

Overcoming Logistics Hurdles – Strategies for Meeting Supply Chain Challenges for Staff RRT

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Introduction

Singapore Healthcare

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 Sengkang General Hospital (SKH) made a change to our Rostered Routine Testing (RRT) modality for all staff, at the last half of 2021, as regular testing of Healthcare Workers (HCWs) was mandated by MOH.

Methodology

Phases of operations were standardized for consistency. The process was repeated

for every procurement / distribution cycle.

• We implemented a new protocol of conducting unsupervised Antigen Rapid Test

(ART) twice a week from September 2021.

• The change significantly reduced the workload for the lab staff. (No PCR testing)

Day	Date	Staff	Resulted	Pos	Indet	Neg
Wednesda	11-Aug-21	1,370	1,370	0	0	
Thursday	12-Aug-21	1,618	1,618	0		1.
Friday	13-Aug-21	1,409	1,409	0		1,409
Wednesda	25-Aug-21	1,304	1,304			1,303
Thursday	26-Aug-21	1,714	1,714		0	1,714
Friday	27-Aug-21	1,456	1,456	V	0	1,456

Number of Staff PCR tests processed by SKH Lab

Background

1. ART-RRT presented its own set of challenges, including frequent shift in brands and

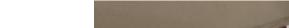
disparities in packaging.

- i. On-site training were necessary to cater to more elderly staff and training video needed to be produced for every change of brand.
- ii. Packaging disparities posed difficulties in both monitoring and distributing

processes.







Dracass Nama	Phases of Operations				
Process Name	Week 1	Week 2	Week 3	Week 4	
1. Requirement Gathering					
2. Procurement					
3. Delivery and Stocking					
4. Preparation and distribution to department					
5. Repackaging by Department and distribution to staff					

1. Requirement Gathering

Division			Test Kits Required (10 kits
	Department	Headcount	
Division 01	Department 01-01	3	3
	↓	+	
	Department 01-14	74	74
	Department 01-15	3	3
	Department 01-16	62	62
	Department 01-17	115	115
Division 01 Total		473	473
.	↓ ↓	↓ ↓	
Division 12		•	
	Department 12-02	2	2
	Department 12-03	23	23
	Department 12-04	18	18
	Department 12-05	11	11
	↓	+	
	Department 12-28	72	72
	Department 12-29	6	6
	Department 12-30	4	4
Division 12 Total		434	434
Grand Total		4038	4038

			Test Kits
			Required (10 kits
S/N	Dept	Headcount	per pax)
1	Service Partner 1	296	2960
2	Service Partner 2	168	1680
3	Service Partner 3	55	550
4	Service Partner 4	180	1800
5	Service Partner 5	44	440
↓ ↓	•	•	•
19	Service Partner 19	76	760
20	Service Partner 20	119	1190
	TOTAL	1157	11570

<u>SKH Headcount</u>

2 & 3. Procurement, Delivery and Stocking



Service Partner Headcount

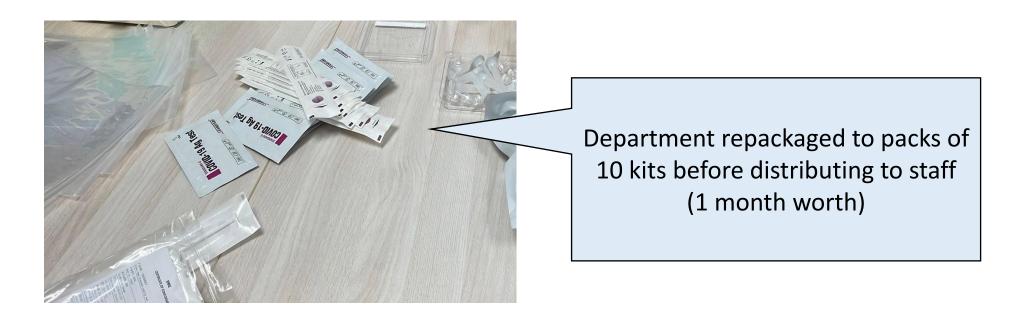


- 2. There was a need for a systematic management of the ART kits, to ensure accountability and consistency in distribution, to minimize over ordering and wastage.
- 3. During the initial transition to the ART-RRT modality, there was a lack of comprehensive oversight. After the situation had stabilized, an accountability audit was conducted for the distribution of ART kits in late October 2021, encompassing the initial two rounds of distribution.
- Audit revealed that the issuance was not based on HR Data but on verbal communication from department to lab. There was no proper documentation.
 Some divisions and departments were found to have large numbers of excess ART

4. Preparation and distribution to department

Division / Department	Staff ART RRT	Laboratory distributed the ART kits (rounded up)	
🗄 Division 01	464		
Division 02	28	based on the number of headcount.	
Division 03	95		
Division 04	372	io	
🗉 Division 05	400	I.e.	
🗏 Division 06	90	Division 01: 464 staff X 10 kits = 4640 kits	A State Stat
Department 06-01	62	4640kits / 25kits per box = 185.6 boxes	
Department 06-02	10		
Department 06-03	10		
Department 06-04	4	Division 01 would be given 186 boxes	
Department 06-05	4	C C	
Division 07	90		
Division 08	46	Doint of Contact (DOC) to a	high
Division 09	1932	Point of Contact (POC) to s	
Division 10	439	taking over form for collect	tion
Grand Total	4029		

5. Repackaging by department and distribution to staff



ART Kit Distribution Audit (SKH ART-RRT)							
ART Kits Issued			HR DATA		AUDIT		
Divisions / Departments	1st Distribution (No. of Kits) (a)	Distribution	Staff (c)	Supposed No. of Distribution (d) 9sets X (c)	Excess issued for 1st Distribution (a) - (d)	Excess issued for 2nd Distribution (b) - (d)	Remarks
Division A	2100	2100	Total: 228	2052	48	48	Frequent movement of doctors hence difficult to account for every ART Kit.
Dept A	2400	2500	Total: 244	2196	204	304	Requested additional to standby for those who needed daily ART.
Division B	4350	4350	Total: 313	2817	1533	1533	Division B drew for all departments under them. However, number of staff provided by HR did not include certain departments which were counted separately.

Results

* A process was developed to standardize the phases of kit distribution to minimize

over ordering and wastage.

kits.*

A streamlined, neat and consistent process where staff were clear on what they

were supposed to do, and accountability for stocks ordered and distributed was achieved.

Sustainability and Conclusion

• The principle of shared responsibilities and accountability helped achieve a

sustainable process for distribution, and non-wastage of ART kits.