

Project Title

Embrace the Tides of CHANGE - Upskill and Reskill

Project Lead and Members

Project lead: Rosy Tai

Project members: Tham Yu Ying, Tan Li Yi, Maybelline Lau, Staff from Scanning session, Filing session, Conversion and Tracing session

Organisation(s) Involved

Changi General Hospital

Project Period

Start date: Sept 2017

Completed date: Target Nov 2020

Aims

- A need to stop creation of paper records from the highest workload areas of outpatient and promote the use of electronic documentation.
- To build a long-term sustainability by workforce transformation of becoming self-contained and less dependency on vendor.
- To upskill the existing workforce with the new set of digital skill and to prepare for the future needs.

Background

- Refer to attachment

Methods

- Refer to attachment

Results

- Refer to attachment

Lessons Learnt

- Planning is important to ensure that operations can transit smoothly.
- Swift planning and effective communication will help staff to start on the mind-set change.
- Start small, act fast, and consistently monitoring of progress are crux of the workforce transformation.

Conclusion

Learnability is the only way to stay relevant in the future workforce. Resilience is the key to success. Technology is always changing and so is the workplace. The only constant in life is change. Embrace the Tides of CHANGE where you are.

Project Category

Workforce Transformation

Keywords

Workforce Transformation, Professional Development, Skills Up-Scaling. Digitisation, Sunrise Clinical Management, Train The Trainers, In-House Scanning

Name and Email of Project Contact Person(s)

Name: Rosy Tai

Email: Rosy_Tai@cgh.com.sg



EMBRACE the TIDES of CHANGE

Upskill and Reskill



Changi General Hospital
SingHealth

Rosy Tai, Tham Yu Ying, Tan Li Yi, Maybelline Lau
Staff from Scanning, Filing, Conversion and Tracing

Background

- Newly built Medical Centre (MC) has limited space to cater case-notes' trolleys (each clinic needs to hold 3 to 4 trolleys which is equivalent to the size of one consult room).
- Physical paper records are growing annually. In 2017, we have created **23,249** new case-notes and provided **750,156** case-notes for appointments and admissions. It indicates increasing need of space, time, good inventory system and manpower to manage and provide paper records.
- Too costly to digitize all patients' medical records by vendor (each file has average 300 pages and average cost per file is S\$71.4) and we have 545,726 patient files as of Aug 2017. It will cost about **S\$39-million** for digitization if it is done by vendor. Digitization by vendor may create a threat to staffs worrying of losing their jobs.

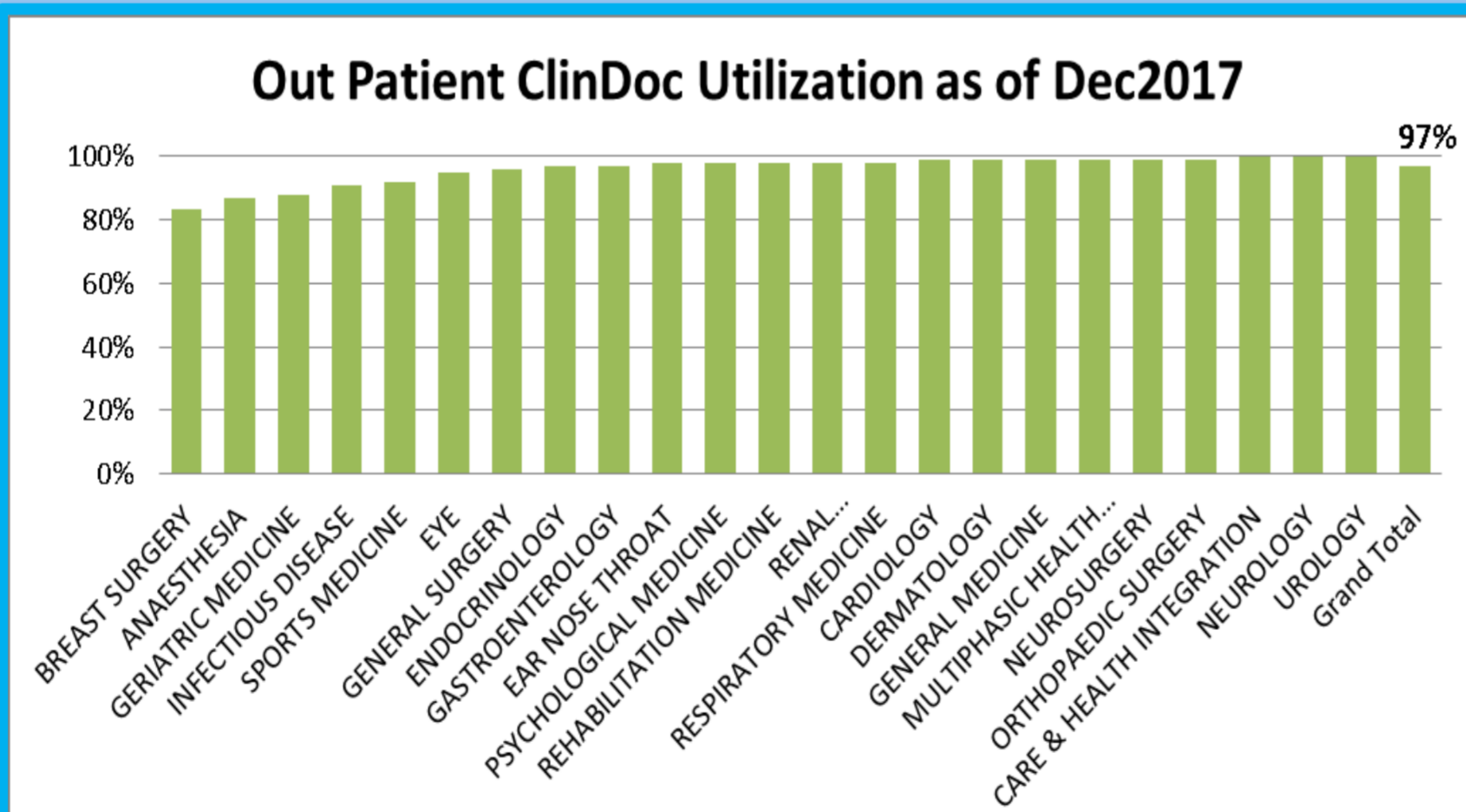
Aims

- To stop creation of paper records from the highest workload areas of outpatient and promote the use of electronic documentation.
- To build a long-term sustainability by workforce transformation of becoming self-contained and less dependency on vendor.
- To upskill the existing workforce with the new set of digital skill and to prepare for the future needs.

Strategy for CHANGE

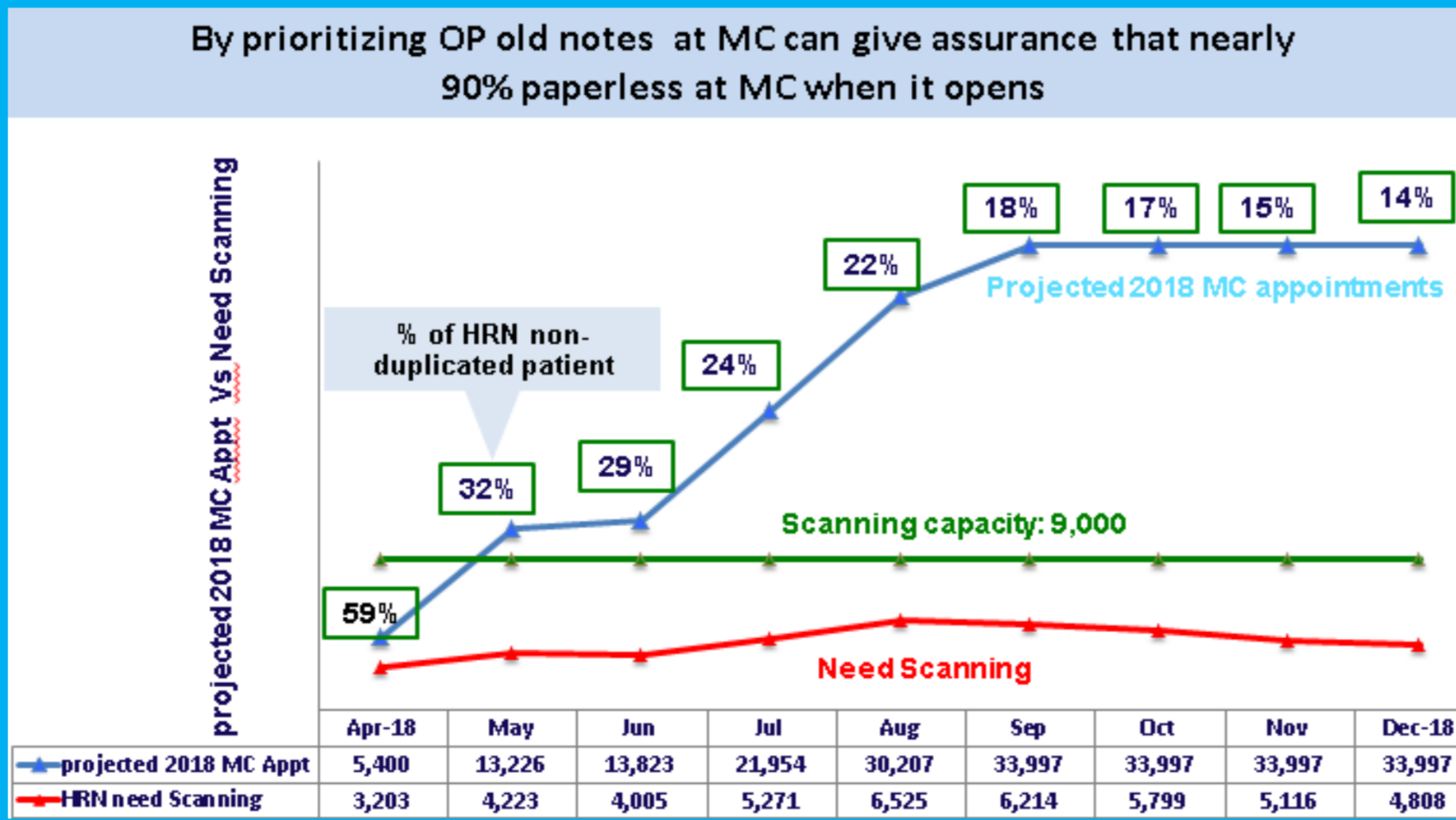
Optimized the utilization of electronic documentation.

- Improved the utilization of electronic documentation by achieving clinicians buy-in to use available outpatient electronic clinical documentation, which reduced creation of new medical records for outpatient.



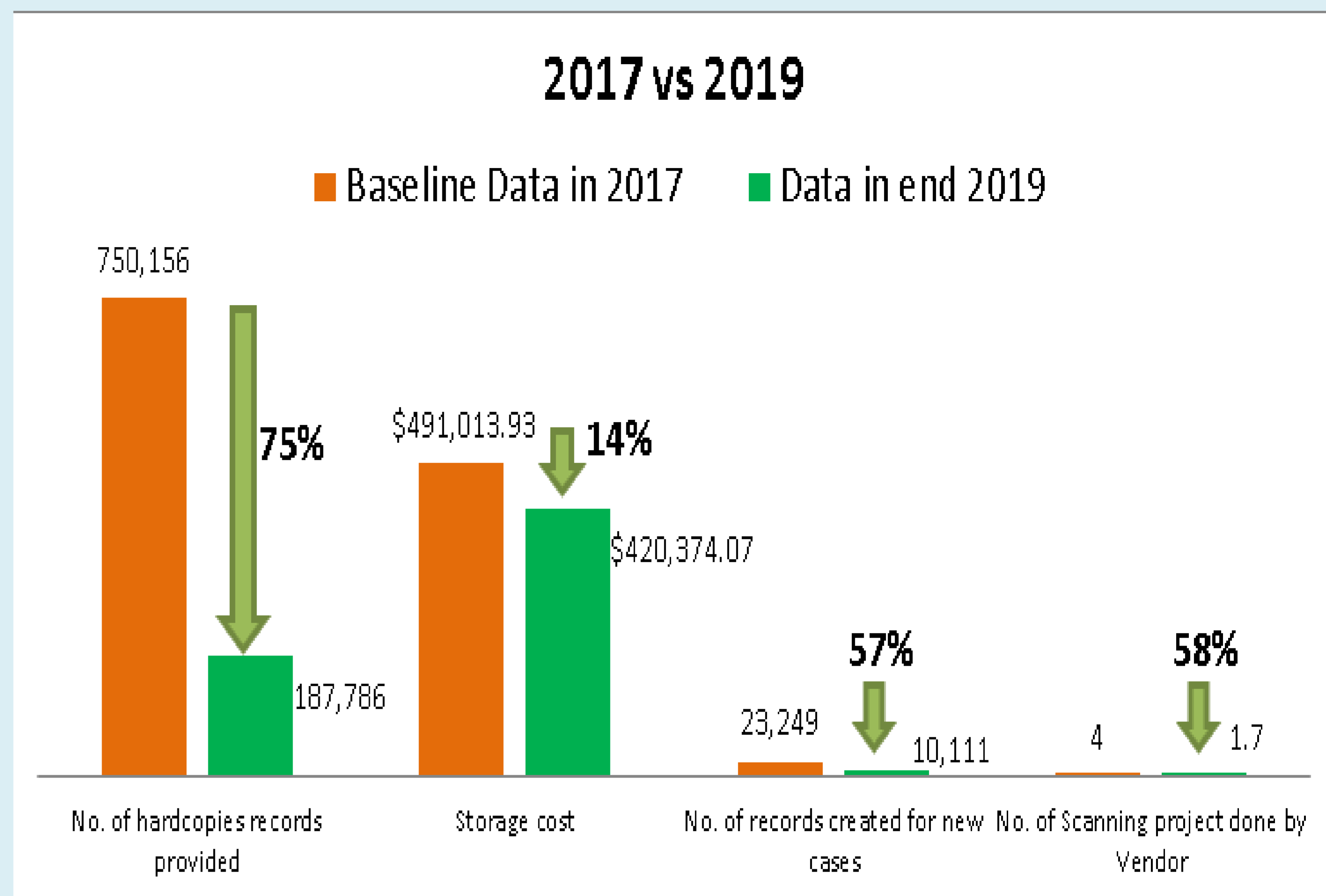
- Eliminated ineffective processing and simplified the processes.
- Focused on the high workload areas such as outpatient.
- Maximized throughput based on the past and future projection data.

- Changed the scanning strategy from scanning both inpatient (IP) and outpatient (OP) appointment cases to higher workload OP cases.
- Two-pronged approach to select the cases for scanning.



- Negotiated with vendor to train the trainers on the scanning processes.
- Created a training road map for our existing staffs.
- Built up our staffs' capabilities to undertake a new scope of work.
- Cross-trained our staffs for different scanning projects to optimize manpower needs and provision of coverage for each other.
- Introduced in-house scanning done by HIMS staffs, took over scanning projects from vendor progressively.
- Set up capability and capacity of scanning facility.

Effects of changes



Baseline in end 2017 and after the change end 2019 :

- ✓ 75% reduction of paper records provision
- ✓ 14% reduction of offsite storage management fee
- ✓ 57% reduction of new cases created
- ✓ 58% reduction on vendor dependency

Benefits

S\$132,792.48

cost savings from reduced storage volumes and taken over the digitization job from vendor.

S\$160,000

cost savings from the modification of existing 145 trolleys

27

staffs are trained with new set of skills

S\$ 3,600,000

estimated cost avoidance / revenue gains

22

staffs are re-deployed to do scanning and related tasks

as there is no substantial space required at the Medical Centre to hold case-notes' trolleys

Conclusion

We have embraced the tides of change by workforce transformation-upskill and reskill to adapt the digital age and scaling a culture for necessary learning. Learnability is the only way to stay relevant in the future workforce. Technology is always changing and so is the workplace. The overall effects have proved to benefit organization, staffs and patients by improving efficiency of patient care, productivity and optimizing the space for patient care.

The evolution of individuals in a company ultimately translates to the evolution of a company. Matthew Sigelman