

Project Title

Reduction of Number of Overdue Results from Gastroenterology

Project Lead and Members

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Project members: Dr Tee Wei De, Dr Wong Guan Wee, Dr William Kristanto, Dr Oh Han Boon, Michelle Fong, Renee Tan, Zhang Rong , Rosidah Bte Idris

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical, Nursing, Administration

Applicable Specialty or Discipline

Gastroenterology

Project Period

Start date: November 2020

Completed date: December 2021

Aims

We aim to implement measures to reduce the number of overdue results in both inpatient and outpatient settings by at least 50% by end 2021.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Proactive Intervention and concerted efforts from the Gastroenterology team have resulted in significant improvement and reduction in the number of unacknowledged results. With the implementation of point of care urease tests being diverted directly into doctors' result in basket in EPIC from July 2022, the number of unacknowledged results will be reduced even further, and this could help with the long term sustainability of these initiatives.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvement, Workflow Redesign

Keywords

Unacknowledged Results, Point of Care Urease Test, Gastroenterology

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REDUCTION OF NUMBER OF OVERDUE RESULTS FROM GASTROENTEROLOGY

MEMBERS: DR EN XIAN SARAH LOW, DR TEE WEI DE, DR WONG GUAN WEE, DR WILLIAM KRISTANTO, DR OH HAN BOON, MICHELLE FONG HUI FANG, RENEE TAN YEE CHENG, ZHANG RONG, ROSIDAH BTE IDRIS

- ✓ SAFETY
- ✓ PRODUCTIVITY
- ✓ QUALITY
- ☐ COST
- ☐ PATIENT EXPERIENCE

Problem and Aim

From Jan 2020-Dec 2020, there has been a high number of investigation results unacknowledged for more than 2 weeks in the Division of Gastroenterology, NTFGH.

This has resulted in a potential lag in response to some important results, which may lead to treatment delay.

This is a recurrent issue and has been flagged up by the hospital administration.

NO. OF UNACKNOWLEDGED RESULTS >14 DAYS OLD FROM GASTRO PATIENTS



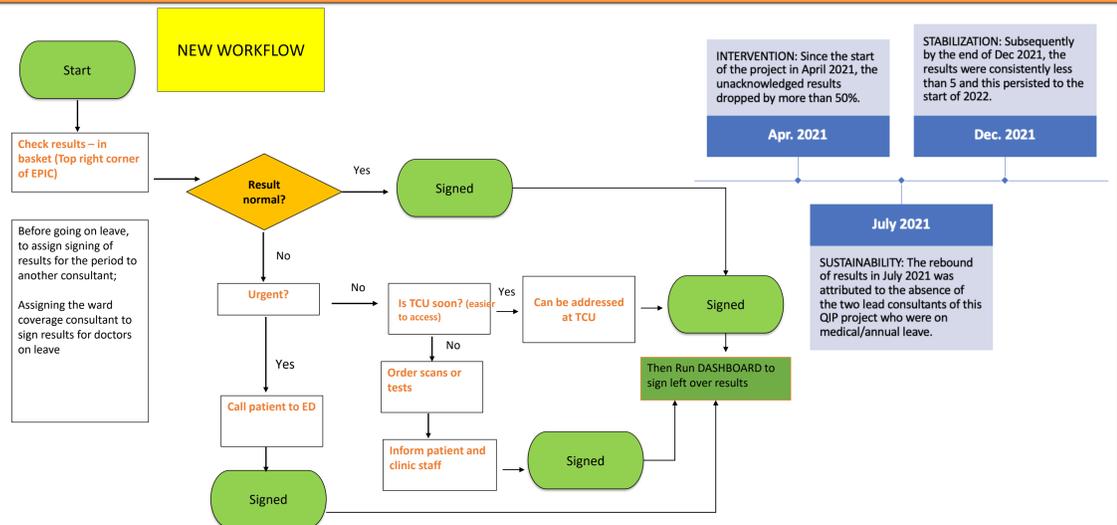
We aim to implement measures to reduce the number of overdue results in both inpatient and outpatient settings by at least 50% by end 2021.

We wish to deliver appropriate efficient care, act on abnormal results promptly and to avoid unnecessary delays in treatment that may be time sensitive.

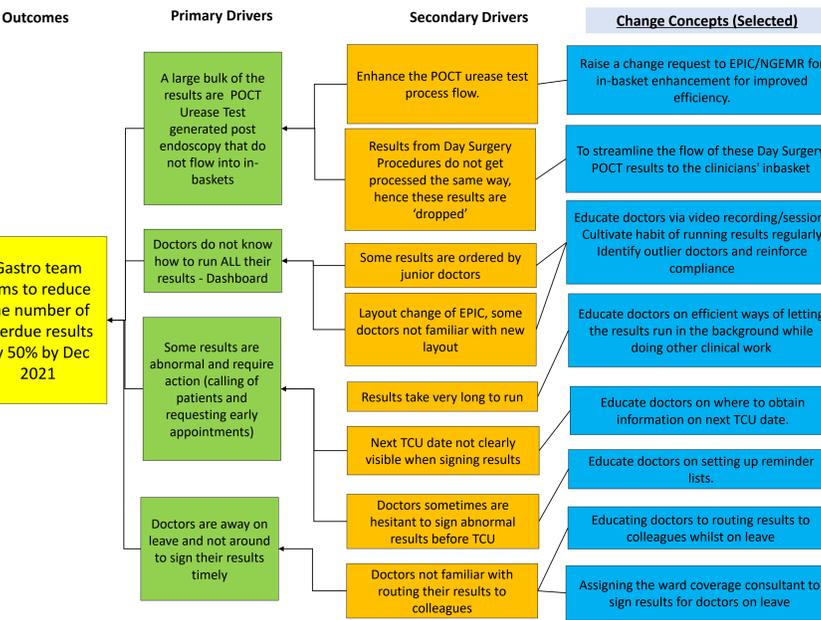
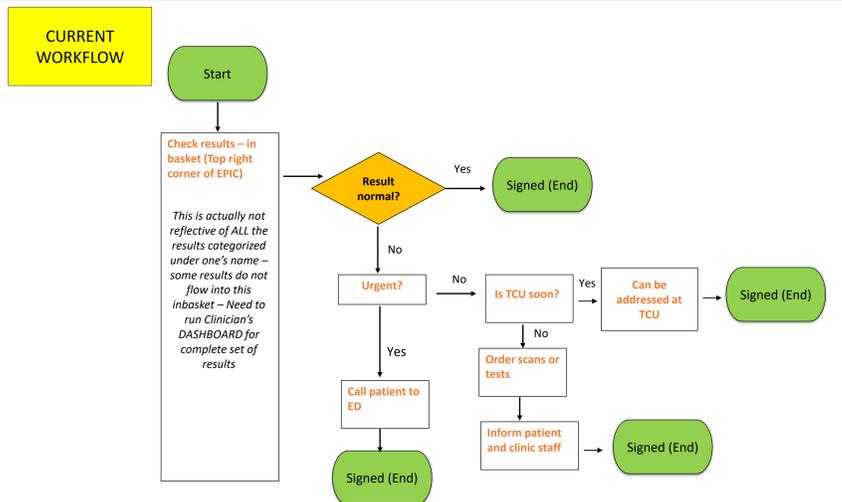
Test and Implement Changes

Change Concepts	Details	After PDSA cycles and learning points	Implementation Success
1A) Raise a change request to EPIC/NGEMR for in-basket enhancement for improved efficiency.	A large number of unsigned results were coming from Day surgery encounters – POCT (point of care tests) Urease tests after endoscopic procedures.	First suggestion was to have them signed before discharge on day of procedure. Doctors were opposed to this idea of having to increase paperwork on day of procedures. Endoscopy nurses were also citing this would cause roadblocks in efficient discharge of patients. This idea was abandoned.	Change Request to EPIC submitted in mid June 2021. This was eventually successfully implemented in July 2022 - Urease tests would flow directly into doctors' in-baskets
1B) To streamline the flow of these Day Surgery POCT results to the clinicians' inbasket		Second suggestion would be to raise request for EPIC to enable these tests to flow directly into doctor's in-basket (this was previously disabled for IT related reasons) This idea was well received and would reduce paper work and turn around time for both doctors and nurses alike.	
2A) Educate doctors via video recording and conduct sessions on how to run results, how to use EPIC efficiently	Many clinicians were unaware that there was a separate location to run all the results under their name via EPIC dashboard.	Doctors were shown video recordings on where and how to access this EPIC dashboard, and how to let this function run whilst they can use the other parts of EPIC for their clinical work.	With the video aids and weekly reminders, there was a visible improvement in unacknowledged results.
2B) Cultivate habit of running results regularly	This is where other miscellaneous tests (for various reason e.g. some were ordered by junior doctors who have left the system, some were from a different EPIC encounters like POCT day surgery – as above) and do not appear in doctors' inbasket	Doctors were reminded every week to run their dashboard on top of checking their in baskets.	
2C) Educate doctors on efficient ways of letting the results run in the background while doing other clinical work		Junior doctors running the Gastroenterology service were also reminded to sign and act on inpatient results promptly.	
2D) Identify outlier doctors and reinforce compliance			
3A) Educate doctors on where to obtain information on next TCU date.	As detailed in the current workflow; if results are abnormal and require action – the first thing that clinicians would look up is the "next TCU" – this was not easily visible from the inbasket interface.	Doctors were shown video recordings – to click "Patient info" to review next TCU date and decide if the date was near enough for these findings to be discussed in clinic.	Many doctors did not know that it was fairly easy to access the next TCU information – this also helped to bring about visible improvement in unacknowledged results.
3B) Educate doctors on setting up reminder lists.		Creating reminder lists was one way to allow clinicians to sign abnormal and then be reminded about it at the time of the patient's TCU – however this was more cumbersome to institute and clinicians were not quick to take this idea up.	
4A) Assigning the ward coverage consultant to sign results for doctors on leave and to remind the department to sign results timely.	Visiting consultants / Part time doctors only come in a few times a week – affects the time frame that they sign results	The initial idea of having one representative in the department to sign the 'leftover results' was not sustainable in the long term due to unequal clinical burden/responsibility. In July 2021, this was apparent when this representative had to take unforeseen medical leave and the number of unsigned results rebounded back up. (see graph) – Sustainability affected Phase 2 HA also kicked in and some visiting consultants were not able to physically come to NTFGH.	Eventual idea for following the ward rosters would ensure that the responsibility fell equally to everyone in the department and that the covering consultant would be in hospital and on duty.
4B) Educating doctors to routing results to colleagues whilst on leave	Some doctors were unaware about this function of being able to route results		

Results



Analyse Problem/Select Changes



NO. OF UNACKNOWLEDGED RESULTS >14 DAYS OLD FROM GASTRO PATIENTS



Spread Changes, Learning Points

