



Singapore Healthcare Management 2023

Management of 9000s in SingHealth Polyclinics-Bedok

AM Tan Boon Hao Kelvin,
SE Nur Fazlina Binte Abdul Manaff,
CE Tan Yujing, Tricia,
Dr Tan Zhi En,
Dr Zheng Lifeng



Background

#9000s queue numbers are a common occurrence in the clinic. Patients are issued this number series when the appointment slots for the day are fully booked. These walk-in patients are usually seen after the doctors have finished seeing patients with appointment slots.

Aim

To reduce the extra workload of 9000s for all domains and decrease overtime incurred by pharmacy, nursing and ancillary department as consultation extends beyond clinic's operating time.

Methodology

Analysis of demand: reasons for patients' consultation

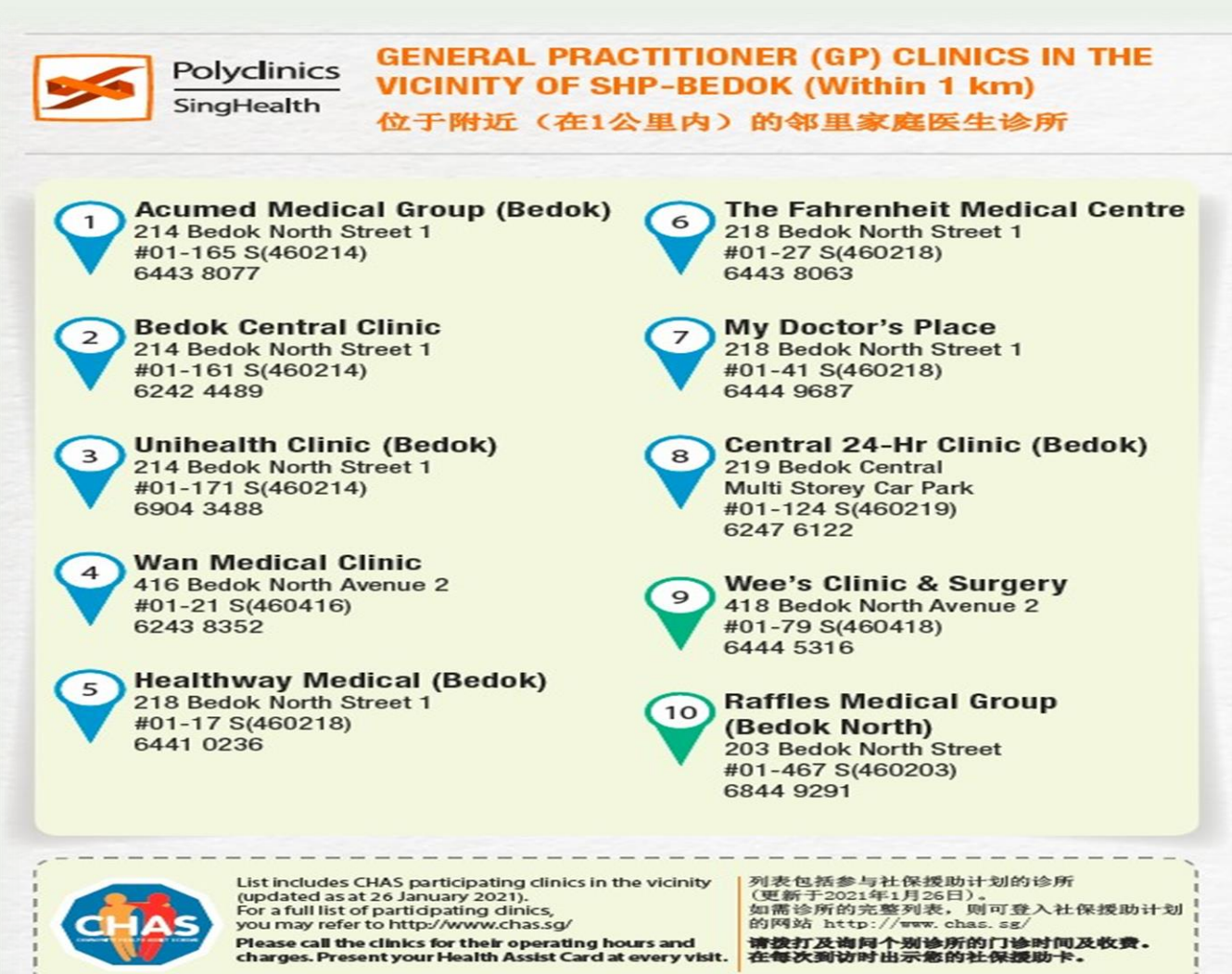
1. Ran out of medications
2. Acute issues (e.g. pain in leg and eye discomfort)
3. Referrals to specialist clinics
4. Requesting memo for certification (e.g. infant care)

Tiered effort to manage triaging

A) Ancillary - Queue Management at Triage



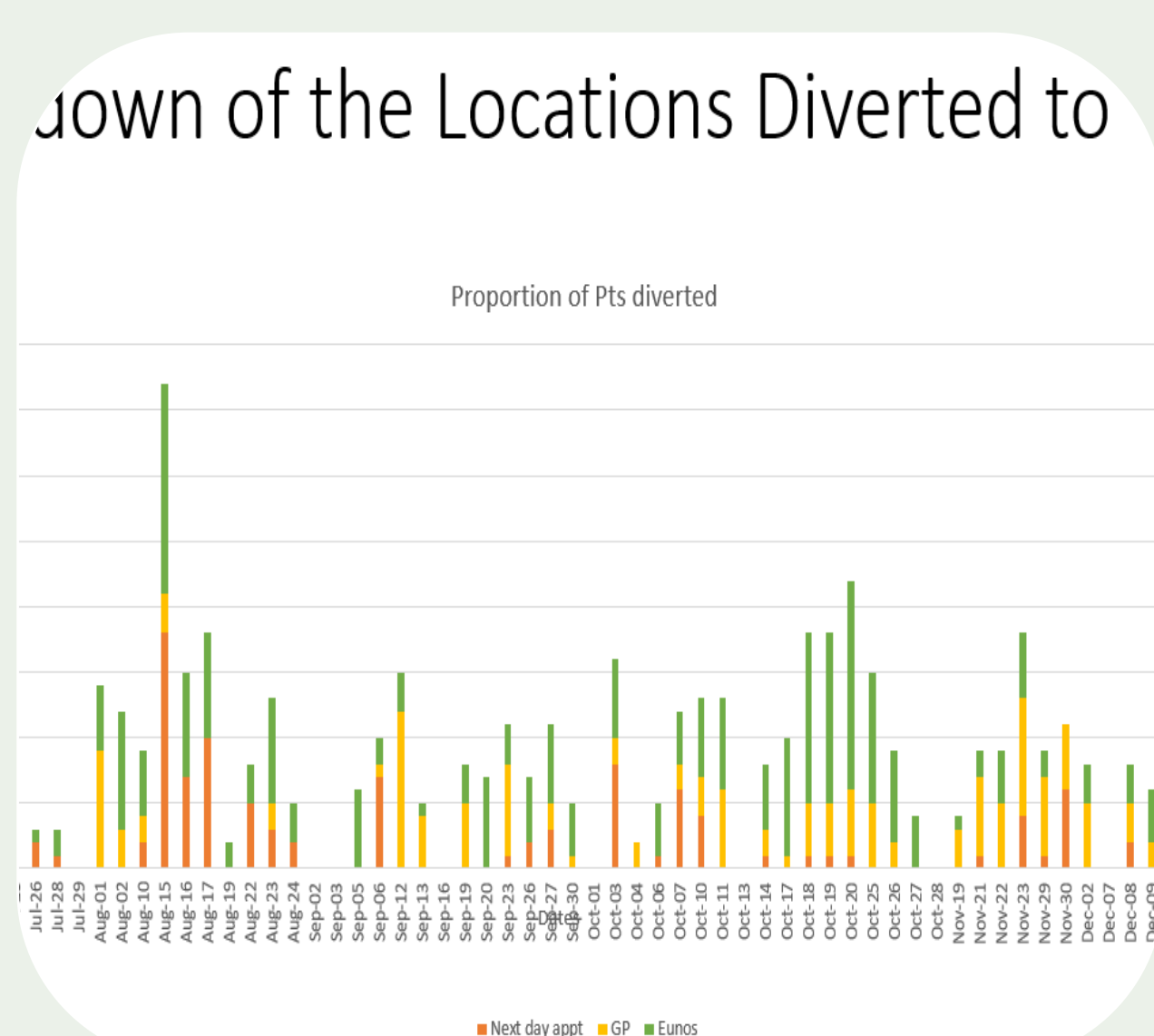
Display of estimated waiting time (Figure 1)



Distribution of brochures of a list of alternative GPs in the vicinity (Figure 2)



Distribution of Alternate Polyclinic – Eunos Polyclinic (Figure 3)



Offering next-day appointments (Figure 4)

B) Nursing – Triage in the treatment room

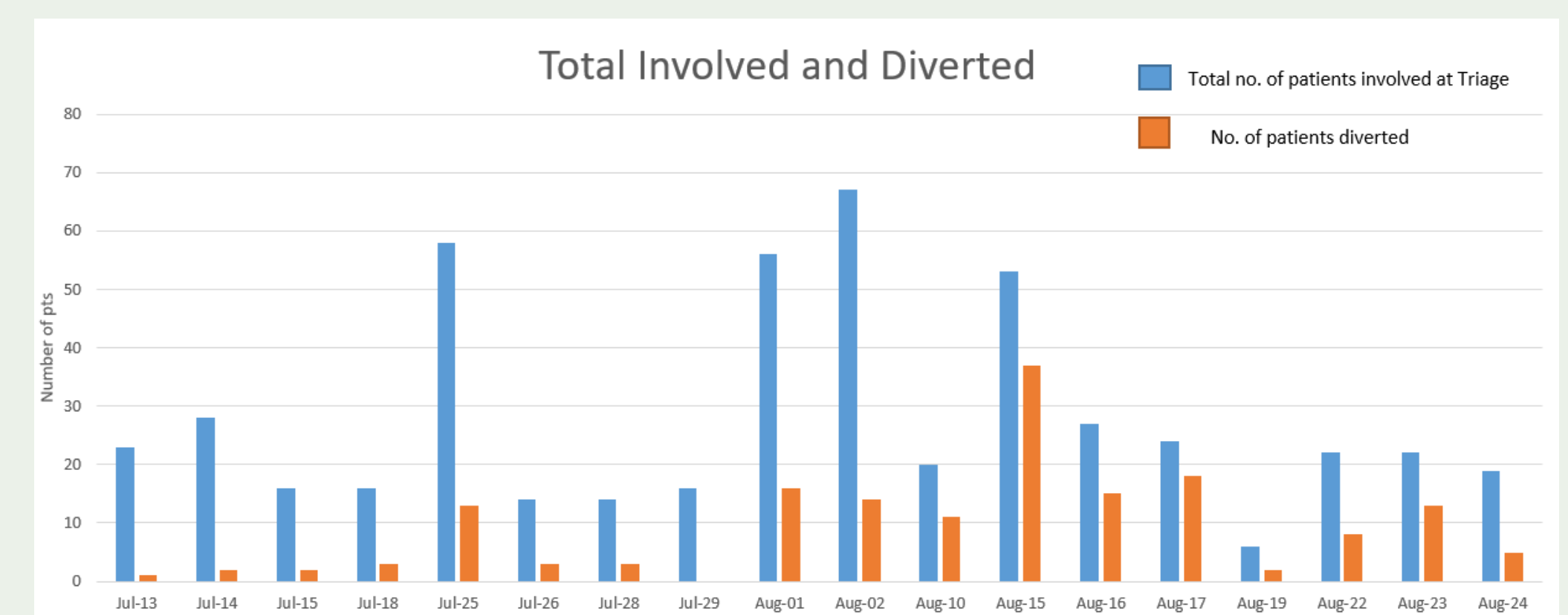
- Patients who still wish to consult the doctor would be sent to the treatment room for triaging by the nurses
- The treatment room nurse assesses the patient and consults the allocated Doctor (D2) if the patient requires "Urgent/"Necessary" for same day consult. If D2 accepts the case, patient would be registered.

C) Doctor – Allocated doctor for triage (D2)

- Serves as medical gatekeeper
- Decides on accepting the case for same day consult

Result

1. There was an approximate 80% decrease in the daily average #9000s attendance compared to July 2022 after this intervention was started. (Figure 5)



(Figure 5)

2. The patients' acceptance of being scheduled a next day appointment was the key reason for this positive result. In addition, we did not see an increase in overall clinic attendances the next working day.

3. We managed to claim less overtime for the ancillary team which helped our organisation save on cost. Also, the pharmacy staff, nurses and doctors managed to finish work on time. This will hopefully result in better EES results for our clinic. In addition, patient safety was not compromised as doctors usually did not have to rush to finish the 9000s at the end of the afternoon session

4. Patients have also been educated on booking appointments for their next visit instead of trying to walk in.

Conclusion

This pilot successfully demonstrated the systematic approach our clinic took in reducing the number of 9000s cases. These positive results have been shared with the other SHP polyclinics. With good interprofessional teamwork and a multi-pronged strategy, we managed to tackle an entrenched issue faced by our organisation. In addition, our study found that patient behaviour can be shaped with availability of appointment slots and effective communication.