Singapore Healthcare Management 2016

Playing Musical Chairs: Alternating Services in a Single Location

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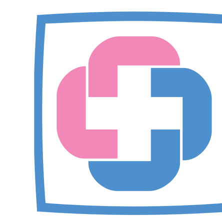

KK Women's and Children's Hospital
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BACKGROUND

During periods of long waiting time in the Children's Emergency (CE), unwell children become fretful, parents become anxious and the stress level for staff heightens. With the CE located immediately beside the Rehabilitation Department (Rehab), and Rehab closure hours coinciding with the peak periods in CE, using the "empty" Rehab space during peak periods in CE appeared to make sense from an operational perspective.

AIM

To use Rehab rooms after close of rehab hours as CE consultation rooms to ease the pressure on space

METHODOLOGY

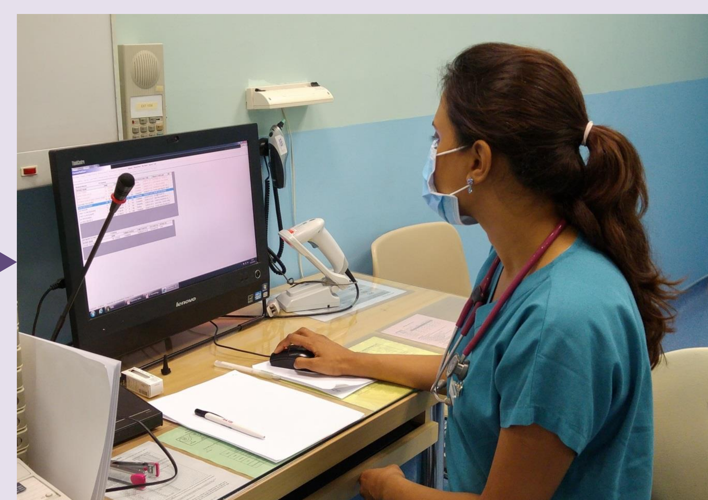
- Plan
  - Cross-department team drew up preliminary implementation proposal
  - Undertook Enterprise Risk Management review of proposed measures and formulated additional measures until risks are deemed adequately controlled

	Risks	Current Management and Mitigation	Risk Rating with Current Controls	Additional Controls	Change to Control Effectiveness	Risk Rating after Changes to Controls	Accountable Person/ Department
1	Overcrowding of patients and caregivers in waiting area (during peak hours: 7pm to 2am)	1. Increase the manpower 2. Patient Coordinator to help at the triage to manage the crowd 3. Nursing have an additional role of managing the crowd (i.e. e-counter work redesign)	Potentially under-controlled	1. Open additional rooms at alternative site in Rehab Dept when all 16 consultation rooms in main CE has been used up 2. Operating hours at alternative site: Monday to Friday: 7 PM to 3 AM Saturday*: 4 PM to 3 AM Sunday and public holidays: 3 PM to 3 AM (*and other days when rehab operates on half day basis) 3. Triage of suitable patients that can be seen in the alternative sites	Moderate improvement	Adequately controlled	Medical, Rehab and CE Nursing
	suffici…			1. Open additional rooms at alternative site in Rehab Dept when all 16 …			

- Do

Setup in & reinstatement of Rehab area

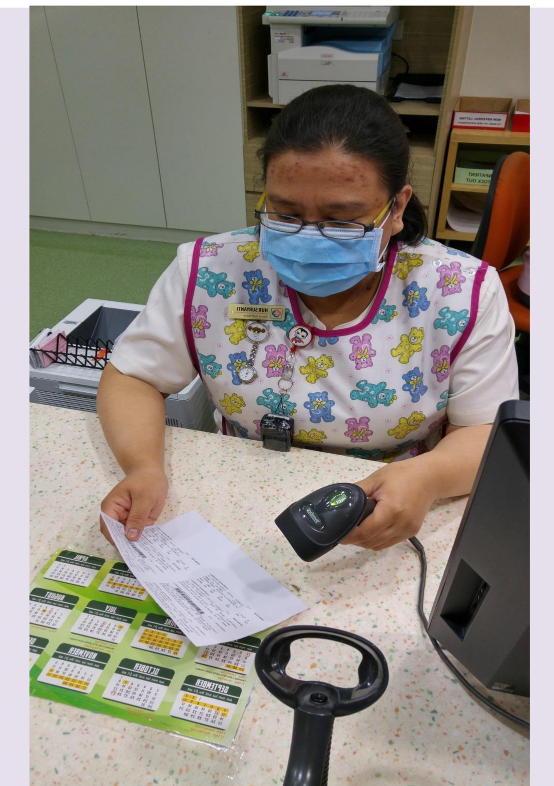
Senior Doctor selects stable 'P4-like' cases



Nurse chaperones selected patients to Rehab area

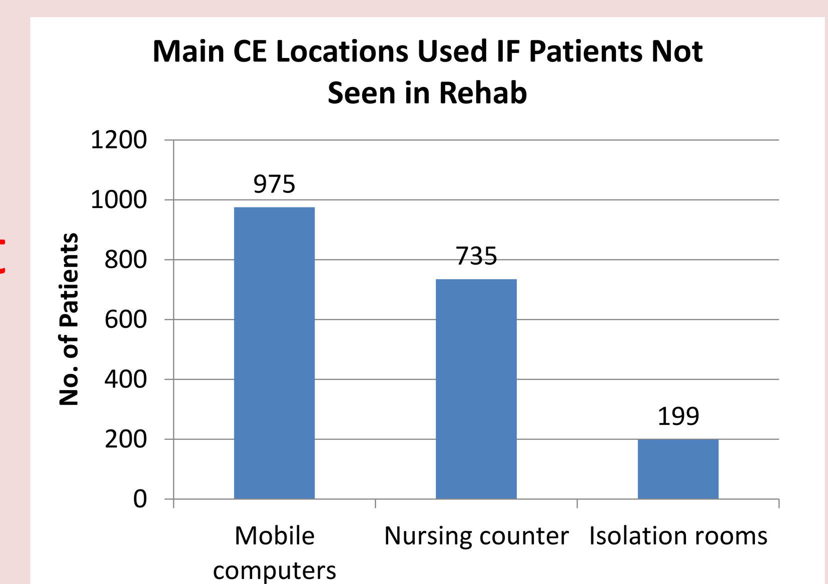
Patient seen in Rehab area

- Check
  - Data collection/analysis
  - Closely monitoring daily situation in the immediate post-implementation period
- Act
  - Closed gaps and fine-tuned solutions



RESULTS

- 1909 patients seen in Rehab (26 Jan to 30 Apr 16) or approximately 5000 people diverted away from the crowded main CE waiting area – each patient has 2-3 companions)
- Eradicated potential for cross-infection, breach of patient confidentiality, patient safety lapses and staff being distracted when patients are seen outside the designated CE consultation rooms



- P3 patients complete visits in a shorter time
- Less crowded and quieter ambience in Rehab a favourite with patients

- Staff show strong support:
  - 91.3% wanted project continued permanently (a further 6.1% conceded this was a necessary interim measure)
  - 84.62% felt there were no safety issues
  - Project satisfaction rated at 7.42

1 - Extremely Dissatisfied	2	3	4	5	6	7	8	9	10 - Extremely Satisfied	Total	Weighted Average
0.00% 0	0.00% 0	0.85% 1	4.27% 5	9.40% 11	11.97% 14	20.51% 24	29.91% 35	10.26% 12	12.82% 15	117	7.42

  - 50 staff gave written post-implementation feedback and well-thought through suggestions to improve project outcomes (32 staff provided their names to facilitate follow-up)

CONCLUSION

With appropriate clinician involvement, a more integrated approach to resource management can be achieved. This project started out with ostensibly insurmountable odds given the patient safety concerns involved. Notwithstanding, it was smoothly and safely implemented with a Clinician Lead taking ownership of the project.

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