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



#### **Project Title**

OTSight: Data-Driven Workforce and Process Transformation For Operating Theatre (OT) Optimisation

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

Project Lead: Dr Ng Chew Lip

**Project Members:** Ms Tan Seo Peng Joanna, Dr Hwang Chi Hong, Ms Christine Wu, Mr Kelvin Lew, Ms Trish Woon, Ms Lui Lok You, Ms Tammy Wong, Mr Chen Zhaoqi, Ms Geelyn Ng

#### **Organisation(s) Involved**

Ng Teng Fong General Hospital

#### **Healthcare Family Group Involved in this Project**

Healthcare Administration, Medical, Nursing, Pharmacy

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

Surgery, Anaesthesiology, Healthcare Administrators

#### **Project Period**

Start date: Jun 2022

Completed date: Dec 2022

#### Aims

- Designing a system to identify biggest value pools through deep analytics and data mining for intervention.
- Empower and involve staff in design and execution of intervention.
- Improve efficiency of current processes, cut wastes and further optimise OT utilisation and outcomes by 2022.

#### **Background**



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

See poster appended/below

#### Methods

See poster appended/below

#### **Results**

See poster appended/ below

#### **Lessons Learnt**

See poster appended/below

#### Conclusion

See poster appended/below

#### **Additional Information**

NHIP 2023 – Best Practice Medal (Automation, It & Robotics Innovation)

#### **Project Category**

**Workforce Transformation** 

Job Redesign, Multi-disciplinary, Digital Workplace, Workforce Performance

Technology

Digital Health, Data Management, Data Analytics, Artificial Intelligence, Big Data

Organisational Leadership

Organisation Development, Culture Building

#### **Keywords**

Operating Theatre, Surgery, Data Management, EPIC, Data Visualisation, Data Mining, Workflow Redesign, Resource Optimisation

#### Name and Email of Project Contact Person(s)



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

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OTSIGHT: DATA-DRIVEN OPERATING THEATRE OPTIMISATION

☐ CARE REDESIGN

**WORKFORCE TRANSFORMATION** 

M AUTOMATION, IT, ROBOTICS INNOVATION

MEMBERS: TAN SEO PENG JOANNA, TRISH WOON, LUI LOK YIU, DR HWANG CHI HONG, CHRISTINE WU XIA, CHEN ZHAOQI, GEELYN NG, KELVIN LEW SIN MIN, TAMMY WONG, DR NG CHEW LIP

# 1. Define Problem, Set Aim

## Background

- NTFGH observed increased surgical workload in 2021 amidst a national healthcare manpower shortage.
- Given limited OT resources and the complex and dynamic environment with multiple constraints, this could pose challenges to patient safety, care quality and hospital finances.

# **Problem/Opportunity for Improvement**

- Coordination of resources and patient-flow planning are critical for effective OT management. We saw an opportunity to capitalise on our 6-year worth of Epic Electronic Medical Record (EMR) data to analyse the efficiency of each step of our patient's OT journey and identify areas for improvement.
- OTSight, an end-to-end ecosystem capable of extraction, analytics and visualisation for workforce transformation was conceptualised.

## <u>Aim</u>

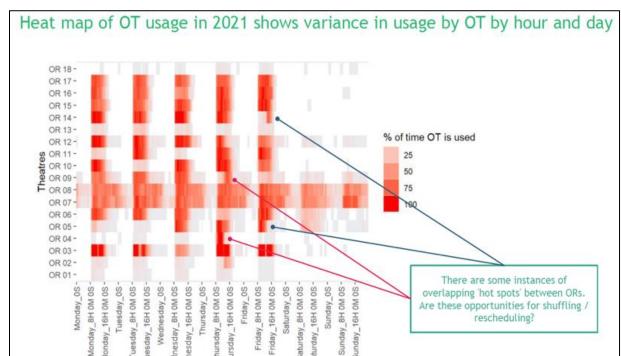
- Designing a system to identify biggest value pools through deep analytics and data mining for intervention.
- Empower and involve staff in design and execution of intervention.
- Improve efficiency of current processes, cut wastes and further optimise OT utilisation and outcomes by 2022.

# 2. Strategy for Change

## 1. Unleash The Power Of Data

- Backbone of OTSight: Extraction and analytics algorithms;
   Dashboard infrastructure.
- Analysed efficiency of each step in OT to identified greatest improvement opportunities.
- Employed innovative "dollar-value tagging" for each proposed intervention with benchmarks to visualise objective rationale for these interventions.
- Deployed dashboard in pantry to improve data visualization and cascading of information; Spurring behavioural changes through leader board concept.
- Objective data obtained project buy in from OT stakeholders.

# Heat map of OT usage in 2021 shows variance in usage by OT by hour and day



Dashboard Deployment at OT Pantry



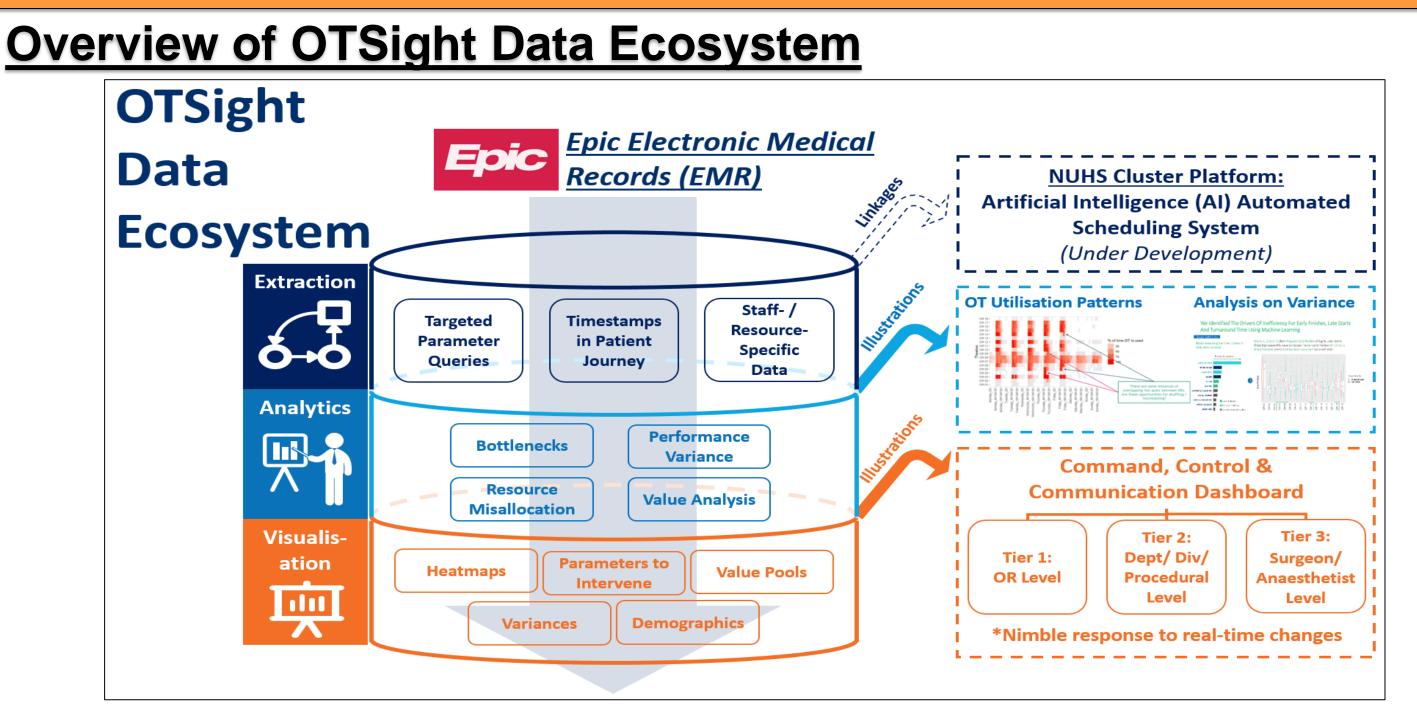
# 2. Understand And Empower Staff

- Engaged OT stakeholders to comprehend operational roles, dependencies, collaboration difficulties, and corroborate analytic outcomes with ground situation.
- Process created ownership and buy in for solutions proposed.
- Induced a transformation in culture and habits.

# 3. Regular Review

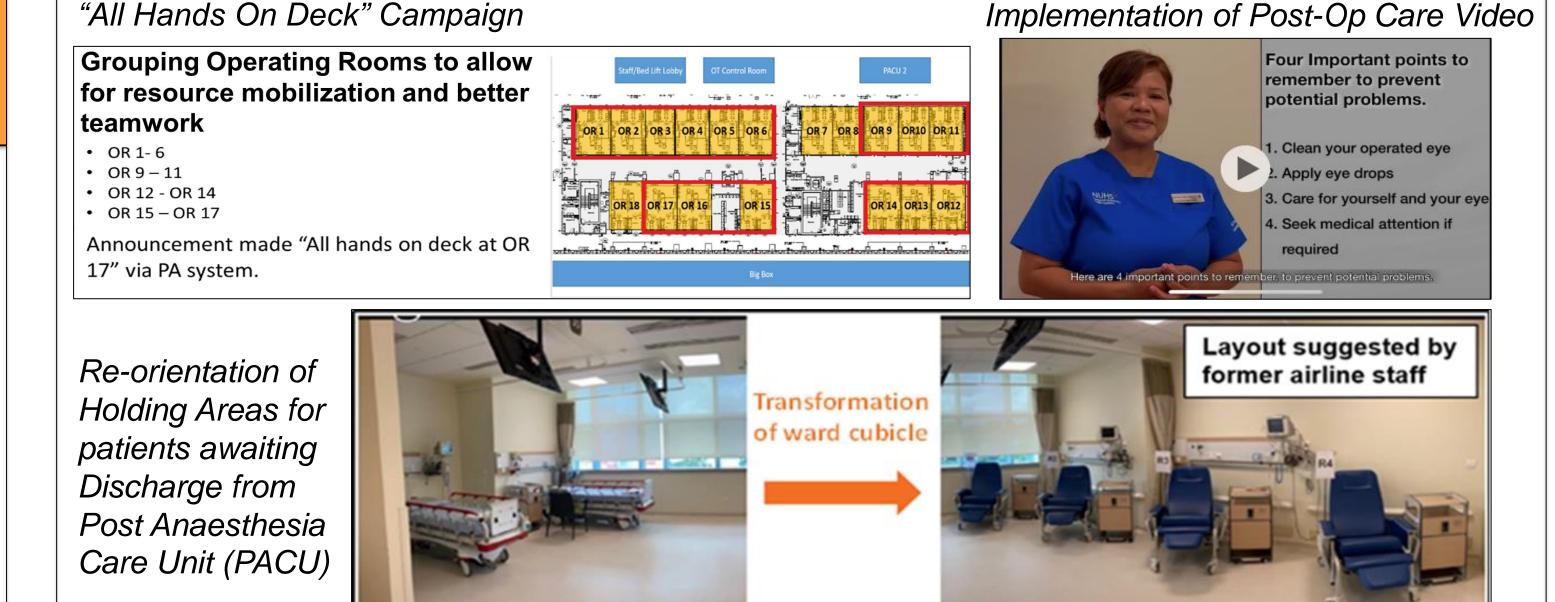
- Weekly meetings with ground staff to assess interim outcomes and adjust efforts; Updates to Senior Management for leadership guidance and support.
- Roll out of individual projects built momentum and organisational support, enabling outcomes to be synergised and aggregated into a system level improvement.

# 3. Interventions and Results



## Overview of Key Interventions & Examples

S/N	Intervention
1	<ul> <li>Redesign of Ambulatory Ward Layout &amp; Workflow</li> <li>Streamlined operational workflows for specialisation and efficiency</li> </ul>
2	Redesign of Administrative Workflow from Specialist Outpatient Clinic (SOC), Admissions Office (AO), Business Office (BO) to Discharge Care  • Streamlined administrative workflows for efficiency
3	New Letter of Guarantee (LOG) Workflow for Non-Residents (NR)  • Redesigned process to reduced NR without LOG, reducing cancellation or rescheduling of surgery
4	<ul> <li>Post-Op Care Videos Implementation</li> <li>Videos optimised post-op education, availing nurses for higher-value tasks</li> </ul>
5	Streamlining Patient-Flow from AO to Discharge • Enhanced process to relieve bottlenecks
6	<ul><li>Creating Platforms for Communications</li><li>Improved communication and teamwork with workflows and tools</li></ul>



## Results: Improvement In OT Utilisation and Outcomes

 OT utilisation rate increased from 86.8% to 100.5% with no corresponding manpower increase, contributed by: reduction in overall turnaround time between surgeries and late starts, efficient processes that shortened patient processing by 24 minutes; core transformation of OT culture.

	Pre-Intervention	Post-Intervention	Difference	P-Value*
Turnaround Time (> 15 mins)	32.5%	24.8%	- 7.7%	<0.05
70 Tarriar Jarra Timo (> 10 Illino)	(Jun'21 – Dec'21)	(Jun'22 – Dec'22)	1.1 /0	
% of Late Starts for 1st surgery	25.5%	20.9%	- 4.7%	<0.05
(After 8:35am) - Overall	(Jun'21 – Dec'21)	(Jun'22 – Dec'22)	- <b>-</b> . / /0	
Time Taken To Complete OT	102 mins	78 mins		NA
•	(1 Feb'22 – 22	(23 Mar'22 – 31	- 24 mins	
Journey	Mar'22)	Mar'22)		
OT Utilisation Rate	86.8%	100.5%	13.7%	>0.05
Adjusted for differences in manpower	(Jun'21 – Dec'21)	(Jun'22 – Dec'22)		

# 4. Learning Points

- With Epic go-live across Singapore, OTSight data ecosystem can be effectively scaled by leveraging on similar databases, data linkages and current dashboard frameworks.
- Objective data analytics is helpful in strategic decision-making and nimble resource allocation.
- Stakeholder buy-in, along with staff engagement and empowerment are critical in this bottom up initiatives.
- A paradigm shift in culture is necessary to effect changes in deeply rooted practices.
- Organisational support is critical for project take-off.





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