

## **Project Title**

Patient Support Services Improve Patient Care Efficiency (PSS-IPE)

## **Project Lead and Members**

**Project lead:** Dr Gabriel Gerard Yee Wenjun

**Project members:** Dr Eden Tay, Darren Thng, Jeffrey Soon, Yeung Chee Yan, Nurlaila Binti Maidin, Eunice Chin Koon Eng, Efen Tan Yoke Hoon, Toh Poh Leng

## **Organisation(s) Involved**

Bright Vision Community Hospital

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

Medical, Nursing, Healthcare Administration, Allied Health, Ancillary Care

## **Applicable Specialty or Discipline**

Post Acute & Continuing Care, Service Support, Medical Social Services, Human Resource

## **Aims**

1. To right-site non-clinical tasks from nurses and MWS, thereby increase efficiency as their time is freed up time for core clinical duties.
2. To ensure manpower saving from a more efficient model.

## **Background**

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

**Project Category**

Workforce Transformation

Job Redesign, Upskilling, Workforce Sustainability

**Keywords**

New Job Role Creation

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

Name: Dr Gabriel Gerard Yee Wenjun

Email: [gabriel.gerard.yee.w.j@singhealth.com.sg](mailto:gabriel.gerard.yee.w.j@singhealth.com.sg)

# Patient Support Services Improve Patient Care Efficiency (PSS-IPE)

Dr Gabriel Yee<sup>1</sup>, Dr Eden Tay<sup>1</sup>, Darren Thng<sup>2</sup>, Jeffrey Soon<sup>2</sup>, Yeung Chee Yan<sup>3</sup>, Nurlaila Binti Maidin<sup>3</sup>, Eunice Chin<sup>4</sup>, Efen Tan<sup>4</sup>, Toh Poh Leng<sup>5</sup>

Bright Vision • Outram • Sengkang

<sup>1</sup>Post-Acute & Continuing Care, <sup>2</sup>Service Support, <sup>3</sup>Nursing, <sup>4</sup>Medical Social Services, <sup>5</sup>Human Resource

## BACKGROUND

**Bright Vision Community Hospital (BVCH)**, one of the Community Hospitals under SingHealth Community Hospital, has been operating as a COVID-19 Treatment Facility (CTF), caring for COVID-19 patients requiring isolation since April 2020.

In the initial days of the pandemic, the operation in BVCH was led primarily by the clinical team – including nursing doubling up to performing non-clinical roles including ushering patients for admissions and discharges, and managing medical stores; while our Medical Social Workers (MSW) help in booking of ambulances/taxis for discharges, liaising with MOH for transfers to other community facilities.

## PROJECT AIM

To address the high workload of the clinical manpower, the BVCH management conducted a job redesign exercise to create a new job role called the **Patient Support Services (PSS)**. This new role aims to **reorganize the current non-clinical roles** and functions and to be **undertaken by a non-clinical manpower** team.

The project aims to achieve the following:

- 1** **Right-siting of non-clinical tasks** from nurses and MWS, increasing efficiency as their time is freed up time for core clinical duties.
- 2** **Manpower saving** from a more efficient model.

## ANALYSIS

**High patient workload** in acute hospitals during COVID-19 surges led to high pressure to free up acute hospital beds. BVCH, as an intermediate isolation facility caring for patients who no longer require acute hospital care, supported the acute hospitals by admitting these patients who are mainly frail elderly who were not fit for home after their acute episode.

- The rate of admission was high – at up to 40 to 50 patients admitted per day during surges, and each patient's admission taking up to 10 min. This led to long working hours for the clinical teams who supported the entire operations from admissions, discharges, and patient conveyancing (to emergency departments and dialysis centres).
- The long working hours, worsened by the insufficient clinical manpower, led to increased rate of burnout, reduced morale of staff and overall reduction in job efficiency.

## SOLUTION PLANNING & SCOPE

### A. Diagnosing the Problem

- A **multi-disciplinary team** was formed to map the current processes, identify the process inefficiency (waste).
- Specific non-clinical job functions** were identified by the stakeholders as below:
  - Daily coordination with internal and external stakeholders on admission and discharge arrangements and arranging for transportation for discharges (by nursing staff)
  - Wheeling patients to the wards at admissions, assisting patients and caregivers during patient's pickup at discharges (by MSWs)
  - Sending blood specimens for testing (by nursing staff)
  - Managing inpatient ward medical consumables supply store, PPE/scrub suits etc topping up (by nursing staff)
  - Providing porter services (general support, by nursing staff)

### B. Implementation

- Plan: The **job sizing** was conducted and a new non-clinical job role was developed - **Patient Support Services (PSS)**, to take over the above job functions. Specific job competencies and checklists were developed for PSS.
- Implement: PSS underwent a week of **training and shadowing** with the nursing staff and MSWs, and eventually commenced work as the first batch of PSS in November 2022.

## INNOVATION



### Impact For Clinical staff

- Increase efficiency and better utilisation of the clinical manpower by allowing them to focus on their clinical duties, especially during manpower shortages
- Uplift job value for clinical staff where they can perform at the top of their license in delivering care for the patients



### Impact For Patient Support Services staff

- Uplift job value of redesigned support service function through multi-skilling, cross-deployment and increasing productivity by having clearly defined roles and responsibilities, and close working interfaces with the clinical teams.
- During the pandemic, this role supports personnel who are looking for jobs, and provide a useful and safe platform for them to contribute the skillsets.



### Impact For BVCH (Organisation)

- More efficient operating and manpower model that allows clear segregation and right-siting of roles and functions to the correct teams.
- Overall manpower saving from the appropriate right-siting of functions.
- Enhance patient and staff satisfaction.
- Successful pilot to introduce the non-clinical workforce within a traditionally clinical process.



### PSS in Action

Right Panel: PSS in full Personal Protective Equipment (PPE) helping a patient disembark the ambulance and porter patient up to ward. They also had to control the flow of ambulance traffic in and out of BVCH, with as many as 50 admissions per day during surges, relieving load on clinical staff who normally had to manage these roles.



## PROJECT'S IMPACT

### Manpower Savings

Manhours saving from implementation of PSS		Total manhours/ week			% Manhours Savings/ Week	Net Monthly Manpower Saving ( <u>net cost of PSS</u> )
		Oct-21 (Pre)	Jan-22 to Current (Post)	Manhour Savings (Pre - Post)		
Medical Social Services (incl Medical Social Worker and Social Work Assistant)	Weekdays	336	126	210	63%	\$40,632.84/ month
	Weekends	20	4	16	80%	
Nursing (Staff Nurses)	Weekdays	560	140	420	75%	
	Weekends	224	56	168	75%	

Since Jan 2022, PSS implementation resulted in net manpower cost savings of **\$40,632.84 monthly** due to right-siting of non-clinical tasks to PSS.

### End Users' Experience

"I write to express how impressed I am, with both Thomas and Jenny from BVCH, on the **pre-discharge coordination** for my Dad. The **amount of details and urgency** they have, to making all things **run smooth, and without hiccup** - from what time to be there, what to expect, not making me wait for details and eventually at the gate, how to go about with getting Grab car organised, and even meeting me by the gate.

I am very impressed with the **level of professionalism and sincerity** they have... If only the other hospital that my father used to be admitted had your level of service! Once again, my compliments to the 2 mentioned and keep up the great work!" (Compliments from Patient's family)

"Staff can have **adequate rest from work** (less Saturdays, and not expected to work Sundays/PH), **concentrate on their core work responsibilities** (less distraction) and better work life balance, **improved work and staff satisfaction morale**.

As PSS have to learn a wider array of healthcare and communication skills while managing patients and engaging next-of-kin, they are now a **valuable group of staff** working alongside the clinical team members!" (Inputs from Manager, Medical Social Services)

## SUSTAINABILITY AND SPREAD

BVCH transitioned in Jan 2023 to admit CH Rehabilitation and Sub-acute patients and fulfils a unique Hybrid CTF-CH role. With this change, PSS continues to support similar functions - including support discharge and admissions conveyance duties for both CTF and CH patients, assist in portering, ushering, receptioning and store management.

We view the PSS model can **spread with adaptations** beyond BVCH by having clearly defined roles and responsibilities mapped out.