

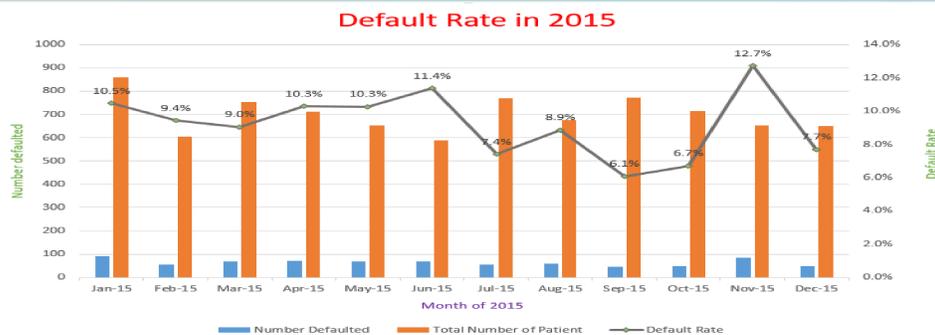
## Mission Statement

To reduce the default rate of RAI consultation from 10% to 6% from Jan 2016 to Jan 2017 at Clinic B1B where the workflow of clinical inquires was simplified to improve the work efficiency and productivity. A simplified workflow will also increase our patient's and staff's satisfaction.

## Team Members

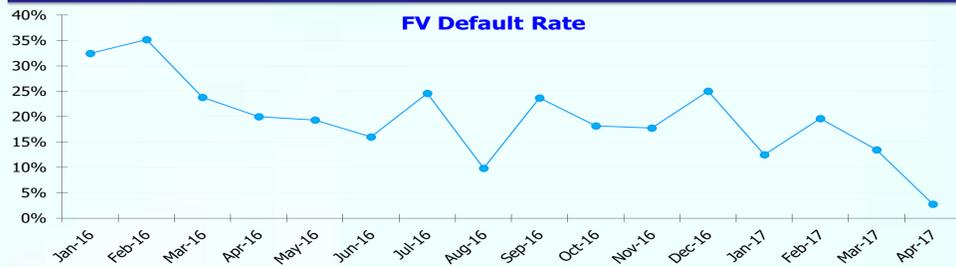
	Name	Designation	Department
<b>Team Leader</b>	Yang Jin Feng	Senior Staff Nurse	Clinic B1B
<b>Team Members</b>	Perez Helen Grace Dions	Senior Staff Nurse	Clinic B1B
	Ding Cui Cui	Staff Nurse	Clinic B1B
	Kathleen Tham	Senior Patient Service Associate	Clinic B1B
	Meryam Bte Abdul Kadir	Patient Service Associate	Clinic B1B
<b>Sponsor</b>	Karen Lee Yeat Charng	Clinic Manager	Clinic B1B
<b>Facilitator</b>	Low Bee Hwa	Manager	Kaizen Office

## Evidence for a Problem Worth Solving

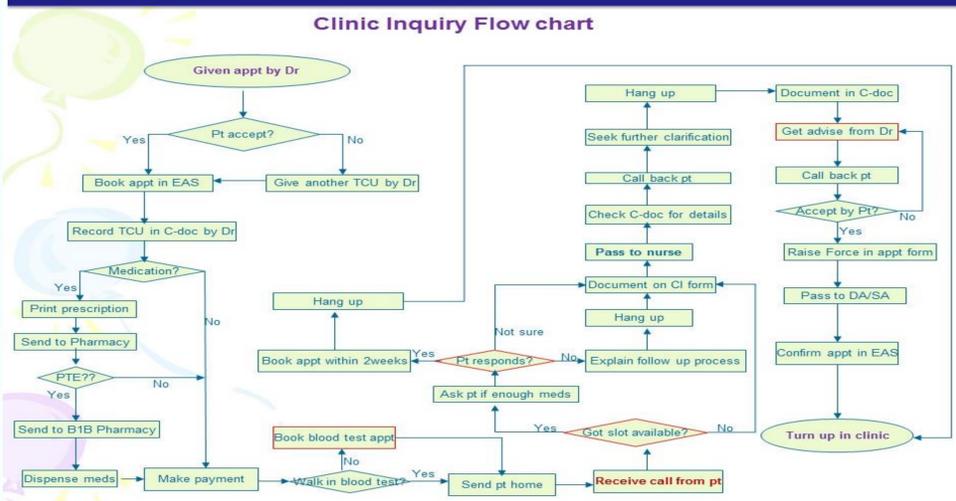


We interviewed 30 patients who missed their consultation at least twice in 2015. The survey showed that almost half of who defaulted stated that it was inconvenient for them to change appointment. High default rate of RAI consultation resulted in wastage of doctors' resources & create long waiting time of appointment for those urgent cases. This undermines our capacity to deliver timely treatment to those in dire needs.

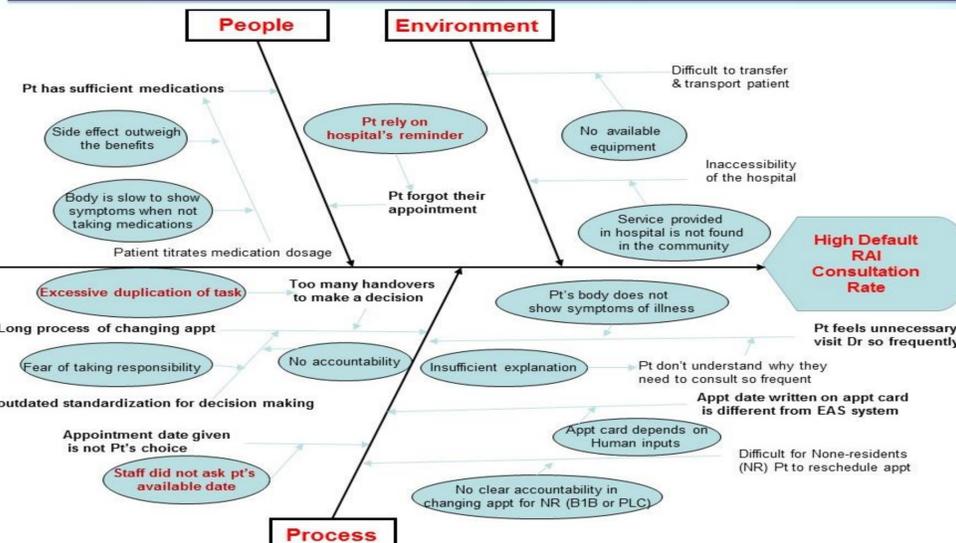
## Current Performance of a Process



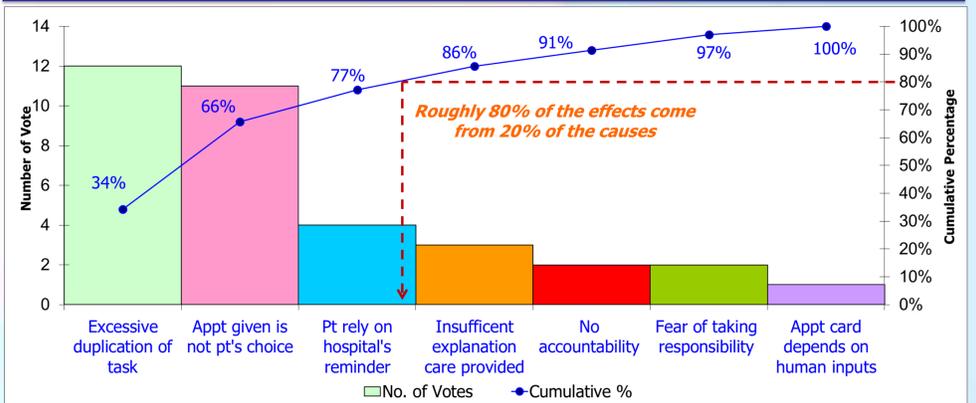
## Flow Chart of Process



## Cause and Effect Diagram



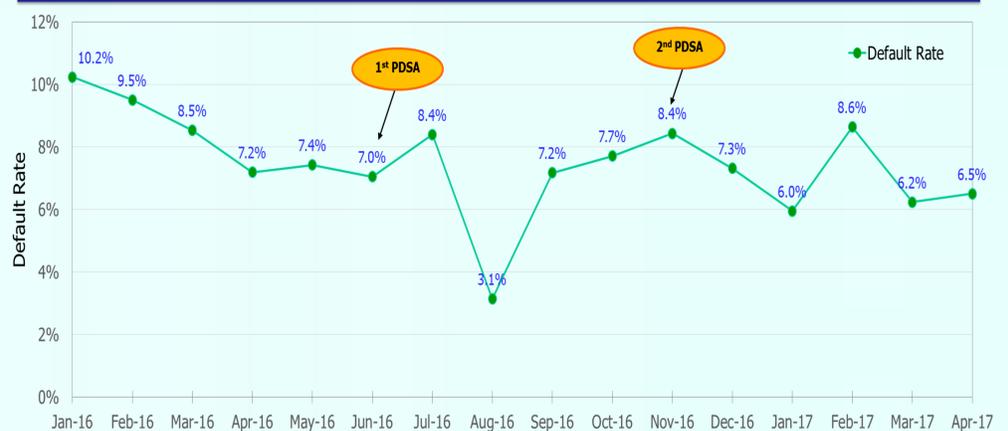
## Pareto Chart



## Implementation

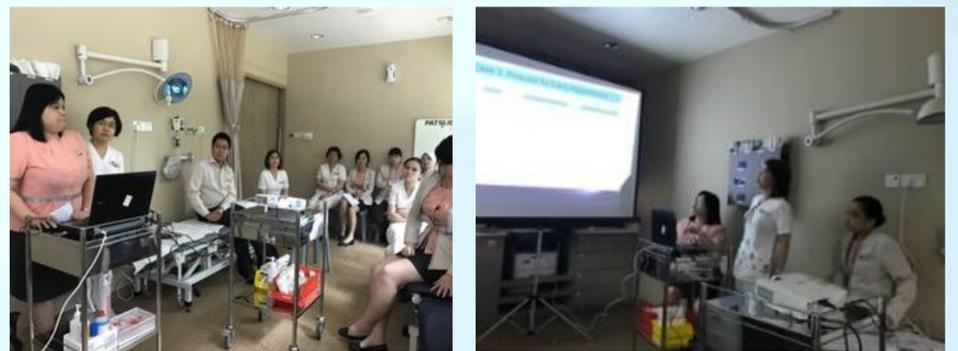
PROBLEM	INTERVENTION	DATE OF IMPLEMENTATION
Appointment given is not patient's choice	PSA to offer two TCU dates at one time for patient to choose	01 Jun 2016
Patient rely on hospital's reminder	Calling all FV patients one week prior to TCU date	06 Jun 2016
Excessive duplication of task	Create a standardized flow chart on how PSAs handle clinic inquiries at appointment line	July 2016

## Results



## Cost Savings

A simplified process saves staff's time in handling clinical inquiries. Moreover, early review of specialist consultation will help to save patient's time and money and also provide them the necessary early medical intervention.



## Problems Encountered

1. Calling of First Visit patients - There are some cases whereby staff are unable to contact the patients due to wrong telephone numbers provided in the system.
2. PSAs did not consistently call patients before TCU.

## Strategies to Sustain

1. A group member was assigned to continuously monitor the effectiveness of the intervention and to remind the individual PSA to call FV patient before TCU. These improved the RAI FV consultation default rate from 32% at its highest in the beginning of 2016 to 3% at its lowest in Apr 2017 which dropped by manifolds.
2. We have standardized the process of calling RAI FV patients a week prior to the appointment date to remind and confirm patient's attendance in Clinic B1B and Clinic B1A.
3. We have been using our WhatsApp reminder for PSAs to call all the FV patients in the event that they do not call.
4. Four rounds of presentation were conducted during clinic roll call to reiterate the workflow.