

Project Title

Your Understanding, Our Mission, Saves Lives

Project Lead and Members

- Ethel Kan
- Roland Khoo

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Jan 2012

Project Category

Quality Improvement, Process Improvement

Keywords

Service Improvement, Patient Satisfaction, Tan Tock Seng Hospital, Emergency Department, Wait Time, Patient-centric Care, Quality Improvement, Process Improvement, Patient Satisfaction Survey, Kaizen Theory

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Asian Hospital Management Awards

***Required Fields**

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CUSTOMER SERVICE

(This category is for the “non-medical” aspects of “customer” service)

This is a customer service project that responded well to the needs of its clientele, drew praise from them, and positively projected the hospital as a quality service provider. The judges favor entries that also reduced costs, and did not require major capital expenditure. More weight is given to projects that are innovative (in relation to where the hospital is located). Is it a meaningful improvement of its service considering the environment in which it operates? These include among others, service improvements to CUSTOMERS by “support” departments like Food and Nutrition, Housekeeping, Transportation or Ambulance, Laundry, Security, Supply Chain or Purchasing Department, Engineering Department. Was the patient experience improved?

Complete All Information Below:

Project Title (Maximum 256 Characters): Your Understanding, Our Mission, Saves Lives

Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015): Ongoing since Jan 01 2012. Details have been continuously reviewed to ensure relevance to Customer Service.

Department Name (Maximum 256 Characters): Emergency Department

Names of Key Staff Involved in this Project (Maximum 512 Characters) (Separate names with comma): Ethel Kan, Roland Khoo

1. Please give some background to the project or program including how it originated. Give details of how the project responded to the needs of patients and drew praise from them. Outline any specific goals or targets you had in mind prior to the project being put together. **Maximum Number of WORDS – 350**

Tan Tock Seng Hospital's Emergency Department (ED) aims to provide medical expertise for emergencies which are sudden, urgent or unexpected occurrences that require immediate medical attention.

Most non-emergency cases which are non-life threatening or can be treated by family doctors may expect longer waiting time as compared to life-threatening cases.

Long consult waiting time has caused patients to be unhappy about their visit. Hence, we aimed to identify ways to manage patient's expectations.

We pursued the initiative in stages in order to customise the next stage to best fit patients' needs.

We started off with playing music and the Patient Information Board. Through initial stages, we conceptualise educational videos to explain the wait; and actualised it by having these videos played in the Emergency Waiting Area.

This is a significant stage as patients commented that the video indeed simulated real-life scenarios. This has greatly impacted us as it was our initial aim to express the message: "Life-threatening cases will be seen first".

We then started to offer patients and Next-Of-Kin (NOK) bottles of mineral water, MILO packets and biscuits, hoping to ease their need for food and water. Astonishingly, this further delighted many patients and NOK when interviewed. We have further improvised this idea since then; on 11 April 2016 we started providing free hot MILO. This improvement is more cost effective and hot beverages keep patients and NOK warm in the cold environment.

We are currently in the midst of working out the provision of WIFI services in ED. This idea came from patients' feedback and research we have done: unoccupied waiting time seems longer. We aim to leverage on the availability of technology to occupy their waiting time.

Our next phase will be SMS alert for NOK, this enables them to be notified of patient's condition even if they are not physically in TTSH. Hence they need not be restricted to movements within TTSH, more flexibility is achieved. We will also be exploring ideas such as Smart TVs to indicate patients' estimated waiting time while watching video clips or movies.

2. Please describe how the project was beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service. Preferably please present quantifiable information such as "before and after" measurements if any. Did it meet and exceed expectations? **Maximum Number of WORDS – 250**

Patients come to ED for treatment due to pain or discomfort. Long waiting time is an additional load on them. Since waiting time is not within ED's forecasts as attendance is unpredictable, we should make the long waiting time less tedious.

This initiative is targeted to make patients' wait seem shorter.

We started with playing music to make the ambience less tense. Subsequently, we tackled on human basic needs: water and food. Food and drinks are provided so that patients and NOK will not be hungry or thirsty while waiting.

Addressing unanticipated waiting time that seems longer than informed ones, we started to notify patients and NOK on the approximate waiting time during registration and use of the Patient Information Board to inform them about which stage are they in: examples may include "Pending Blood Results". This enables them to go for a meal in the cafeteria, instead of sitting in the waiting area throughout their visit.

In 2015, we managed to narrow the gaps of Patient Satisfaction Survey between expectation and actual performance by about 7% for "Care and Concern" aspect. This reflects that we are on track.

3. Please tell us how you have engaged your whole team in a culture of customer service excellence and how the project positively projected the hospital as a quality service provider. **Maximum Number of WORDS – 200**

Employee engagement is vital for all organisations; developing passion in work enables them to excel in their daily roles.

We researched on various models to understand about needs in order to satisfy them accordingly. These models include:

- a) Maslow Hierarchy of Needs;
- b) "The Psychology of Waiting Lines", David Maister suggested the theory of S=P-E, (S being satisfaction, P being Performance, and E being Expectation); and
- c) Ways of managing staff; be it positive or negative reinforcement.

We finalised with the idea of forming a patient-centric culture within the department. According to Maslow's model, basic needs may include pay and second level of satisfaction will be job security and staff's safety. We attempt to establish the third level of satisfaction, sense of belonging.

We had staff in groups, brainstorming ideas of customer service enhancements. Huddles were arranged for every staff, experience shared freely as the ambience in huddles is not as formal as in meetings.

With information flowing freely, sharing and informing is enabled. Staff gradually understood the theory of "Be an Example" as they are empowered to make choices for patients or NOK, with advancements opportunities and incentives given as rewards and recognitions.

4. Please explain if the project utilized capital and how much was utilized. Or in fact did it also reduce costs? To what extent was the project prevention oriented, and how well it will reduce or eliminate the service defect, or reduce waste, or improve communication. Will the benefits be long lasting? **Maximum Number of WORDS – 200**

The setup costs for the WiFi initiative is about \$36000. As for the recurring cost of the drinks and snacks in Emergency Department, it is more than \$120 000 annually. But the ability to lessen complaints and increase level of service far exceeds the monetary value.

Currently with the new hot Milo Dispenser, the annual supply costs \$21 600; less than 20% of the original, but has double the effect. Patients gave feedback that hot MILO is able to keep them warm.

Some negligible cost are electricity cost and plain water. Also, the cost to provide biscuits, hot MILO and plain water can be seen as the cost for TTSH to market its ability to have an empathic and Patient-Centric Culture; not only for patients but also for NOK.

Sustainability of the results is possible: we are continuously improving based on feedbacks from patients and NOK.

5. Please give some background of the project team that originated, studied and developed the project or program. **Maximum Number of WORDS – 200**

Our initial intention is to reduce waiting time, but through many rounds of discussion, it has slightly deviated. The team included feedbacks of the current situation from ED staff (doctors, nurses and operations staff). We went through exchanges, brainstorming sessions and feasibility studies to enhance overall performance of ED.

We understood that ED's nature is unpredictable and we cannot reduce waiting time. Next we proceeded to research on how to make patients' waiting time seem shorter. We discovered that unanticipated and unoccupied waits are the worst. Hence we targeted on these aspects and tackled them accordingly. With positive feedbacks and fewer complaints on waiting time, we justified that we are on track.

We will be exploring other means to make the results sustainable in the ever-changing world; service expectations has been increasing through the years.

Decades ago, patient came to hospital for "hygiene factors", and get treated. In the contemporary world, customer service and care from healthcare providers have also evolved to be part of the "hygiene factors".

Our efforts have been further affirmed by Patient Satisfaction Survey, the level of satisfaction at ED soared 10.6% from 63.3% in 2014 to 73.9% in 2015.

6. Please give any other information, including third party testimonial regarding your project which you think would help convince the judges that this project (or program) should win this category. **Maximum Number of WORDS – 300**

With improvements on our Patient Satisfaction Survey (PSS) and reduction in complaints about waiting time, we are on track with our target. Some fine-tuning is inevitable to stay relevant to the ever-progressing world.

To obtain an unbiased result as input for this initiative, we interviewed a sample size of 100 patients and NOK, over a period of two months timeframe. With their feedback, we explored various possibilities to effectively satisfy them.

The ideas we pursued are not only based on our perceptions, suggestions and feedback were obtained from patients. This enabled goals to be set before we embarked on this course, which has indirectly enabled us to reach out to their needs or concerns adequately.

Customer service or complain reduction should be our priority. However, we must be aware that we should not over invest financially as there may be opportunity cost, which include lack in facilities and manpower, or liquidity issues.

To further complement our project team's effort, this initiative has enabled cost savings for customer complaint rectifications. Without neglecting our initial goal, we took further initiatives to drive operational costs lower as we improvise on our initiatives. This promotes the viability of the initiative, cross referring to the Kaizen Theory which promotes continuous improvements.

We are also leveraging on the concept to develop a patient-centric culture within ED. We emphasize on the quote made by Aristotle "We are what we repeatedly do. Excellence, then, is not an act, but a habit". Developing a culture within oneself or the department is more sustainable as compared to putting up an act.