

# To Increase the Number of Patient Cards Retrieved for Better Continuity of Care

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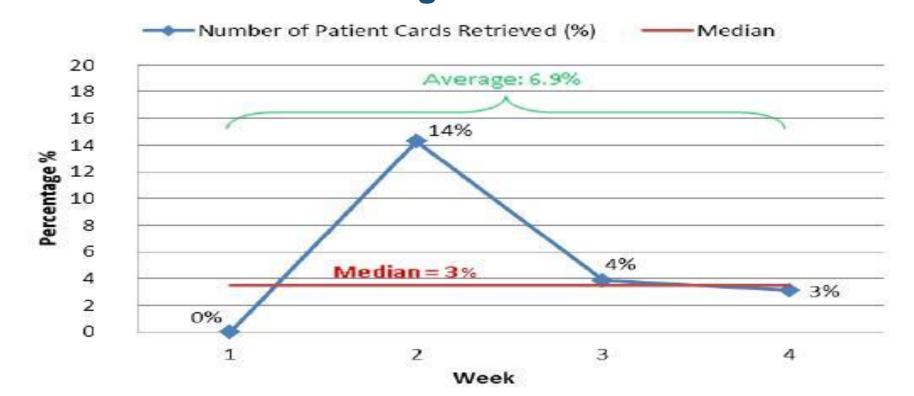
## Project Background

- SGH Dietetics Department provides dietetic services to patients and caregivers. For new inpatient referrals, Dietitians will check the Dietitian database system for patient's previous visit history. If the patient has been seen by our Dietitian before, the patient's old diet card would be retrieved from the outpatient clinics.
- However, some Dietitians may not retrieve the old card. This potentially results in Dietitians missing some diet information reported from patient's previous visits. Continuity of care and patient satisfaction could be affected.
- This QI project aimed to increase the number of patient cards retrieved for new referrals seen previously. Relevant past information on preferred food, nutrition supplement or enteral formula choices help Dietitians to provide more effective nutrition interventions for patients.

## **Mission Statement**

Based on the baseline data collected (median=3%) (Figure 1), the mission statement was formed by using S.M.A.R.T. goal setting technique: 'To increase the number of patient cards retrieved to 30% within the next 6 months.'

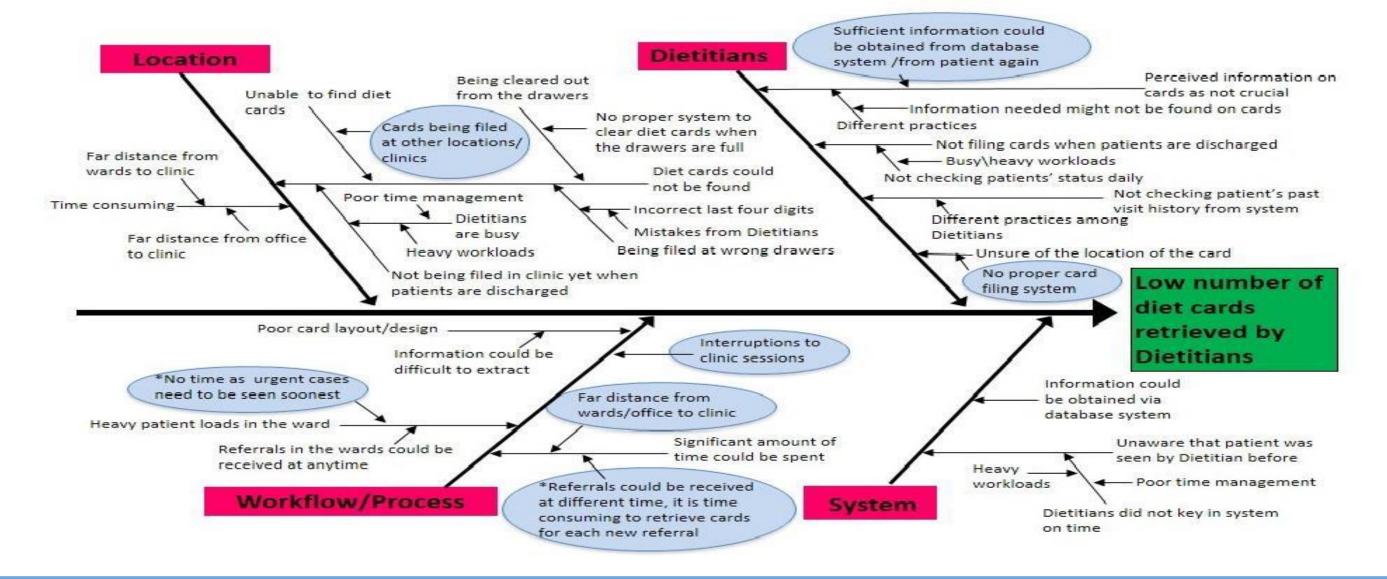
Figure 1: Baseline data - Percentage of Patient Cards Retrieved by Dietitians



## Methodology

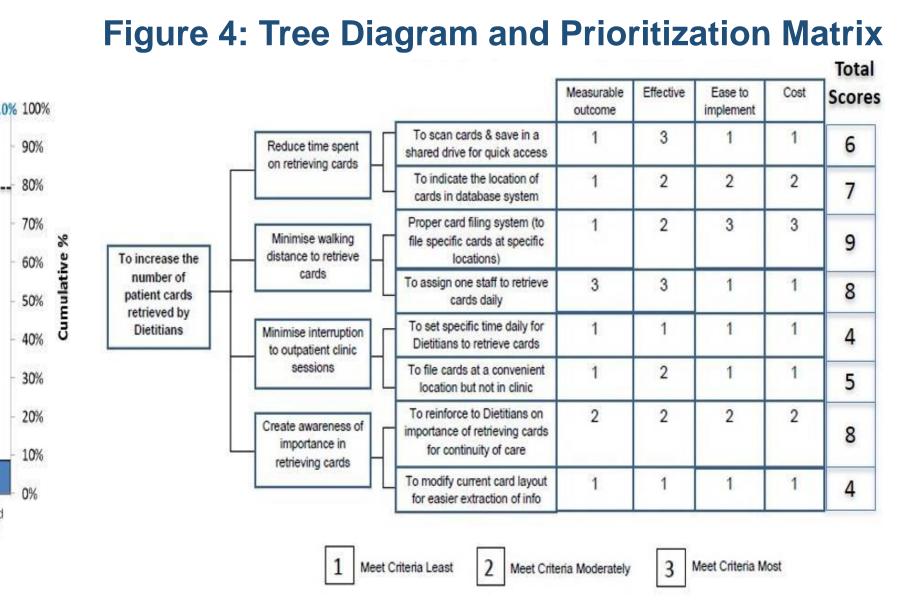
- Process maps were used to help understand the different steps in work process, identify the problem and to track work process improvement.
- During project analysis stage, **Fishbone Diagram** was populated to identify main causes of the problem (Figure 2).

Figure 2: Identification of Root Causes by using the Fishbone Diagram



- A survey form was used to gather Dietitians' opinions and top root causes were ranked.
- Final root causes were determined by Pareto chart (Figure 3).
- The **Tree Diagram and Prioritization Matrix** were utilized to select the ideal solutions (Figure 4).

Figure 3: Pareto Chart



# **Description of the Intervention**

The PDCA cycles were developed for implementation of solutions and assessment of changes. Solutions were implemented at different phases:

**PDCA 1:** To improve the card filing system. Cards for patients without follow-up appointments are filed in Dietitians' office. This would ease card retrieval.

**PDCA 2:** Importance of card retrieval for continuity of care was reinforced via email reminders and during meetings.

PDCA 3: A clerk was assigned to retrieve cards from clinic. Dietitians are to provide patient details to staff beforehand.

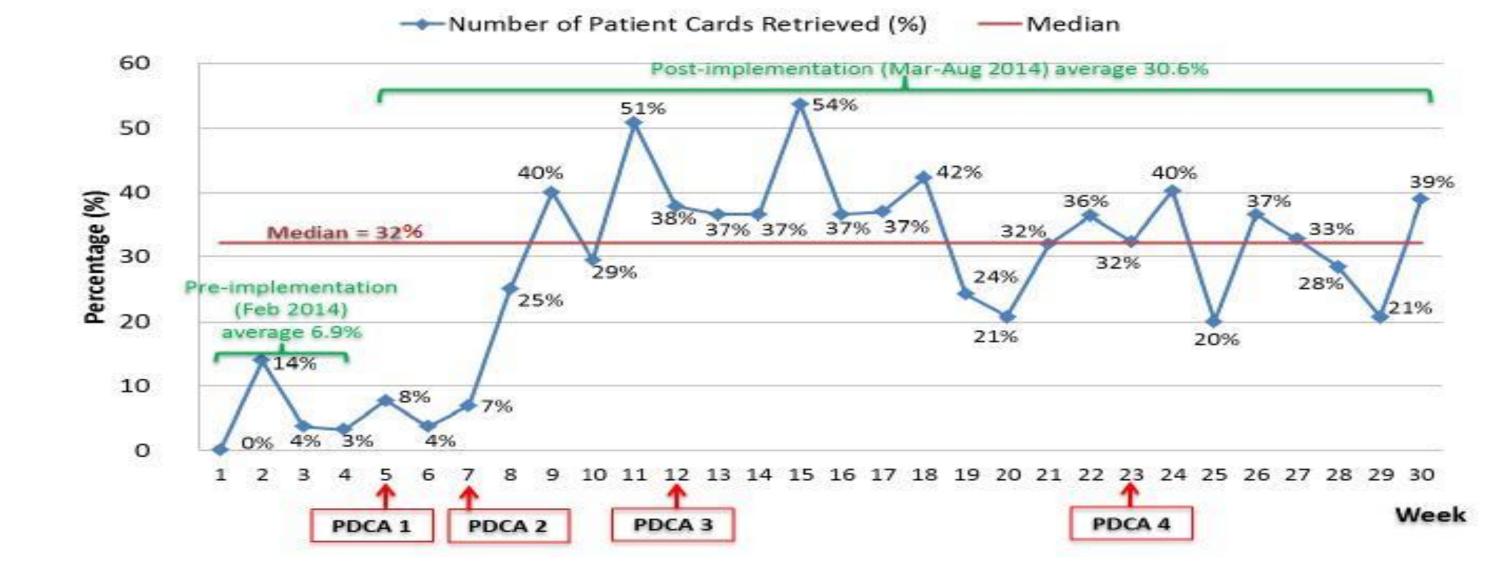
PDCA 4: Card location (specific clinic) is to be indicated in database system after patient is discharged.

## Results

# Tangible Results

- There was a shift in the median of patient cards retrieved from 3% to 32% within 6 months (Figure 5).
- Time spent in retrieving cards was reduced from 15-30 minutes to 5 minutes due to improved card filing system.
- Departmental KPI measuring patient satisfaction with dietetic services (Good/Excellent ratings) during project period improved from 91% to 94%.

Figure 5: Number of Patient Cards Retrieved after Implementation of Solutions



Stakeholders	Intangible Results
Patients and next of kin	Nutrition care rendered is of higher quality and this improves patient satisfaction and more importantly therapeutic outcomes.
Dietitians	Improved card filing system and time savings in patient card retrieval help to improve work productivity and job satisfaction.
SGH	With the sufficiently comprehended nutritional aspects in clinical nutrition assessment, nutrition care rendered to patients is safe and of higher quality, subsequently improving patient satisfaction towards dietetic services and SGH overall.

#### **Strategies for Sustainability**

- All four solutions have been implemented as standardized work processes in the Department of Dietetics.
- Reinforcement to Dietitians was done through periodical reminders during department meetings and via email.
- The solutions have been included in the departmental orientation checklist for new hires.
- Data collection will be done periodically (6-monthly) and existing system will be refined from time to time based on feedback received (if any) to ensure the results are sustainable over time.

### Conclusion

Better continuity of nutrition care and excellent dietetic service through comprehensive integrated clinical practices meets SGH mission and vision to be a renowned organization at the leading edge of Medicine by providing quality healthcare to meet our nation's aspirations.