eResource Monitoring Form in SGH Specialist Outpatient Clinic K

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Introduction

- SGH Specialist Outpatient Clinic (SOC) K is a mixed clinic specializing in Hand Surgery and Haematology. The clinic has an average daily attendance of about 200+, and also an average of 17 doctor sessions booked to be run per day.
- Staff of SOC K would check individual doctor resources in the Outpatient Administrative System (OAS) appointment calendar on a weekly basis, noting down the number of patients booked for various sessions up to 14 weeks in the future (Fig. 1). Staff would also check if certain sessions needed to be blocked to prevent overbooking of patient appointments.
- This took up a significant amount of time for clinic staff, which was estimated to be about 4 hours per week. This is on top of other clinic activities that the staff need to handle, such as registration of patients, cashiering, room assisting etc.

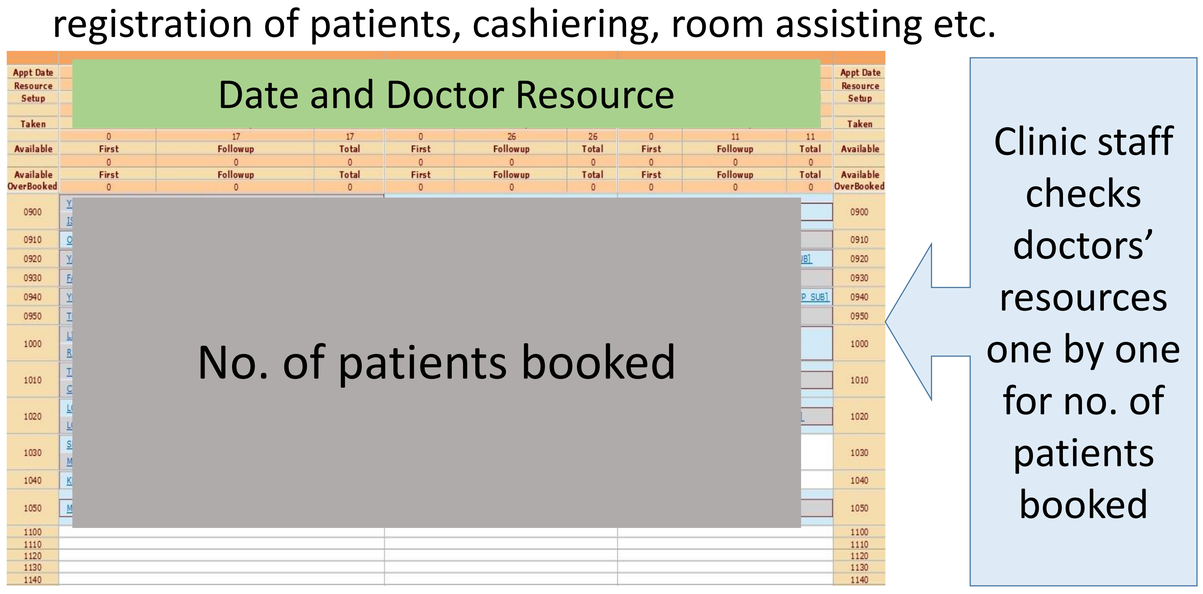

Figure 1. OAS appointment calendar used by staff to monitor doctors' resources

Objectives

- **To come up with a more efficient and accurate way to monitor the number of patient appointments booked into individual doctor sessions in SGH Specialist Outpatient Clinic (SOC) K**

Methods and Interventions

- An eResource Monitoring Form was developed utilising Microsoft Excel. By inputting data from the OAS Total Appointments by Clinic and Resource report (Fig. 2), the form automatically produces a table displaying at a glance the number of patients booked for various doctor sessions on different dates (Fig. 3).
- Based on pre-determined limits, the form also automatically highlights specific doctor sessions which require blocking (Fig. 3).

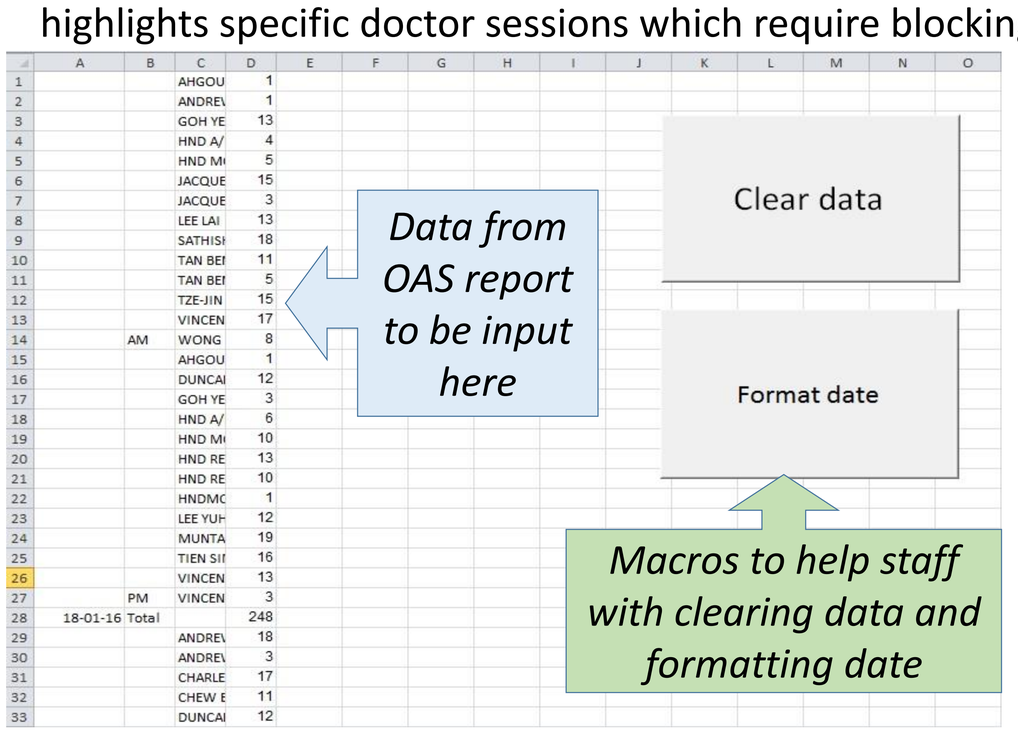

Figure 2. Example of the tab in eResource Monitoring form in which staff will input data from OAS Total Appointments by Clinic and Resource report.

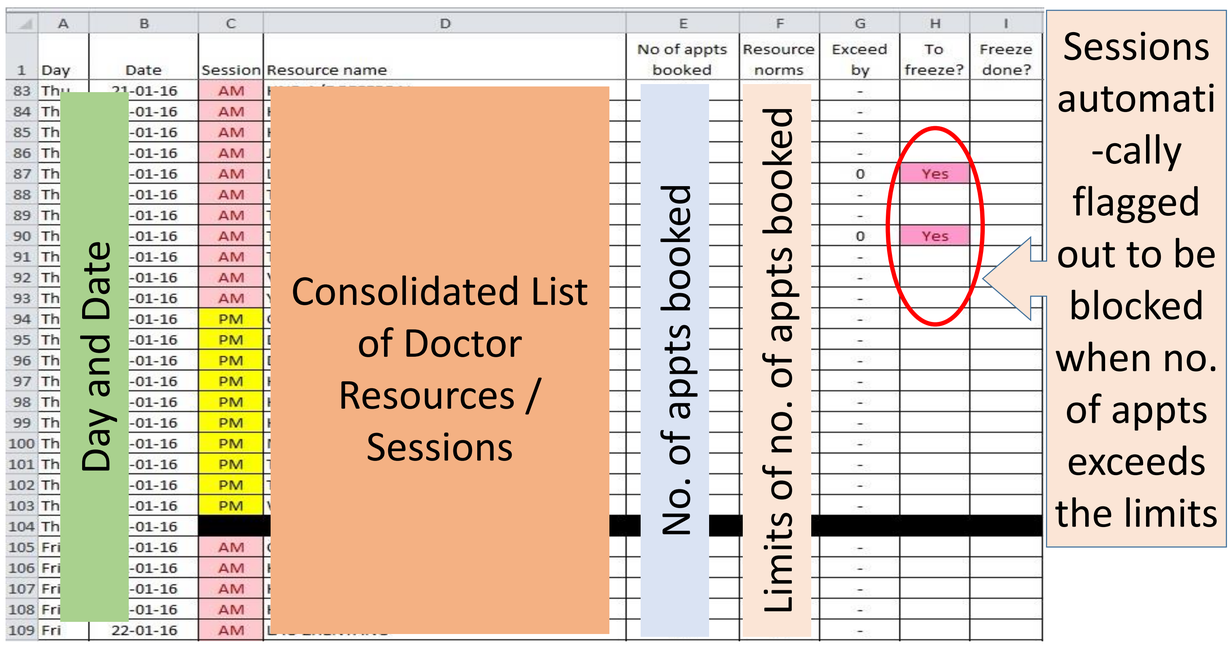

Figure 3. Example of the tab in eResource Monitoring form in which the no. of appts booked under each session are shown, and sessions with potential overbooking of appts highlighted to alert staff to do blocking.

Results

- The time taken per week by clinic staff to complete the process of resource monitoring was significantly reduced from **4 hours to 0.5 hour** (Fig.4). This allows staff to spend more time on other useful clinic duties, for eg. handling patient enquiries, upkeeping of files in clinic, clinic housekeeping etc.

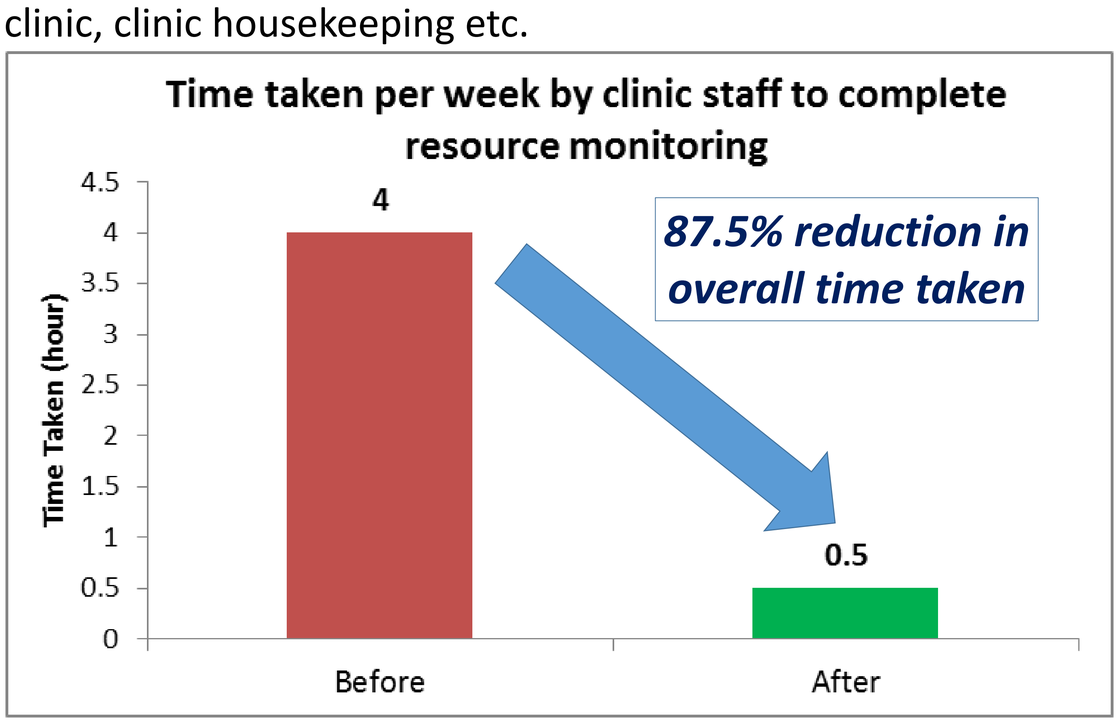

Figure 4. The time spent by staff to do resource monitoring was significantly cut from 4h to just 0.5h.

- This improved process also allows doctors' sessions to be blocked in a timely fashion, hence greatly **reducing the likelihood of overbooking of sessions**.
- This in turn helps to **lower stress level** for staff and doctors, and also **improves patient experience** as the clinic is less likely to be overcrowded.

Conclusion

- Long established processes may not be the most efficient in today's dynamic work environment. Through understanding and harnessing the usage of information technology, it is possible to improve the efficiency of existing clinic work processes for staff, with appropriate explanation and guidance.
- More can be explored within the area of clinic operations to see if more processes can benefit from the utilisation of IT to enhance efficiency and accuracy, with the ultimate aim of improving staff working environment and patient safety and experience.