Decreasing Patient Waiting Times for SKH Anesthesia Pre-operative Evaluation Clinic

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Introduction

- Comprehensive assessment and risk counselling at the Anaesthesia Pre-operative Evaluation Clinic (PEC) is integral in the delivery of safe anaesthetic care to patients.
- Subspecialty referrals may be required for further unpredictable → prolonged & optimization consultation waiting times.
- Median waiting time was 31.5 mins, extending up to 87 mins (95th centile). This resulted in patient dissatisfaction and complaints.

Aims



To reduce median waiting times for doctor consultation in SKH PEC by 50% in 9 months





Methodology

Baseline patient waiting times were collected from January 2020 to February 2021 from the electronic 1Queue system.

Figure 1: Fishbone diagram of possible factors

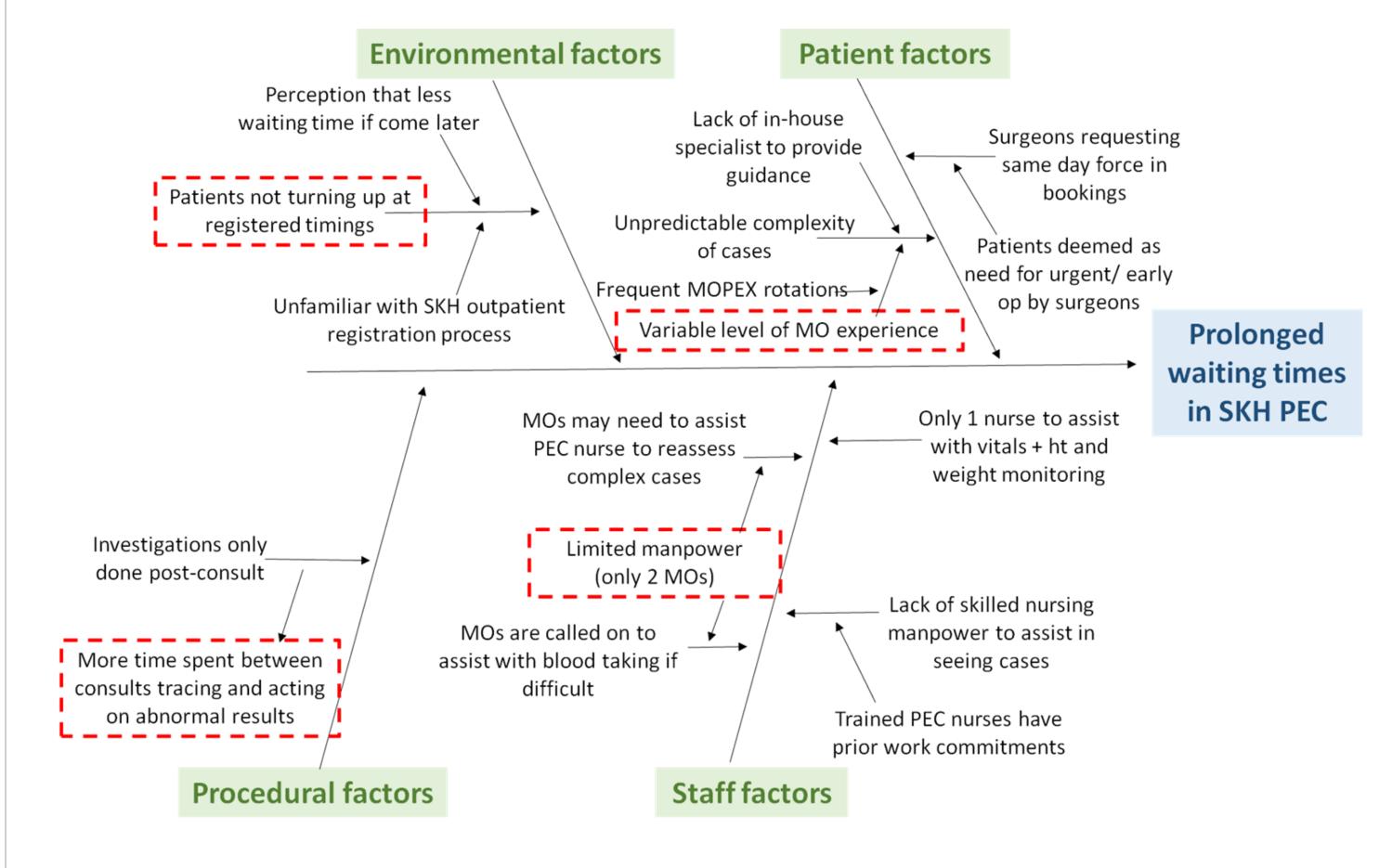
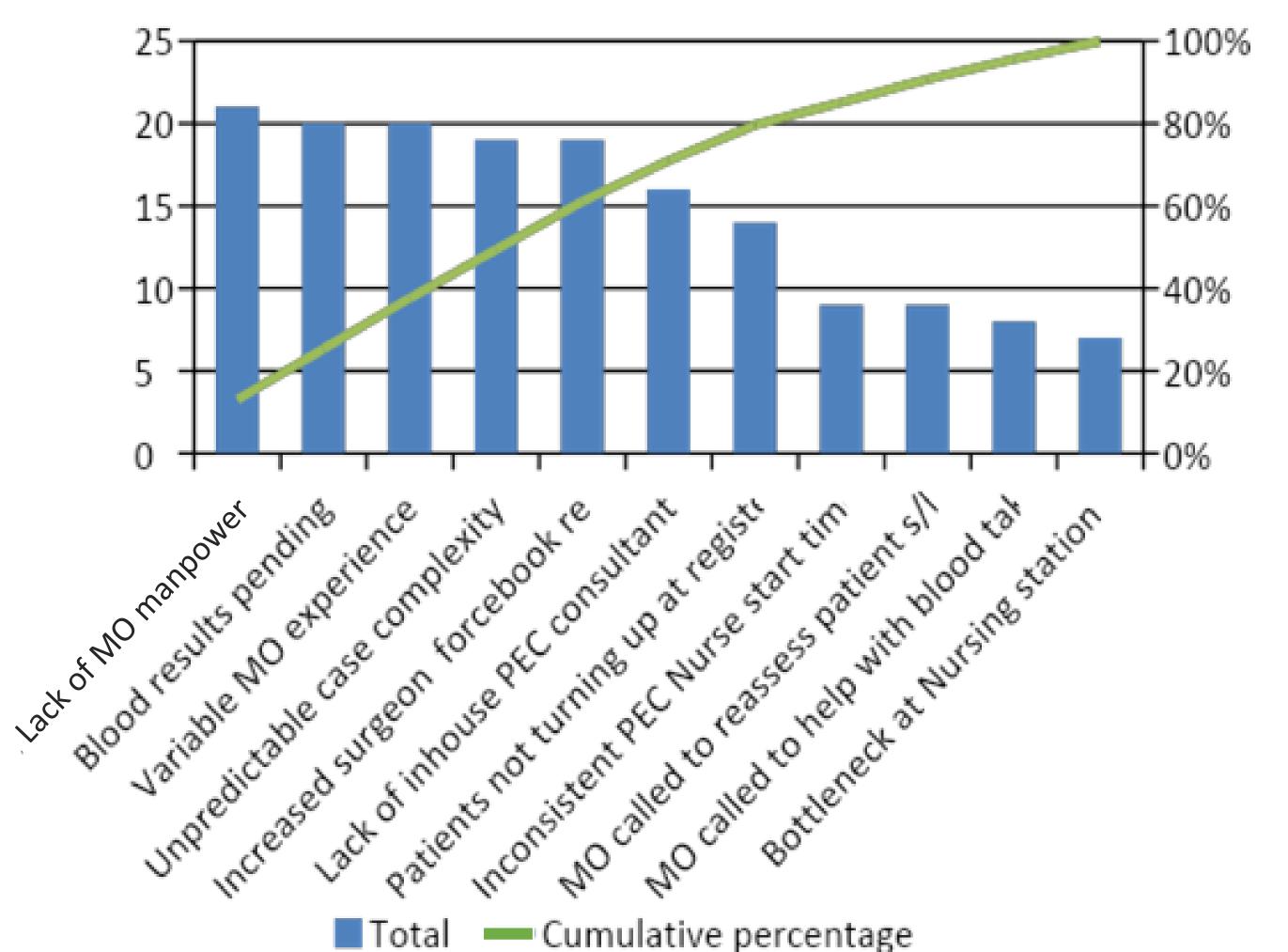


Figure 2: Pareto Chart



Key Phases of Project:

PDSA Cycle 1 (Feb-Apr'21)

1. Revamped clinic workflow: Blood investigations done preconsultation -> abnormal results addressed promptly during consult → less time spent between consults tracing results

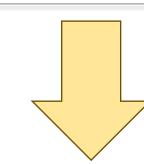


(Vital signs

L3 Doctor consultation **L3 Financial Counselling**

L2 Radiology (Chest X-ray)

- **2. Maximise clinic session**: \downarrow appointment time slot (1hr \rightarrow 45 mins)
- **3. Demand matching**: ↓ AM, ↑ PM clinic appointment slots



PDSA Cycle 2 (Jul-Sep'21)

1. Demand trigger workflow:

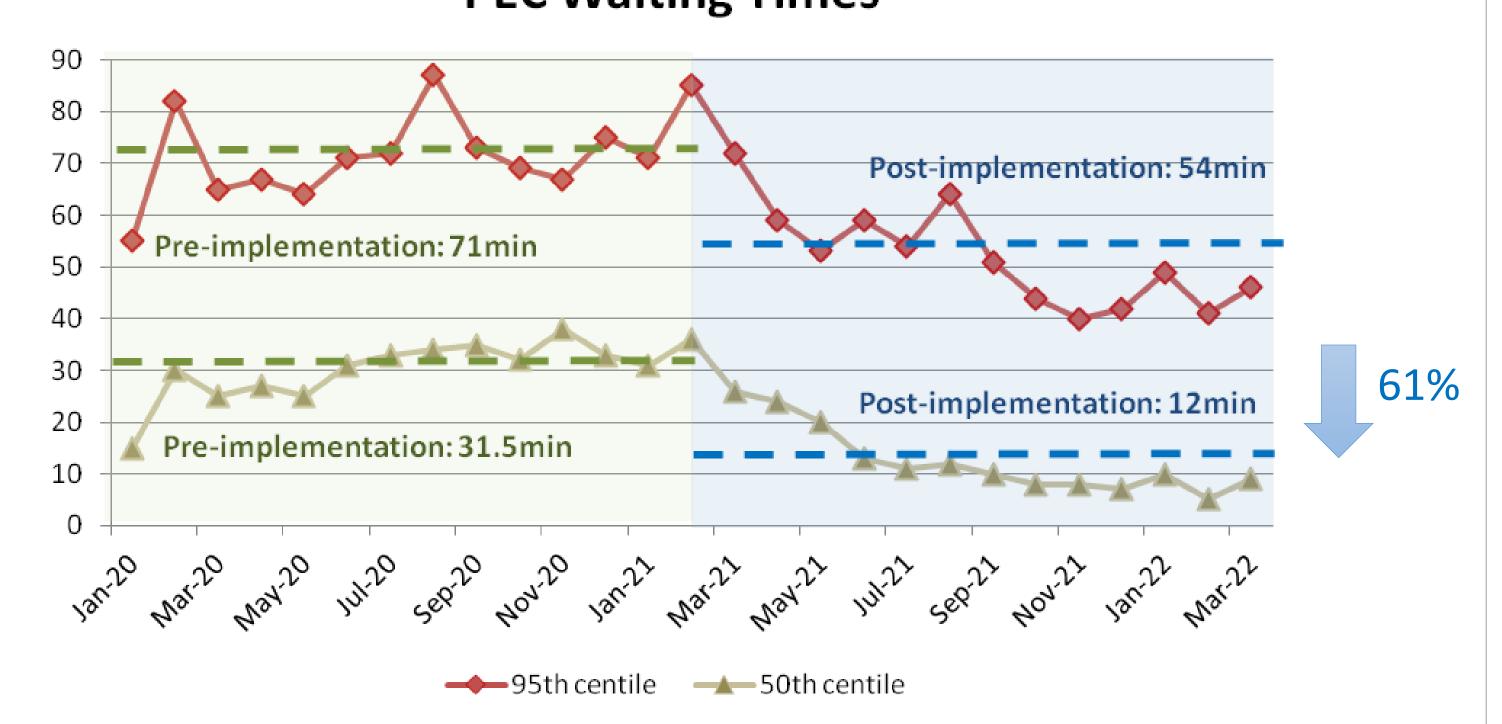
Trigger by PEC consultant if there were ≥ 4 patients waiting in the queue, Additional manpower deployment to PEC to assist with the backlog of patients



Results

- 61% decrease in median waiting times from 31.5 \rightarrow 12 mins
- 95th centile median waiting time was also reduced from 71 \rightarrow 54 mins.

Figure 3: Run chart showing pre- and post- intervention waiting times **PEC Waiting Times**



Subsequent post- intervention data demonstrated sustained decrease in waiting times from March 2021 to 2022.

Conclusion

Patient waiting times & frequency of demand trigger workflow activation are constantly monitored in order to aid with weekly manpower planning to ensure sustained decreased waiting times.



EFFICIENCY