

Project Title

Where Is My Counter?

Project Lead and Members

- Shereen Chan
- Joelle Ang D' Souza

Organisation(s) Involved

Sengkang General Hospital

Healthcare Family Group Involved in this Project

Pharmacy

Applicable Specialty or Discipline

Pharmacology

Project Period

Start date: Dec 2021

Completed date: Jan 2022

Aims

90% of patients are able to locate the correct dispensing counter on their 1st time when their queue numbers are called.

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, Design Thinking

Keywords

Signage, Visual Cue, Counter Numbering, Communication

Name and Email of Project Contact Person(s)

Name: Shereen Chan

Email: singaporehealthcaremanagement@singhealth.com.sg

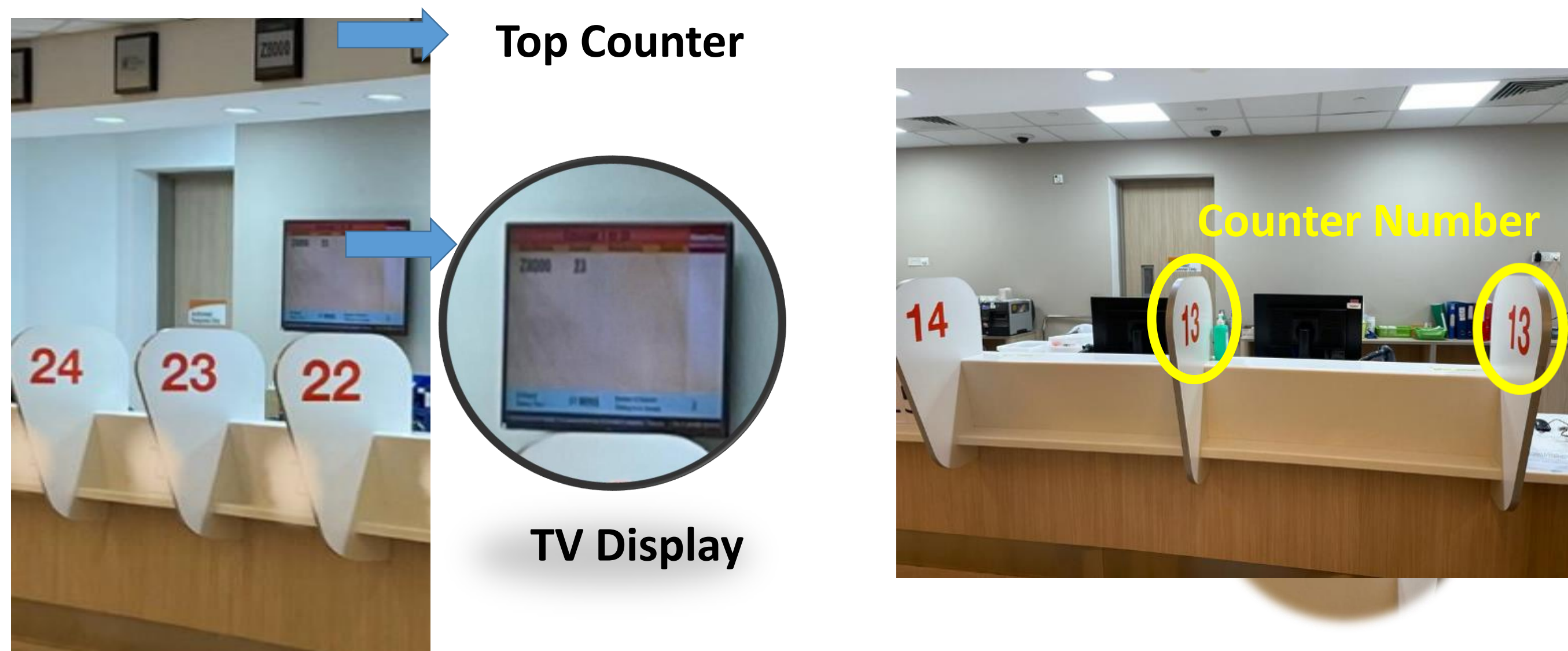


Where Is My Counter ?

Shereen Chan
Joelle Ang D' Souza
Sengkang General Hospital

Background

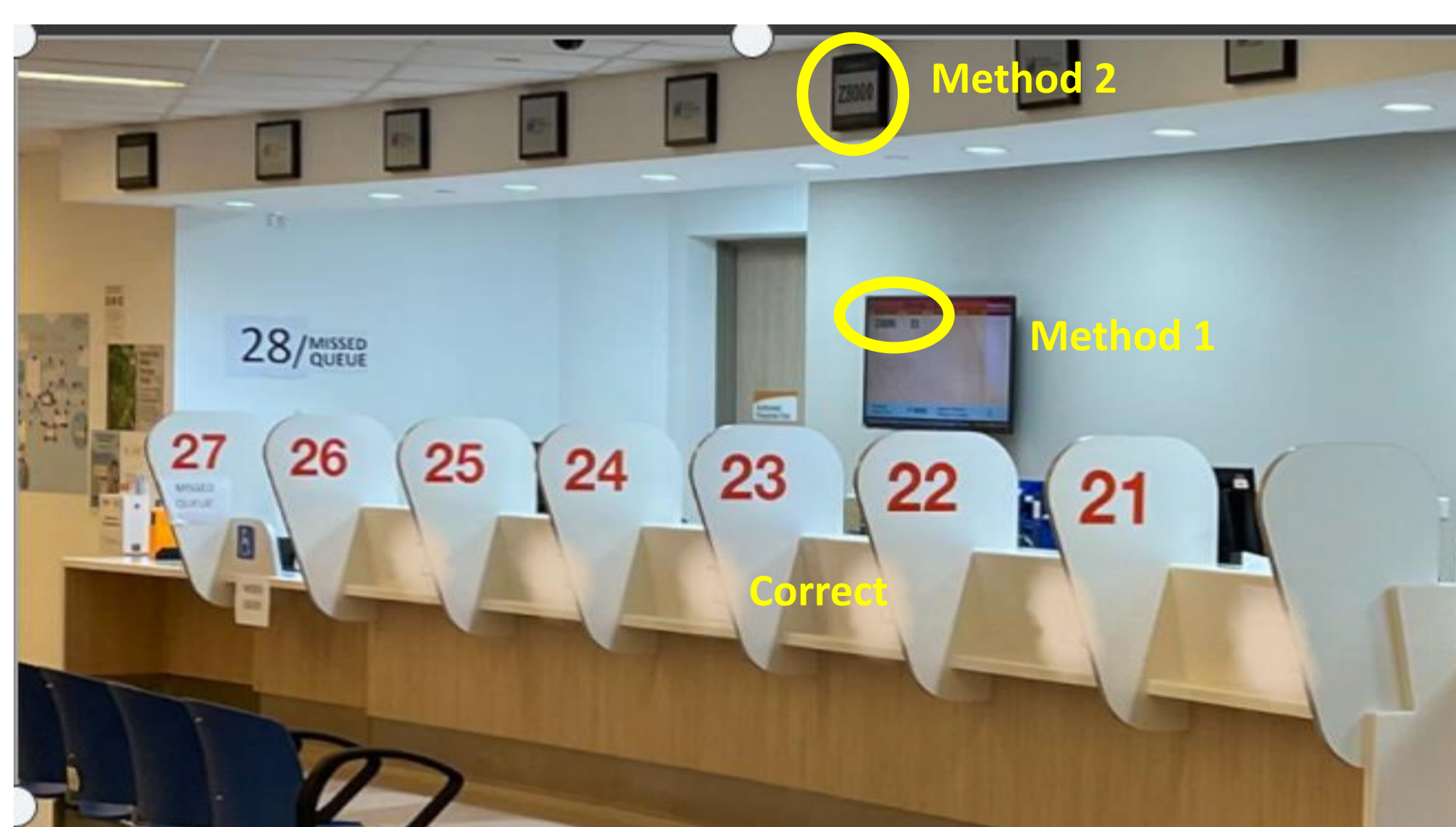
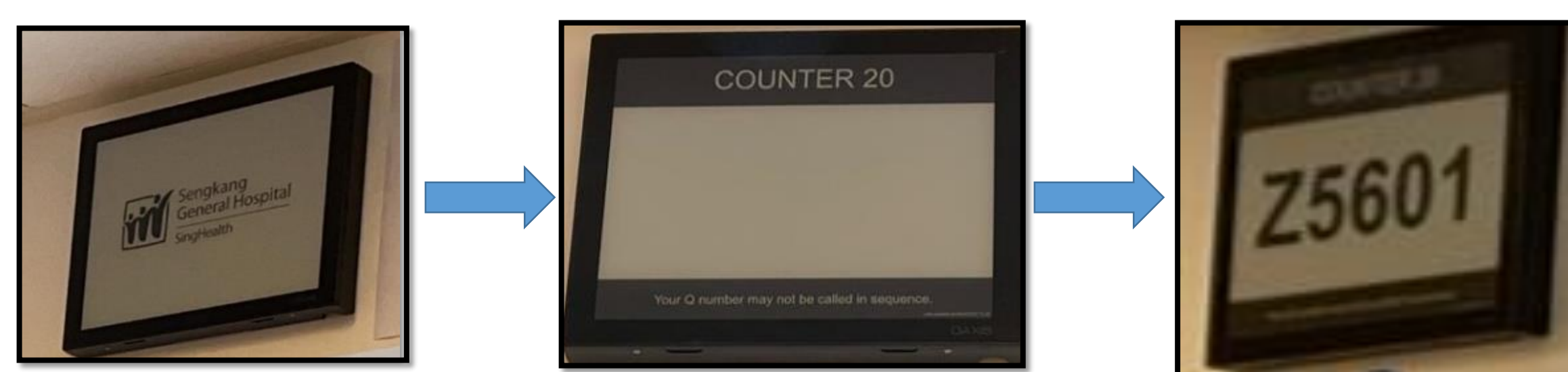
There are a total of 28 counters at Outpatient Pharmacy in Sengkang General Hospital. During dispensing, patients' queue number is displayed both on the television and the top counter, which is an e-paper, in black and white scale. Counters are also labelled with bright orange numbers on both side of the dividers.



Patients often arrive at the wrong dispensing counter when their numbers are called for dispensing. Patient can utilize these methods to arrive at the dispensing counter.

Method 1 : Dispensing counter is shown on the television

Method 2: The picture below is a top counter display. Counter number will be displayed when staff logs in at the terminal. Due to the design, patients' assumed it was a painting or a picture frame. When staff call patient's queue number, it will flash the queue number. As the numbers are black in color and placed far above, patients' do not utilize this tool when looking out for counter number.



As shown above, Counter 23 is calling the queue number, however patient may proceed to the **left** or **right** of Counter 23 which is incorrect.

3995 out of 4048 patients (98%) went to the correct dispensing counter from 23 Dec 21 to 5 Jan 22.

Mission Statement

90% of patients are able to locate the correct dispensing counter on their 1st time when their queue numbers are called.

Root Cause Analysis

20 random patients were surveyed to identify the correct counter number and provide suggestions as to how to improve the counter re-numbering. 2 placards labelled A & B were placed respectively side by side at the counter number that is being tested. For example, if patients were to identify Counter 14, the correct answer would be A. 19 out of 20 were able to identify the correct counter number.



Interventions/Initiatives

Suggestions given were to paste counter numbers in front of the counter, paste counter numbers on the top of the counter, paste general direction of counter numbers behind chairs at waiting area or counter numbers to be placed on top of the partition with arrow pointing to the correct counter. The team selected 2 of the ideas to implement which is to paste counter numbers in front of the counter (Pic 1) and to place additional counter number beside top display (Pic 2) as shown below.



Picture 1



Picture 2

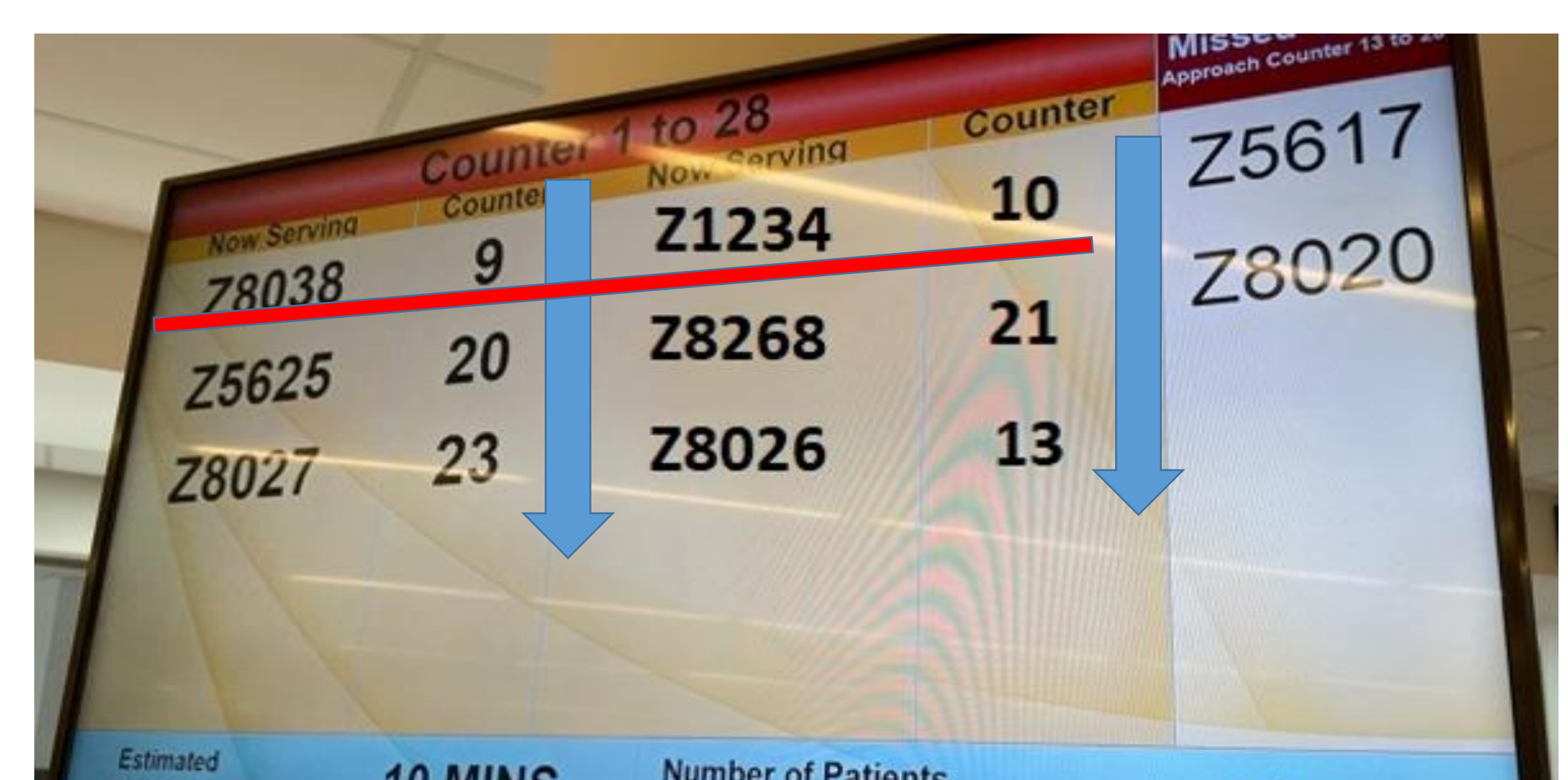
Implementation Plan

S/N	Implementation Plan	Responsible	Date
1	Pre survey of patients & recording number of patients arrived at wrong counter	Joelle, Jerome	23 Dec 2021
2	Review survey results	All team members	5 Jan 2022
3	Pasting numbers on front counters	Zhi Wei	6 Jan 2022
4	Pasting numbers beside top display & record number of patients arrived at wrong counter after implementation	Joelle, Jerome	11 Jan 2022
5	Post survey of patients	Joelle, Jerome	19 Jan 2022
6	Review survey results & number of patients arriving at wrong counter	All team members	25 Jan 2022

Results/Conclusion

20 random patients were surveyed post-implementation of the ideas. 19 out of 20 were able to identify the correct counter. 1 patient who went to the wrong counter used the orange number sticker to identify and got it incorrect, as his front view was blocked and did not notice the top display number.

After implementation, 7384 out of 7436 patients (99%) went to the correct counter from 11 Jan 22 to 31 Jan 22. Even though the target is met, other factors may be involved for patient not arriving at the correct counter. It could be the fast changing pace of counter numbers during peak hours displayed on TV screen causing the error. As shown below, when multiple dispensers are calling, numbers will be pushed downwards causing patient to read the wrong counter number or patients may have parallax error when they read off the TV display.



Patients were asked to rank which solution is ideal. Preferred ranking is the counter numbers facing them as it was eye level, followed by orange number sticker and top display number. They prefer the front counter numbers to be printed in bright color and each counter number to arrange in a slanted manner instead of central placement. Patients commented as for the top display the screen number could be in a bigger font. Intervention number 2 as to placing additional numbers beside the top display was not necessary as it made it more cluttered, and not noticeable as placement was high above. Project team decided to retain the front counter numbers with bright colour print.