

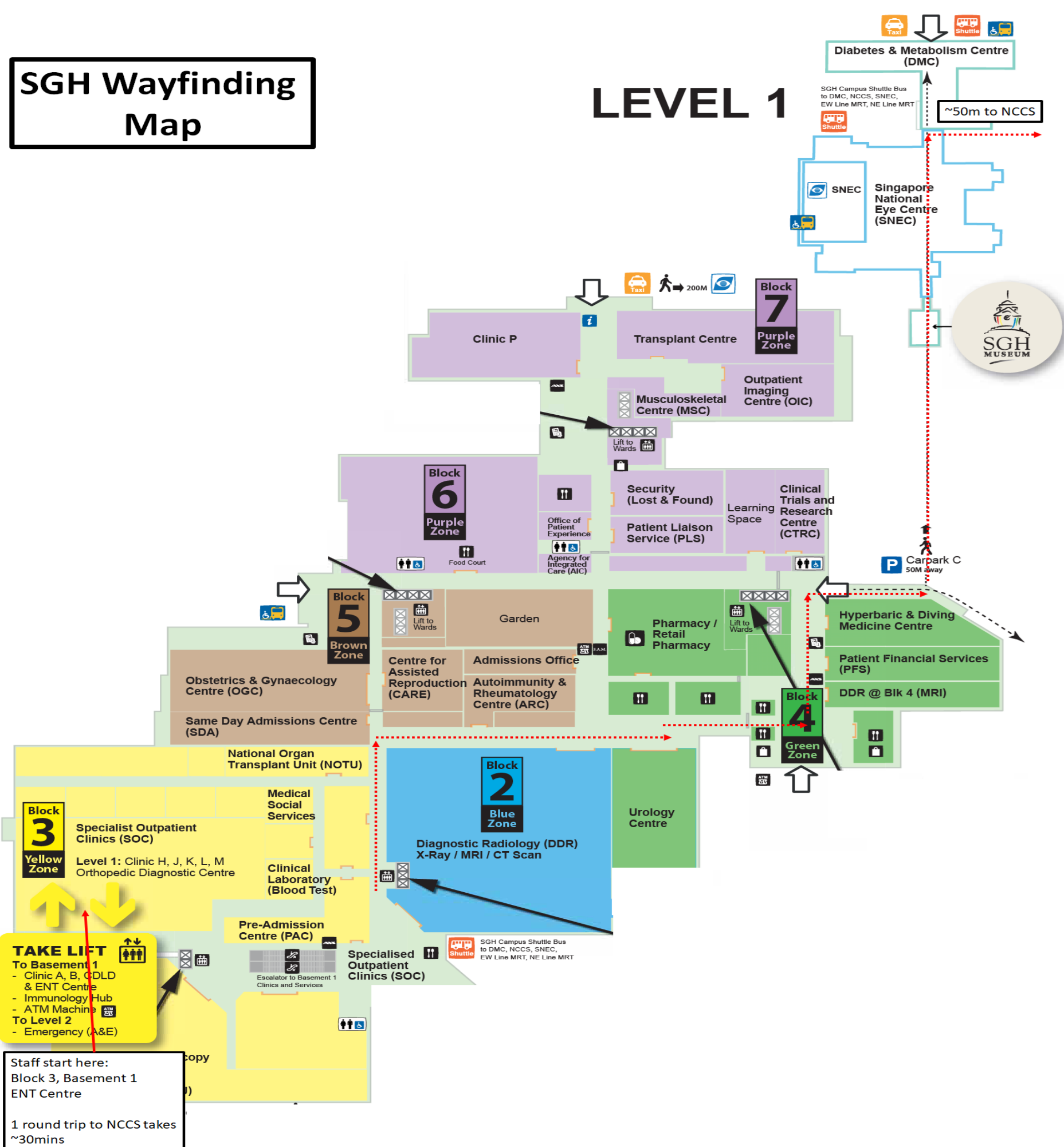


# Singapore Healthcare Management 2024

# DIGITIZING DISPATCH OF CONSENT ACROSS INSTITUTIONS

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SGH Wayfinding Map



## Aim

To reduce transportation waste through the digitized dispatch of consent forms between institutions (SGH & NCCS).



## Background

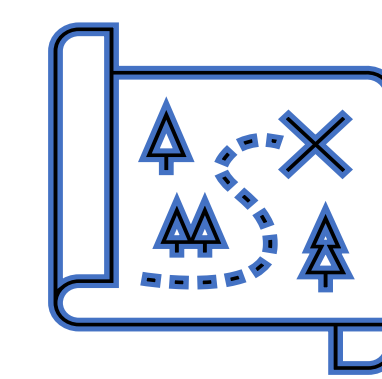
Doctors from the Division of Surgery & Surgical Oncology (DSSO) may run their practice both at SGH and NCCS. Patients may thus have a consult at SGH and be listed for a procedure at NCCS depending on availability of operating theatres.

To create a seamless treatment experience across institutes, patients may give their consent for the procedure during their consultation in SGH, eliminating the need for an additional visit to NCCS.

Traditionally, a porter would transfer the physical consent from one institute to another. Given that urgent (<1 week interval) procedures might be listed at any time, porters were required to make frequent trips to ensure consent forms are delivered in a timely manner, with each round trip taking approximately 30mins.

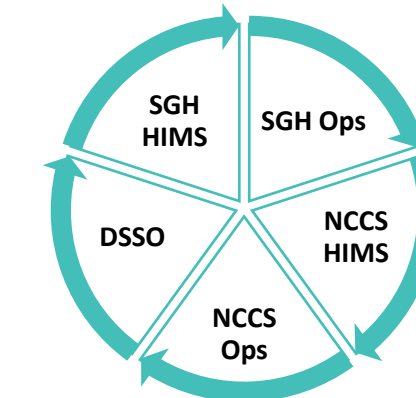
### Mapping of existing processes

Existing processes were mapped out to identify the necessary inputs and outputs to be retained. Digitization through the scanning, encrypting, and emailing functions were explored to replace the manual process of portering consents, on top of other possible solutions. During which, timeliness, patient safety, and confidentiality had to be considered and prioritized.



### Engaging stakeholders

Outpatient Ops and Medical Informatics teams from both institutions were engaged for their relevant inputs. It was decided that the direct sending of a digital copy of the consent form to NCCS MRO was preferred. Part of the key enablers of this project was that NCCS had the capacity and infrastructure to sight consent forms digitally. Hardcopy consent forms could simultaneously be sent to SGH MRO for records purposes.



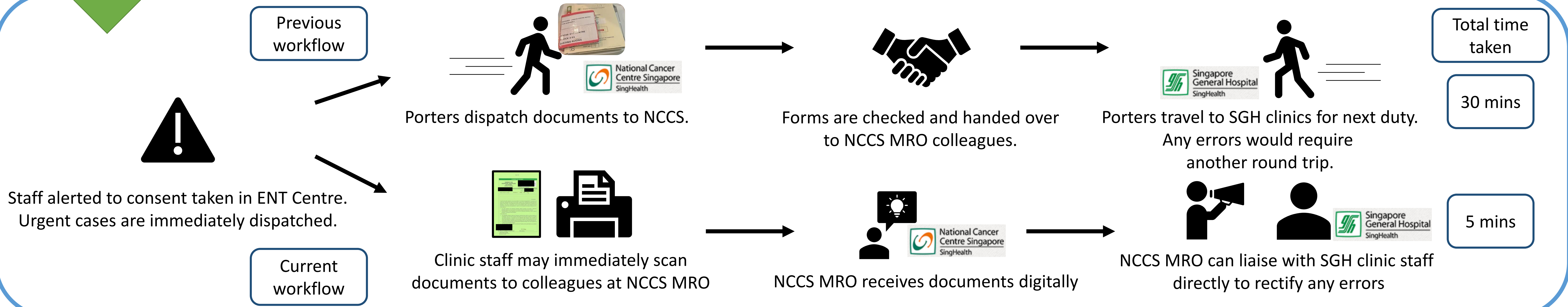
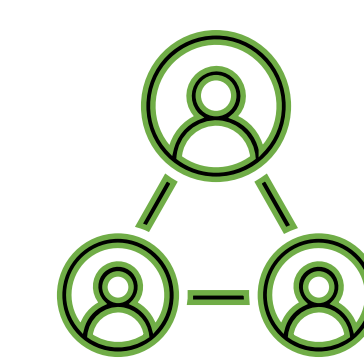
### Application

Subsequently, staff had to be trained on how to properly scan, encrypt, and email patient consents through existing printer functions. Pre-set functions on clinic scanners were also set-up to streamline the process. Staff training was carried out through roll call briefings, in-person trainings, and instructional videos across all SOC with DSSO specialties.



### Refining processes

A feedback and communications loop was established between SGH SOC Ops and NCCS HIMS to ensure that any issues can be investigated and rectified quickly. This improved upon previous processes where either institution might only realize that a mistake had occurred after the consent had already been portered, leading to a longer lead time to rectification on potentially urgent cases.



## Results

6 Months post implementation, over ~ 80 patients have been listed, accounting for a confirmed savings of 50 round trips and approximately 25 manhours.

This has also led to an improvement in staff satisfaction and welfare as there was a significant reduction in the physicality of the tasks assigned.

Given its success, this process could be scaled up for future consent taking across various institutions in SingHealth.

## Conclusion

- 1 A workflow was implemented for the digital dispatch of patient's consent across institutions, cutting down on transport/manpower requirements.
- 2 Urgent dispatches are carried out in a timelier manner, minimizing disruptions to procedures that are conducted on a next day basis.
- 3 A feedback loop between institutions and password encryption ensures that patient safety and confidentiality is maintained and improved through this new workflow.