

SUSTAINABILITY PHASE: TRANSFORMING HINDRANCES TO OPPORTUNITIES & RESOURCES (THOR)



Adding years of healthy life

Dr Don, Pek Chern Kuok Department of Ophthalmology

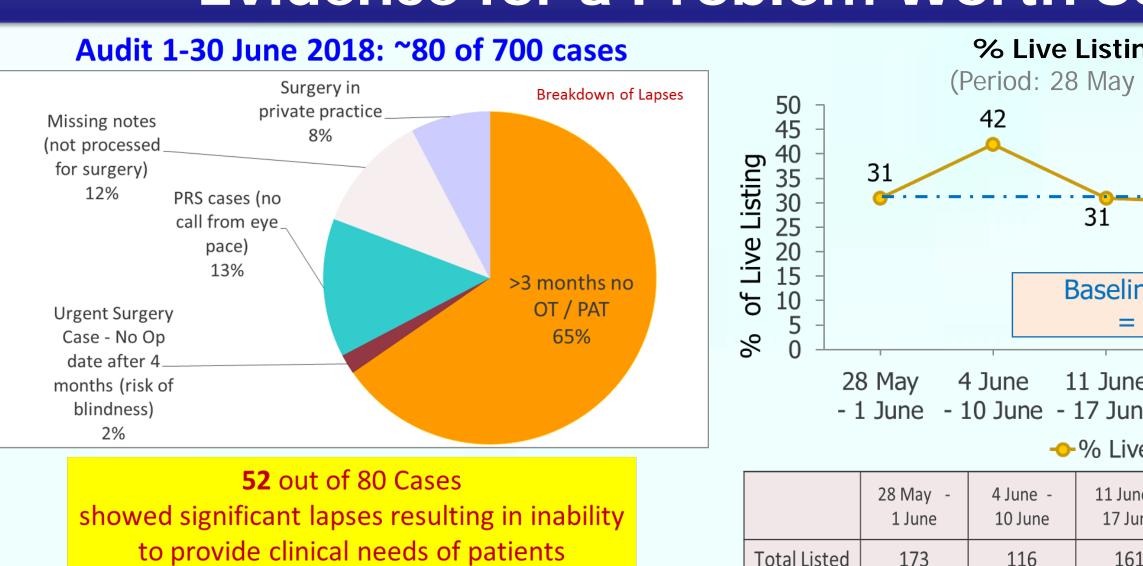
Mission Statement

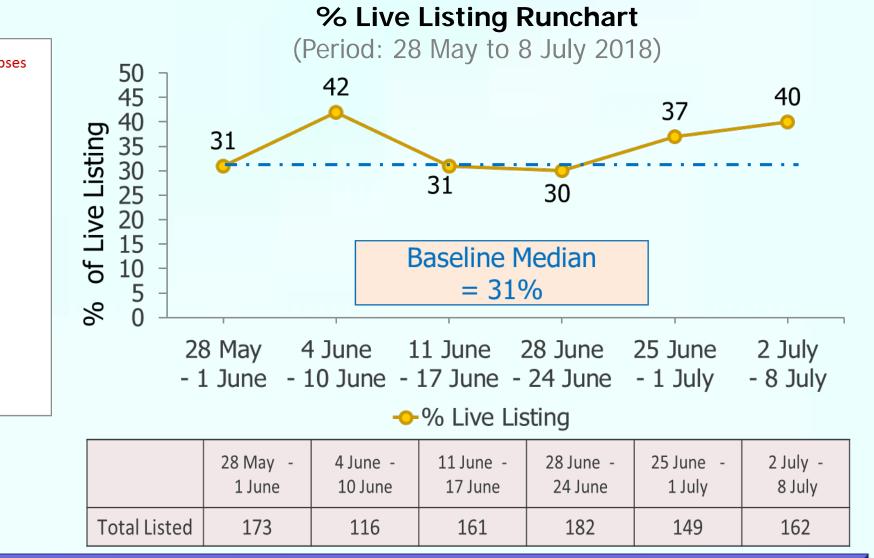
Improving the percentage of live listed patients at TTSH Day Surgery Operating Theatre and NHG 1-Health from 31% to 100% over a sustained period

- . Live Listed Patients: Patient confirms operation date on same day after seeing doctor
- 2. Cohort of Patients:
 - Inclusion Criteria: TTSH subsidised cataract patients
 - Exclusion Criteria: Non-cataract surgeries

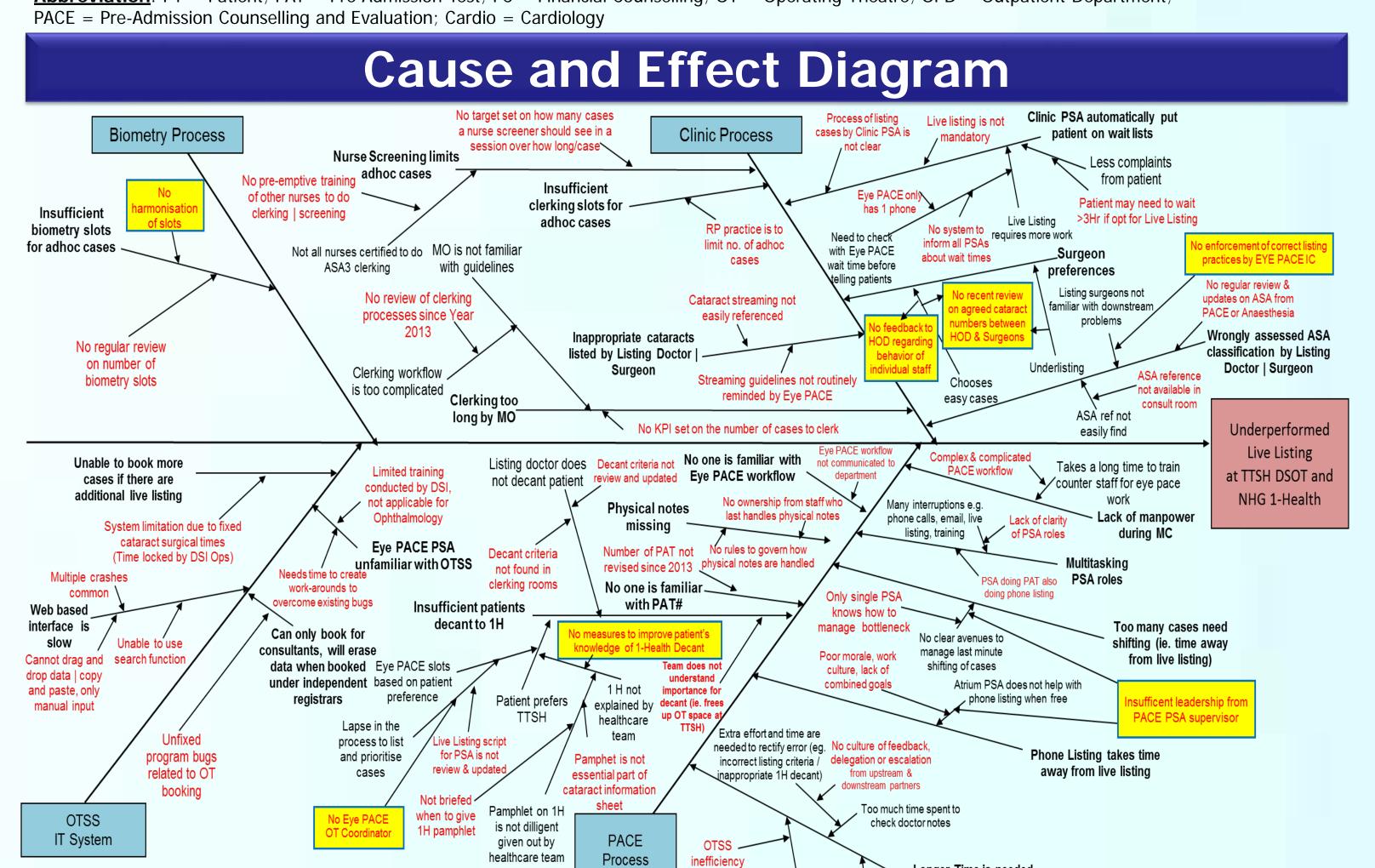
Team Members			
Role	Name	Designation	
Team Leader	Dr Don Pek Chern Kuok	TTSH Eye Senior Consultant, CIC Eye PACE Director NHG 1-Health, Eye	
Team Members	Dr Wong Wan Yi	TTSH Anaesthesia Consultant	
	Dr Jacob Chin Yu Hang	TTSH Eye Associate Consultant (EMR)	
	Dr Kwok Jian Wah	TTSH Eye PACE Resident Physician	
	Ms Pauline Gan Seok Choon	TTSH Eye Admin Director	
	Ms Alicia Chang Sook Ping	TTSH Operating Theatre Nursing Manager	
	Mr Ryan Tay Hsiung Jren	TTSH Senior Optometrist (Roster)	
	Ms Angela Ang Bee Peng	TTSH Eye PSA Executive (Roster)	
	Ms Chua Ming Shan	TTSH Eye PSA Supervisor	
	Ms Ruby Cheong Sok Yee	TTSH Eye PACE Nurse Screening	
	Mr Darius Seow Zhi Wei	TTSH Eye Clinic + PACE Phone Listing	
	Patients and NOK	Via Survey	
Sponsor	Adj A/Prof Vernon Yong Khet Yau, TTSH Eye Head of Department		
Mentor	Adj A/Prof Tai Hwei Yee, NHG	Group Chief Quality Officer	

Evidence for a Problem Worth Solving





Flow Chart of Process PT consults, signs consent **Failed** Agreed Care Plan Cases Wait List + Backlog = all patients **Live Listing** Backlog awaiting Phone listing Live Listing = Same day book OT date + PAT date + FC **Phone Listing** PAT FC* Biometry Phone Listing = Call patient PAT = Clerking / Referral To book OT date + PAT date to PACE or OPD e.g. cardio 6/52 from consult date) FC* = Financial Counselling **Patient arrives 2/52 from Op Done for phone listing date Biometry = Eye measurements for lens calculation Surgery NHG 1-Health TTSH DSOT <u>Abbreviation</u>: PT = Patient; PAT = Pre Admission Test; FC = Financial Counselling; OT = Operating Theatre; OPD = Outpatient Department



by PACE PSA to process Live Listing

Too much time taken to find

available OT slot

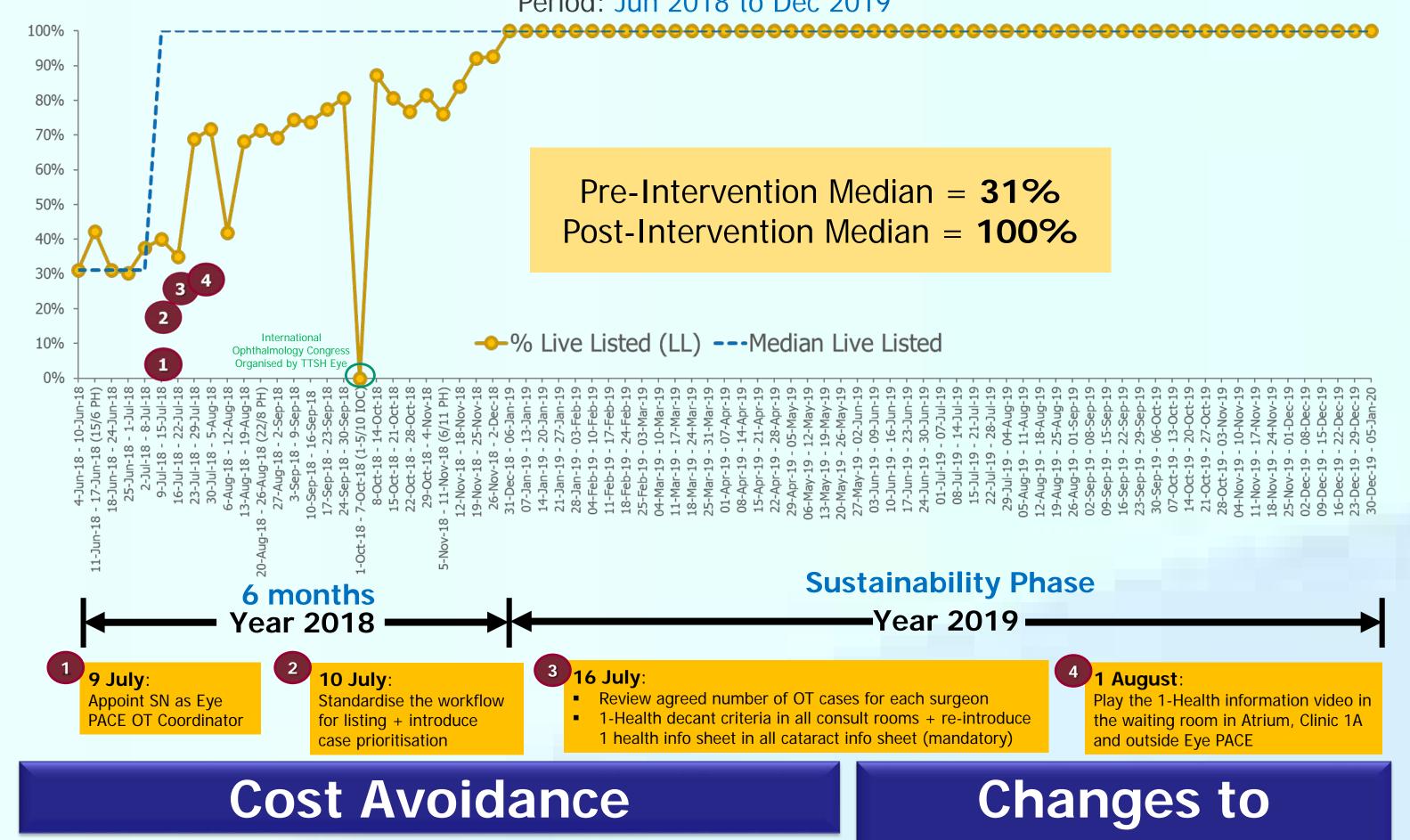
PACE PSA

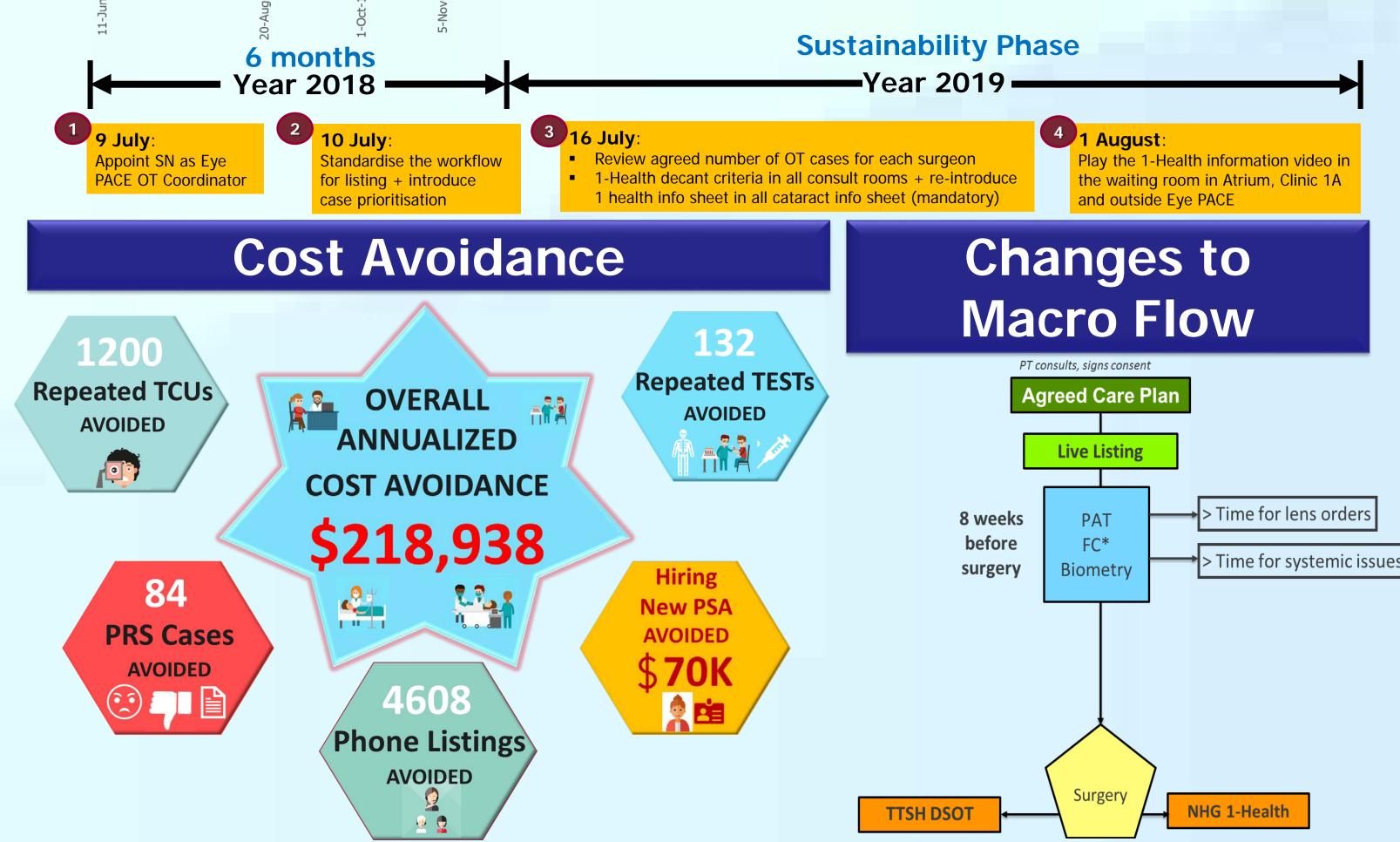
Pareto Chart Cause of Underperformed Live Listing at Cause 15 No Eye PACE OT Coordinator No. of TTSH Day Surgery Operating Theatre & NHG 1-Health Cumulative Percentage No recent review on agreed cataract numbers between HOD and Surgeons No harmonization of PAT | Biometry | Financial Counselling | Clerking | Listing Slots No measures to improve patient's knowledge of NHG 1-Health Decant Cause 13 Insufficient leadership from PACE nursing supervisor Cause 10 Feedback to HOD regarding surgeon preferences No enforcement of correct listing practices by Eye PACE In-Charge Cause 12 Insufficient leadership from PACE PSA supervisor Cause Cause Cause Cause Cause Cause Cause No feedback to HOD regarding behaviour of Cause 6 individual staff

Implementation				
Root Cause	Intervention	Date		
15) No Eye PACE OT Coordinator	Train Volunteer Staff Nurse to coordinate PSA Listing Team to Optimise Underused OT Slots	9 Jul		
9) No recent review on agreed cataract numbers between HOD & Surgeons	Obtained agreement of all surgeons to increase the number of surgery slots	16 Jul		
3) No harmonization of PAT Biometry Financial	1. Developed Standard Operating Procedure to orchestrate the expected series of sequential tasks	10 Jul		
Counselling Clerking Listing Slots	2. Harmonised Number of required time-based sessions from Biometry to PAT and Clerking Slots	16 Jul		
	3. Created Phone / Live Listing Script to increase awareness of NHG 1- Health for patients and to ensure correct cases were matched to the correct operating theatres by staff	1 Aug		
	4. Created One-Way Chat Group to notify all Room Assisting PSAs of the expected waiting time at Eye PACE	17 Nov		
	5. Introduced Open Door Concept at Financial Counselling Room giving PSAs better visibility of the queue			
7) No measures to improve patient's knowledge of NHG 1-Health Decant	1.Placed Posters on Compliance to Cataract Listing & NHG 1-Health Decant Criteria in every Consult Room. Provided Email Feedback on Failure of Compliance.	16 Jul		
	2. Worked with TTSH Facilities to allow Screening of NHG 1-Health Video to all 27 television screens throughout Eye Clinics	1 Aug		

Results

Percentage of Live Listed Patients at TTSH Day Surgery Operating Theatre & NHG 1-Health Period: Jun 2018 to Dec 2019





Lessons Learnt

- 1. CPIP is elegant tool to identify the crux to a complex process
- 2. Given enough manpower, money and time, only the symptom of an underlying problem can be solved, not the problem itself.
- 3. Changing upstream processes have big impact on downstream systems

Strategies to Sustain

- 1. Monitor efficiency of Eye PACE using statistics e.g. number of backlog, number of free slots, percentage of OT utilization, number of failed cases.
- 2. Compliance = SOP for reference for complex process + teaching
- 3. Create group goals + healthy work culture
- 4. "The goal of EYE PACE is to restore vision"