



## Singapore Healthcare Management 2015

# An Improved Electronic eFeedback System – Enhancing Efficiency of Internal Feedback Management and Reporting

Isabel Yong, Jessica Soo, Carol Ng, Iris Lim,  
Vanessa Peters, Ong Poh Ling,  
Service Quality, Singapore General Hospital  
Saravanan Krishnamurthy  
IHIS, SingHealth



Singapore General Hospital  
SingHealth

## INTRODUCTION

### Background:

Singapore General Hospital has an electronic feedback management system since 2007. The custom built system registered different types of patient feedback such as Complaints, Compliments, Suggestions, Enquiries and MP Appeals, tracked from point of login to closure. It is however not a one-stop solution for how the feedback case is managed internally.

A project team was formed by IHIS and Service Quality (SQ) to source, plan and implement the roll-out of the new system to the whole of SGH by mid-February 2015, ready for parallel run with the old system which was to be discontinued by May 2015.

### Gaps Identification:

Through discussions with the key system users in SQ, gaps and issues faced with the old system were flagged out for future improvement:

### Cases inputs given by internal users can only updated by SQ Feedback Officers in the system

Inputs were received via emails or hard copy reports. This process takes time and effort as SQ Feedback Officers were the only ones to update information on the system.

This impeded productivity and work efficiencies.

### Only SQ Officers can view all inputs

Internal users do not access to read inputs provided by various parties. There are two disadvantages to this – more effort and time taken by SQ Officers in coordinating the replies and facilitation in getting all internal parties to agree in reply.

### Three Separate Workflows

Complaints, Compliments and MP Appeals were designed as three separate workflows. While these meet the needs of each set of users, it takes more time and effort to obtain the feedback history of a patient via searches in three different workflows. Again, time and efforts are wasted in the process.

### Administrative Hassle for User License Management

There is a fixed number of licenses available to users. New users have to be added through a request form which was then routed through IT Helpdesk to technical support in India for processing. The same will need to be done for users who are leaving the organisation. It was not an efficient process.

## METHODOLOGY

### System Option Evaluation and Procurement

The project team looked into various options for the system refresh. These options were evaluated based on costs, time frame and capability to cater to needs of users before the award.

The new system leverages on the existing RMS system in SGH, minimising the learning curve for a brand new workflow.

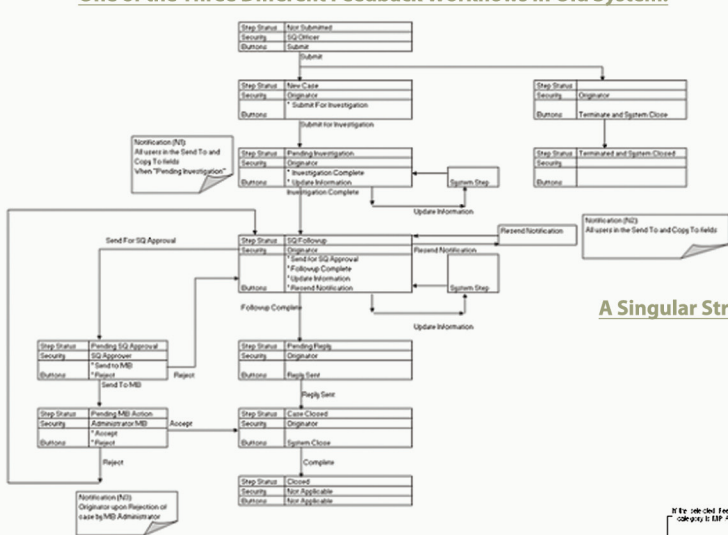
### User Requirement Collection & Testing

After contract award, several discussions were conducted for collection of detailed user requirements. Specifically, workflow users were consulted based on their experiences with the old system and to brainstorm the ideal workflow in the new one.

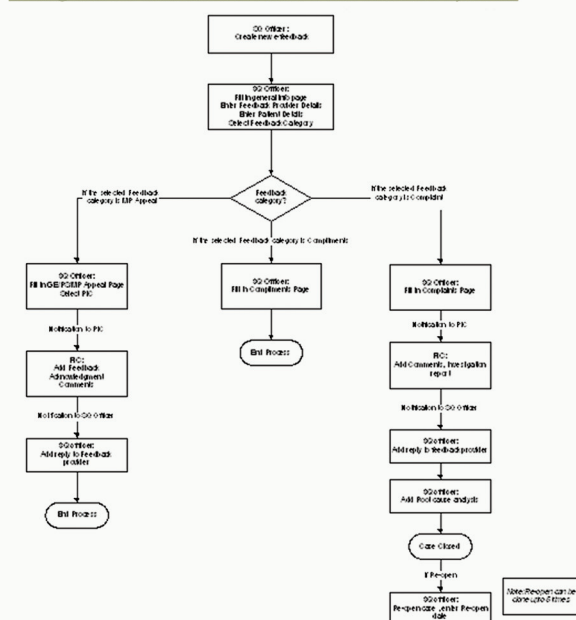
In-depth discussions were held to agree on:

- New system requirements and specifications
- User access rights for different user groups
- Common and streamlined workflow that catered to Complaints, Compliments and MP Appeals users

### One of the Three Different Feedback Workflows in Old System:



### A Singular Streamlined Workflow for the New System:



### User Testing

After the new system was designed according to the specifications agreed upon in the user requirement collection phase, workflow users were invited to user testing sessions to be familiarised and flag out further rectifications required before actual roll-out.

Two user testing sessions for workflow owners in SQ were held. Separately, six power user sessions were held for users in SQ, Business Office (BO) and Medical Social Services (MSS) who are required to do reporting on feedback data.

### User Communication Sessions

Prior to the new system roll-out, communication sessions were conducted at Weekly Leadership Meeting (WLM), Clinical Heads Meeting and Nursing Leaders Meeting to update Senior Management. In addition, a total of eight mass briefing sessions spanning an hour each were held for general users in the hospital who need to front patients and manage feedback. A total of 125 users from Nursing, Clinical and Operations departments attended the briefings. These include Nursing Managers, secretaries from Clinical Departments and frontline supervisors. Within the session, these users got an overview of the new system, the steps to providing inputs and how they can utilise system filters and search tools to better track their feedback cases.

## RESULTS

The new system was rolled out in mid February 2015. Post implementation, there have been minimal error reporting by users as compared to the previous system. There is also no major system downtime since roll-out.

Historical feedback data has also been successfully migrated to the new system for future reference and the old system deactivated in June 2015.

### Reduction in Manual Tracking & Reminder of Feedback Cases

When a feedback is logged, the request of inputs by relevant users is triggered together with instructions and hyperlink to the online user manual. This reduces the number of queries vis-à-vis the last system where departments often called to clarify.

SQ users no longer need to do manual tracking as any new comments and attachments provided by users will trigger a notification.

The system is also able to track if users have input their investigation comments and trigger automatic reminders after a stipulated number of days, encouraging adherence to response

### Improved Communication between Users

Stakeholders are on the same page for feedback investigation. Users build on one another's inputs and share attachments on a platform. Case details are searchable by a system generated serial number, reducing tracking hassles to maintain emails. Relevant departments can view each other's inputs without separate email discussions or face-to-face meetings. Transparency is improved while security is maintained as users cannot change others' comments.

Feedback cases which returned as 'Reopened Cases' will now be documented under the same serial number, enabling easy reference to history of issues with the same patient.

### Simplified Page Views are More Intuitive

Page views in the system are intuitive with shadings indicating mandatory fields. Missing fields or errors are indicated with a red asterisk vis-à-vis the old system where this is not available. Only the critical fields are included in the new system to ensure that essential information are available for feedback management without over-collection.

### Minimised Effort for User Management

When new staff joins a department and is required to manage patient feedback, the user will be able to access to the system as long as he or she has an ADID log-in to Windows. The access to relevant cases to the user is maintained by SQ. Similarly, access to the system is deactivated when the staff resigns, and there is no additional administrative work.

### Consolidated List Views with Customised Filters at a Glance

User friendly features have been included in the new system for better overview of feedback cases. Every single case field can be used as a filter to flag patient feedback cases that meet criteria for example: specific SQ personnel, number of days logged and area of complaint.

The list views and filters can be used to generate customised master reports for tracking and reporting purposes.

With a streamlined workflow, instead of three different ones previously, users are now able to search all related feedback for one single patient. This gives the patient's Complaints, Compliments and MP Appeals at a glance, providing a more holistic understanding of the patient.

Feedback	Created By	Feedback Category	Status	Reopen Status	Feedback Mode	Name of Feedback Provider	Relationship with Patient	Date of Feedback
Feedback								
Master Report for MP Appeal								
Master Report for Compliments								
C CL SR Master Report								
Feedback Open more than 15 days								
Feedback Open day more than 21 days								
SQ-000045	29/12/2014	Complaint	Open		Verbal	ada	Niece	09/01/2015
SQ-000033	09/12/2014	Clarification	Closed	Close	Heart	test 2912 1	Self	29/12/2014
SQ-000025	03/12/2014	Complaint	Closed		Media	ccc	Niece	09/12/2014
SQ-000019	03/12/2014	Complaint			E-mail	dd	Sister-in-law	03/12/2014
SQ-000018	03/12/2014	MP Appeal			SQ Form	ewewewew	Daughter	03/12/2014
SQ-000018	03/12/2014	Clarification			Verbal	test032014	Father	03/12/2014

## CONCLUSION

This new system which took a total of nine months for preparation and roll-out is largely well-received with minimal issues and downtime.

An online feedback system is necessary not only to track feedback case status but also the emotional profile of patient so that our frontline departments are aware of this information when handling the same patient in future.

The system also help to improve communication amongst the team of staff serving a patient and provision of a more holistic reply.

Data collected from this system can be used for trending analysis. Service gaps can be identified for future improvements for the hospital.

## KEY LESSONS

- It is important to engage stakeholders early in the process and allow adequate time for testing and rectifications.
- Instead of user testing in a controlled environment, it might be more beneficial for a soft launch with a small group of users before go-live. This helps flag out issues that may not be obvious in a controlled environment. This would require a parallel run with eWS and a longer timeline.