

Project Title

Patient Self Navigate from Admission Office to Endoscopy

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group(s) Involved in this Project

Nursing, Operations

Aims

To achieve less than 2 episodes of patient waiting time 25 minutes per week from AO to EC during the study period by mid April 2023 and to reduce 60% of the patient accompanied by Porter from AO to EC by mid April 2023.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

The only constant is change. Staff shall be proactive to detect the need of change and select correct changes to benefit patient and improve work efficacy.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvement (Job Effectiveness)

Keywords

Endoscopy, Admission, Porter, Self-navigate, AO, EC

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PATIENT SELF-NAVIGATE FROM ADMISSION OFFICE TO ENDOSCOPY

- QUALITY
- PRODUCTIVITY
- PATIENT
- COST
- EXPERIENCE

MEMBERS:

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ENDOSCOPY CENTRE, NG TENG FONG GENERAL HOSPITAL

Define Problem, Set Aim

Background

There are average of 350-400 outpatients undergoing endoscopy procedures per month. More than 90% of the patients were able to ambulate and among those about 60% were capable to come to Endoscopy Centre (EC) independently. Currently, 100% outpatients are accompanied by porter to reach EC from Admission Office (AO). However, the median of episodes is 16 per week for patient reaching EC \geq 25mins due to waiting for porter which resulted in delayed procedures and reduced work efficacy.

Aim

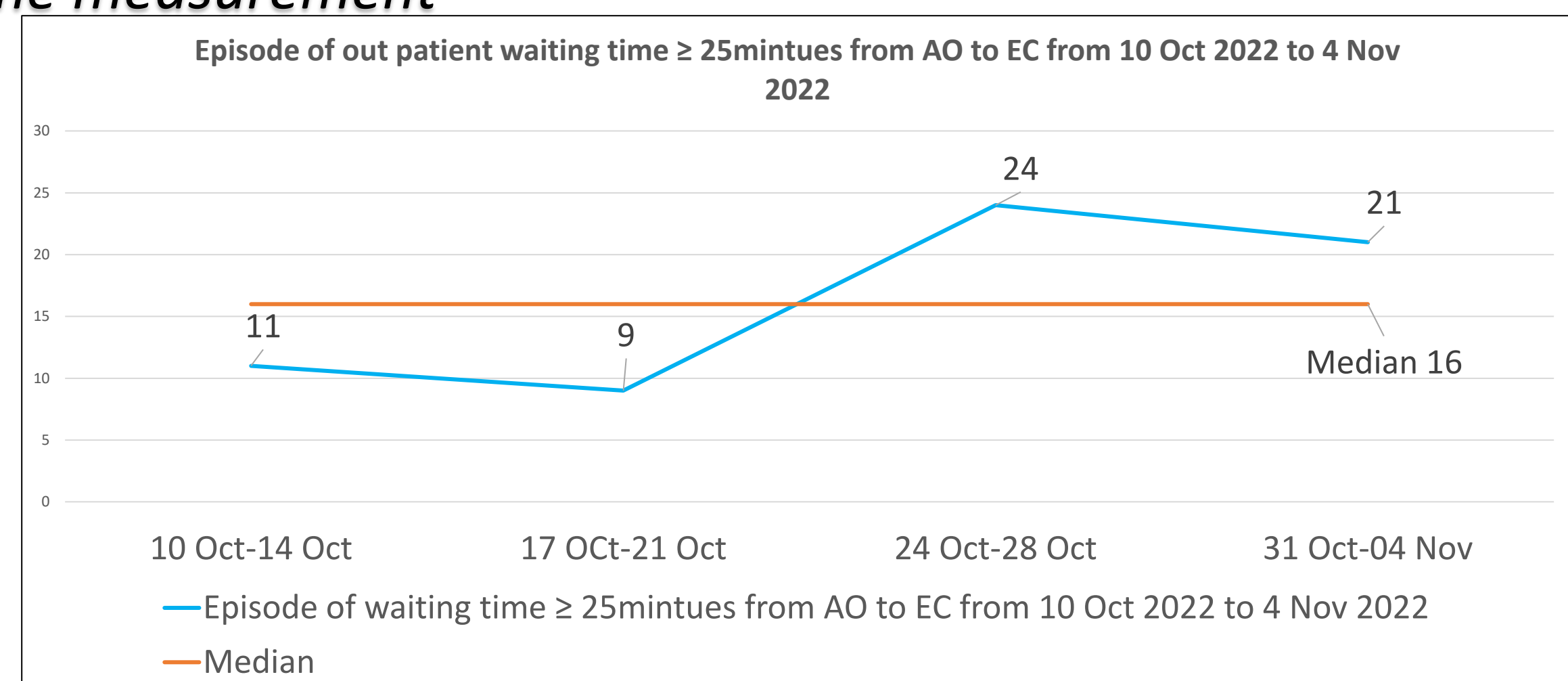
To achieve less than 2 episodes of patient waiting time \geq 25 minutes per week from AO to EC during the study period by mid April 2023.

To reduce 60% of the patient accompanied by Porter from AO to EC by mid April 2023.

Establish Measures

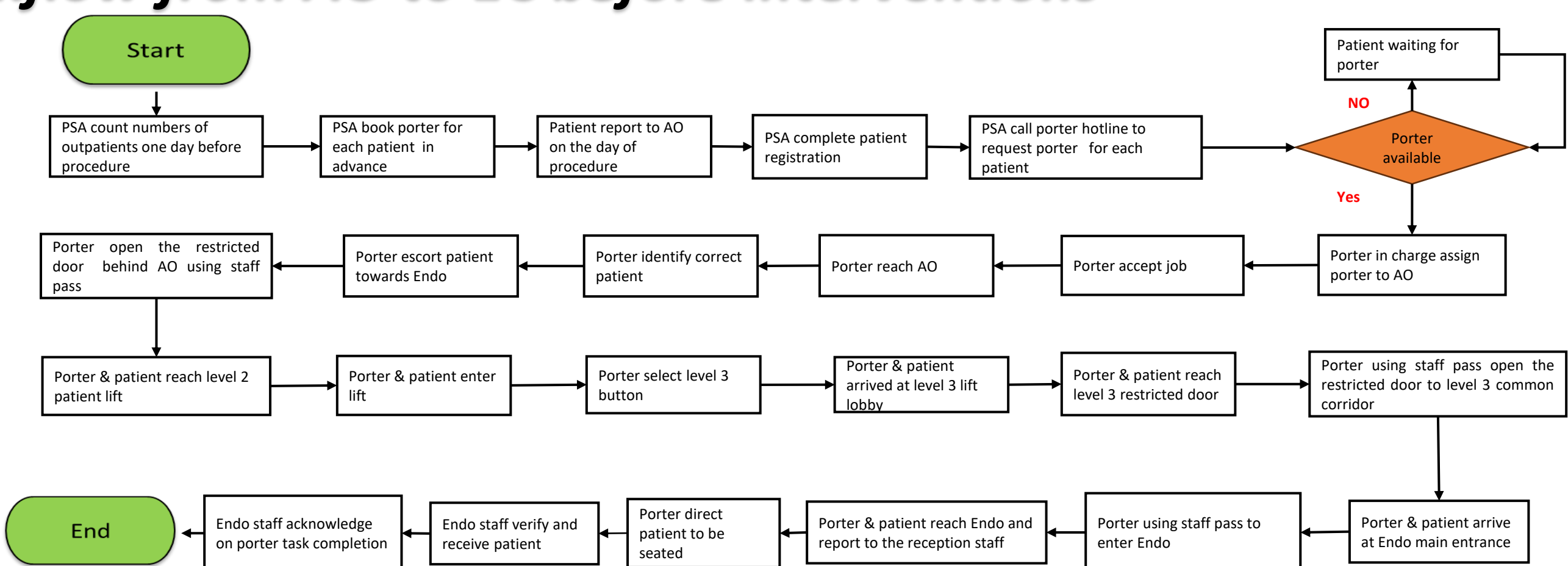
What was your performance before interventions?

Outcome measurement

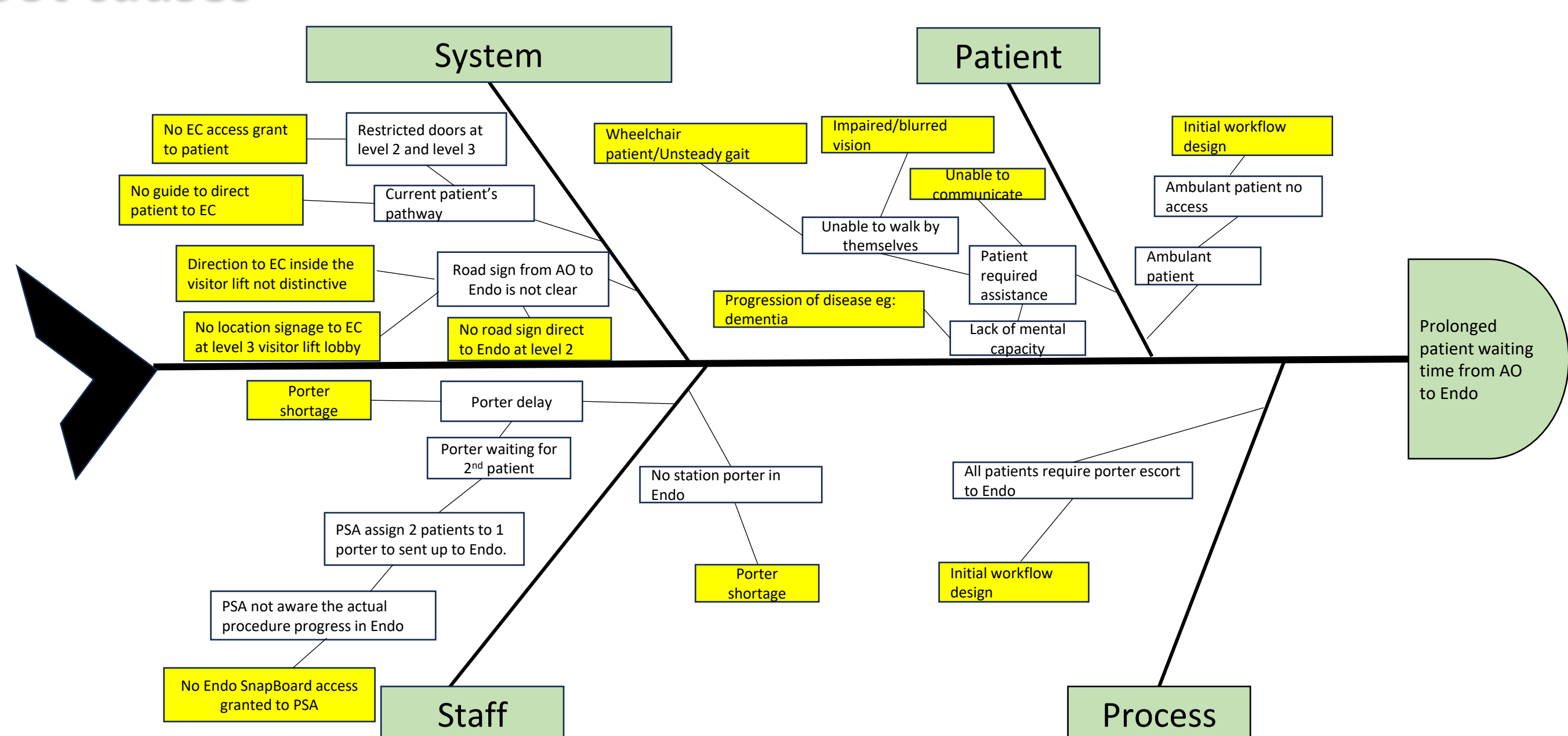


Analyse Problem

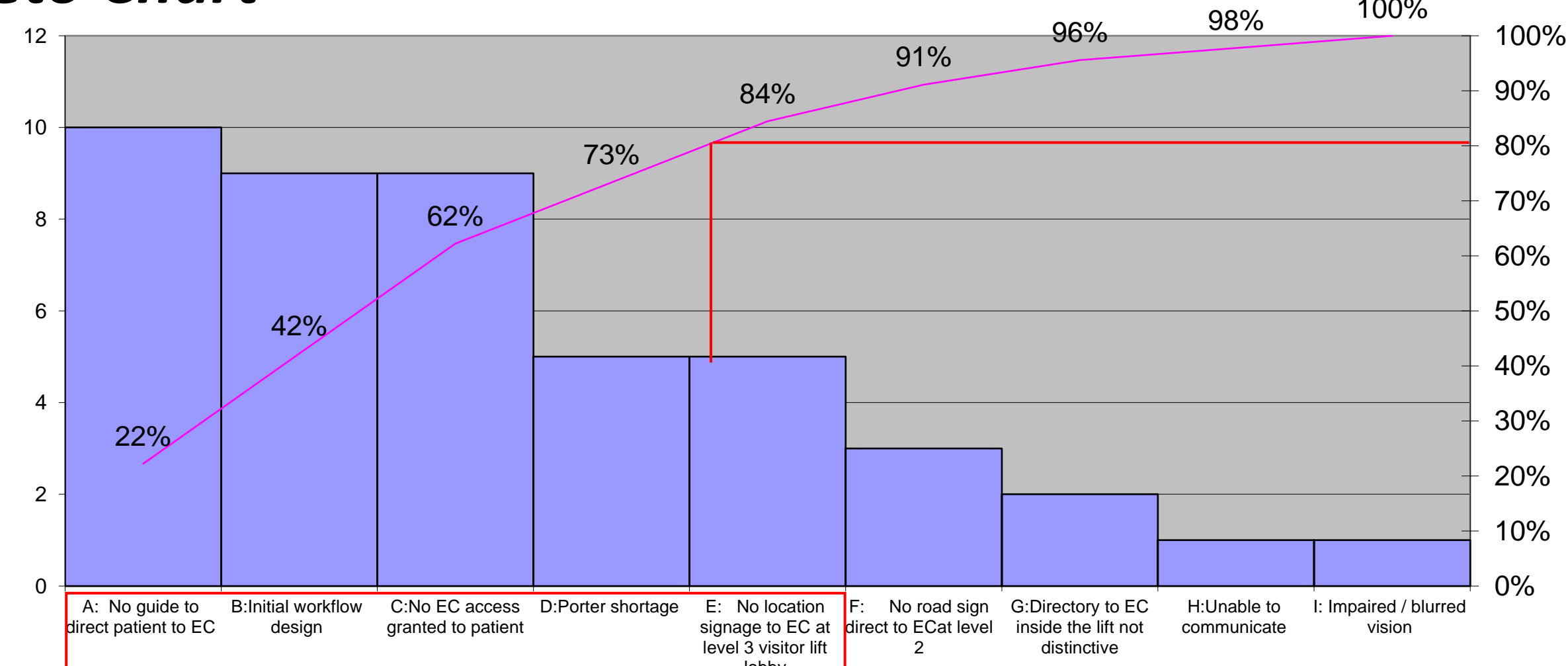
Workflow from AO to EC before interventions



Root causes

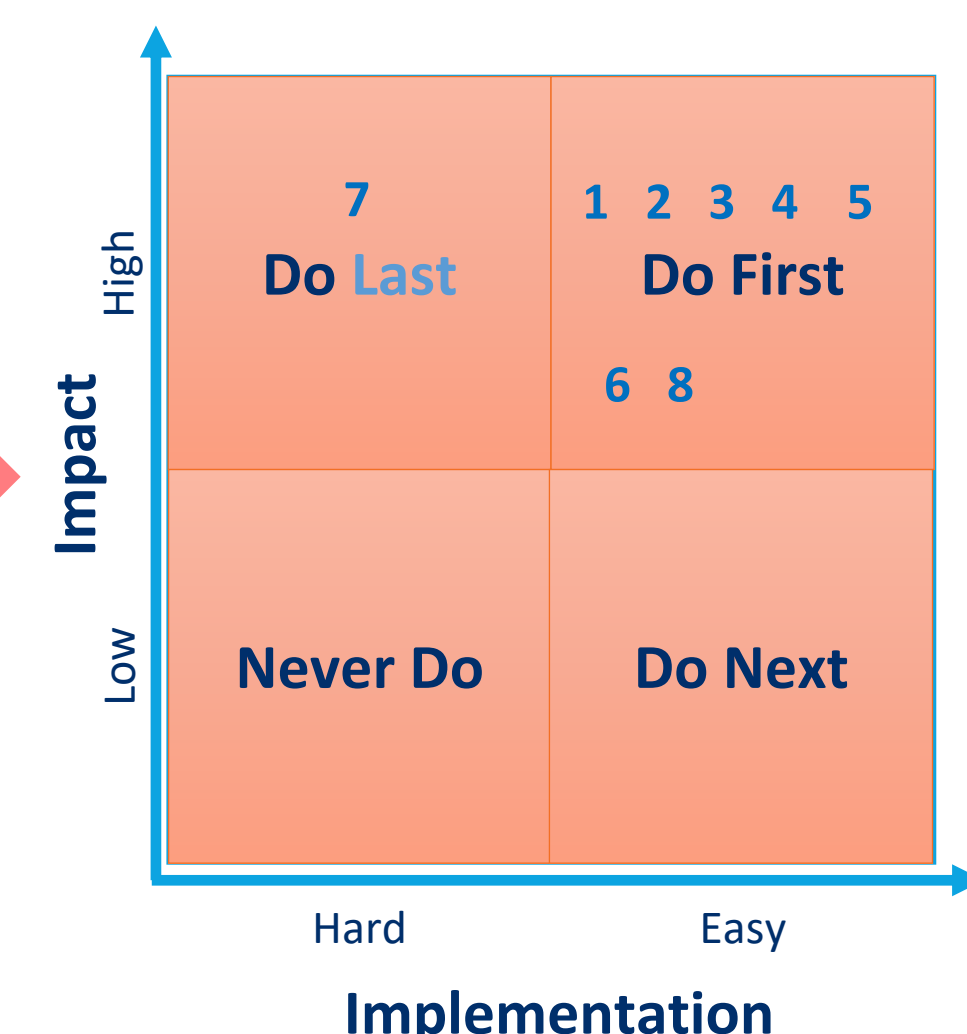


Pareto Chart



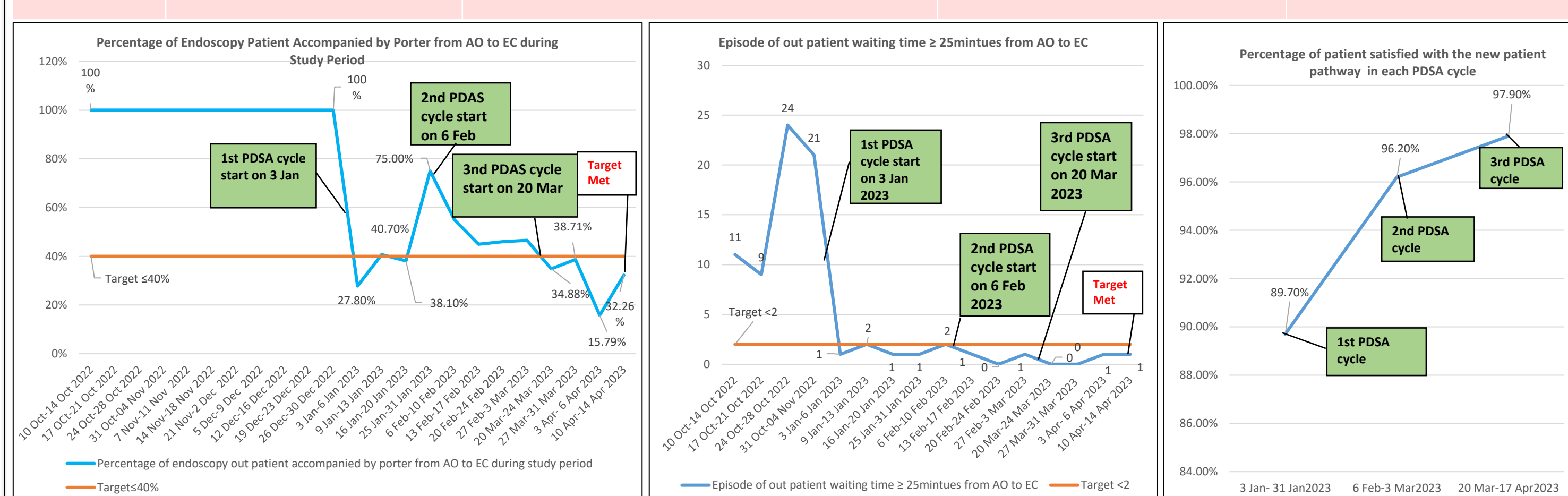
Select Changes

Root Causes	Possible Solutions
I. No route guide to direct patient from AO to EC	1. Create route signage for patient at level 2 Gantry and level 3 visitor lift lobby 2. Create pictorial route guide for PSA to instruct patient
II. Initial workflow design (100% outpatient require porter's escort from AO to EC via patient lift)	3. Ambulant independent patient report to EC through visitor lift by themselves 4. Assistant required patient following the existing workflow
III. No access to EC granted to patient	5. Activate patient Gantry access upon registration 6. De-active EC AUTO door at level 3 Discharge Lounge
IV. Porter shortage	7. Recruit more porters
V. No location signage direct to EC at level 3 visitor lift lobby	8. Create new location signage to EC at level 3 visitor lift lobby



Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	Establish new workflow for outpatient to self-navigate from AO to EC	<ul style="list-style-type: none"> Redirect patient enter EC through Visitor lift instead of patient lift Grant patient Gantry access at level 2 beside AO De-activate EC AUTO door at level 3 Discharge Lounge from 9am to 5pm Monday to Friday Set a study period of patient self-navigate to EC from 9-12 am and 2-5pm Create pictorial route guide for PSA to instruct patient Create route signage for patient at level 2 beside patient gantry and level 3 visitor lift lobby Inform PSA to use the pictorial guide to instruct patient the new pathway 	<ul style="list-style-type: none"> The episode of patient waiting time \geq 25 minutes reduced significantly, however the target is not met Percentage of patient accompanied by Porter decreased to 46%, partially due to PSA is not fully aware of the new workflow instructions However, patient feedback that 	<ul style="list-style-type: none"> To adapt the new patient pathway To create Chinese, Malay and Tamil language pictorial guide To reinforce PSA on the new workflow To change the colour of the signage guide to EC at level 2 Gantry To provide guidance on the use of gantry scanner at level 2
2	Reinforce on new workflow to PSA	<ul style="list-style-type: none"> Created 4 languages pictorial guides 	<ul style="list-style-type: none"> Percentage of Patient accompanied by porter still remained \geq 40% as Patient lost their way to EC thus required porter assist due to 	<ul style="list-style-type: none"> To modify pictorial guide To create location signage at Discharge Lounge
	Change the colour of the signage to EC at level 2 Gantry	<ul style="list-style-type: none"> Changed the signage colour from brown to bright blue 	<ul style="list-style-type: none"> Highlighted the correct area to scan on the pictorial guide 	<ul style="list-style-type: none"> 1) Direction on the pictorial guide was not clear 2) No location signage at Discharge Lounge
	Provide guidance on the use of gantry scanner at level 2	<ul style="list-style-type: none"> Highlighted the correct area to scan on the pictorial guide 		
3	Modify pictorial guide	<ul style="list-style-type: none"> Add arrow on the pictorial guide to direct patient 	<ul style="list-style-type: none"> Target met 97.9% of patient are satisfied with the new patient pathway 	<ul style="list-style-type: none"> To adopt the changes and To extend period of patient who are able to self-navigate to EC from 9am to 5pm
	Create new location signage to Endoscopy and Ambulatory Unit at discharge lounge	<ul style="list-style-type: none"> Paste Endoscopy signage at Discharge Lounge 		



Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

As the workload increase, the original workflow is no longer suitable for the current situation. We should approach the problem systematically and apply evidenced model for change to identify the root cause and make data-driven changes to optimize work efficiency and cut down healthcare resources while maintaining standard patient care. In addition, mutual cooperation and support between departments are crucial in handling multidisciplinary involved issues to enhance success. Nonetheless, our experience may be an encouragement for others when facing similar problems.

What are the key learnings from this project?

The only constant is change. Staff shall be proactive to detect the need of change and select correct changes to benefit patient and improve work efficacy.

Acknowledgement: ADoN Joanna Tan Seo Peng
Admission Office Team