Project Title

Imaging Scheduling Without Calls

Project Lead and Members

Project lead: Franco Leow, Jasmin Liew

Project members: Noor Liziani, Glenise Ho

Organisation(s) Involved

Ng Teng Fong General Hospital

Aims

The team intends to decrease the percentage of Clinic A54 internal calls for Imaging Scheduling related from 100% to 25% by Mar 2019. We want to reduce the internal imaging scheduling calls to allow patients and other urgent internal calls to get through Radiology appointment lines faster. We want to allow clinic staff to focus more on patient care and any clinic imperative works. Our goal includes reducing the percentage of all SOC internal calls for Imaging Scheduling related from 100% to 75% by Jun 2019 and to 25% by Sep 2019.

Background

See poster appended/below

Methods

See poster appended/below

Results

See poster appended/below

Lessons Learnt

The courage to change resulted in better communication and work processes between cross functional departments. The team managed to suppress the anxiety of two-way

communication breakdown without the calls by using an alternative communication platform (e.g. Tigertext).

Conclusion

See poster appended/below

Project Category

Care & Process Redesign

Keywords

Ng Teng Fong General Hospital, Care & Process Redesign, Service Design, Quality Improvement, Improvement Tools, Ishikawa, Imaging Scheduling

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IMAGING SCHEDULING WITHOUT CALLS

MEMBERS: JASMIN LIEW, NOOR LIZIANI, GLENISE HO (RADIANT MI) & RADIOLOGY OPS

- ☐ SAFETY
- ☑ PRODUCTIVITY
- ☑ PATIENT EXPERIENCE
- ☐ QUALITY
- ☑ VALUE

Define Problem/Set Aim

Opportunity for Improvement
From Jun 2015 to Jan 2019, 100% of calls from Clinic A54 are for Imaging Scheduling related. The overwhelming calls resulted in frequent complaints from both patients and staff trying to get through Radiology Appointment lines for scheduling /changing an appointment and enquiries on specialised scan instructions.
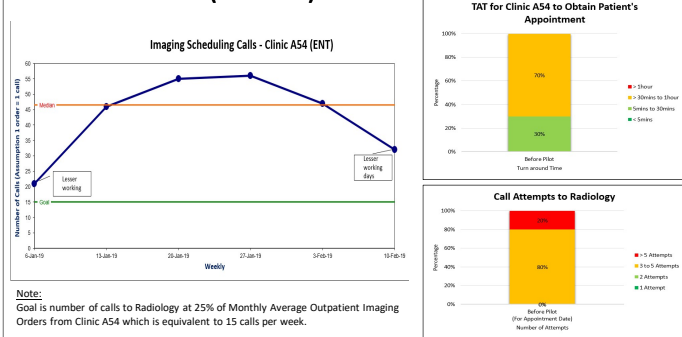
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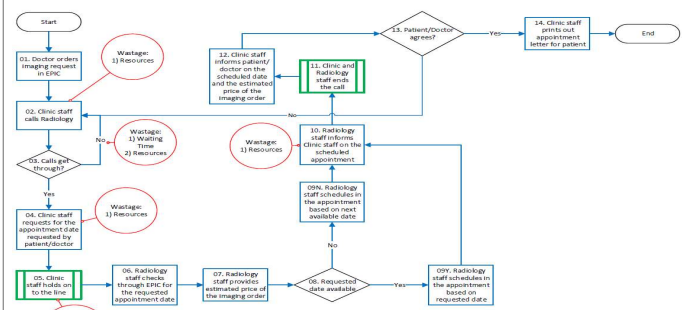
Establish Measures
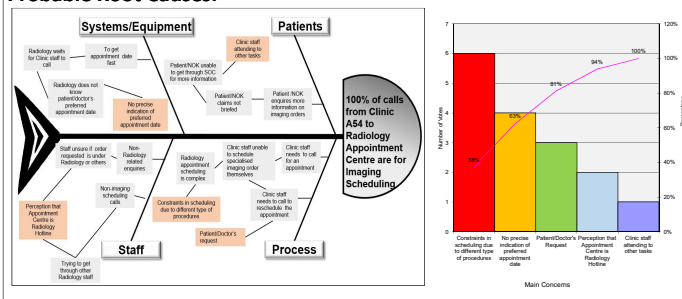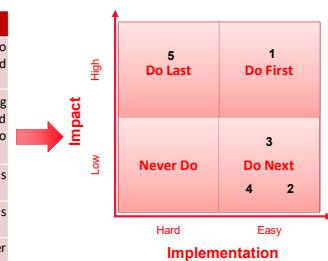
Current Performance (Clinic A54):

Note:
Goal is number of calls to Radiology at 25% of Monthly Average Outpatient Imaging Orders from Clinic A54 which is equivalent to 15 calls per week.

Analyse Problem

Current Process:

Probable Root Causes:

Select Changes

Probable solutions:

Root Cause		Potential Solutions
Constraints in scheduling due to different type of procedures	1	Grant access rights to Clinic/ Ward staff to schedule simple imaging orders (X-ray and BMD)
	2	Utilising EPIC function of "Scheduling Instruction" to indicate preferred appointment date range for Radiology to automatically schedule the appointment
	3	Create TigerText chat group with clinics as substitute for calls
	4	Create Appointment Centre Email as another substitution
	5	Collaborate with Radiant MI Team to further explore EPIC's current capability for imaging scheduling

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	☐ Collaborates with Glenise (Radiant MI) on EPIC customisation/enhancement to support the plan ☐ Ordering Doctor inputs date range for imaging order appointment in EPIC's scheduling instructions ☐ Radiology Appointment schedules the appointment based on the requested date range without clinic staff to call Radiology ☐ Pilot run with Clinic A54 (ENT) from 11th Feb to Mar 2019 ☐ To test if simplified workflow reduces calls for an appointment	☐ Ordering doctors are reminded by assisting clinic staff to input the date range during the initial week of the pilot run ☐ Clinic A54 staff views the scheduled appointment via EPIC, informs patient and clicks "Confirmed" status as an indication to Radiology that patient had been duly informed of the appointment details ☐ Feedback collected from surveying 10 ENT nurses indicated that the scheduling time can be further improved during lunch hours	☐ A significant drop of 82% in the number of calls for imaging appointments after 2 weeks of implementation ☐ Survey results indicated that 90% of the appointment were scheduled between 5 to 29 mins	☐ Workflow was simplified by using current resources and technology ☐ Time savings for cross functional department to focus on patient care or other clinic works ☐ Adopt changes due to positive results by implementing in JMC, Cardiology Clinic and Orthopaedic Clinic by Jun 2019 ☐ Implement to all clinics by Oct 2019
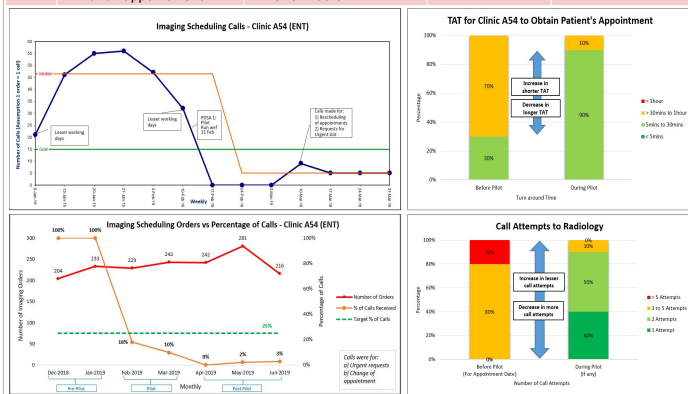
Spread Change/Learning Points

Spread Change Strategies:
- ☐ Full implementation to other clinics is by phases after engaging the HOD/Service Ops/Clinical Ops of the cross functional department through meetings and information pack
- ☐ In Jun 2019 changes have been implemented in Inpatient Discharge, Jurong Medical Centre, Cardiology Clinic and Orthopaedic Clinic

Key Learning Points:
- ✓ Cost management enabled us to relook, review and make optimal use of current EPIC system. This resulted in a **"no-cost" innovation** with great time savings impact for cross functional departments and improved patient experience by shorter waiting time
- ✓ **The courage to change** resulted in better communication and work processes between cross functional departments. The traditional two-way communication evolved from phone calling to using system capability and phone applications (e.g. TigerText). We managed to suppress the anxiety of two-way communication breakdown without the calls by using alternative communication platform.