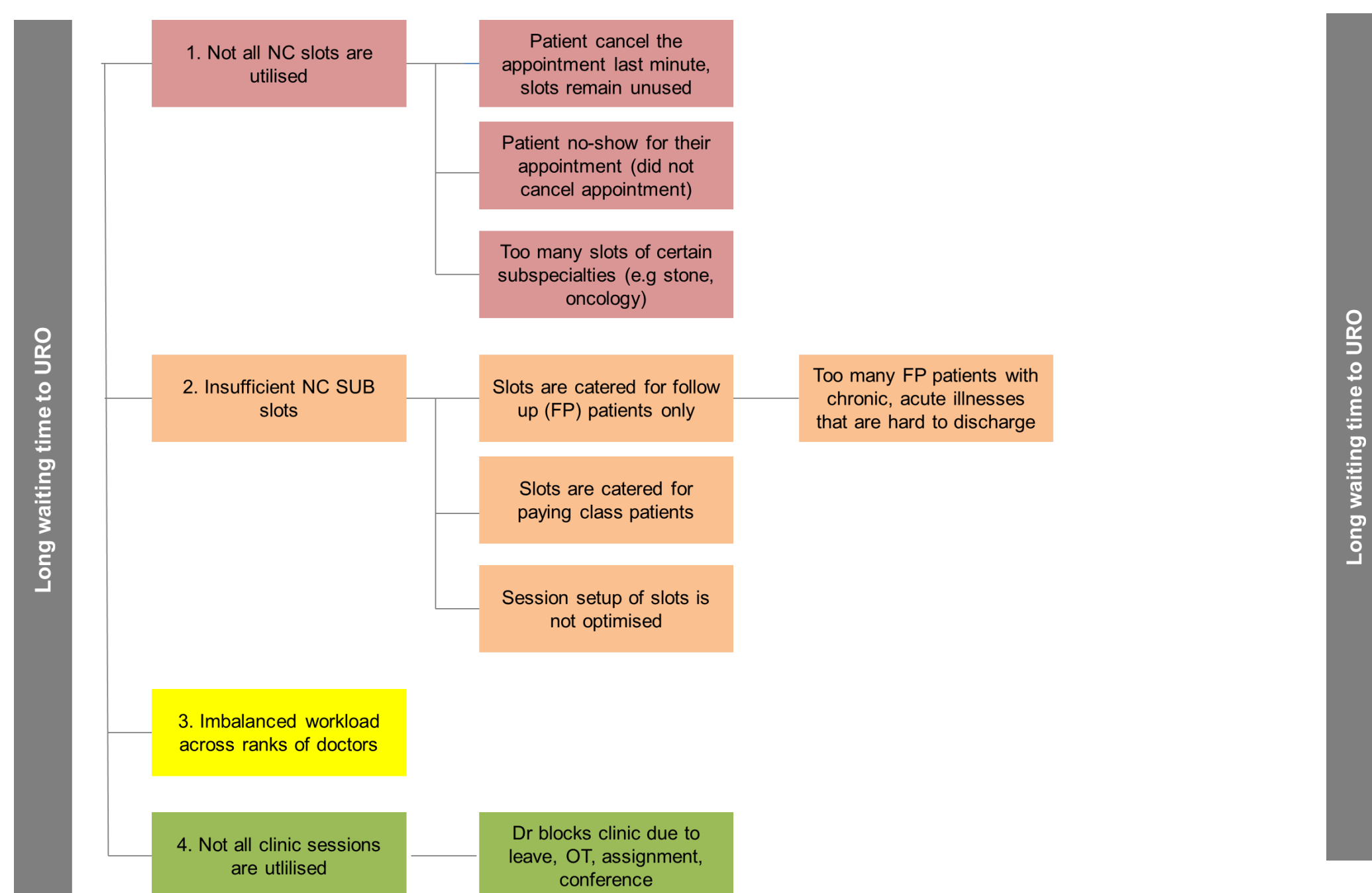
(A) A root cause analysis using tree diagram was done with the experts from medical, operations, analytics and nursing to figure out the primary problems surrounding the issue. The team continued with an in-depth data analysis which identified the primary problems to be a mismatch of supply of doctors' consultation slots as well as unbalanced workload across ranks.

(B) The tree diagram was further used to brainstorm for possible solutions that targeted the verified root causes identified.

(C) Prioritisation Matrix was used to rank and select the solutions to implement. The criteria of selection were based on (i) Ease of implementation (ii) Impact (iii) Feasibility

New initiatives were implemented which focused on optimisation of all clinic slots and resources and long term results.

(D) Solutions and rationale were shared at department meeting to get the team's "buy-in".



S/N	Possible Solutions	Ease of Implementation 1: Difficult 2: Relatively easy 3: Easy	Impact 1: No Impact 2: Minimal Impact 3: Large Impact	Feasibility 1: Not feasible 2: Relatively feasible 3: Highly feasible	To be implemented ?
1	Call / SMS reminders to patients (in advance)	✓✓	✓	✓	X
2	Repurpose all NC slots	✓✓✓	✓✓✓	✓✓	✓
3	Right site to other institutions such as specialized centres, primary care	✓	✓✓✓	✓	X
4	Standardised resource setup across ranks	✓✓✓	✓✓✓	✓✓✓	✓
5	Make up / Ad Hoc clinics resources	✓✓✓	✓✓	✓✓	X

(Solution 1) Standardised resource setup across ranks

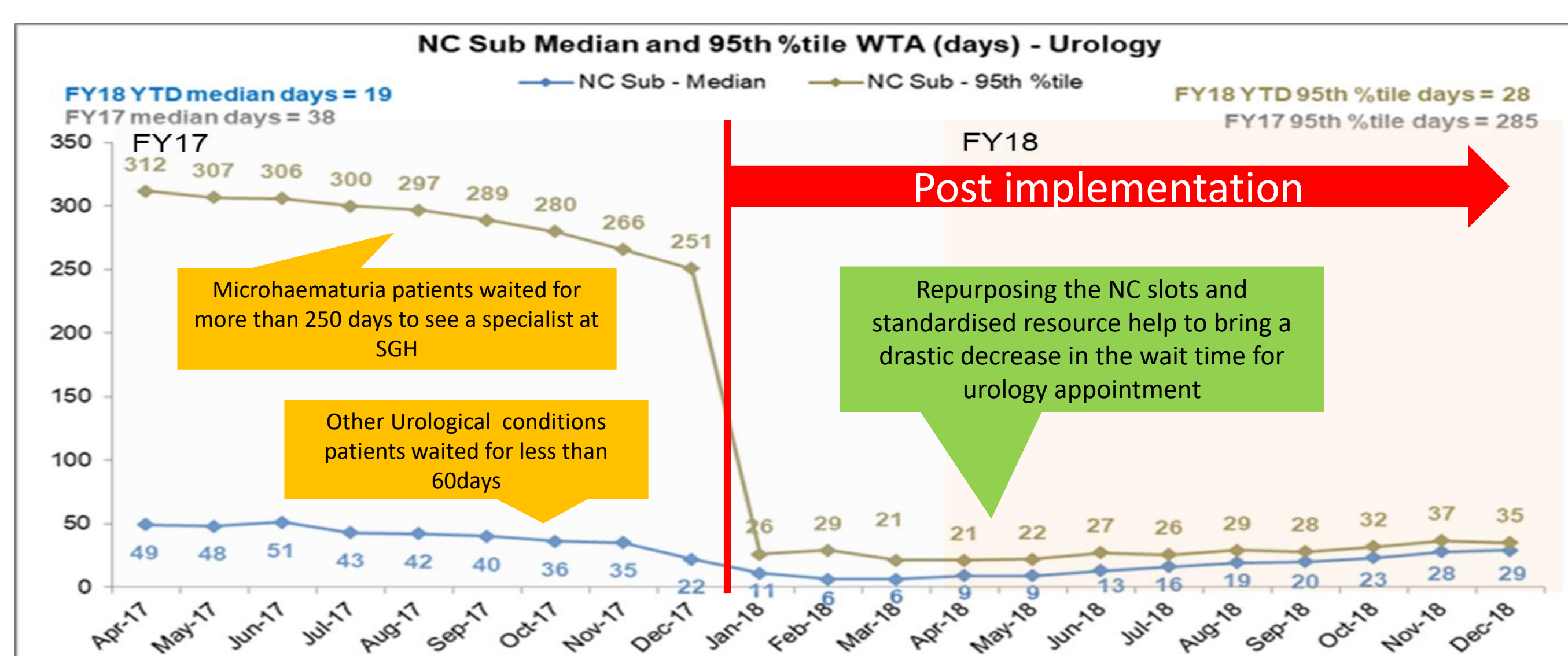
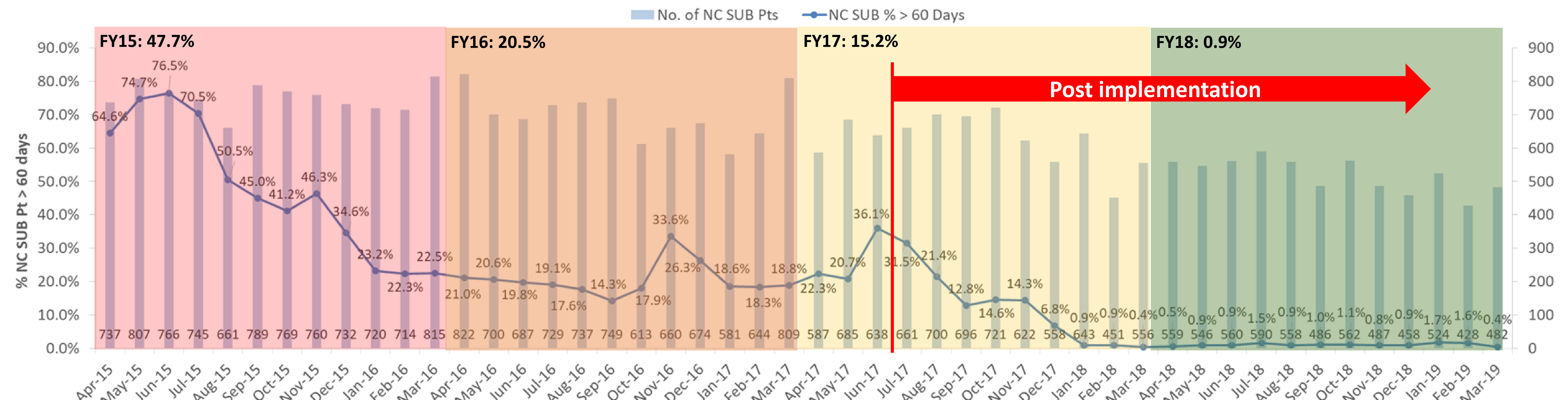
Consultant team clinic (1 room) 2-3 rooms (34/5 weeks included) Residents / MD / FR (30 patients each room) AC-only led > 4 slots SGH Day (non-emergency) Clinic or scope Every 2-3 weeks Under SGH team A or B	Sub-specialty consultant clinic Consultant's professional choice Consultant-only led Consultant-choice of combination AC-only led > 4 slots Private-only clinic* Consultant's personal choice Any number of patients *Not for emergency cases	Associate Consultants • 4 Clinics per week • 10 NC slots per session	Consultants and above • 4 Clinics per week • 2 own clinics (5 NC slots) • 1 team clinic (32 NC slots) • 1 Private clinic
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(Solution 2) Repurpose all NC slots

Eliminate all NC subspecialty slots and repurposing them into general NC slots so that all urological patients could be seen as soon as possible without the hassle of any subspecialty.									
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	3	0910	10	PTC110	LEE LUI SHIONG	Urology Ctr, Blk 4 Lvl 1	Urology	URO RM 7	ONLY URO ONCOLOGY CASES
✓:	1	1020	10	SUBC110	URO TEAM - NG LAY GUAT 3	Urology Ctr, Blk 4 Lvl 1	Urology	URO RM 5	STRICTLY NO FORCE IN
	1	1420	10	SUBC110	URO TEAM - FOO KEONG TATT 2	Urology Ctr, Blk 4 Lvl 1	Urology	URO RM 4	STRICTLY NO FORCE IN

RESULTS

With the implementation, the department saw a sharp decrease in %WTA>60days of at least 10%. Since 2018, WTA>60days was at 1% and continued to sustain at less than 2% till date. The interventions were proven successful and resulted in improved access to care and better patient experience for SGH Urology patients.



CONCLUSION

The regular meet up and statistical updates by the team helped to direct this project positively to improve outcomes, standards, safety and quality of patient care. With the close collaboration by the team and regular performance tracking, result achieved far exceeded the target set and URO WTA>60days has since maintained at less than 2% till date. These initiatives have proven to be successful to sustaining the access to care for Urology SUB patients. The significant outcome shows the department's commitment to improve and is in line with SingHealth's and SGH's goal to provide "Best Outcome, Best Experience".