

Project Title

Optimizing The Efficiency and Accuracy of Afternoon Tea Serving

Project Lead and Members

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Organisation(s) Involved

Ang Mo Kio – Thye Hua Kwan Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

Nutrition & Dietetics

Project Period

Start date: July 2022

Completed date: April 2023

Aim(s)

This project aims to optimize afternoon tea serving efficiency by enhancing at least 50% improvement in serving accuracy within 6 months.

Background

See poster appended/ below

Methods

See poster appended/ below



Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvement, Workflow Redesign, Job Effectiveness

Keywords

Afternoon Tea Workflow

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WORKFORCE TRANSFORMATION

Optimizing The Efficiency and Accuracy of Afternoon Tea Serving

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INTRODUCTION

Afternoon tea is part of the inpatient meal service provided in AMK-THKH. There are a total of 12 types of snacks made available for our inpatients tailored to their diet texture and therapeutic needs. Afternoon tea menu is tagged to our electronic Meal Ordering System (eMOS) with serving list generated through the built-in filtering system according to prescribed texture and therapeutic diet. The nursing staff, mainly healthcare assistants (HCAs) and health attendants (HAs) serve afternoon tea by referring to the eMOS serving list generated via electronic tablet (E-tablet) daily. However, the various permutation combinations of the snacks and drinks for different patients add to the complexity of the task. Inconsistent knowledge among staff, suboptimal work process compliance and staff attrition made the task even more challenging. Wrong snacks served to

patients negatively impact work efficiency with the potential to compromise patient safety. As staff are obligated to serve appropriate snack replacements, wrong serving takes away time from other important tasks.

(%)

ERCENTAGE

This project aims to optimize afternoon tea serving efficiency by enhancing at least 50% improvement in serving accuracy within 6 months.

METHODOLOGIES

In July 2022, a baseline audit of work process compliance and serving accuracy was conducted across all inpatient wards which involved 258 patients. The overall serving accuracy was noted to be 56% with work process compliance of 20%. The fishbone diagram was used to determine the root causes of poor serving accuracy. (Figure 1)

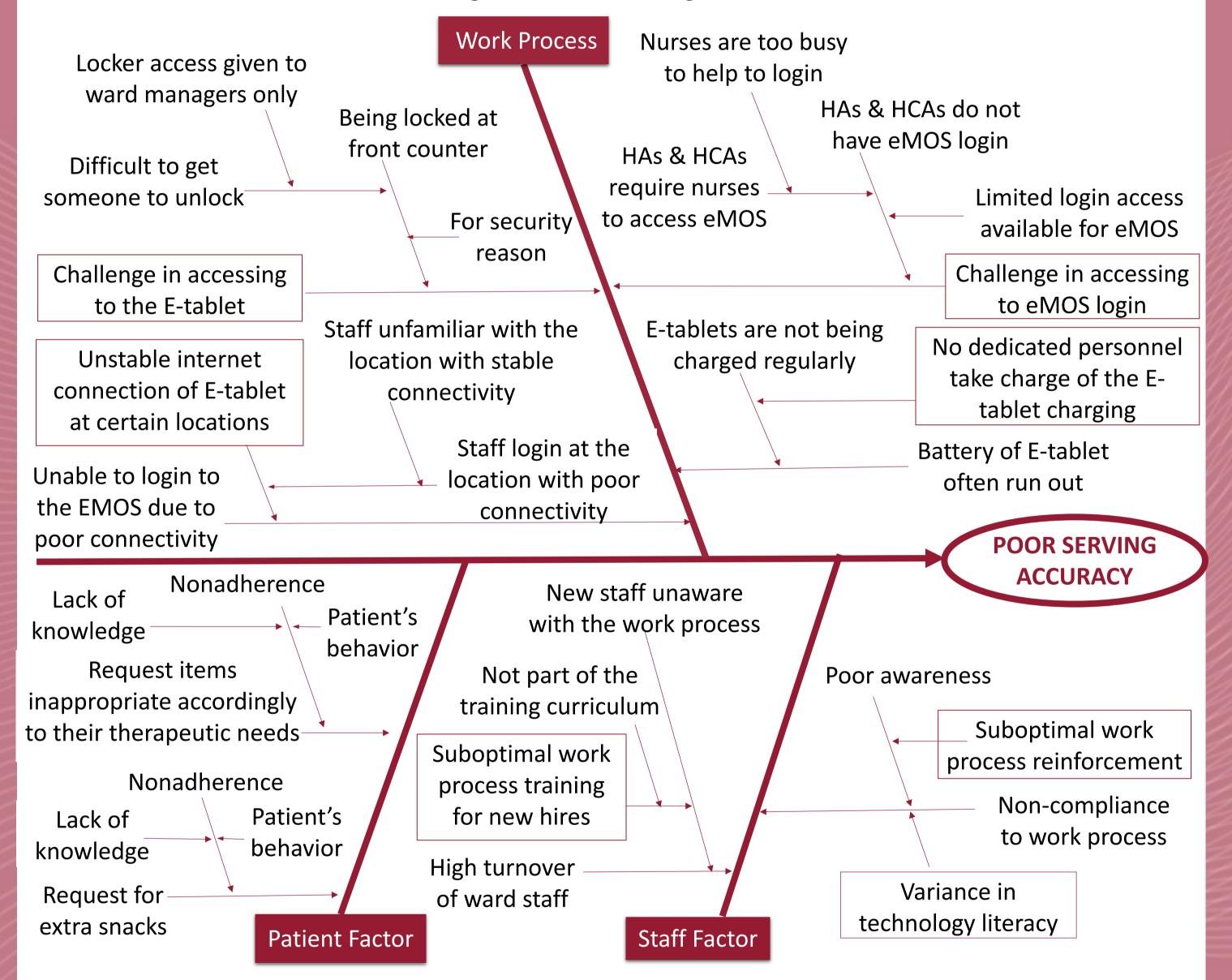


Figure 1: Fishbone Diagram

RESULTS

ANG MO KIO

THYE HUA KWAN HOSPITAL

太和观医院

The afternoon tea serving accuracy was noted to have improved from 56% to 73% during the 2-month follow up audit, and further improved to 89% on the subsequent 6-month audit. Two months after implementation of the revised work process, work process compliance improved from 20% to 41%, and further improved to 73% in the 6-month follow-up audit. Figure 2 shows the six months follow up audit on serving accuracy and work process compliance.

Figure 2: The Six Months Follow Up Audit on Serving Accuracy and Work Process Compliance Serving Accuracy and Work Process Compliance

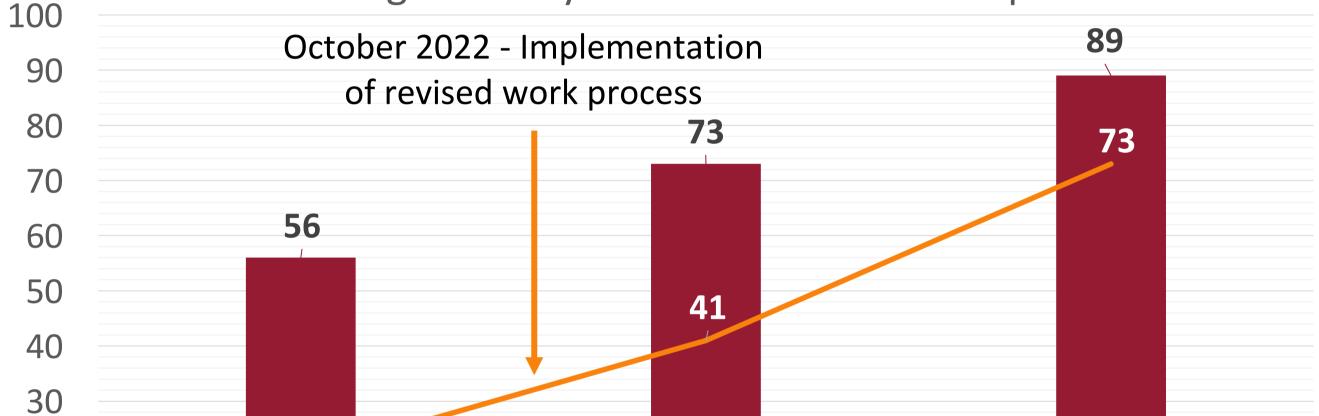


Table 1: Major root causes identified from root cause analysis and implemented interventions

Root Causes	Interventions
1. Variance in technology literacy among staff	 Alternate work process of using hardcopy eMOS serving list
2. Suboptimal work process reinforcement	 Work process reinforcement with regular audits
3. Suboptimal work process training for new hires	 Development of training materials as part of the nursing staff training curriculum
 Challenges in accessing to E-tablet and eMOS login 	Assignment of dedicated staff to help with these tasks
5. No dedicated personnel take charge of E-	
tablet charging	
6. Unstable internet connection of the E-	Logging in to E-tablet at locations with stable
tablet at certain locations	connection

20 20 10 0 Baseline (July 2022) 2-month point (Dec 2022) 6-month point (Apr 2023) (n=258) (n=233) (n=351) Serving Accuracy —Compliance

After 6 months of intervention,

Afternoon tea serving accuracy improved by 59% from baseline.
Work process compliance improved two-fold.

Improved serving accuracy led to increased work efficiency and consequently better patient experience.

CONCLUSION

Nursing staff serve all meals including afternoon tea based on patients' prescribed diet texture and therapeutic diet, however high workload and attrition rate can pose a challenge in consistently maintaining optimal knowledge and awareness in new staff which may affect the accuracy in the serving task. Work efficiency is significantly reduced when serving errors occur, as extra time will be needed to account for appropriate afternoon tea replacements. This delays the entire serving process and the patient experience is also negatively impacted. To improve this, rework was required. Work process standardization was adapted to meet the ward's needs. The processes of serving afternoon tea within the hospital was standardized whilst accounting for variance in the tech-literacy of staff, by the use of either a hardcopy eMOS serving list or electronic eMOS serving list via E-tablet. The system has been adopted as part of a standardized hospital work process for afternoon tea serving and is monitored bi-monthly. To ensure sustainability, the work process must continue to be augmented with regular training and reinforcement. This has also been included as part of the nursing staff training curriculum. By adhering to standardized work processes, the efficiency and accuracy of afternoon tea service is improved, which adds value to the patient experience.

Discussion with nursing managers from respective wards was conducted to brainstorm interventions that are appropriate to the ward's needs. (Table 1)

The alternate work process of using hardcopy eMOS serving list was made available in October 2022. Nursing training and work process reinforcement were also conducted on all wards with training materials developed as part of the nursing staff training curriculum. Subsequent audits were conducted at 2-month and 6-month point post-intervention in December 2022 and April 2023 respectively.

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