REQ Singapore Healthcare Management 2015

REQUESTING THE ELECTRONIC WAY

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Initial State (problem at hand): Request for medical records was being done via a manual form. The clinic/ward/department phone-called the MRO(HIMS) office to know about the availability of the medical records. Subsequently, a request form was filled up, and sent to MRO(HIMS) office by hand. If the medical records were available, then the requestor would be provided with them. Or else, the whereabouts of the medical records would be recorded in the request form and returned back to the requestor to follow-up. This resulted in waste of time, and poor governance about the movement of medical records. Additionally, patients and care-providers were inconvenienced and thus unhappy. This improvement initiative aimed to streamline the request for medical records.

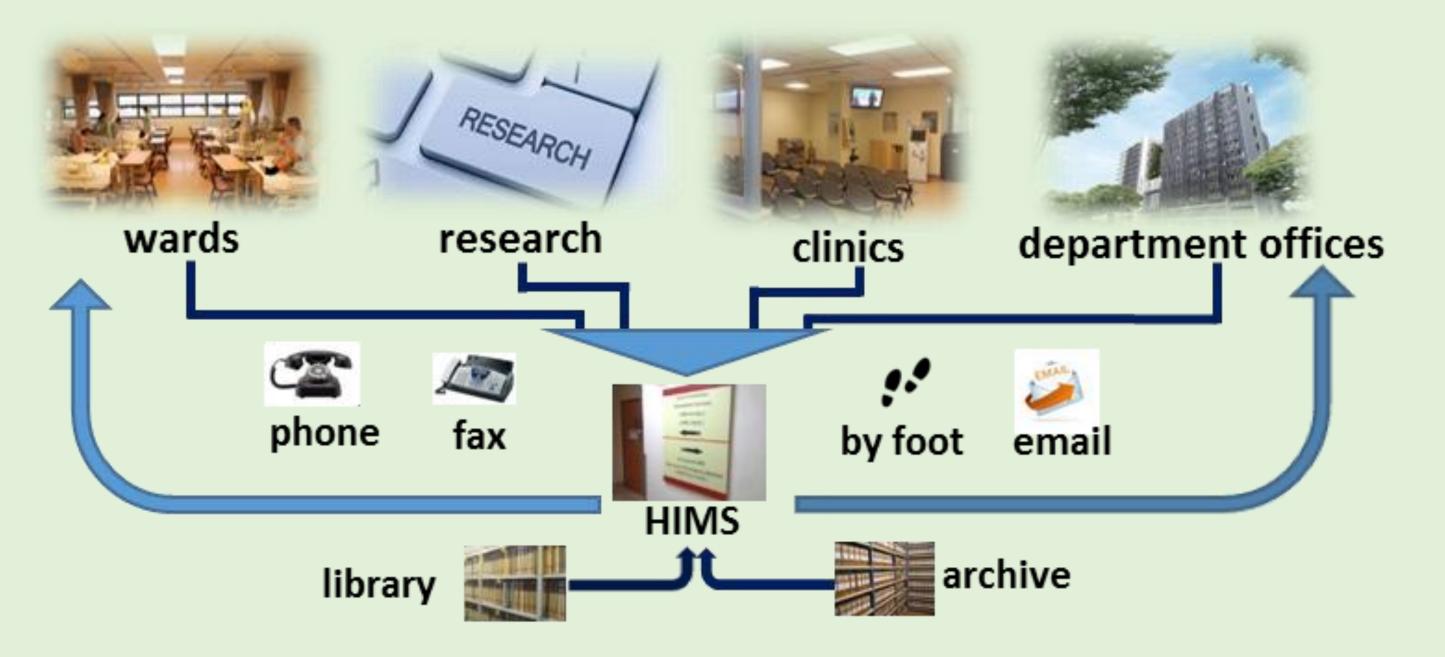


Figure 1: The original process vis-à-vis the request for medical records from clinics/wards/departments to MRO(HIMS)

Foot

• Time waste as staff have to walk to MRO

• Misplaced and unattended to
• Sometimes not transmitted as expected

• Phone lines can be busy
• MRO staff might not be near phones

• Unnecessary delay due to missed emails
• Request duplication leading to confusion

Table 1: Modes of communication between hospital staff and Medical Records Office (HIMS)

Methodology: Flowcharting was used to breakdown the records request process into various sub-processes. It was done to facilitate the development of the Ishikawa diagram, which was needed to identify root causes.

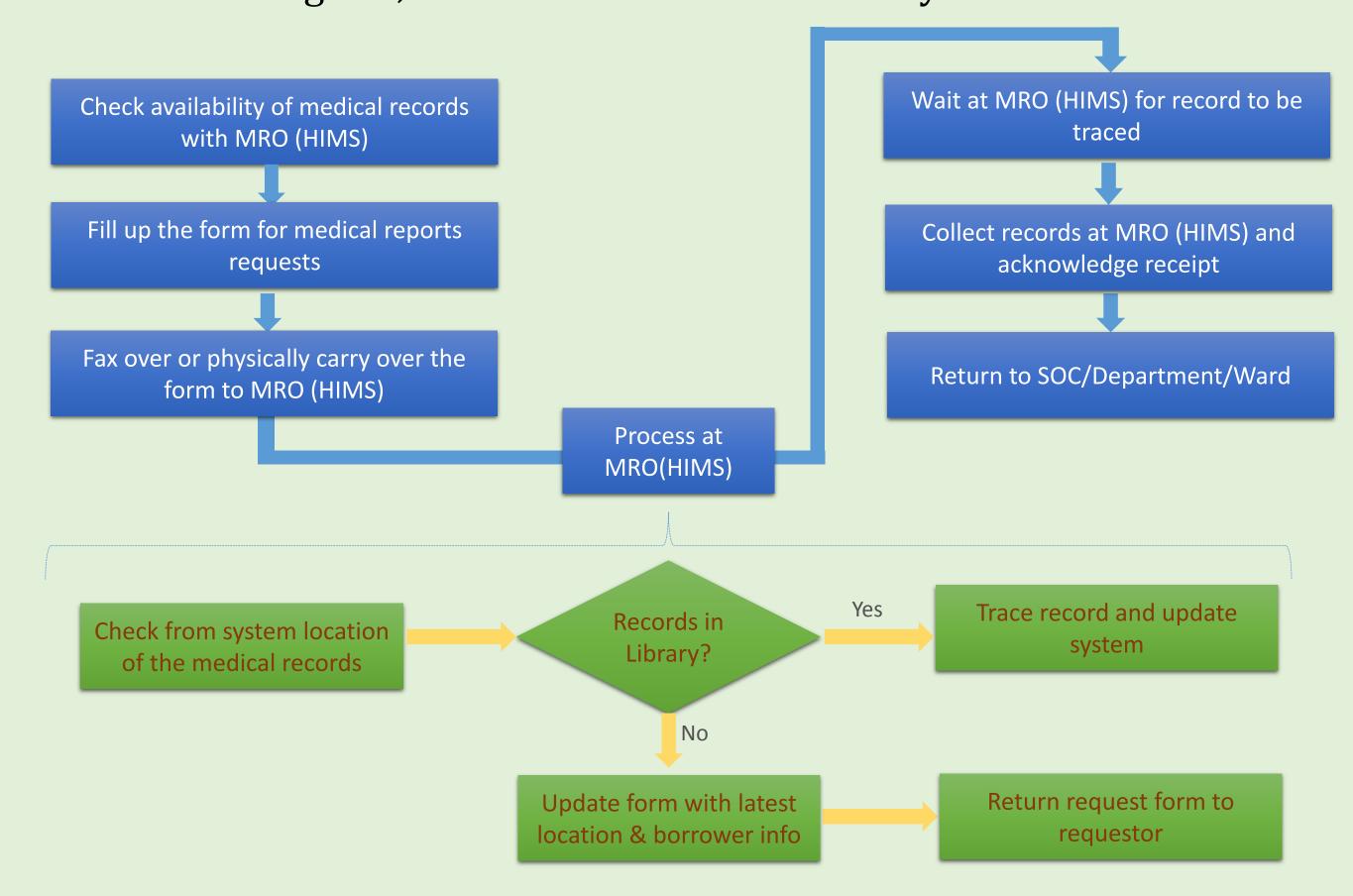


Figure 2:Flowchart detailing the medical record request process

Ishikawa Diagram: It was used to analyze the various cause-effect paradigms. Lack of a system to– (1) track requests and movement of records, (2) update the requestor, and (3) properly authenticate contributed to poor mgmt. of requests.

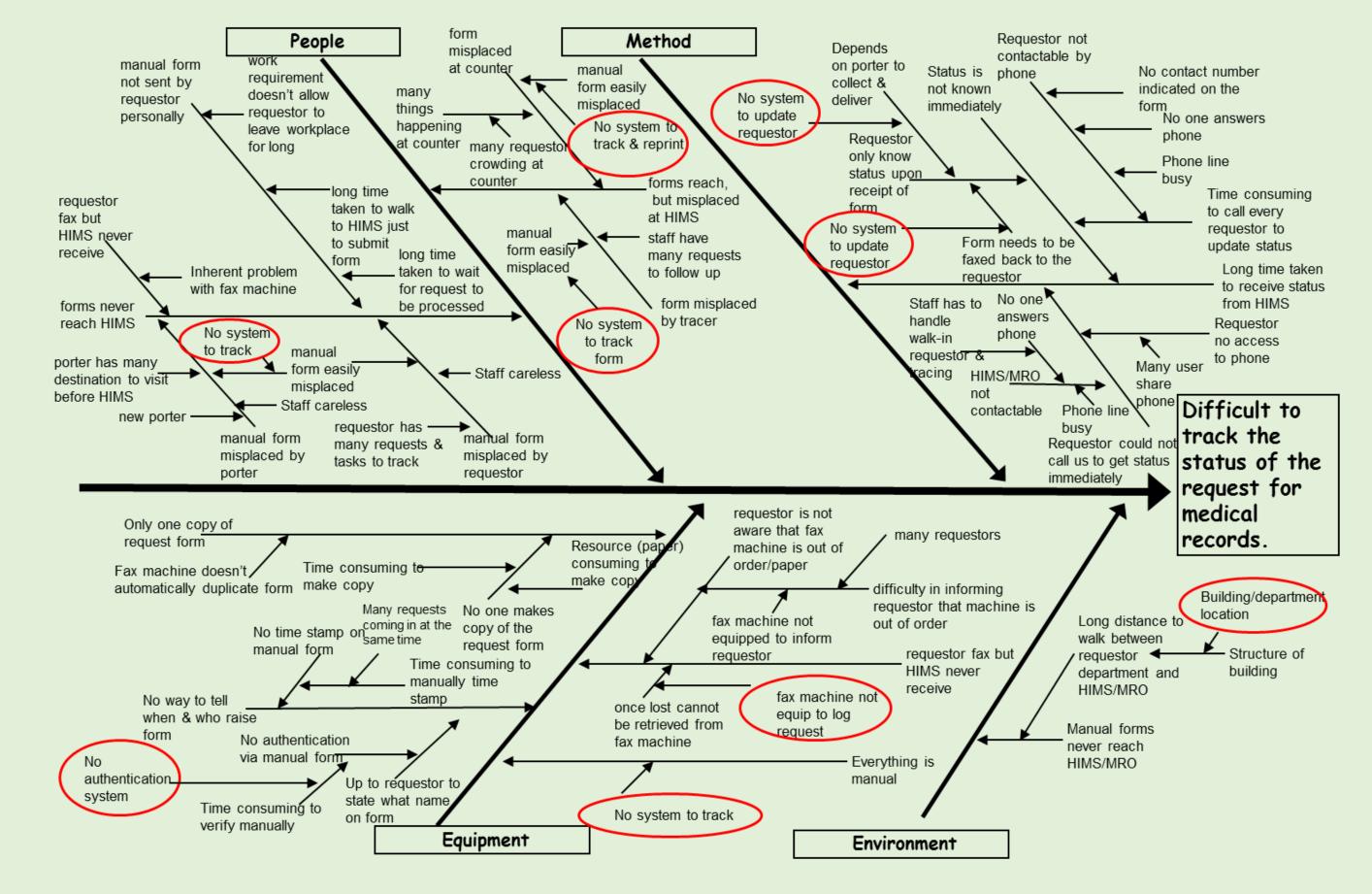


Figure 3: Root cause(s) of poor handling (delay) of medical records request

Pareto Chart Analysis and System Development: The three main causes for the poor management of requests, as identified by Pareto analysis of the issues highlighted by the Ishikawa Diagram, were all due to the lack of an effective IT system. Hence, eRMR system was developed, which relied on the existing SAP system. The request process was reengineered as shown below.

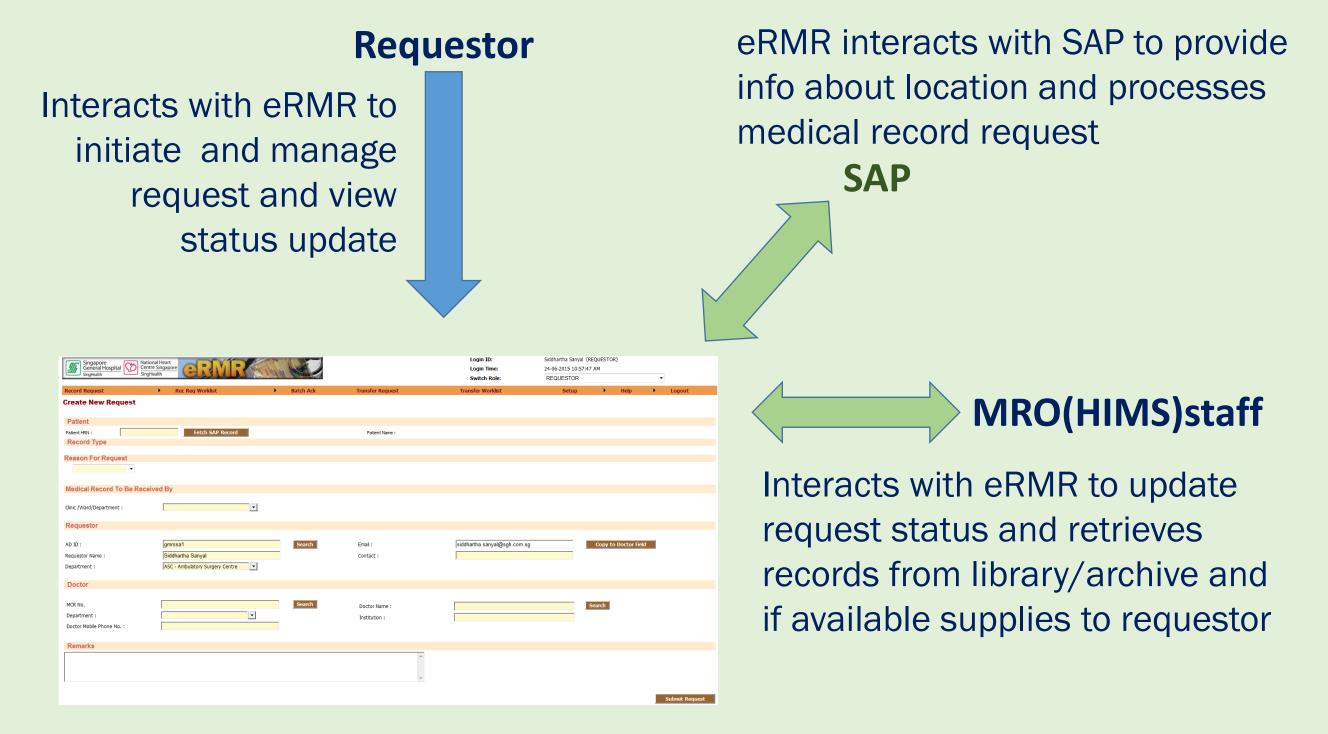


Figure 4: System design and operations reengineering

Conclusion and Achievement: Technology-process reengineering can accord potential benefits to operation challenges. The eRMR system has a good adoption rate with 80% ad-hoc requests for medical records currently using eRMR. It has yielded savings of around 10k man-hours per month. Advanced features such batch requests, authentication, transfer and acknowledgement have contributed to better governance and management of medical records.

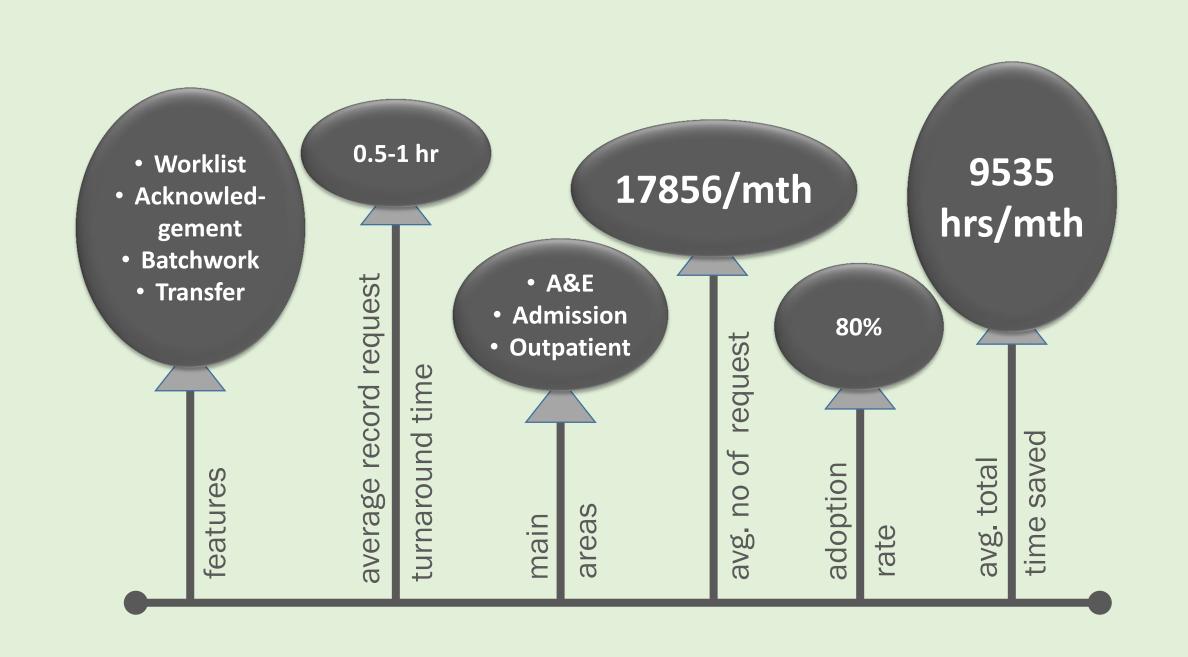


Figure 5: eRMR achievements