



Singapore Healthcare
Management 2019

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Optimising Subsidised Urology Workload at SGH

INTRODUCTION

Urology Centre focuses on the management of urological conditions ranging from chronic benign prostatic hyperplasia (BPH) to urinary stones, fertility, andrology, transplant to acute conditions like kidney, prostate, bladder cancer. Since 2018, we undertook organisational changes to ensure that all our subsidised (SUB) patients are managed by specialists in a timely fashion with quality care. With limited resources, one of the key principles to this project is for a sustainable approach to achieve management's key performance indicators (KPIs) while maintaining a healthy teaching environment for junior doctors to learn from specialists.

BACKGROUND

43,000

Yearly number of SUB Urology patients

67%

by specialists

33%

by junior

NOT IDEAL



May potentially compromise on patient safety especially in acute illnesses



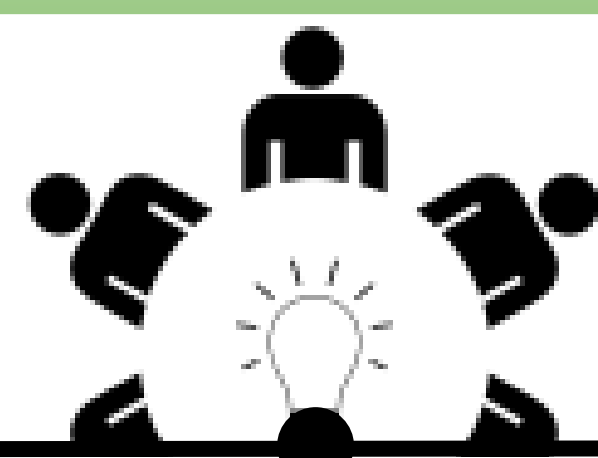
Non-compliance to corporate guidelines

- Medical Board policy-“Patient must be seen by specialist at least once every 3 visits”
- Junior doctor supervision policy-“Ensure oversight and graded authority and responsibility”



Stress and frustration on junior doctors, no proper opportunity for teaching or learning

METHOD



Aug'17

Formation of team with different expertises, goal setting, weekly meet ups to brainstorm, strategise, ensure that we meet timeline and execute plans.

Much **research** were carried out to understand corporate guidelines on specialist review of SUB outpatient, to ensure compliance and patient safety

Senior Consultant: Dr Henry Ho

ROOM 3

Junior Doctor

ROOM 4

Junior Doctor

ROOM 5

Junior Doctor

Sep'17

In-depth data analysis was done to study the feasibility of execution plans

- Manpower (availability of specialists and junior doctors, leave coverage, who sees urgent walk-in etc)
- Resources (Number of team clinic per sessions, standardised setup to account for sufficient slots to meet demand)

Formation of team clinics, managed by consultant in charge alongside junior doctors. Each consultant is allocated a session for their team clinic. When consultant is on leave, new case slots (NC) will be blocked. This became part of work protocols for the department.



Oct'17

The concept of team clinic was **trialed** in one of the senior consultant clinics for an entire month

Team clinic concept was **presented** at department meeting to rally support and “buy-in”, concerns were also addressed pre-implementation

Department roster was created based on following priorities :

1. Operating Theatre allocation
2. Doctors relocated to Sengkang General Hospital but still practicing at SGH (fixed schedule)
3. SGH doctors



Nov'17 & Dec'17

The department roster was reviewed and amended to address doctors' concerns until finalised

Due to massive resource changes needed by 1 Jan 2018, SOC resource team was deployed to come back to work on a Saturday to help with the modification



Jan'18 onwards

Continuous improvement, Plan-Do-Check Act (PDCA) cycles, routine statistical monitoring

Meeting with department continued post-implementation:

- 1 week after-to address any concerns
- 1 month after- to check on management of all SUB patients
- 3 months after- to ensure balance workload
- 6 months after-to review resource setups
- 1 year after-to review KPIs and more

RESULTS

100%

Patients seen by specialists

Maximise the number of SUB patients managed by a specialist and equitable distribution of workload

E.g: a senior consultant saw an increase of **82%** in 2018.
(4499 patients in 2018 versus 2472 patients in 2017)



Greater confidence and assurance from SUB patients and next of kin

Increased patient satisfaction and compliments of **147.8%**
(290 in 2018 versus 117 in 2017)



Better supervision of junior doctors, platform for junior doctors to be trained with real examples from specialists in a reasonable workload setting



Standardization of clinic resource setup allows for easy management of resource changes moving forward.

For example, in Oct 2018, NC SUB slots were found to be under utilized, a reduction of slots across all team clinics were effected quickly as all the resources were setup in the same fashion.

- Room Utilisation : **85%**
- Waiting Time for NC SUB Appointment (WTA) more than 60days: **1.5%**

CONCLUSION

The efforts to improve patient safety and experience are utmost priorities to Urology department. The new organisational structure for SUB clinics created opportunities for more patients to be seen at SGH urology and for specialists to transfer valuable knowledge to junior doctors. The thorough planning and design of the organisation structure of subsidised clinics helped the department achieve significant results including low waiting time to appointment (WTA), high room utilisation, increased compliments which are all in line with Singhealth and SGH goals. The project has been implemented for more than 1 year and has continued to gain great success.