# Singapore Healthcare Management 2023

# **Simplification of Methacholine** Challenge Test (MCT) Reports using **Computerized Template**

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#### Background

Methacholine Challenge Test (MCT) is a bronchoprovocation test routinely ordered by respiratory physicians to assess airway hyperresponsiveness. The patients will perform the actual test on BreezeSuite and the measured Forced Expiratory Volume in 1 second (FEV1) values at baseline, 4 different concentrations and post, are manually keyed into an Excel template. This, combined with the manual checking of data at multiple touchpoints, can potentially lead to inaccurate values. Technologists also reported eye fatigue on days with higher caseloads.

## Aim

#### The aim of this project is to:

Eliminate time spent on input of data without compromising on accuracy of reports

## Methodology



1. Formed focus group discussion among Technologists to discuss areas for improvement



2. Identified areas in the old template that could be automated

✓ Reduce manual data input and manual verification by 50%

✓ 80% satisfaction rate among Technologists



3. Designed system templates with reference to existing template to ensure high adoption rate



4. Implementation of new automated template

#### **Past (Excel Sheet with Manual Data Input)**

| <br>Conc(mg/ml) | Baseline |       |   | 0.25 |   | 1    |   | 4    |   | 16   |   | Post |  |
|-----------------|----------|-------|---|------|---|------|---|------|---|------|---|------|--|
| FEV1            | 1        | 4.09  | 2 | 3.96 | 3 | 3.76 | 4 | 3.48 | 5 | 3.02 | 6 | 3.86 |  |
| %Baseline       |          | 100.0 |   | 96.8 |   | 91.9 |   | 85.1 |   | 73.8 |   | 94.4 |  |
| QC Grade        |          | А     |   | А    |   | А    |   | А    |   | А    |   | Α    |  |

#### **Present (Automated System Template)**

| Categorization of Airwa | ay Hyperrespon | <u>isiveness</u> |         |         |                    |         |
|-------------------------|----------------|------------------|---------|---------|--------------------|---------|
| PC20 (mg/ml)            | Interpreta     | ition            |         |         |                    |         |
| >16                     | Normal AI      | łR               |         |         |                    |         |
| 4 - 16                  | Borderline     | AHR              |         |         |                    | On      |
| 1 - <4                  | Mild AHR       |                  |         |         |                    |         |
| 0.25 - <1               | Moderate A     | AHR              |         |         |                    |         |
| <0.25                   | Marked AI      | HR               |         |         |                    |         |
| Stage                   | Pre            | 0.25 mg/ml       | 1 mg/ml | 4 mg/ml | 16 mg/ml           | Pos     |
| Concentration           | 0.00           | 0.25             | 1.00    | 4.00    | 16.00              | 0.0     |
| Dose Units              | 0.00           | 1.25             | 5.00    | 20.00   | 80.00              | 0.0     |
| C. <b>D.U.</b> s        | 0.00           | 1.25             | 6.25    | 26.25   | 106.25             | 106.2   |
| SPIROMETRY              |                |                  |         |         |                    |         |
| FEV1 (L)                | 3.20           | 2.95             | 2.95    | 2.58    | 1.82               | 3.04    |
| % Change                | +0             | -7               | -7      | -19     | -42                | -4      |
|                         |                | FEV1             |         |         |                    |         |
| 11 <b>0</b> ne          |                | 0.25 mg/ml       | 1 mg/ml | 4 mg/ml | Post<br>16 mg/ml ' |         |
| 100                     |                |                  |         |         |                    |         |
| ₽ on                    |                |                  |         |         | 7                  |         |
| gaseli                  |                |                  |         |         | /                  |         |
| 80                      |                |                  |         |         | /                  | PD(-20) |
| 70-                     |                |                  |         |         | /                  |         |
| 60                      |                |                  |         |         | $\searrow$         |         |
|                         | 0.1            | 1                | 10      |         | 100                | 1000    |
|                         |                | CDU              | (log)   |         |                    |         |
|                         | •              | Pre 🔺 C          | Chig    | Post    |                    |         |
|                         |                | 1 00 - 44        |         |         |                    |         |





7 touchpoints (1 to 7) -> Manual input of data 8 touchpoints (1 to 8) -> Manual verification of data

#### **Results**











**0 touchpoint -> Manual input of data 1 touchpoint -> Manual verification of data** 

#### Conclusion

The computerized template improved efficiency and eliminated the risk of human errors. Since implementation, there has been no reported mistakes through

the import of data from testing application to report. In addition, the time savings from the initiative has allowed our Technologists more time to focus on

clinical work and also better staff satisfaction. Our team is exploring the template with other tests.

## Acknowledgement

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This poster has been designed using images from Flaticon.com