

CHI Learning & Development System (CHILD)

Project Title

Improving Admission And Discharge Turnaround Time (TAT) In Jurong Community Hospital (JCH)

Project Lead and Members

Project lead: Ng Kian Swan

Project members: Khoo Chwee Khim, Angelin Hong, Calvin Lim

Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Patient Service Associate

Aims

To improve Turnaround Time (TAT) for admission and discharge.

To develop and upskill existing manpower via cross-training and coverage in other service areas.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below



CHI Learning & Development System (CHILD)

Lessons Learnt

Collaboration between JCH and NTFGH inpatient operations allows patients and their NOKs to receive prompt service and better patient care

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Value Based Care, Productivity, Time Saving, Access to Care, Turnaround Time, Training & Education, Inter-Professional Education

Keywords

Admission and Discharge, Inpatient Operations, Financial Counselling

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IMPROVING ADMISSION AND DISCHARGE TURNAROUND TIME (TAT) IN JURONG COMMUNITY HOSPITAL (JCH)

NG KIAN SWAN, KHOO CHWEE KHIM, ANGELIN HONG, CALVIN LIM

SAFETY
PRODUCTIVITY
PATIENT EXPERIENCE
QUALITY
VALUE

Define Problem, Set Aim

Background

Since 2016, JCH inpatient (IP) workload has been on an upward trend. However, the number of PSAs at the ward counters remained relatively the same.

Year	2016	2017	2018	
Workload	4,641	5 670	7,700	
VVOI KIOAU	4,041	5,679	(projected)	
Workload (% increase)	_	22%	66%	
Wards in Operation	7	8	8	
Number of PSAs	8	8	9	

Issues encountered

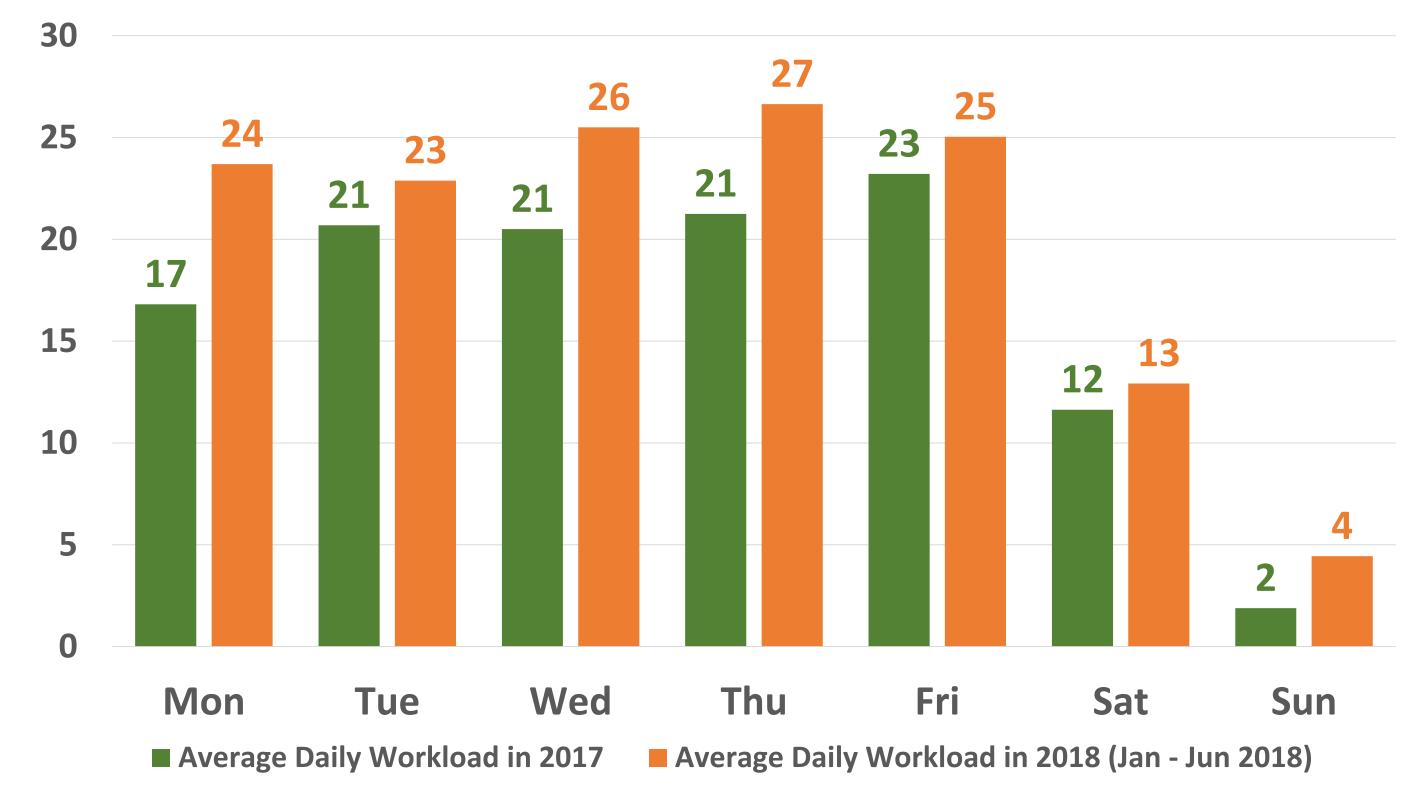
- a) JCH inpatient PSAs supported ward operations 7 days a week. With the current pool of manpower, it was common for one PSA to cross-cover 2 or more wards
- b) This indirectly impacted the time taken to process a patient's admission and discharge as PSA was attending to another patient or their next-of-kin (NOK) in another ward
- c) This also impacted the service experience of patients and next-of-kins

Aims

- a) To improve Turnaround Time (TAT) for admission and discharge
- b) Develop and upskill existing manpower via cross training and coverage in other service areas

Establish Measures

Average Daily Workload in 2017 and 2018 (Admissions and Discharges, include NTFGH @ Ward C7)



- 1) 2018 data showed that the average admissions and discharges ranged from 25 patients on weekdays to 4 patients on Sunday
- 2) Despite a six-folds increase in workload, there was no concurrent increase in PSAs manpower. The working arrangement also limits the available number of PSAs on weekdays
- 3) With this information, the team studied the trends of other Community Hospitals and gathered their working hours as shown in the table below

Benchmarking JCH PSA Ward Coverage Against other Community Hospitals in Singapore

Community Hospital	Monday to Friday	Saturday	Sunday & Public Holidays	
JCH	9am to 6pm	9am to 6pm	9am to 6pm	
A	Office hours	Half day	Off	
В	Office hours	Half day	Off	
C	Office hours	Half day	Off	
D	Office hours	Off	Off	
Ε	AM/ PM Shift	Half day	Off	

Analyse Problem

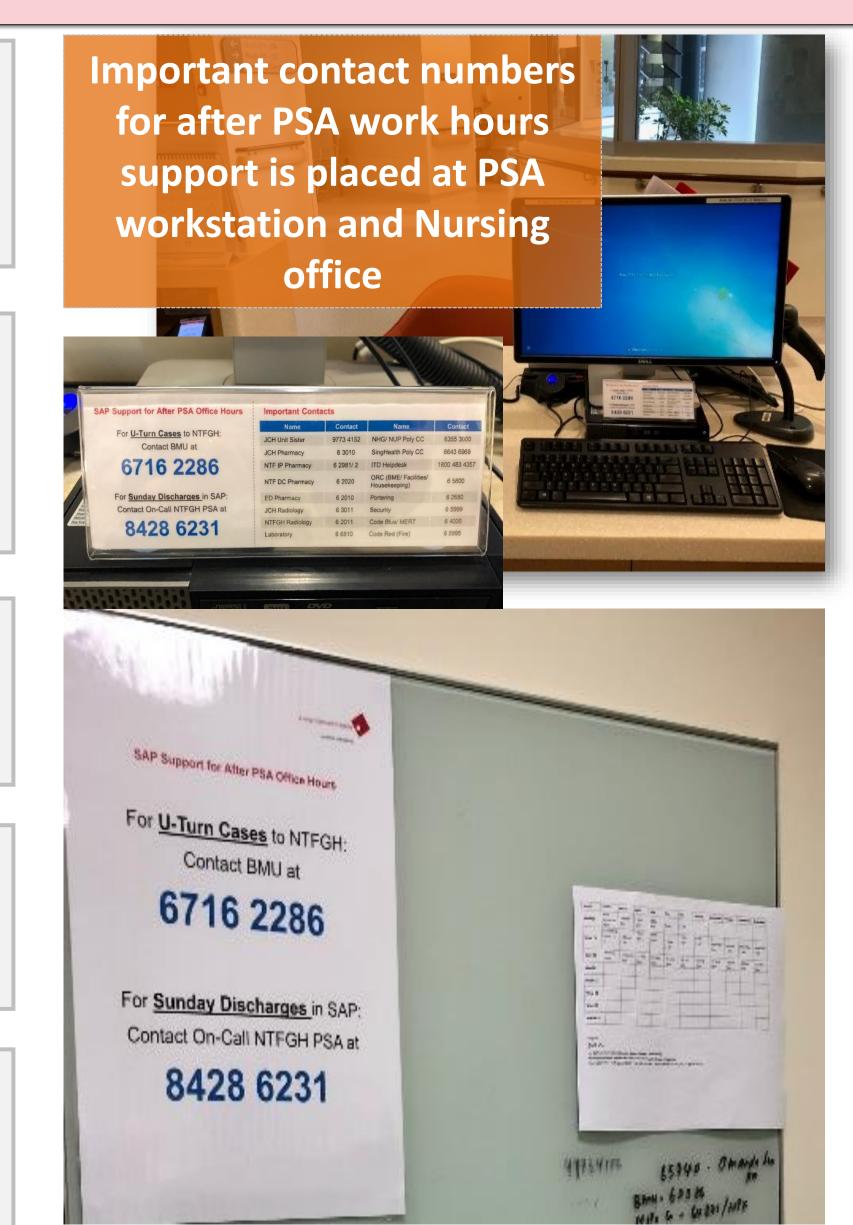
Study on JCH trends & data, operating hours of other community hospitals

Proposed revision of PSAs work schedule and obtained approvals from COO, JCH MD & JCH Nursing

NTFGH IP PSAs agreed to support Sunday discharges

Communicate changes to PSAs and revamp staff roster

Display signages to inform ward staff on the support contact numbers



Revised PSA Ward Counter Operating Hours from 16 July 2018: Monday to Saturday - 9am to 6pm (include Public Holidays)

Test & Implement Changes

Improved Turnaround Time and Productivity: With the new work arrangement, more staff are deployed on weekdays. This contributes to faster TAT for processing admissions and discharges. The table below shows the time taken to process an admission and discharge before and after the implementation.

Results	Before	After	Time Saved	Productivity
Number of PSAs covering 2 wards	3	1	_	_
Average TAT Per Patient Per Ward (Admissions)	10 min	7 min	3 min	30.0%
Average TAT Per Patient Per Ward (Discharge)	27 min	18 min	9 min	33.3%

- 2) Synergy between JCH and NTFGH Inpatient Operations: Cross-coverage by NTFGH inpatient PSA on Sunday ensures discharge process in JCH is not compromise. With more PSAs working on weekdays, JCH inpatient PSA could support NTFGH Mobile Team in conducting Financial Counselling for JCH admission during peak hours. This aids to expedite admission into JCH.
- **3) Seamless Patient / NOK Experience**: Creates seamless Financial Counselling for NTFGH patients / NOK discharging to JCH as any further follow-up would be done by JCH PSA that conducted the initial Financial Counselling at NTFGH.

Learning Points

- 1) Study historical trends and benchmarking with industry standards aid to optimise current pool of manpower and increased staff productivity by 30% to 33.3%
- Collaboration between JCH and NTFGH inpatient Operations allows patients and their NOKs to receive prompt service and better patient care