



# Singapore Healthcare Management 2015

## FAST BUT NOT FURIOUS!!



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### Mission Statement

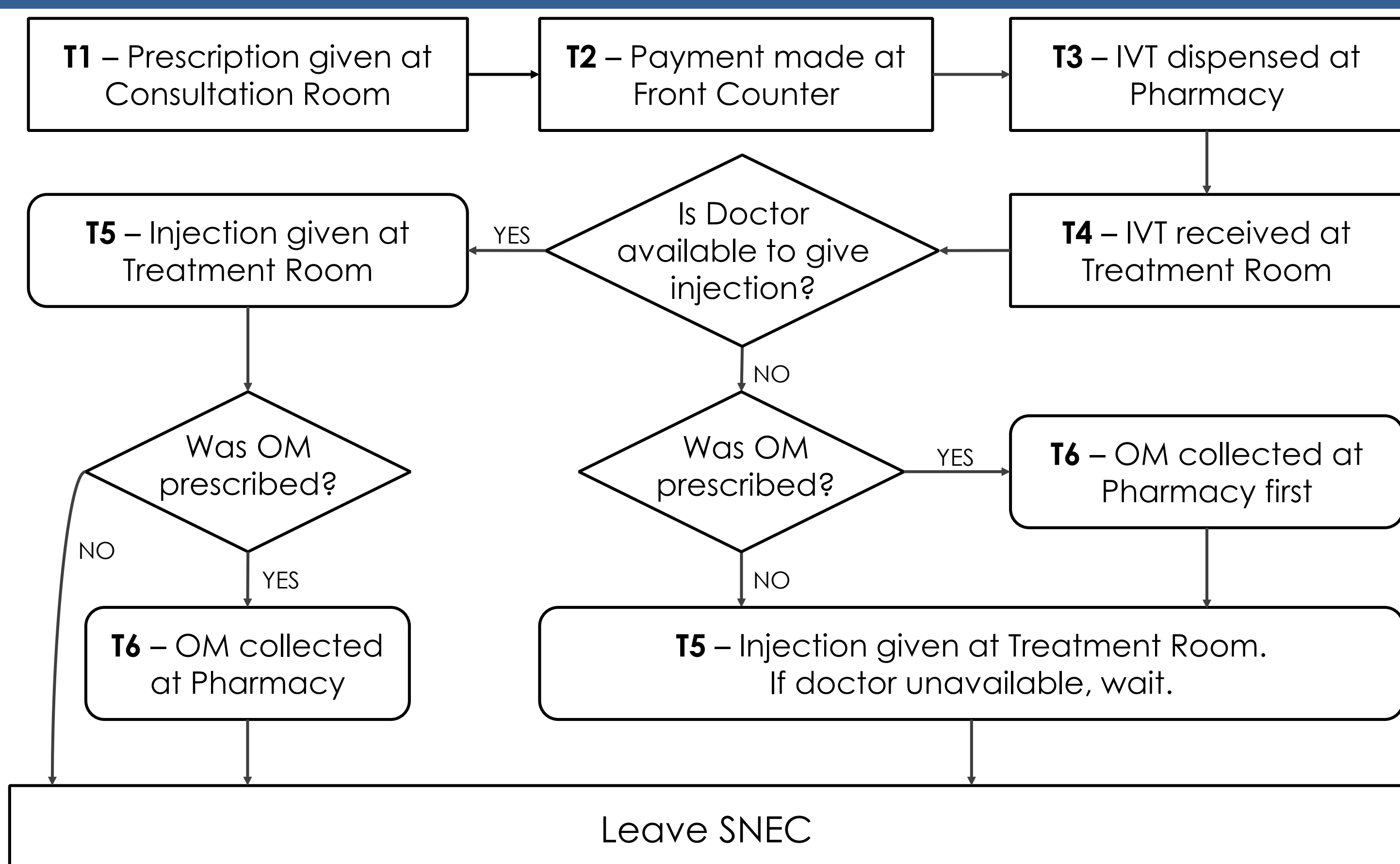
To reduce waiting times for all patients receiving premium\* intra-vitreous injections (IVT).

(\*premium IVT incl. Lucentis, Eylea & Ozurdex)

### BACKGROUND

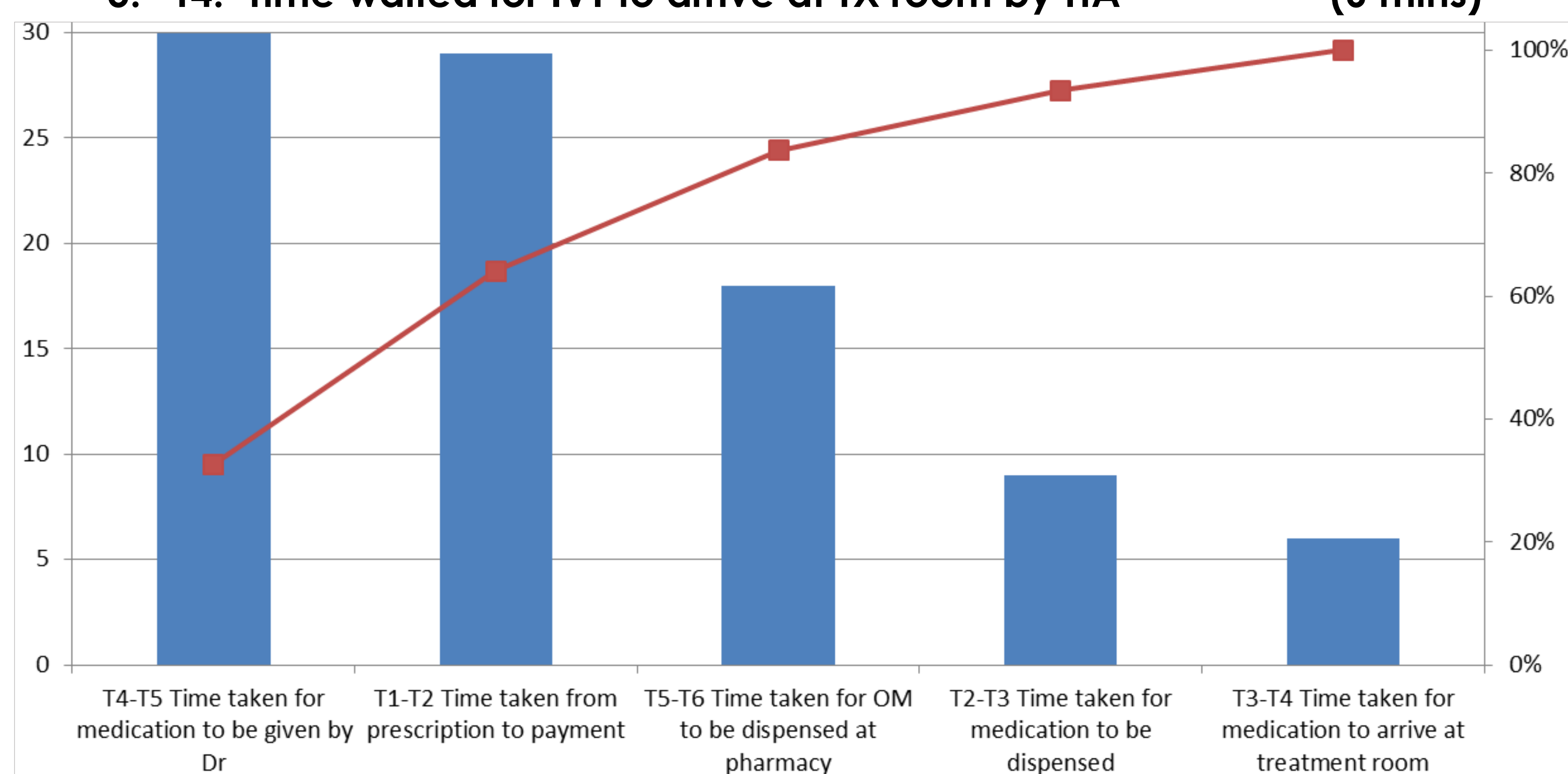
- The process of receiving premium IVTs was long and tedious, involving multiple points of waiting at different locations.
- Feedback was received from both patients and staff that this process had become a barrier to the efficiency of the service provided.
- The aim was to streamline the process to improve efficiency without compromising service and patient safety.
- This goal is in line with SNEC's mission to "provide the highest quality cost-effective ophthalmic care" and in keeping with our common purpose: "Patients at the heart of all we do."

### FLOW CHART & Pareto Chart

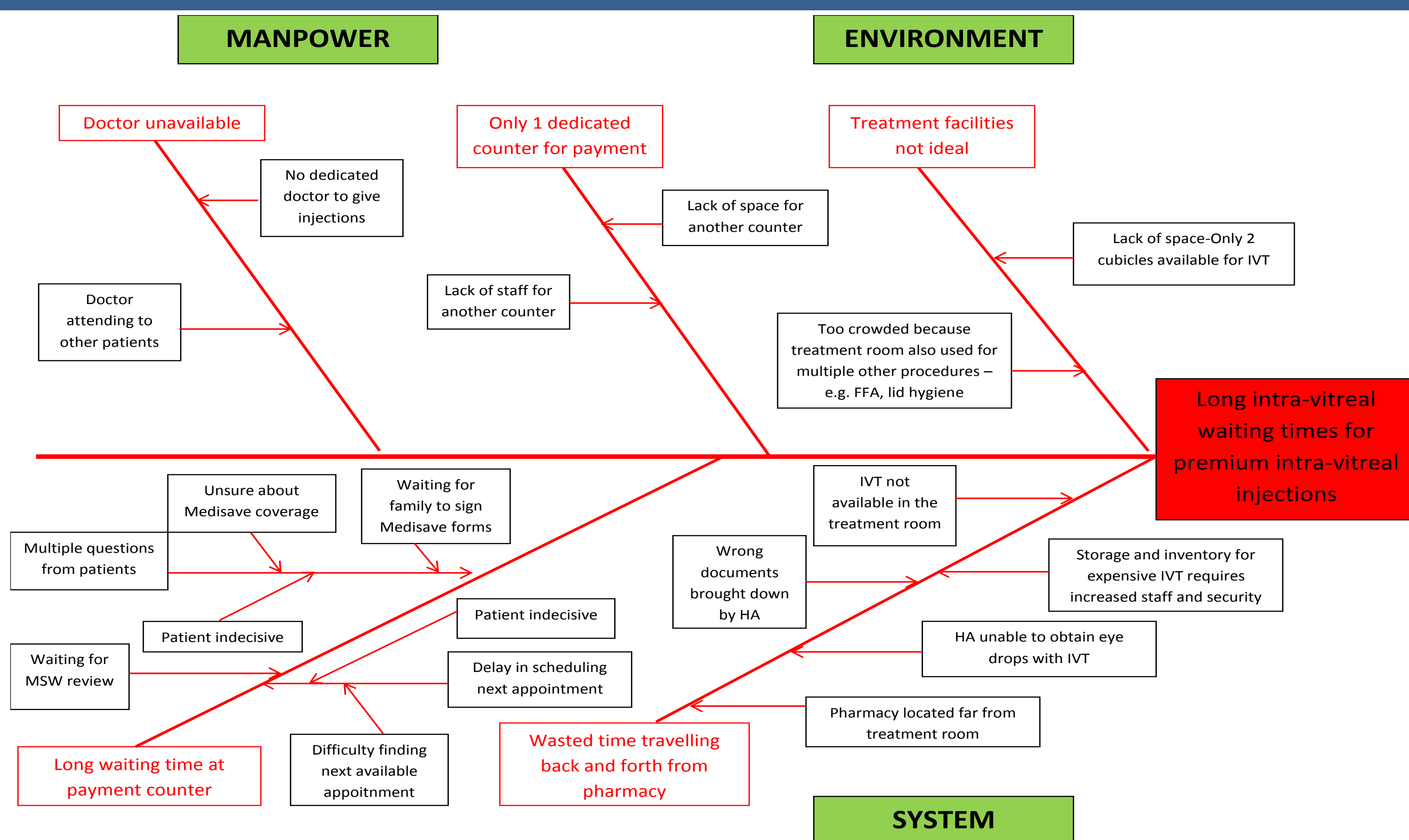


#### Baseline Waiting Times (longest to shortest)

- T5: Time waited for IVT to be given by Doctor (33 mins)
- T2: Time waited to make payment at counter (29 mins)
- T6: Time waited for OM to be dispensed at Pharmacy (18 mins)
- T3: Time waited for IVT to be dispensed at Pharmacy (9 mins)
- T4: Time waited for IVT to arrive at TX room by HA (6 mins)



### CAUSE & EFFECT CHART



Acknowledgement:

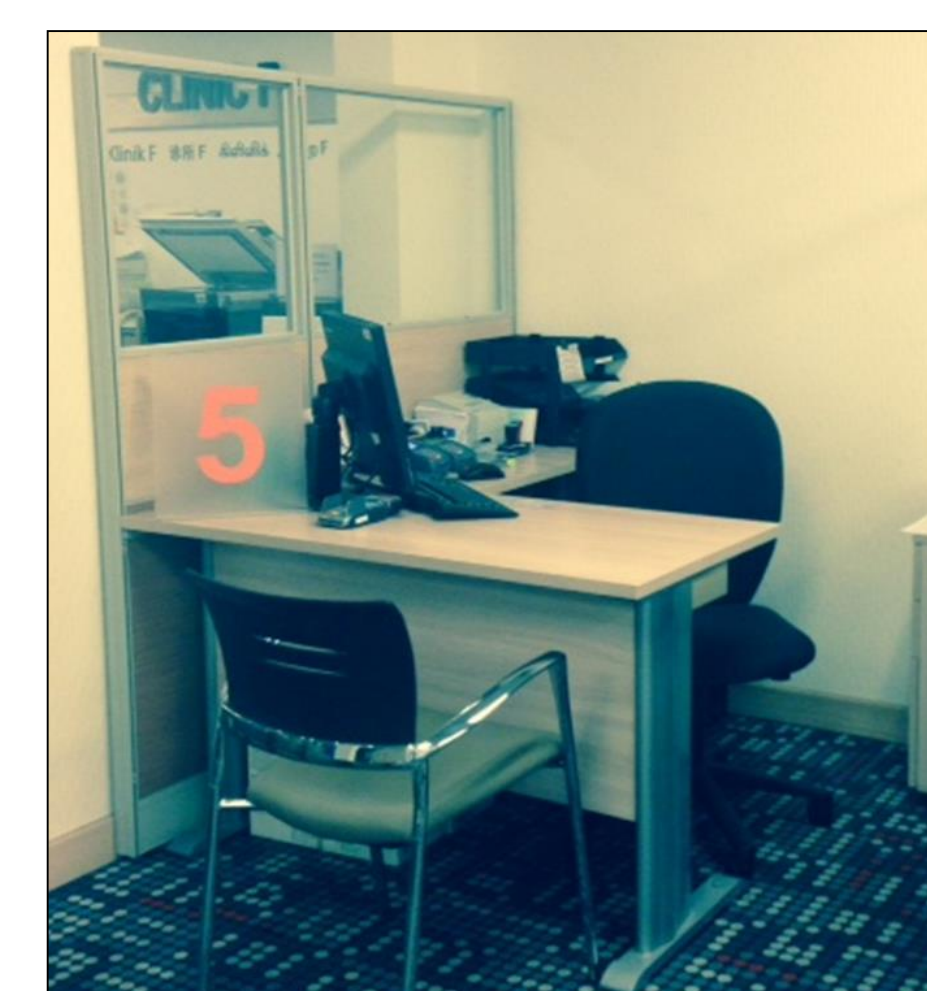
The project team members thank Mr. John Wong and Mr. Lee Fong Sin (our project facilitators) for their assistance and guidance.

### Intervention & Results

- Our interventions were prioritized according to the baseline timings reflected on the Pareto chart.

#### PDSA Cycle 1

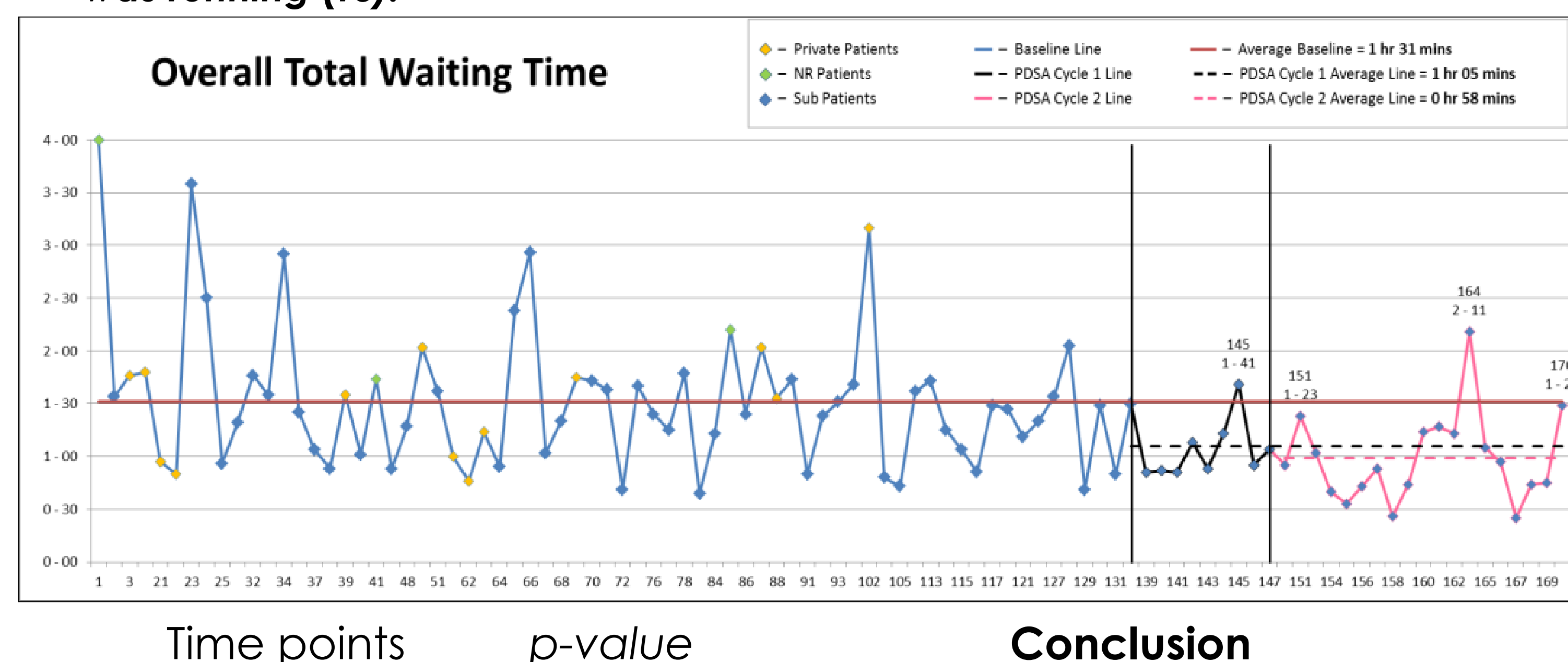
- A dedicated doctor was assigned to be in the Treatment Room to perform all IVTs (T5).
- An extra temporary dedicated counter to service patients receiving IVT (T2).
- Improve financial counselling with a dedicated financial counsellor and personalized financial information sheet for patients (T2).



- Significant improvement was seen at T5 but not at T2. Staffs' feedback and interventions were reviewed, and changes were made for Cycle.

#### PDSA Cycle 2

- A dedicated doctor was assigned to be in the Treatment Room to perform all IVTs (T5).
- A permanent counter was built and made a "One-Stop Payment" for IVT and medications, as well as to obtain follow-up appointments (T2).
- Financial counselling was restricted only to patients receiving their first IVT (T2).
- Level 3 pharmacy adjacent to the treatment room was running (T6).



Overall	0.001425 < 0.05	Significant Improvement
T2	0.3094 > 0.05	No significant Improvement
T3	0.8636 > 0.05	No significant Improvement
T2-T4	0.2198 > 0.05	No significant improvement
T5	0.009062 < 0.05	Significant Improvement

Average overall IVT waiting time reduced by **36%**.  
(baseline: 91 min VS trial: 58 min)

#### Biggest Intervention Impact

- Dedicated doctor for injection – 13 min (59% ↓)
- Level 3 pharmacy – 11 min (19% ↓)
- Extra counter for payment – 13 min (17% ↓)

### PATIENT SATISFACTION SURVEY RESULTS

(1 BEST – 10 WORST) Q1 Q2 Q3 Q4 Total

Baseline Ave. 4.6 3.6 3.0 3.7 14.9

PDSA Cycle 2 Ave. 2.6 2.1 1.9 2.1 8.7 (41%↓)

A **41% improvement** in patient satisfaction with a compliment Letter, and no added adverse events.

### Strategies for Sustaining / Spreading

- Use for consideration of permanent changes in manpower allocation to achieve maximum efficiency in service & patient care.
- Continuous review of counter and satellite pharmacy manpower, usage and efficacy.
- Cost-effectiveness analysis showed a savings of SGD \$31,680 per year and the capacity to do 23 more injections per day.
- Recommendations will be used to plan the resource and infrastructure for our new Mistri wing facility opening in April 2015.
- An article with recommendations on how the IVT process can be improved will be submitted to a peer reviewed journal to be considered for publication.