

Project Title

Lighten Emergency Department (ED) Safekeep Stockpile

Project Lead and Members

Project lead: Norman Ng

Project members: Desmond Koh, Khairil Danish, Siti Nora ishah Md Suhairi, Lye Siew Lin

Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration

Project Period

Start date: May 2020

Completed date: Jul 2020

Aims

To reduce the number of safekeeping bags held, and time taken for ED PSA to search for these bags by at least 50% from May 2020 levels.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

A willing spirit to kickstart difficult conversations, and adopting a team lens to challenges is key to a good project.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Job Effectiveness

Keywords

Patient Belongings, Safekeep

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LIGHTEN ED SAFEKEEP STOCKPILE

MEMBERS: DESMOND KOH, KHAIRIL DANISH, SITI NORAISHAH MD SUHAIRI, LYE SIEW LIN

✓ SAFETY
✓ QUALITY
✓ PATIENT EXPERIENCE

✓ PRODUCTIVITY
✓ COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

- COVID-19 visitation restrictions prevented Next-of-Kin (NOK) from holding onto valuables (eg NRIC, watches, etc) of less-well patients
- As valuables are kept in ED safe, the safe became overfilled. Some belongings were squashed and there were inefficiencies in depositing and retrieving bags
- The number of safekeeping bags held by ED tripled from an average of **25 per day** in Dec 2019 to **79 per day** in May 2020
- ED PSA spent an average of **3 minutes** to locate one safekeeping bag in May 2020, up from an average of **1 minute** in Dec 2019



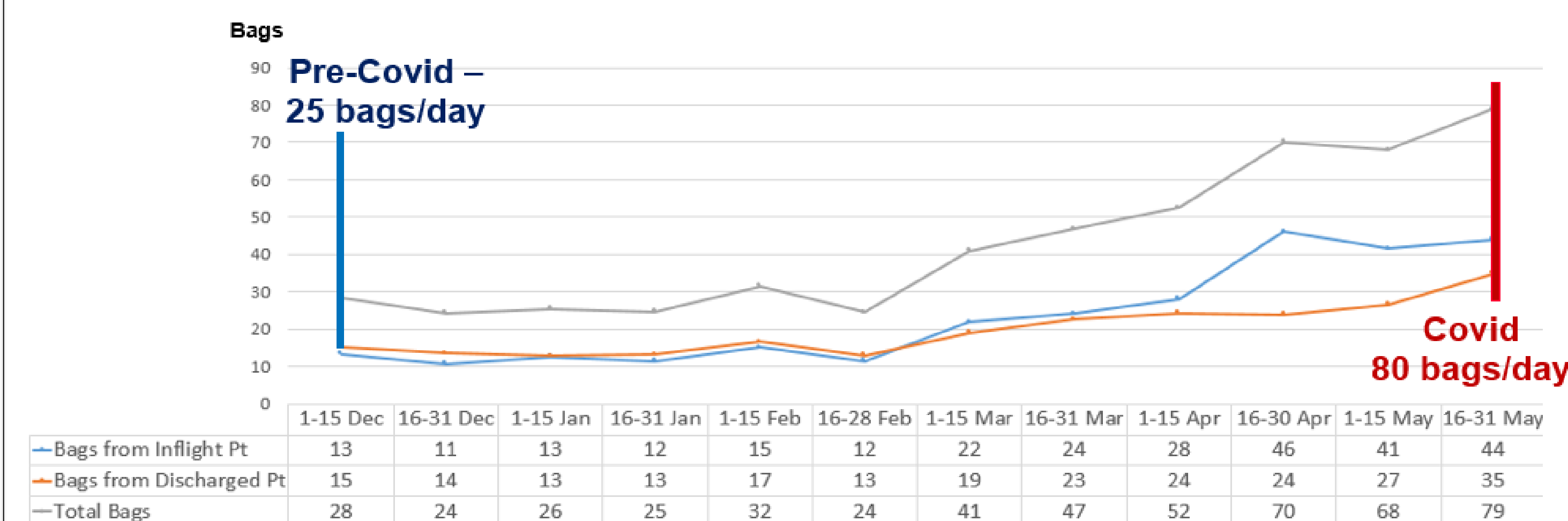
Aim

- To reduce the number of safekeeping bags held, and time taken for ED PSA to search for these bags by at least 50% from May 2020 levels.

Establish Measures

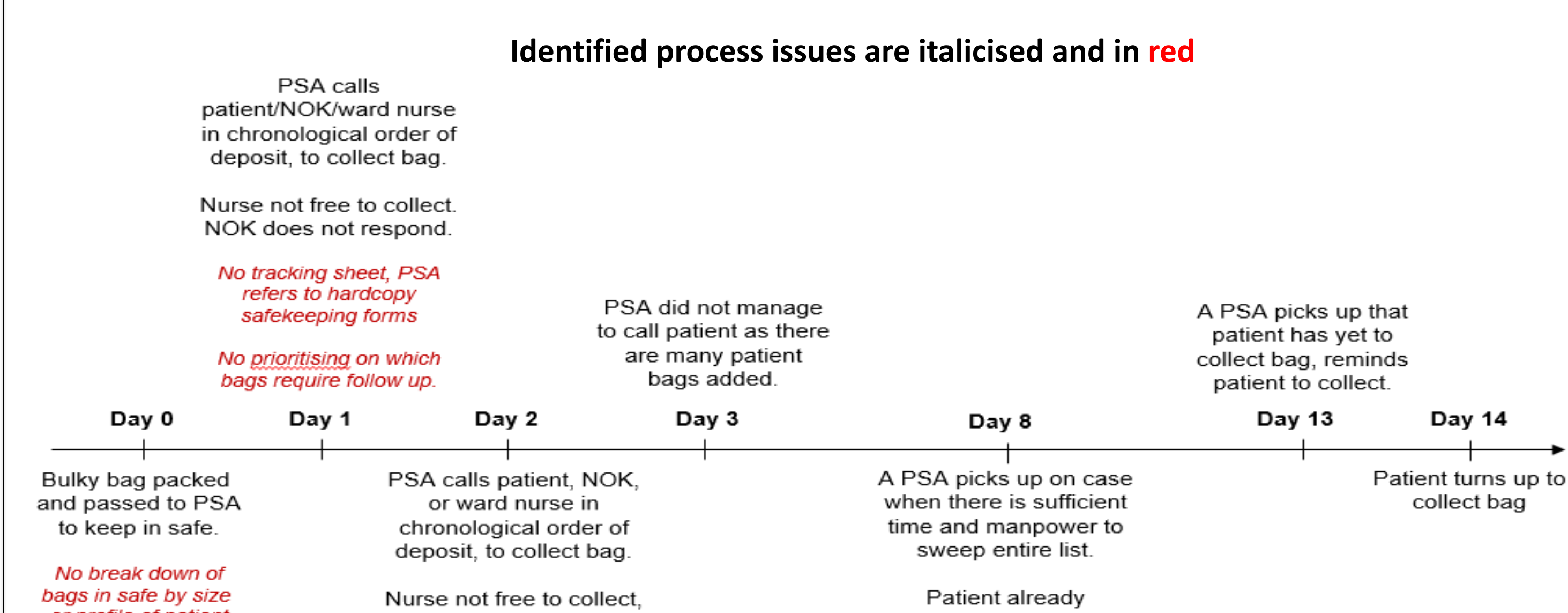
Pre-Intervention Baseline

Average Number of Safekeep Bags Held/Day Over Rolling 2-Week Period



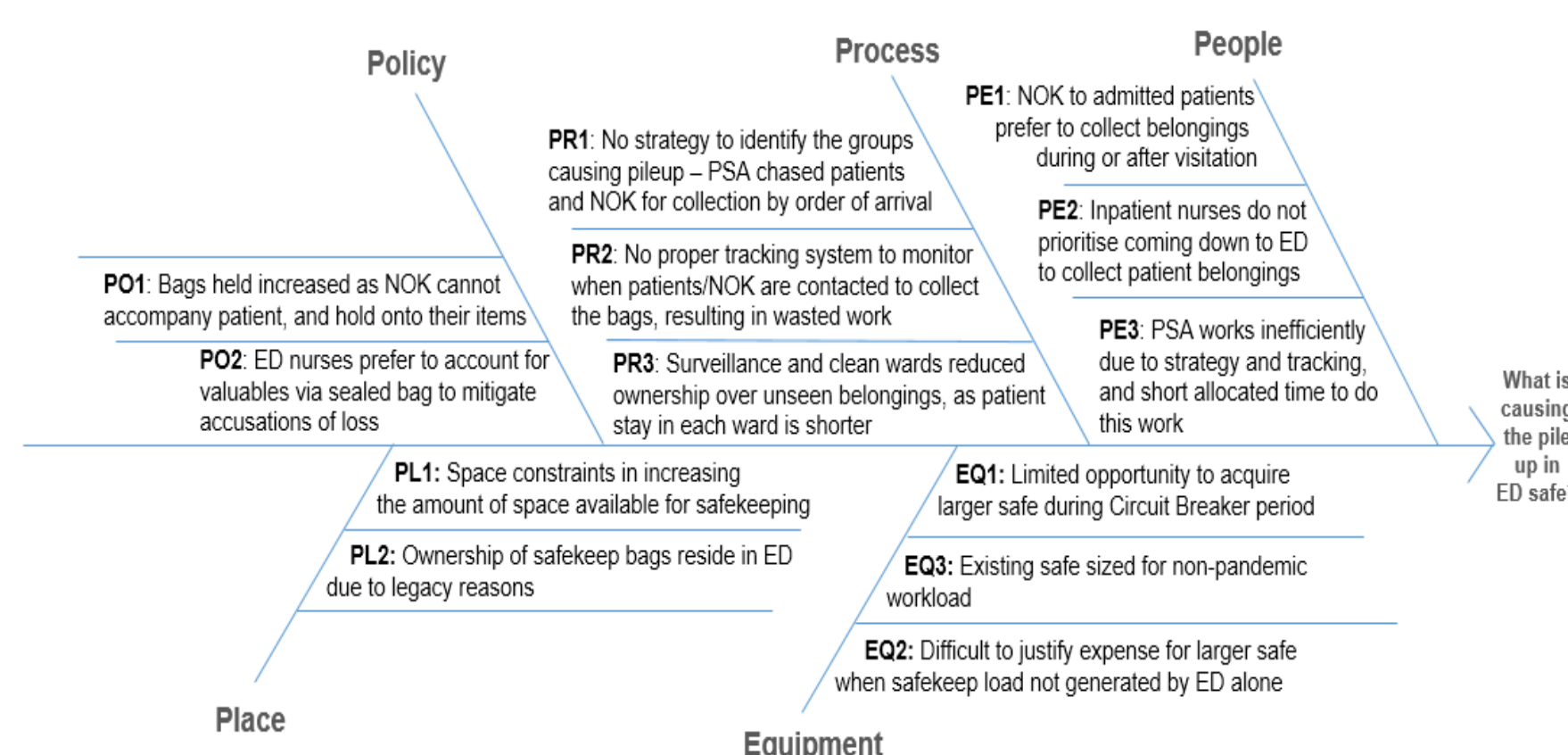
Analyse Problem

Pre-Intervention Process Flow



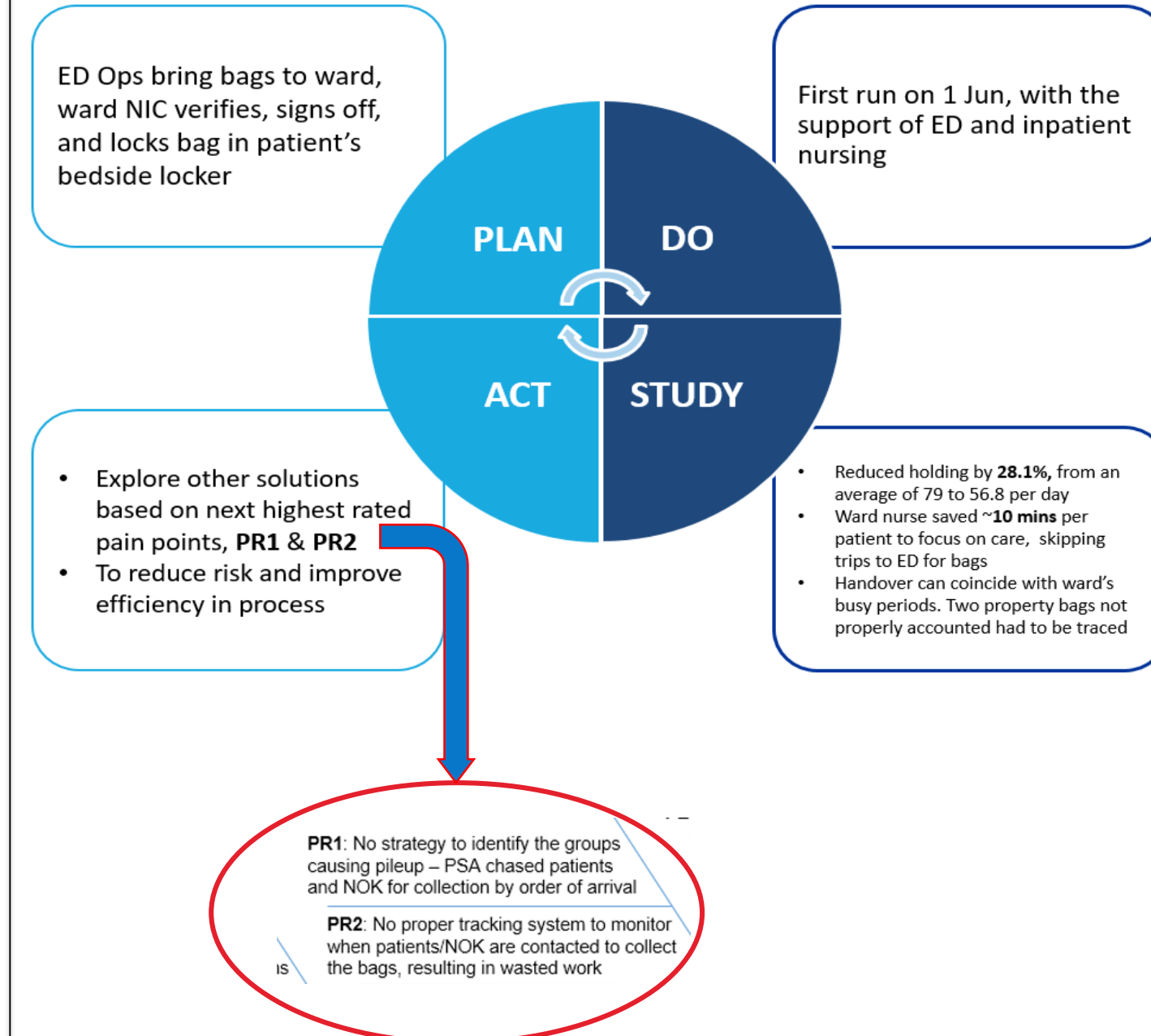
Potential Root Causes

- Interviews were done with frontline ED colleagues
- Pain points were grouped and mapped onto a fishbone diagram
- Pain points with the most mentions were highlighted for follow up in PDSA Cycle 1
- They were PO1 and PO2

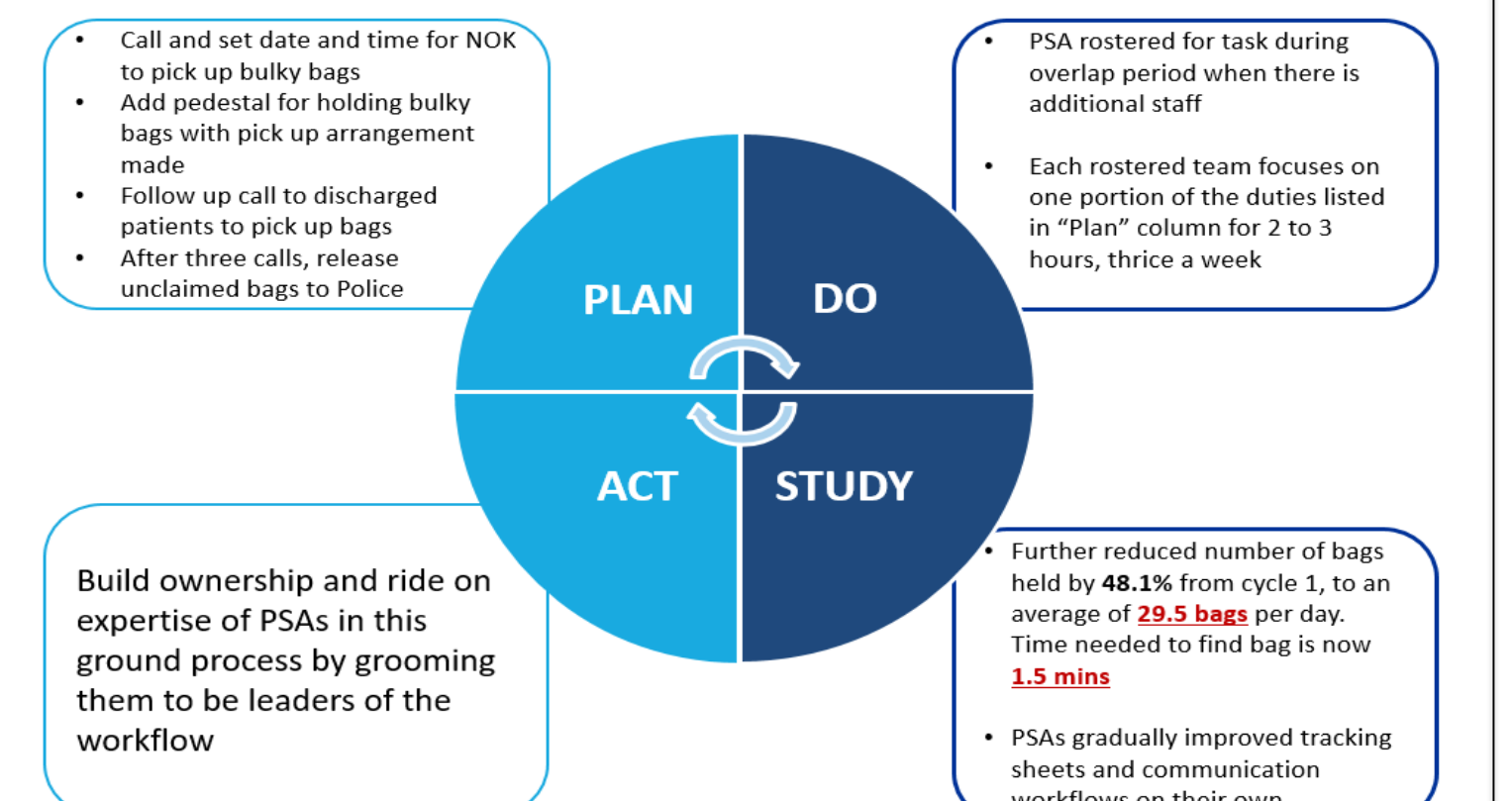


Select Changes

PDSA Cycle 1 – Communication and Responsibility Sharing



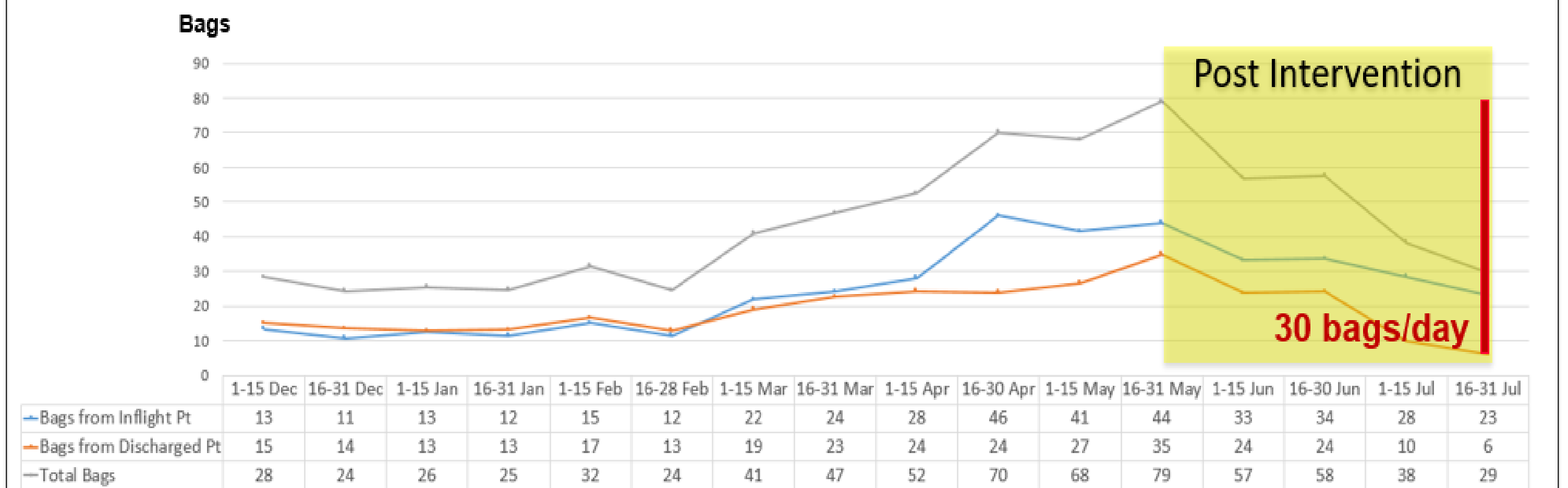
PDSA Cycle 2 – Targeted Measures on Key Causes of Crowding



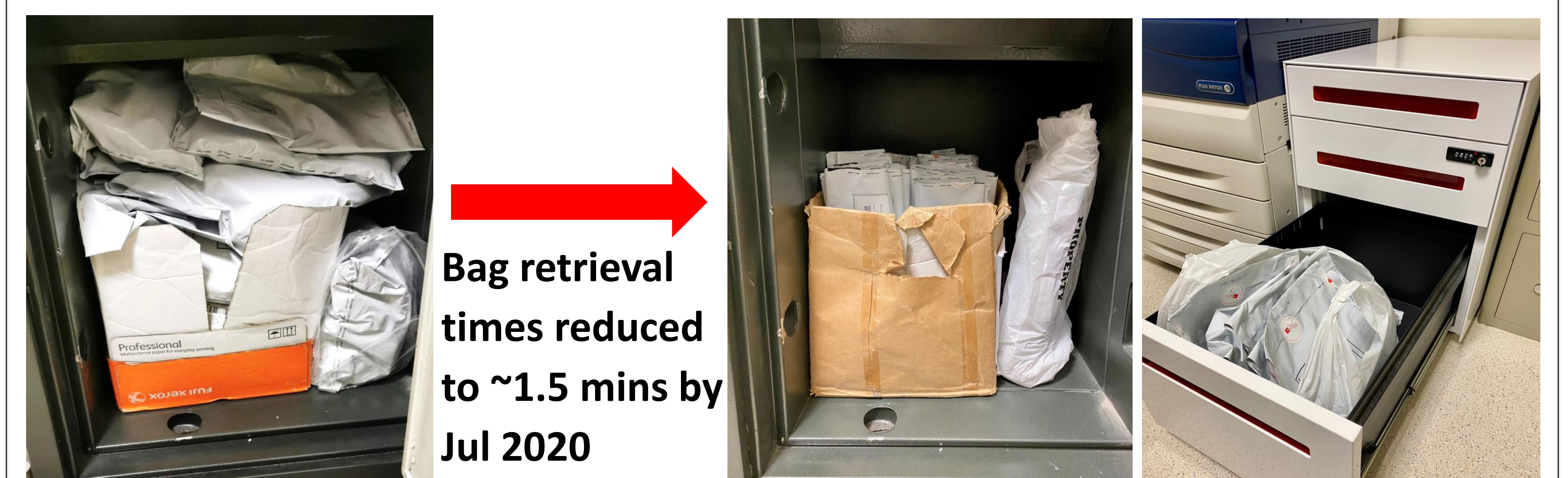
Test & Implement Changes

Post-Intervention Outcomes

Average Number of Safekeep Bags Held/Day Over Rolling 2-Weeks Period

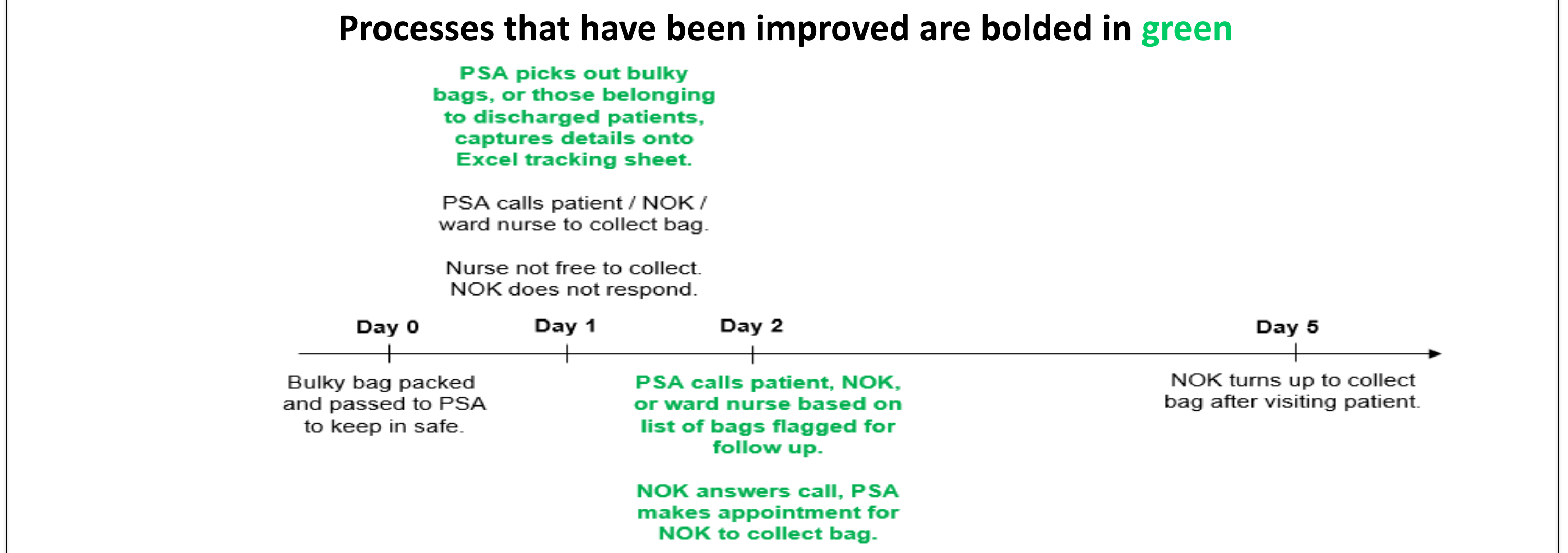


No. of bags held reduced by 28.1% after PDSA cycle 1 to 56.8 bags/day, and another 48.1% after PDSA cycle 2 to ~30 bags/day



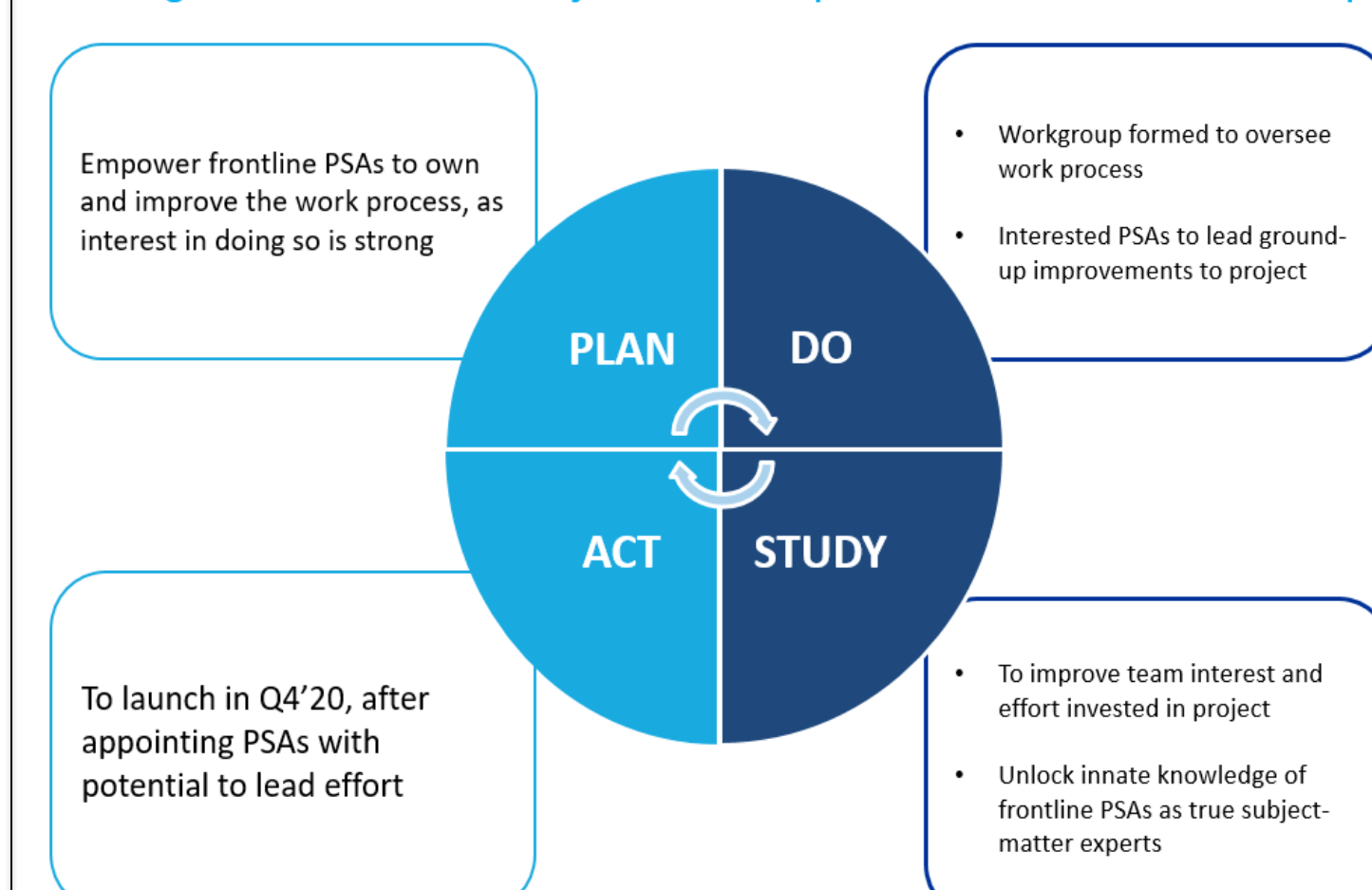
Bag retrieval times reduced to ~1.5 mins by Jul 2020

Post-Intervention Process Flow



Spread Changes, Learning Points

Going Forward: PDSA Cycle 3 – Empowerment and Ownership



Learning Points

- A willing spirit to kickstart difficult conversations, and adopting a team lens to challenges is key to a good project
- Together with our ED nursing and inpatient nursing team, ED ops is able to resolve this long-standing issues! Many thanks to their championing efforts and empathetic attitudes!
- Communication and teamwork enabled the continued success of the project
- The team refined processes and explanations through repeated execution. Those familiar with the duties took ownership, guiding others performing the work for the first time

Sustainability

- This work process affects PSAs substantially. As such, there is strong interest in the set up of a team to supervise and improve this piece of work. The team subsequently handed over the coordination of this piece of work to frontline PSA Team Leaders for further improvements