

Project Title

Improving flow of MSS Forms in Medicine, Cardiology, Geriatrics and Diabetes Clinic

Project Lead and Members

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Project members: Malyanah, Rowina, Maleni

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration, Allied Health, Medical

Applicable Specialty or Discipline

Patient Service Associate

Project Period

Start date: Jul 2021

Completed date: Dec 2021

Aims

To reduce the monthly feedback from MSS on unreturned forms by 50% by Dec' 21

To reduce the incidence of forms not found unaccounted for to 0 per month by Dec' 21

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Implementing the workflow helps the staff to easily access and track the forms/documents Also, it helps the staff from multiple departments to work more efficiently and effectively. As such, the clinics has decided to continue with this workflow

However, digitising of forms should be the preferred solution in the long run as that will bring further efficiency. In addition, patient and data safety can be achieved

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Quality Improvement, Job Effectiveness, Quality Improvement, Productivity

Technology

Digitalization, Digitization

Keywords

Flow of MSS forms, Efficiency, Form Administration, Form Processing, Digitization, Workflow Redesign

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IMPROVING FLOW OF MSS FORMS IN MEDICINE, CARDIOLOGY, GERIATRICS AND DIABETES CLINIC

MEMBERS: PSA MALYANAH, PSA ROWINA, PSA MALENI, CHAY YU XUAN, LYNN CHEN

- ✓ SAFETY
- ✓ QUALITY
- ☐ PATIENT EXPERIENCE
- ✓ PRODUCTIVITY
- ☐ COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

MSS team relied on the clinics to liaise with the doctors to endorse on the MAF application forms (Means Test forms, Medifund Application Forms, MAF+ Forms etc).

Feedback was often sent by MSS team to Medical clinics that the physical forms were not returned timely. Upon investigation, the forms could not be found or have not been processed. This results in delay in treatment or approval process of Medifund for patients. In addition, this may result in PDPA issues as these forms contains patient information.

Aim

To reduce the monthly feedback from MSS on unreturned forms by 50% by Dec'21

To reduce the incidence of forms not found/ unaccounted for to 0 per month by Dec'21

Establish Measures

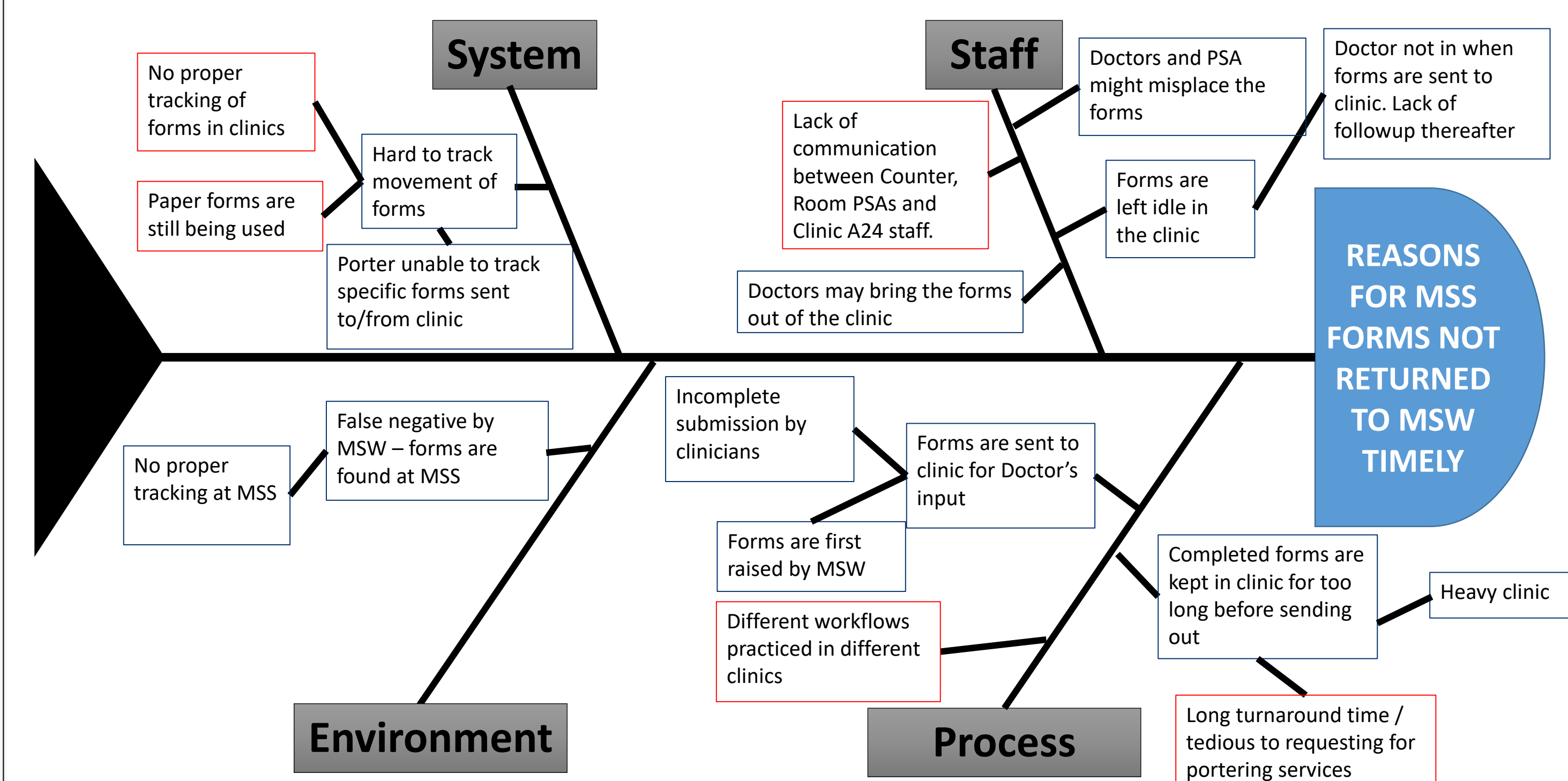
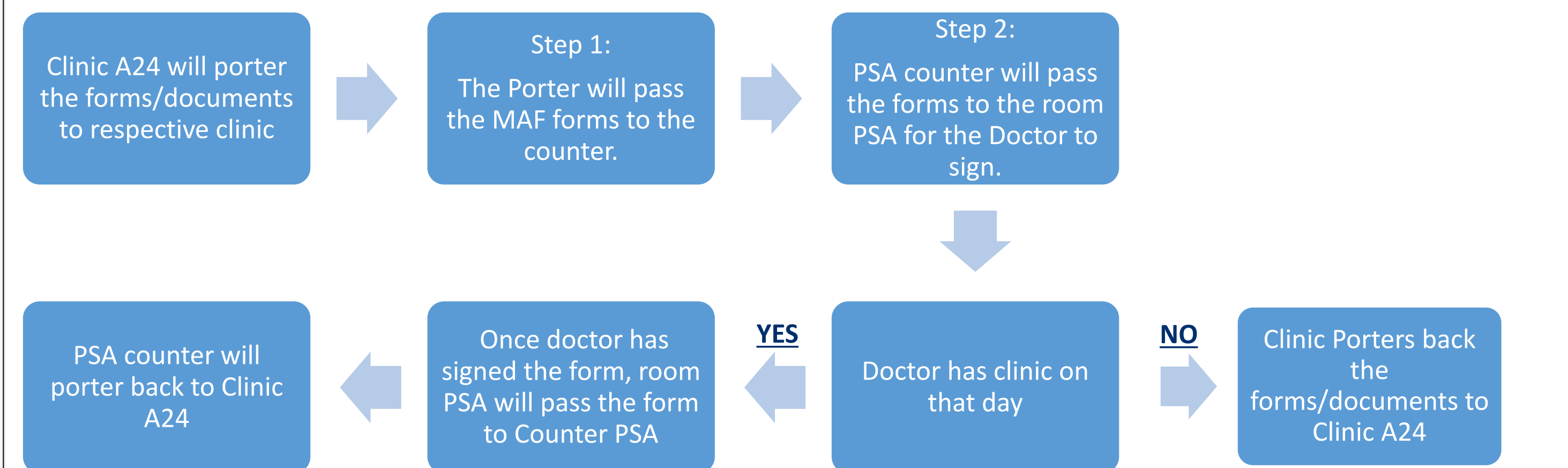
Clinic	Average Number of Forms Sent/Month	Average Number of Feedback / Month	Average Number of Missing Forms / Month
A32 Medicine	33	2	1
A34 Cardiology	20	4	2
A42 Geriatrics	7	1	0
A43 Diabetes	11	2	1
Total	71	9	4

*Time period: Jan – Jun21

Between the months of Jan – Jun21, the medicine specialty clinics receives an average of 71 forms from MSS monthly.

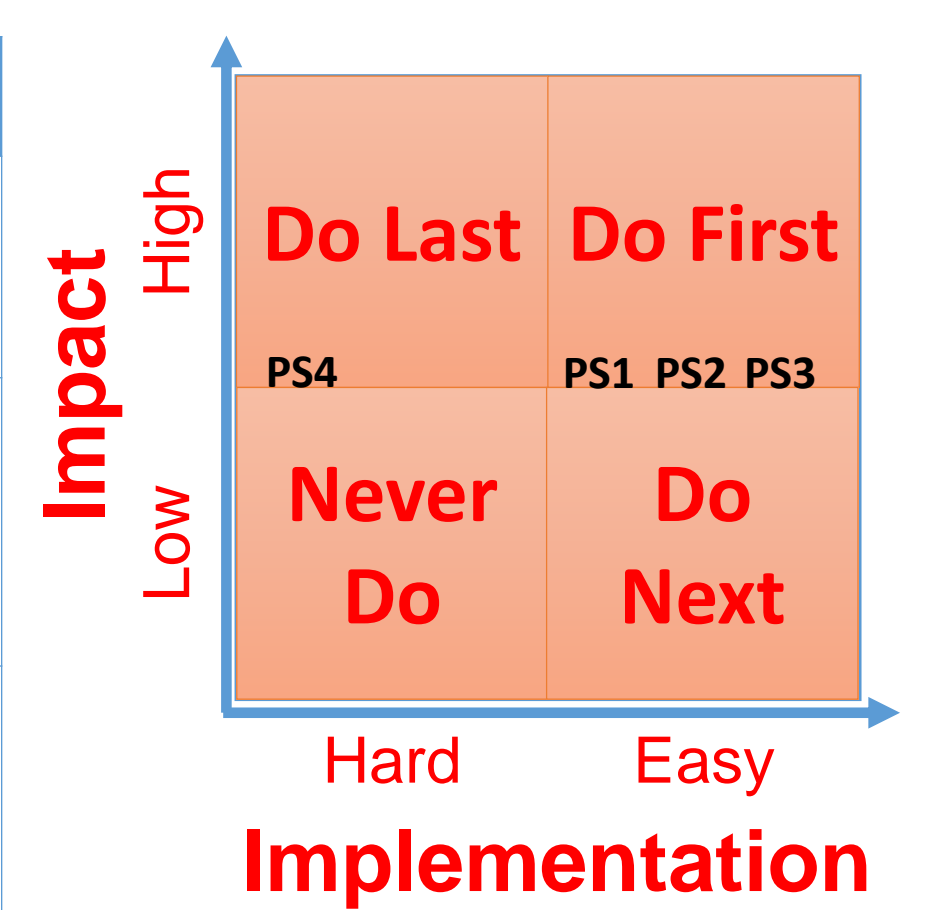
9 feedback was provided by MSS monthly requesting for update on forms sent to clinic. Upon investigation, clinics are not able to account for an average of 4 forms monthly.

Analyse Problem



Select Changes

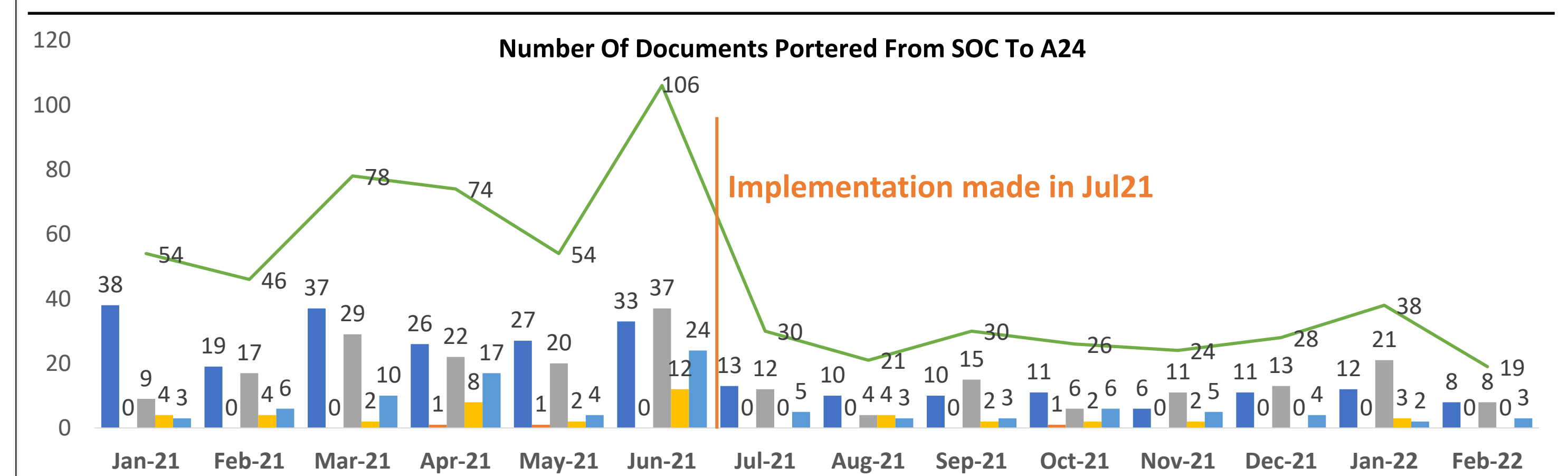
Root Cause	Probable Solution
Tedious in requesting for portering services	1 Clinic to scan and email MSS completed forms instead of portering to MSS clinic
No tracking process forms/documents	2 Create monitoring sheet to record movement of forms
Lack of communication between Counter and Room PSAs Different workflows practiced in different clinics	3 To develop a standardized workflow that once doctor has completed with the form, the room PSAs should pass the form to counter PSAs. Afterwards, the Counter PSA will follow up with the completed forms.
Paper forms are still being used	4 MSS to explore digitizing MAF & Medifund application process



Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1 (Jul'21)	PS1 Clinic to scan and email MSS completed forms instead of portering to MSS clinic	<ul style="list-style-type: none"> Counter PSA to scan and send completed forms to MSS via email Documents are encrypted before sending 	<ul style="list-style-type: none"> Process of sending completed forms have been simplified Counter PSA is able to perform this task when there is lull at the counter 	<ul style="list-style-type: none"> To adopt the solution
	PS2 Create monitoring sheet to record movement of forms	<ul style="list-style-type: none"> Monitoring sheet is created Roll call is made to inform all PSAs on the usage of monitoring sheet for MSS documents 	<ul style="list-style-type: none"> PSAs are able to identify the last probable location of the document quickly and easily Some of the entries are not filled in correctly as this is a manual process 	<ul style="list-style-type: none"> To adopt the solution A further roll call was conducted to reiterate the usage of monitoring sheet
	PS3 To develop a standardized workflow amongst the Medicine specialty clinics	<ul style="list-style-type: none"> A standardized workflow is developed for the clinics and roll call to the PSA Clinic will immediately porter back forms to MSS if the doctor is not in clinic on that day Room PSAs should pass completed forms to counter PSAs Counter PSA will follow up with 	<ul style="list-style-type: none"> Ambiguity of the workflow has been removed Reduction of number of forms held idle in the clinic PSAs are clear of the role of each person and are able to adhere to the workflow 	<ul style="list-style-type: none"> To adopt the solution

	Pre-Implementation (Jan – Jun21)	Post-Implementation (Jul – Dec21)	% Change
Average Number of Forms Sent/Mth	71	63	-11%
Average Number of Feedback / Month	9	3	-67%
Average Number of Missing Forms / Month	4	0	-100%



Implementation of the new workflow begun in Jul21. On average, the medicine discipline clinics received 63 forms from MSS monthly between Jul21 – Dec21. 3 feedback was provided by MSS monthly requesting for update on forms sent to clinic, representing a 67% drop. There were no missing forms reported post implementation. The implementation measures had brought about positive reviews by our colleagues as we now have better visibility of the forms within the clinic. With visibility, we could turnaround the form processing process in the clinic more quickly. Lastly, there is less stress on the ground as feedback/chasers from MSS has reduced.

We also extracted data from portering and realized that the number of documents portered from SOC clinics to A24 decreased by 60% post implementation. This had the additional benefit to the portering team as it reduces the workload for them (up to 8.4hours per month), allowing them to focus their attention on other tasks, such as portering patients to different locations in the hospital.

Spread Changes, Learning Points

Implementing this workflow helps the staff to easily access and track the forms/documents. Also, it helps the staff from multiple departments to work more efficiently and effectively. As such, the clinics has decided to continue with this workflow. However, digitizing of forms should be the preferred solution in the long run as that will bring further efficiency. In addition, patient and data safety can be achieved