

#### CHI Learning & Development (CHILD) System

#### **Project Title**

Automating Children's Emergency (CE) Home Recovery Programme (HRP)
Assessment and Reports

#### **Project Lead and Members**

- Mr Amos Lim
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#### **Organisation(s) Involved**

KK Women's and Children's Hospital, Ministry of Health

#### Healthcare Family Group(s) Involved in this Project

Medical, Healthcare Administration

#### **Applicable Specialty or Discipline**

**Emergency Medicine** 

#### **Project Period**

Start date: Not Available

Completed date: Not Available

#### Aim(s)

- Eliminated the need to call up to about 80 patients a day.
- Manpower required reduced from 4 to 5 staff per day to 1 staff per day
- Fast retrieval of patient contact information was done via E-hints report which also eliminated scribing errors.



#### CHI Learning & Development (CHILD) System

- HRP assessment process and reporting submission cut down from 6 hours to just
   30 minutes per day
- Scalability to other support teams to reduce fatigue

#### **Background**

See poster appended/below

#### Methods

See poster appended/below

#### **Results**

See poster appended/ below

#### Conclusion

See poster appended/ below

#### **Project Category**

Technology, Digitalisation

Care & Process Redesign, Productivity, Manhour Saving, Time Saving, Quality Improvement, Job Effectiveness

#### **Keywords**

**Automated Data Processing** 

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# Automating Children's Emergency (CE) Home Recovery Programme (HRP) Assessment and Reports



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Office of Patient Experience: Amos Lim / John Wong / Serene Pok / Irene Chan

MOH | Medical Operations and Policy Centre: Dr Chong Si Jack / Sng Meng Wah / Goh Jia Yi

# INTRODUCTION

As the number of Covid-19 patients increases, Office of Patient Experience (OPE) team took over HRP assessment for MOH reporting to enable CE doctors to better focus on patients' care. OPE team was overwhelmed when the cases increased and fatigue set in while supporting the HRP assessment and report.

# **Problem:**

- 1. Time consuming: Required up to <u>6</u> man hours (including public holidays and weekends) daily!
- 2. Manual process in collating and processing daily MOH Reporting of HRP cases
  - Call caregivers for HRP assessment
  - Process into required format as per MOH requirements

# **METHODOLOGY**

# Two Phased Data processing approach was adopted:

Phase 1: Digitalization of patient contact and responses for HRP assessment

# Before

- a) Contact of patient' caregiver for patient details obtained via individual extraction from SCM
- b) Conduct HRP assessment via individual phone call



a) Retrieval of patient contact details via Ehints report setup eliminated the manual process including efficiently obtaining the patient responses for timely intervention

After

b) Set up FORMSG (based on MOH's set criteria) for patient to respond after sending SMS via Bizlive

Phase 2: Collaboration with DAO on Process redesign of data preparation and automation of MOH report. **Before**After

a) Manual assess patient's eligibility for HRP via phone call

b) Manual assess if patient

réquires Virtual consultation c) Manually complete MOH report to submit patients' details based on (1. Eligible

for HRP 2. Not Eligible 3.



- a) Download responses from FORMSG without contacting patient
- b) Algorithm using Excel macro to automatic assess and group patients eligibility status
- c) Automate to produce final MOH required format for immediate dissemination

# Phase 2 Process "redesigned"

# Collating and processing daily MOH Reporting of HRP cases

**Before** 

Approx 20 minutes via Excel

A) Step 1: Sort by age in ascending order

To obtain list of patients 12 months and above
Step1: Filter by Age (column K) and only select responses
"1" and above
Step 2: Filter by Download status (column M) to "Success"
Step 3: Filter by "Would you like a VC?" (column P) to "Yes".

\* The remaining patients are patients above 12 months and require VC.
Email patient name and IC to CE admissions for arrangements of VC.

DELETE ALL THE RECORDS OF PATIENTS ABOVE 12 MONTHS AND REQUIRE VC FROM THIS LIST

B) The remaining patients are those below 12 months and below
Step 1: Go to HRP (column Q) and apply formula below for all records below 12 months
Step 2: Update MOH template accordingly with the respective HRP eligibility generated.

\*Formula to enter under column Q =IF(AND(M2="Success",N2="",O2=""),"Eligible for HRP",IF(AND(M2="",N2="",O2=""),"Did not respond to FormSG")) Arter

Approx 2 minutes
via Macro

## Open up Macro workblook

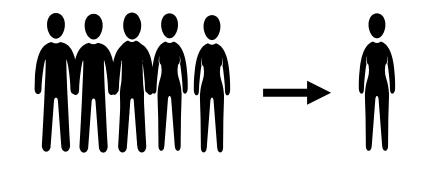
- Input Call list
- Input FormSG response
- Run macro

**RESULTS** 



Uncontactable)

1. Eliminated the need to call up to about 80 patients a day.



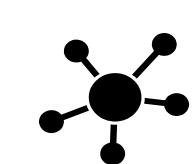
2. Manpower required reduced from 4 to 5 staff per day to 1 staff per day



3. Fast retrieval of patient contact information was done via E-hints report which also eliminated scribing errors.



4. HRP assessment process and reporting submission cut down from 6 hours to just 30 minutes per day



5. Scalability
to other
support teams
to reduce
fatigue

## CONCLUSION

OPE's collaboration with DAO involved taking a systematic approach to review and redesign the process of data processing. Use of automated process also enabled task to be standardised and executable by any staff. This allowed a setup of rotation amongst the data representatives to prevent staff fatigue and ensure sustainable reporting.



Acknowledgement: We would like to thank our KKH Data Analytics representatives for their support in this work.

PATIENTS. AT THE HE RT OF ALL WE DO.





















