



Singapore Healthcare Management 2016

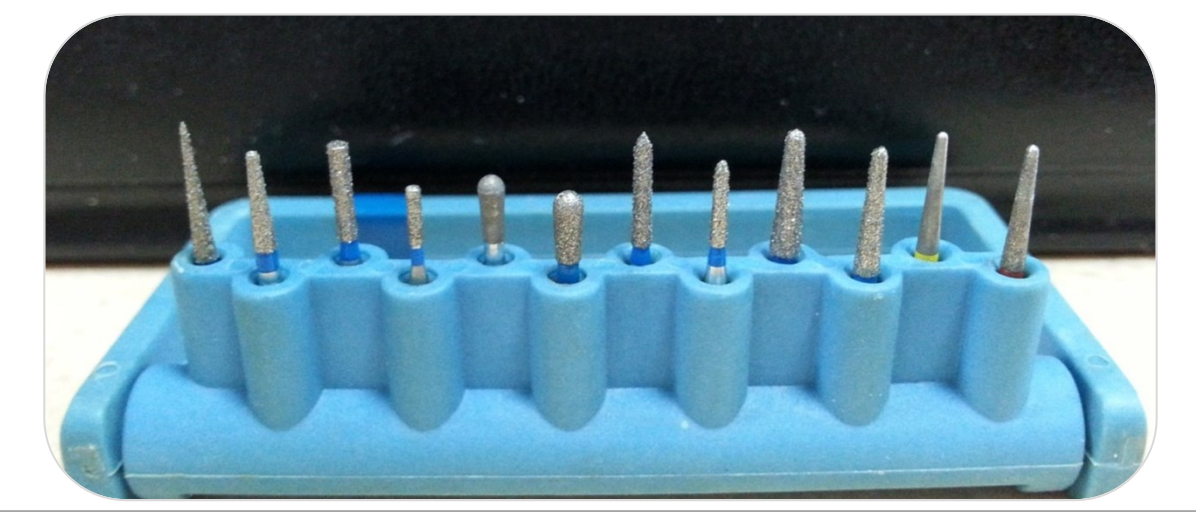
Reducing Errors In Pre-Packed Bur Caddy Sets For Prosthodontic Treatment



National Dental Centre Singapore
SingHealth

Main Author
Co-author

Ms Juzaidah Binte Mohd Zaid, NDCS
Ms Lorraine Christine Johnson, NDCS



Introduction

In Level 4 Prosthodontics department, there are approximately 9 doctors in the Residency Program. Each day, 54 Prosthodontics preparation burs and 36 General Dentistry (GD) burs (refer to the images in the heading) were used and issue such as bur caddy sets were wrongly packed as a result of GD's bur caddy sets get mixed up with the Prosthodontics preparation burs caddy sets. This has caused the Dental Surgery Assistants (DSAs) opening up more than one pouch for each patient within a day which is waste of time and resources.

Objective

To reduce the packing errors of bur caddy sets from 70% to 10% in 3 months' time.

Methodology

The team mapped up the existing process flow as shown in Figure 1 to identify the potential areas for improvement. Subsequently, the team revisited the current process and made some enhancements shown in Figure 2.

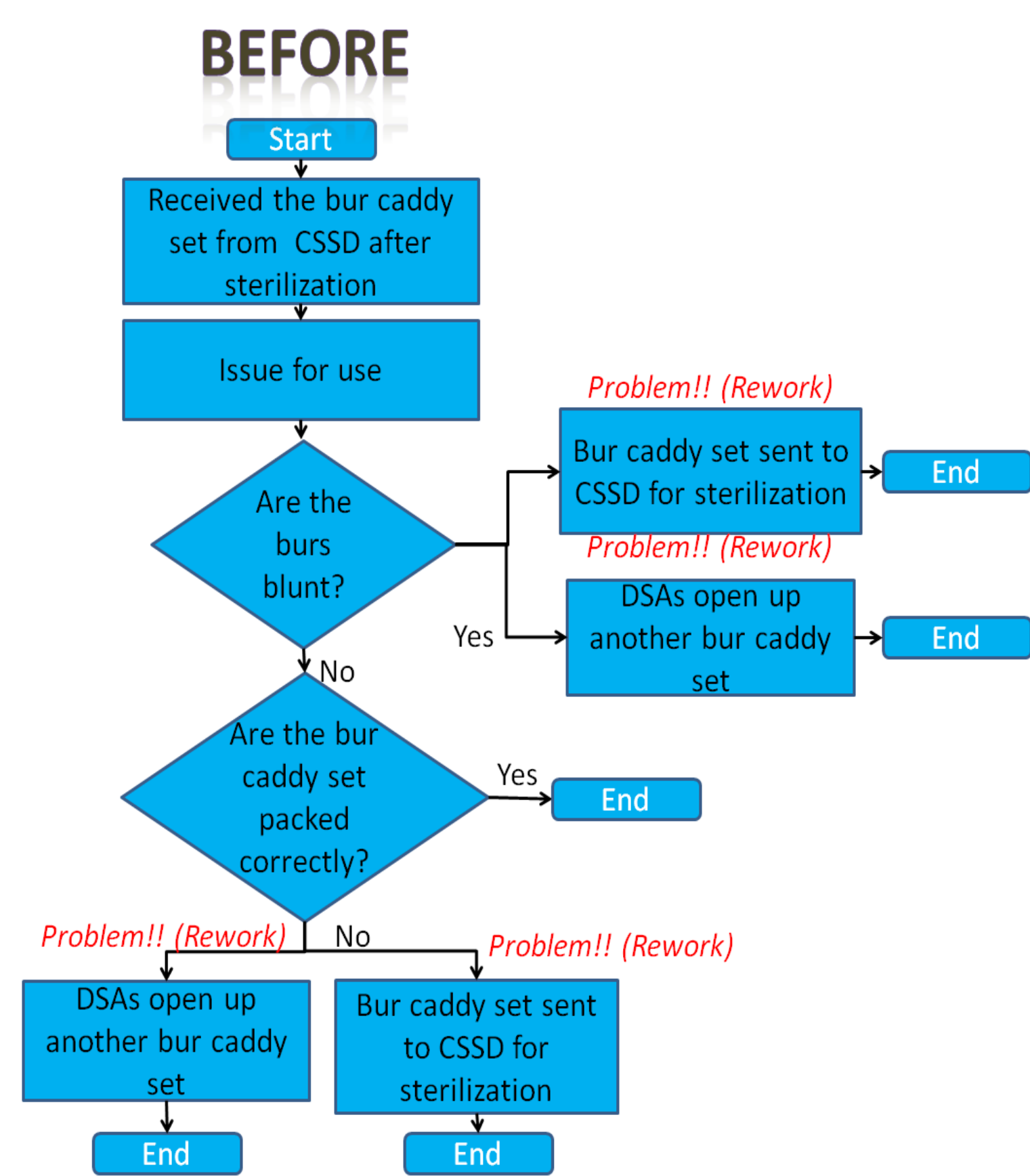


Figure 1

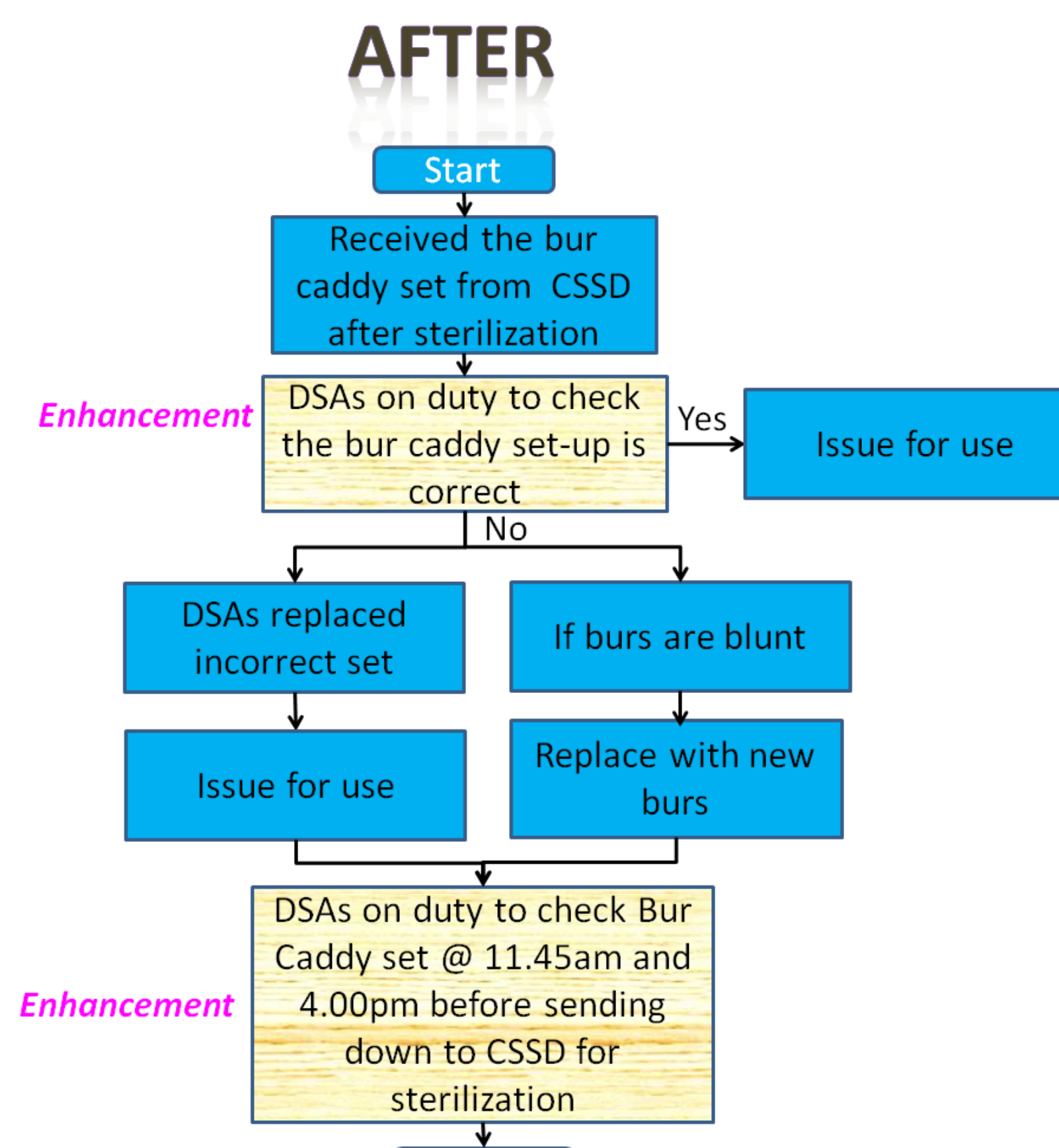
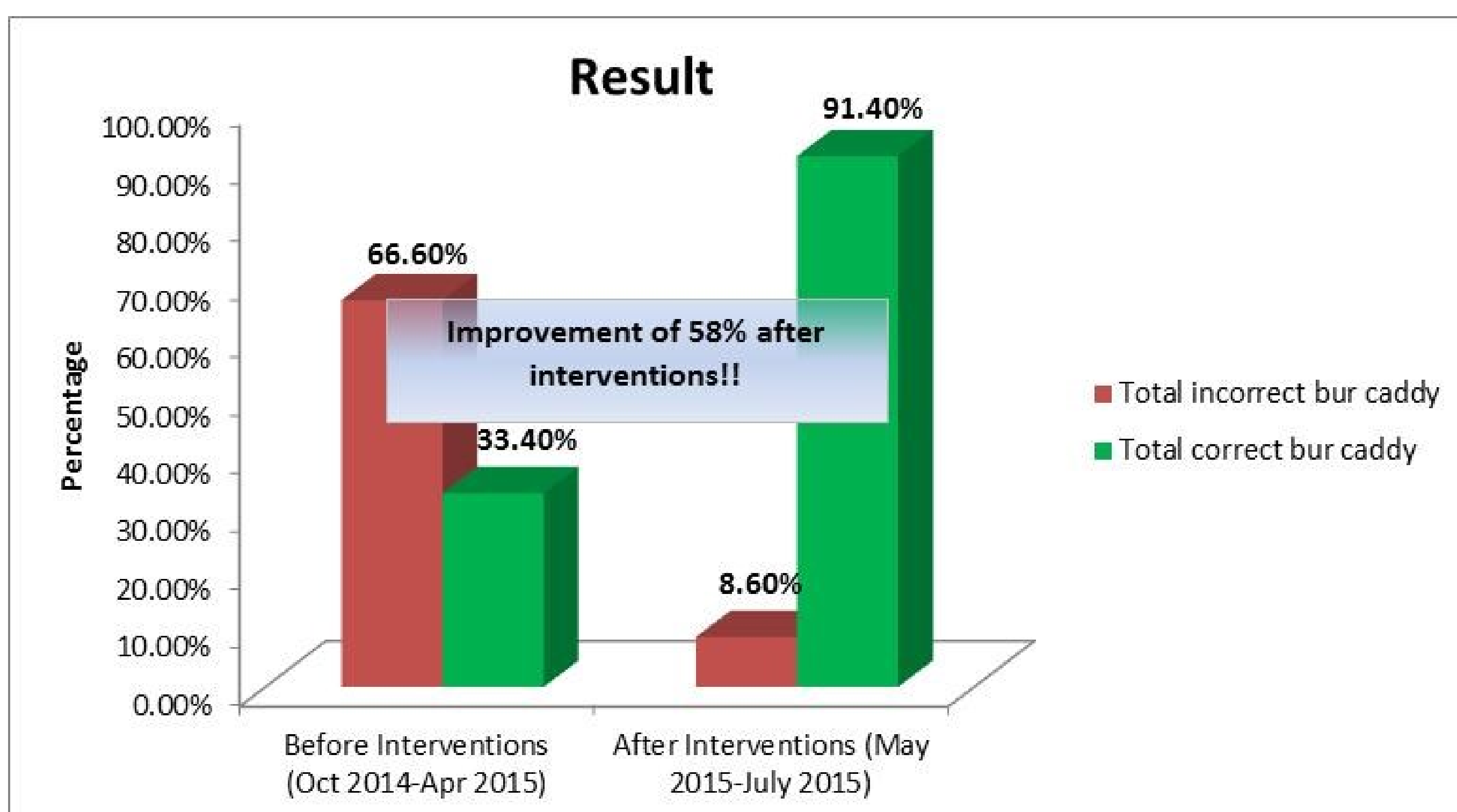


Figure 2

Interventions

- DSAs will check the bur caddy set before sending down to Central Sterile Supplies Department (CSSD) and after receiving back the sterilized instruments from CSSD.
- DSAs will check thoroughly when receiving the bur caddy sets from CSSD. If the burs in the caddy are packed incorrectly, the DSAs will have to replace them with the correct burs immediately.
- The arrangement and the type of burs that are in the bur caddy set are made known to the DSAs. Checking the burs in the morning @ 1145 hours and in the afternoon before 1600 hours with an approximate 15 minutes to check every bur caddy before sending it down to CSSD for sterilization. This process allows the DSAs to have sufficient sets for the next working day.



Benefits to :

Operational Efficiency

Time savings from the DSAs in opening new caddy sets if it was pre-packed wrongly which will translate to cost savings. Most importantly, the interventions will also reduce the waiting time for the doctors while the DSAs get the caddy set replacement.

The total percentage of incorrect bur caddy sets have reduced from 66.6% to 8.6% after interventions, an improvement of 58%!

Acknowledgement

The team would like to express their sincere thanks to the committee, DSAs from Level 4 and Dr. Phang Zi Ying for contributing their time and advice for this project.