

CHI Learning & Development System (CHILD)

Project Title

Reduction of No-Show Rate in Sleep Laboratory

Project Lead and Members

Project lead: Cheryl Tan, Snr Asst Manager, Allied Health

Project members:

- Shaffinaz Abd Rahman, Sleep Technologist
- Montaniel Emelita Naval, Sleep Technologist
- Lee Wei Lin, Snr Asst Director, Allied Health
- Dr Chua Ai Ping, Snr Consultant, Respiratory Medicine

Organisation(s) Involved

Ng Teng Fong General Hospital; National University Health System

Project Period

Start date: Jul 2017

Completed date: Jul 2018

Aims

To reduce the monthly patient no-show rate for sleepstudy from the current 9.1% to 5%.

Background

See attached

Methods

See attached

Results

See attached

CHI Learning & Development System (CHILD)

Lessons Learnt

Getting buy-in from the various stakeholders (Finance, SOC FC, Counter PSA, Business

Office, Contact Center and Sleep Technologists). A standard script and FAQ created

with inputs from staff from all levels ensured a clear message and objective.

Conclusion

Through this quality improvement project, the team concluded that communication to

patients must be aligned at all touchpoints. This project found that deposit collection

is effective in improving the monthly no-show rate for sleep study by 51% from 9.1%

to 4.3%.2. In addition, the Sleep Lab's average utilisation rate has also improved from

80.6% in 2017 to89.2% (Jan-Jun 2018).

Project Category

Care Redesign

Keywords

Care Redesign, Care Design, Patient-Centred Care, Workflow Improvement,

Improvement Tools, Fishbone Diagram, Plan Do Study Act, Pareto Chart, Bed

Utilisation, Reduced Wastage, Patient Appointment, Operations, Ng Teng Fong

General Hospital, National University Health System

Name and Email of Project Contact Person(s)

Name: Cheryl Tan

Email: Cheryl pr tan@nuhs.edu.sg

DEPOSIT COLLECTION REDUCES NO-SHOW RATES FOR SLEEP STUDIES

CHERYL T., SHAFFINAZ A. R., HENCEL M. T., EMELITA N. M., LEE W. L., CHUA A. P.

Problem and Aim

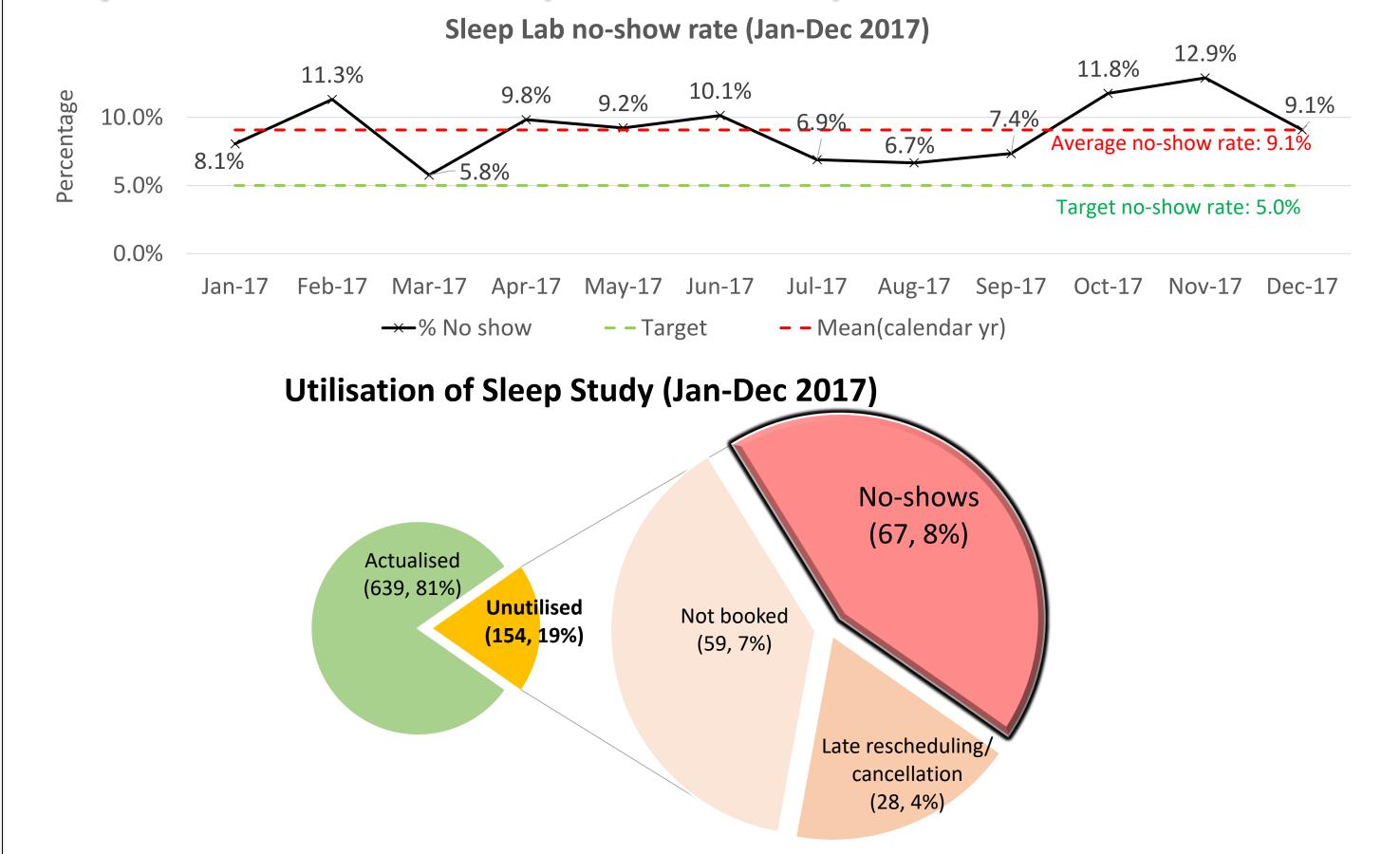
No-shows, late cancellation and last minute rescheduling contribute to a lower bed utilisation and affects the lead-time for other patients who require a sleep study.

In 2017, the average monthly no-show rate was 9.1%. More patients were also being referred for sleep studies due to raised awareness of sleep disorders.

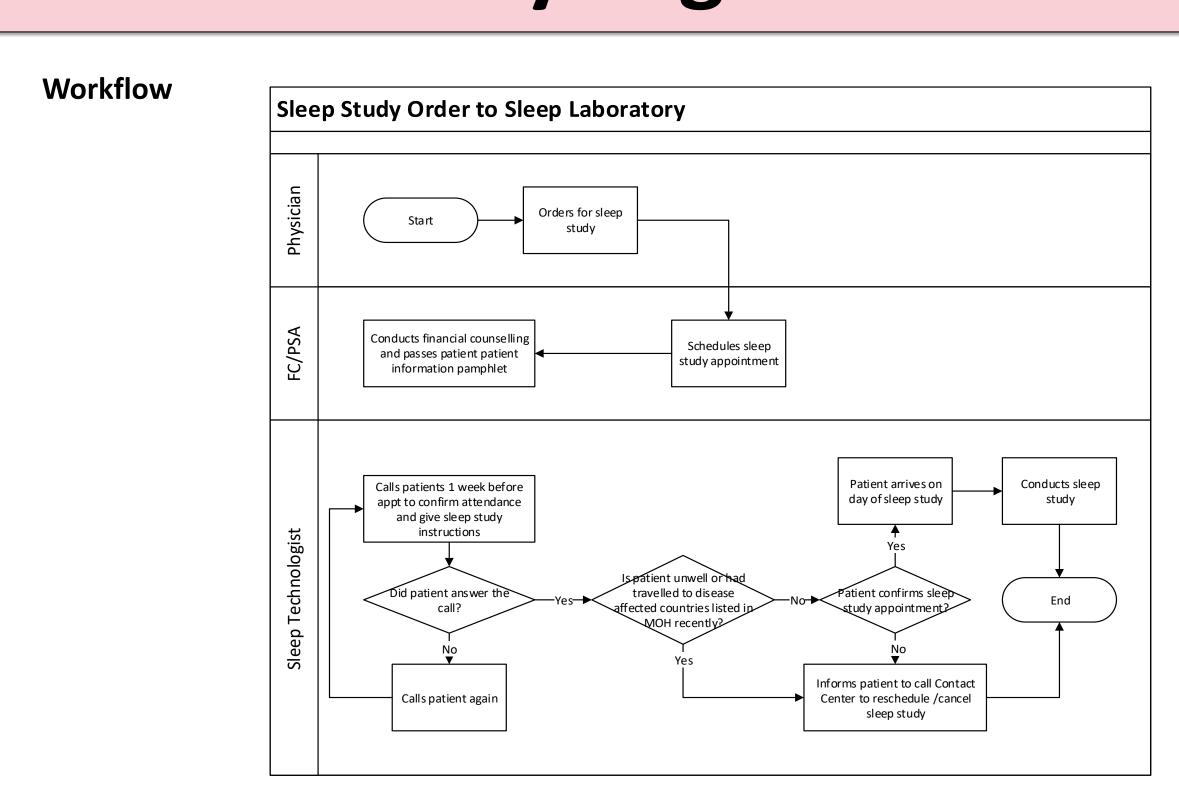
The project aims to reduce the monthly patient no-show rate for sleep study from the current 9.1% to 5%.

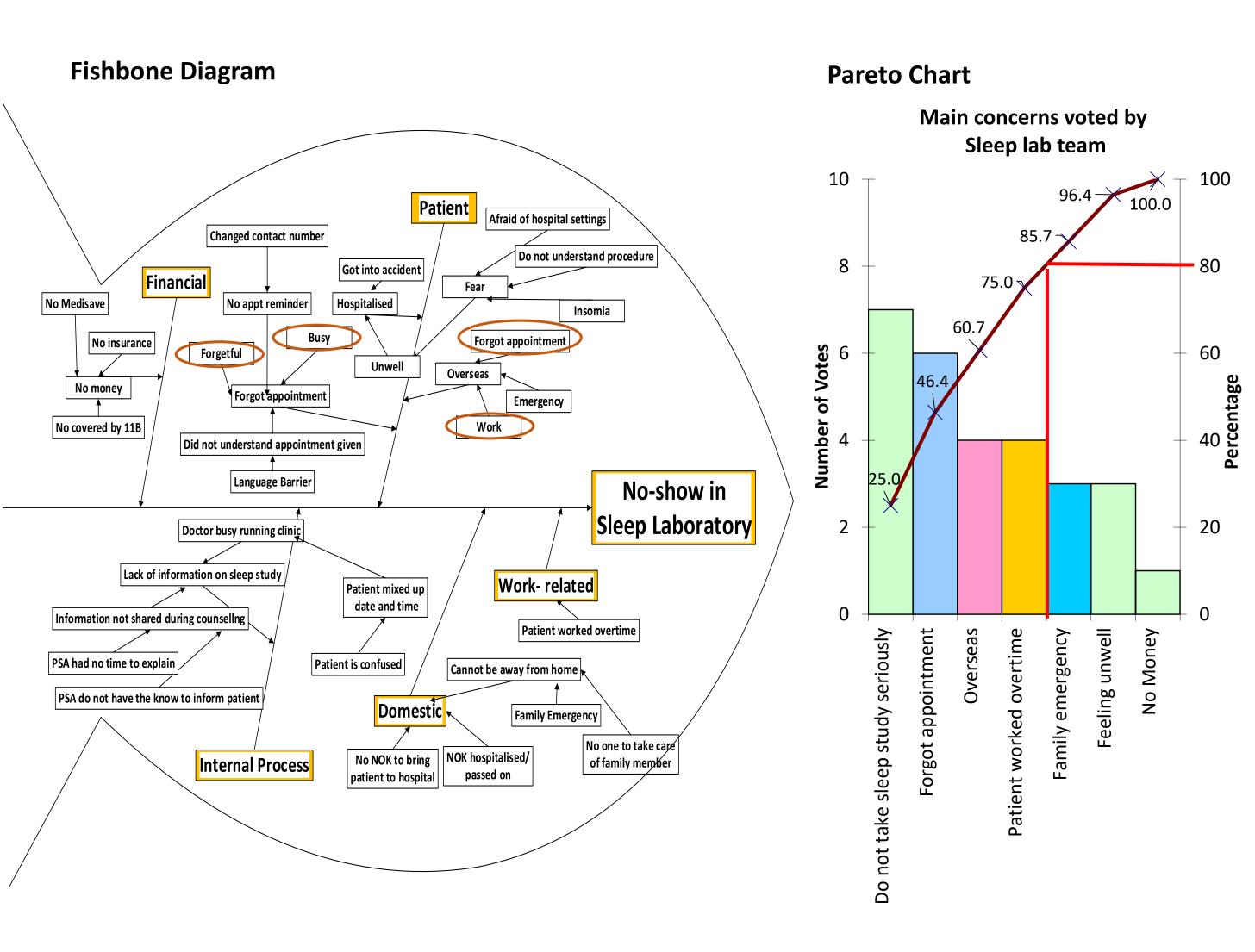
Establishing Measures

Sleep Lab No-show rates (Jan-Dec 2017)



Analyzing Problem





Selecting Changes

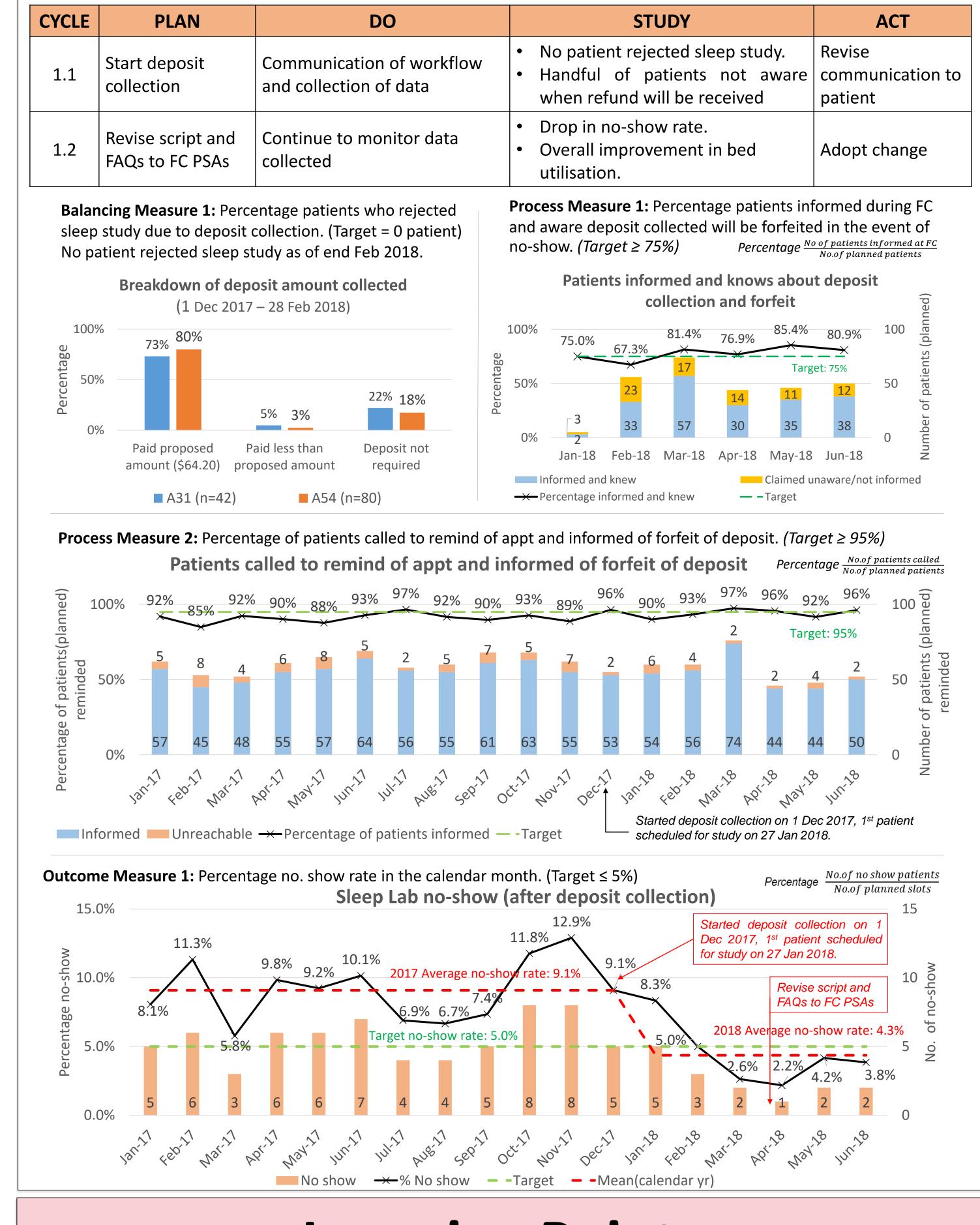
Fishbone diagram & pareto chart showed that the causes for no-show was primarily due to patient's behavior (habitual no-show). Top causes & proposed solutions were summarised in the table below.

Top root causes	Possible Solutions
Patient do not take sleep study seriously	1. Collection of deposit for the booking of sleep study
Patient forgot about the appointment	appointment2. Penalise patients only in the event of no-show

We decided to implement deposit collection because it increases patients' commitment for the sleep study and can relate to it positively as compared to penalising patients which may be seen as a punishment.

We designed the workflow, created the charge code, script and FAQs for patients and PSAs respectively. This was piloted in high referral service areas at A31 Sleep Medicine, A54 ENT & JMC ENT clinics. Deposits were forfeited in the event of no-show or late cancellation/rescheduling done in less than 5 working days.

Testing/Implementing Changes



Learning Points

- .. Deposit collection is effective in improving the monthly no-show rate for sleep study by 51% from 9.1% to 4.3%.
- 2. Sleep Lab average utilisation rate improved from 80.6% in 2017 to 89.2% (Jan-Jun 2018).

<u>Acknowledgements</u> We sincerely thank Finance, Business office, Service Operations, Quality, Innovation, Improvement & Contact Center for their invaluable inputs in implementing the workflow. We also thank the rest of the Sleep Laboratory team members Dr Sridhar V, Dr Adeline T. and Victoria M. for their contributions.





