

Project Title

Streamlining Nuclear Medicine Appointment Scheduling

Project Lead and Members

Project lead: Muhammad Hasnul Hakim

Project members: Siti Noraisah, G M J Alex, Dr Yeong Kuan Yuen, Dr Bernard Wee,
Franco, Ivena, Normisah, Ameera

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

Nuclear Medicine, Radiology

Project Period

Start date: 2019

Completed date: 2020

Aims

The team intends to reduce the number of inpatients coming to Radiology for the Nuclear Medicine MIBI scan appointment from 33 to 8 by August 2019 and to 0 by March 2020. The team's goal is to provide accessible and seamless patient experience.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- Putting ourselves in patient's shoes enables us to review the current process and make optimal use of current resources (EPIC).
- Co-operation between departments and staff were viable in making it a resounding success.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign, Quality Improvement, Clinical Practice Improvement,
Access to Care

Keywords

Appointment Scheduling, Patient Experience

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STREAMLINING NUCLEAR MEDICINE APPOINTMENT SCHEDULING (FOR INPATIENT DISCHARGE ORDERS)

- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

MEMBERS: HAKIM, SITI NORSAH, G M J ALEX

FACILITATORS: DR YEONG KUAN YUEN, DR BERNARD WEE, FRANCO, IVENA, NORMISAH, AMEERA

Define Problem, Set Aim

Problem/Opportunity for Improvement

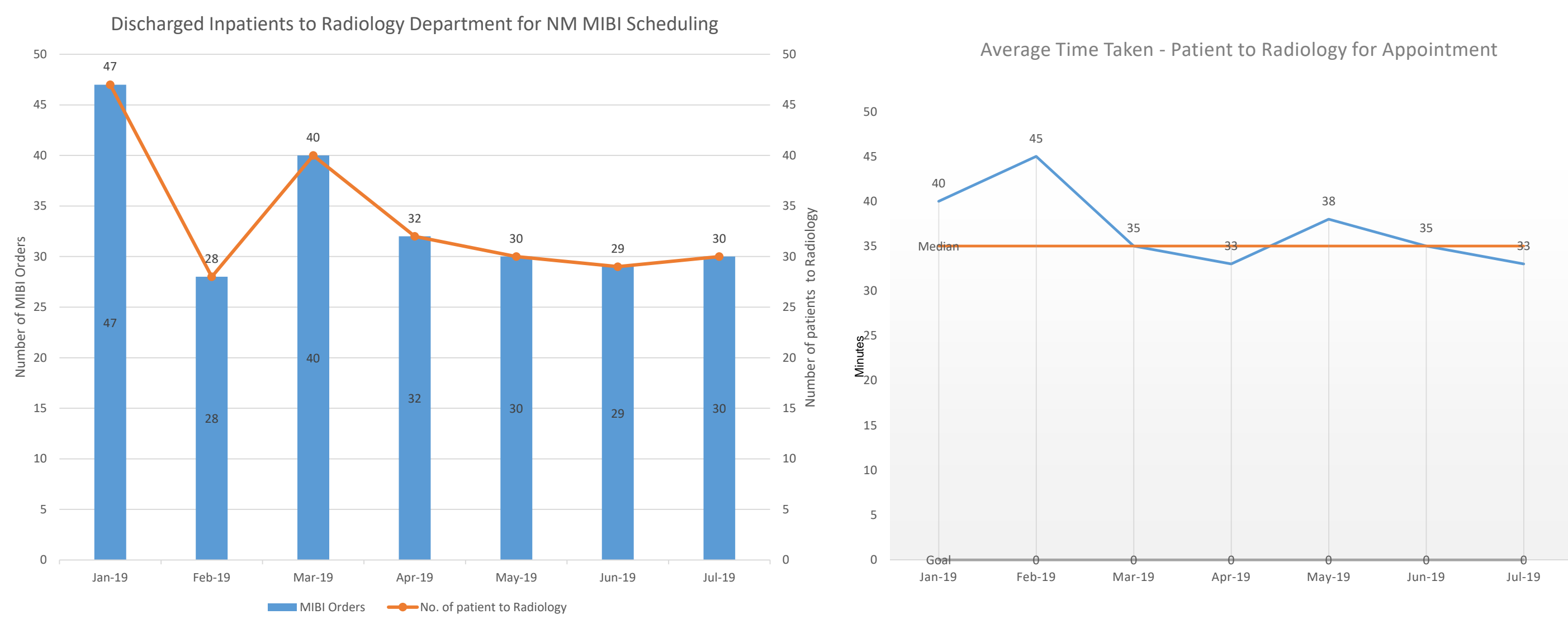
Inpatients had to walk / be portered from Tower B or C to Tower A Radiology Department for scheduling of Nuclear Medicine MIBI scan appointment, financial counselling, payment for isotope and screening purposes. This process was time consuming and caused inconvenience to patients who needed to return home to rest and recover. Between January to July 2019, an average of 33 inpatients travelled from Tower B or C to Tower A Radiology for MIBI appointment scheduling.

Aim

The team intends to reduce the number of inpatients coming to Radiology for the Nuclear Medicine MIBI scan appointment from 33 to 8 by August 2019 and to 0 by March 2020. The team's goal is to provide accessible and seamless patient experience.

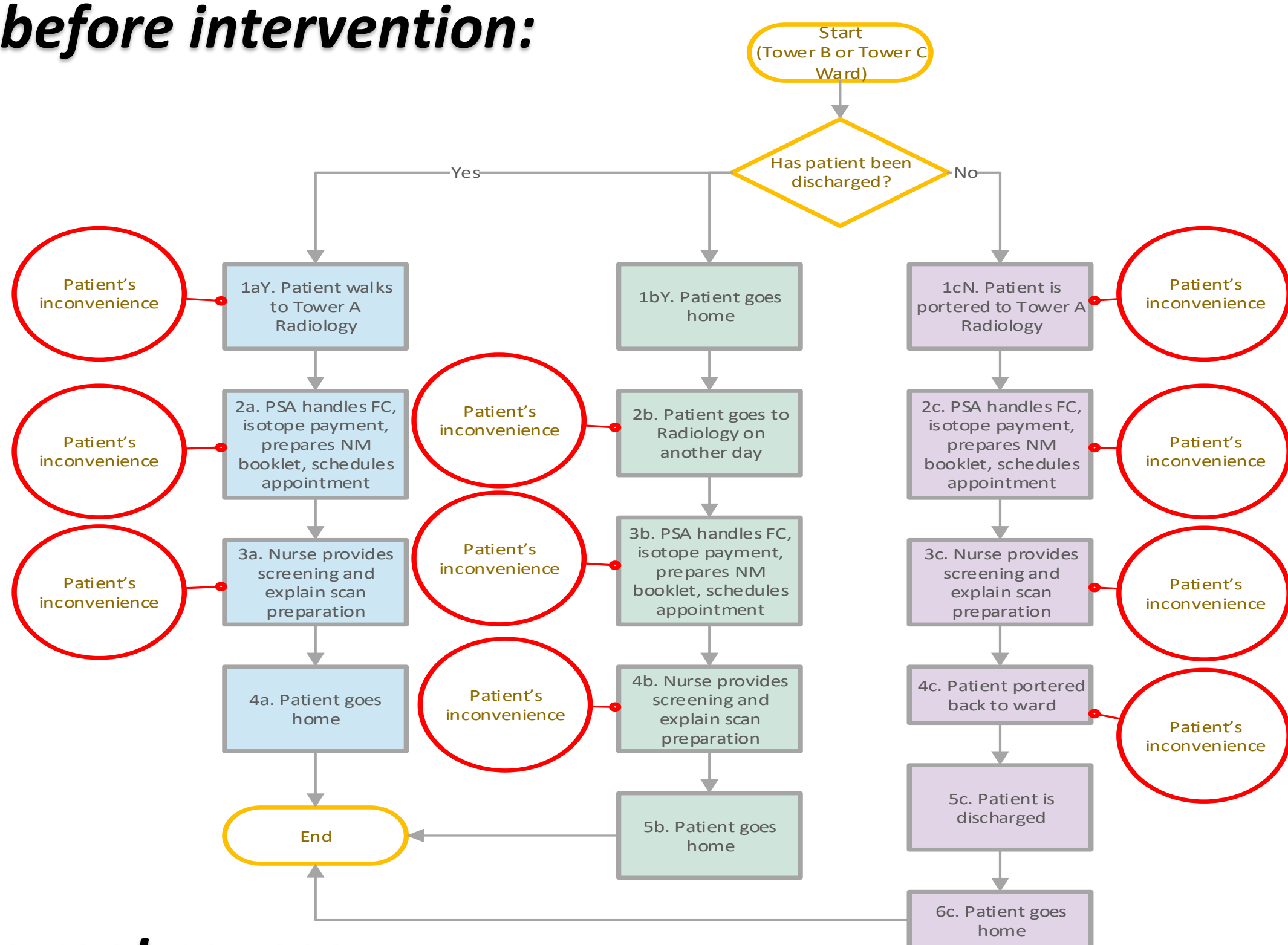
Establish Measures

Performance before intervention:

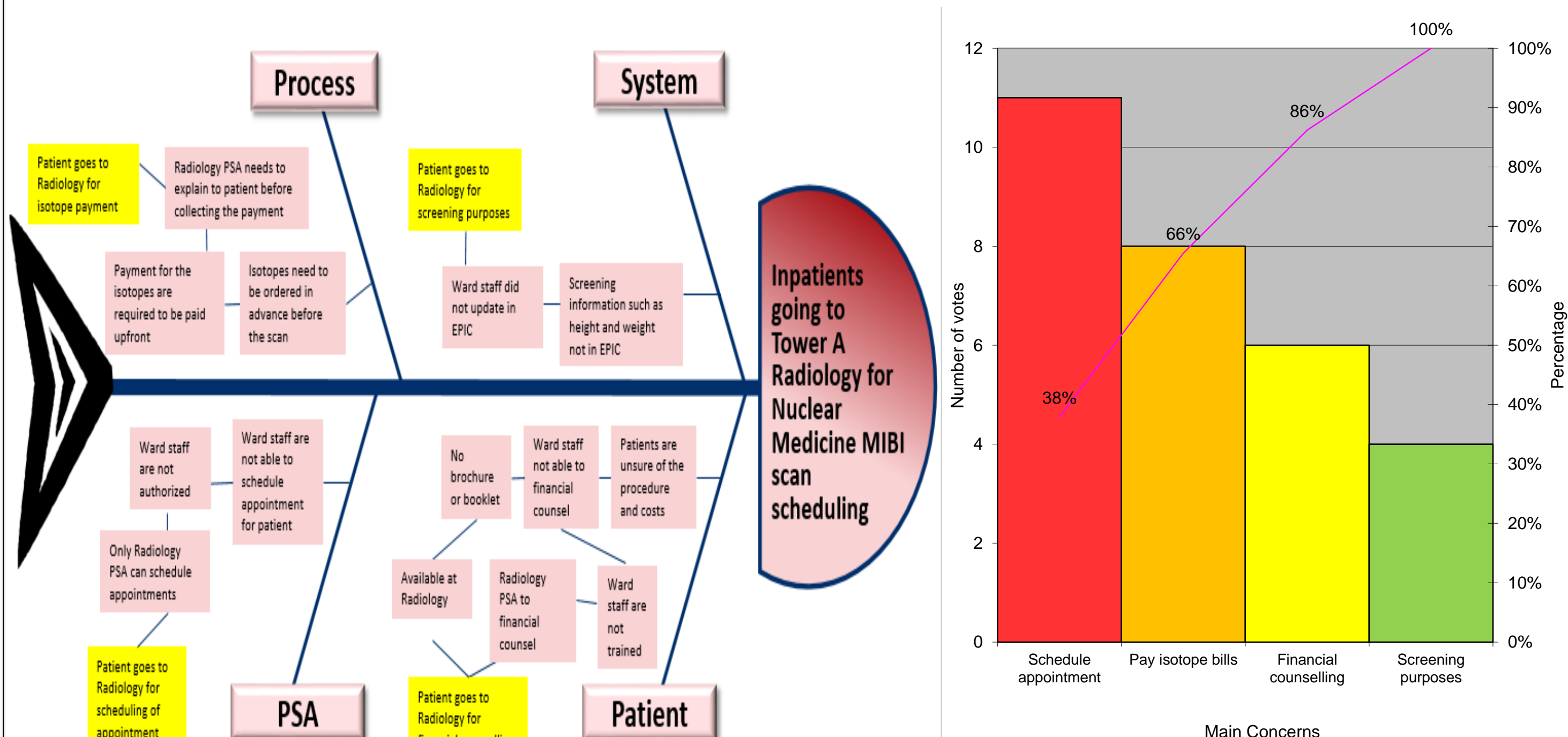


Analyse Problem

Process before intervention:



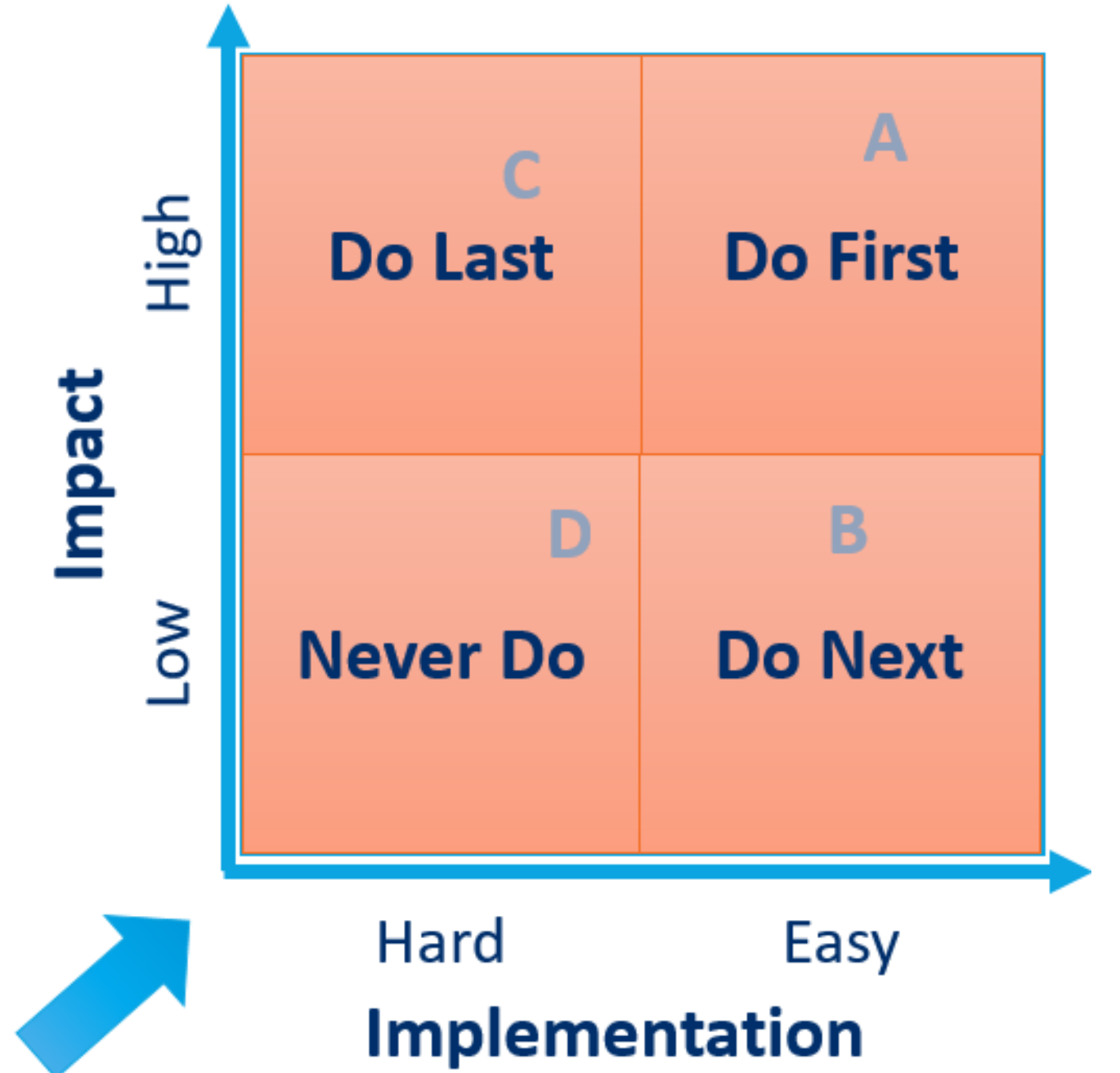
Probable root causes:



Select Changes

Probable solutions:

Root Cause	Potential Solutions
Scheduling of Appointment	A. Appointment will be schedule by PSA and patient will be updated
	B. Isotope charges will be sent directly to patient's billing address
	C. NM booklet will be sent to ward for patient before discharge / mailed to billing address
	D. Obtain screening process information (such as height and weight) from EPIC



Test & Implement Changes

Implementation Plan:

Plan	Do	Study	Act
Inpatient does not need to come down to Radiology Tower A to make an appointment, make payment, financial counselling and screening process.	<ul style="list-style-type: none"> Radiology PSA will schedule the appointment and patient will be updated. Isotope charged in Inpatient bill and mailed to patient's billing address Nuclear Medicine booklet will be sent to ward for patient before discharge / mailed to billing address. Obtain screening process information (such as height and weight) from EPIC. 	<ul style="list-style-type: none"> The number of inpatients going to Tower A Radiology for appointment booking decreases. Collection of payment no longer required over counter at Radiology Department. Nuclear Medicine booklet no longer released to patient over the counter at Radiology Department. Ward nurses provide assistance to chart patient's height and weight information in EPIC. 	Adopt

STREAMLINED WORKFLOW – AFTER IMPLEMENTATION



By Oct 2019, ZERO inpatient came down to Radiology for NM MIBI appointment scheduling

Spread Changes, Learning Points

The strategies to spread change after implementation:

Communication is an essential part of effectively spreading change. The team will embark in engaging SOC for Outpatient Nuclear Medicine appointments via current TigerText platform by September 2021.

Key learnings from this project:

- ✓ Putting ourselves in patient's shoes enables us to review the current process and make optimal use of current resources (EPIC).
- ✓ Co-operation between departments and staff were viable in making it a resounding success.