Establish a Seamless Workflow for Paediatric Patients on the Same-Day Admission (SDA)

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KK Women's and Children's Hospital

Background

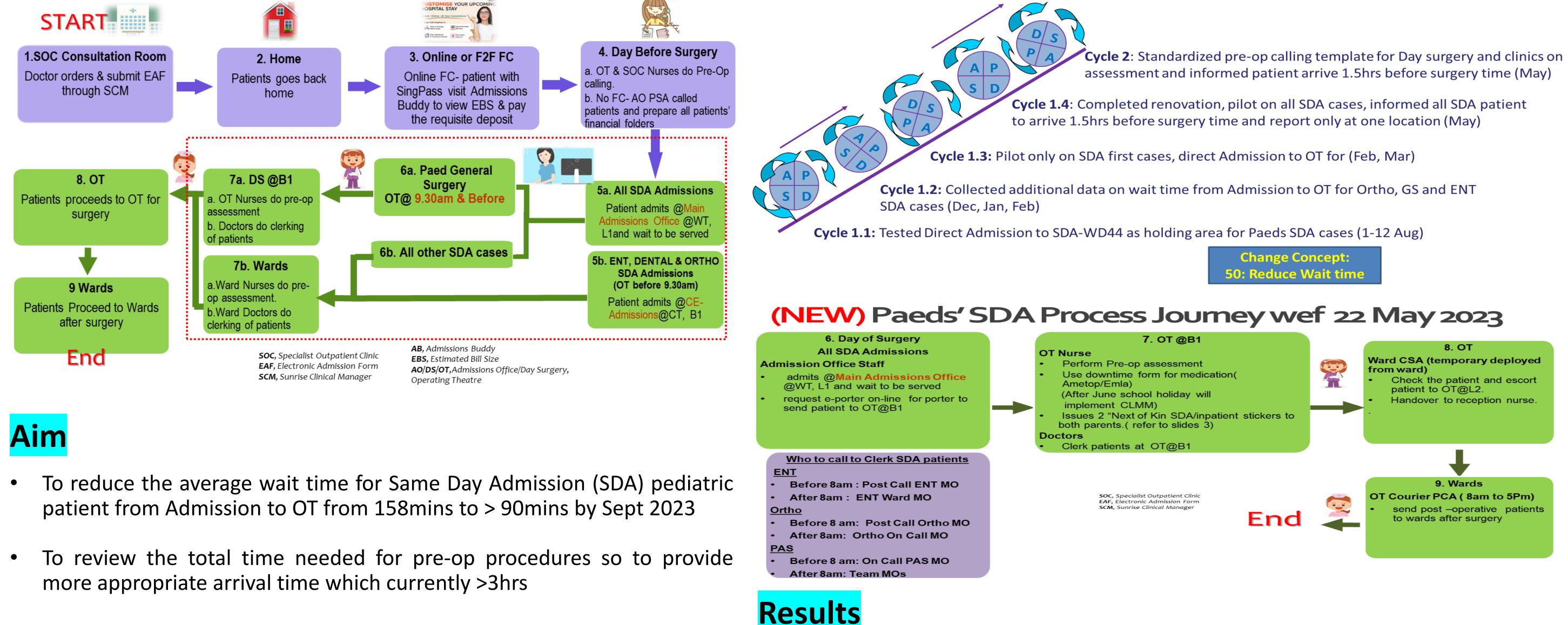
Paeds' SDA Process Journey

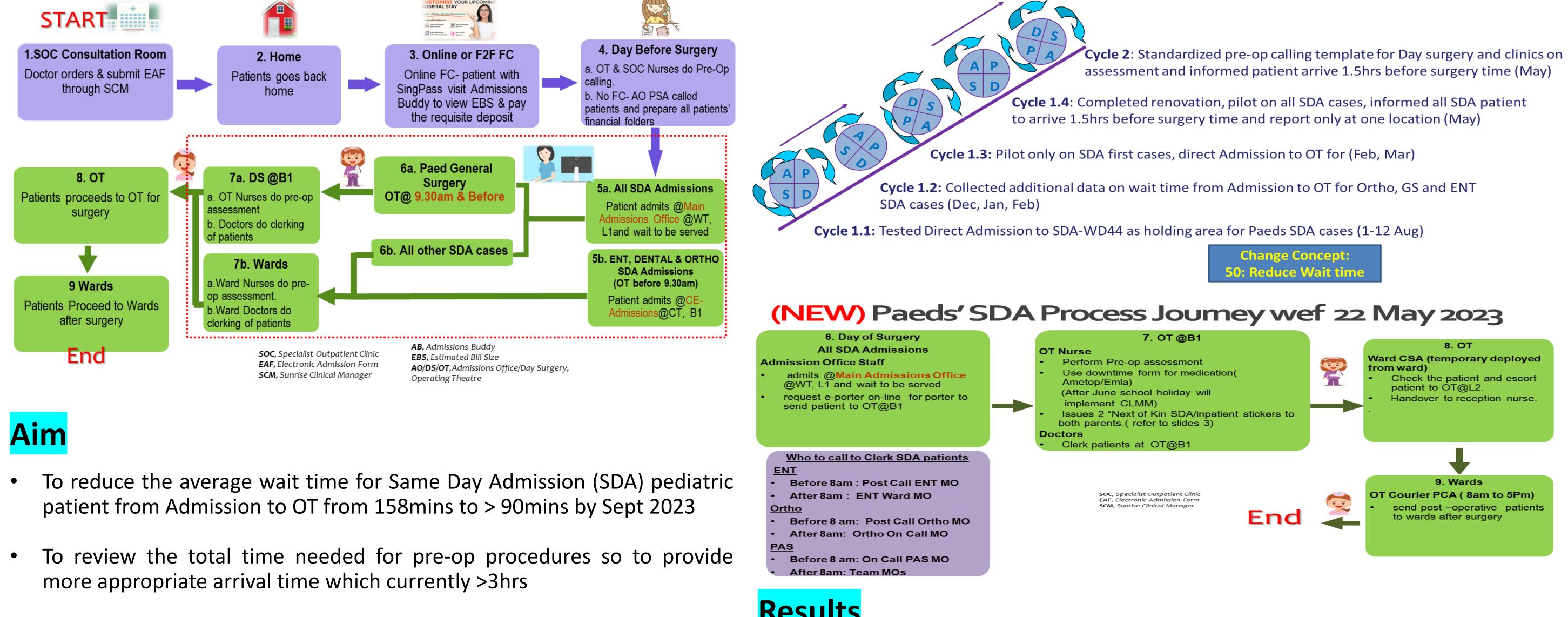
Currently KKH admit about 100 SDA patients per month, average 5 patients a day, Patients are required to go multiple stops before being admitted to OT for elective surgery, and as a results of: 1. No standardization of admission process for SDA 2. long waiting for beds assignment in the wards 3. Long delay in consent taking by doctors and pre-op assessment by nurses

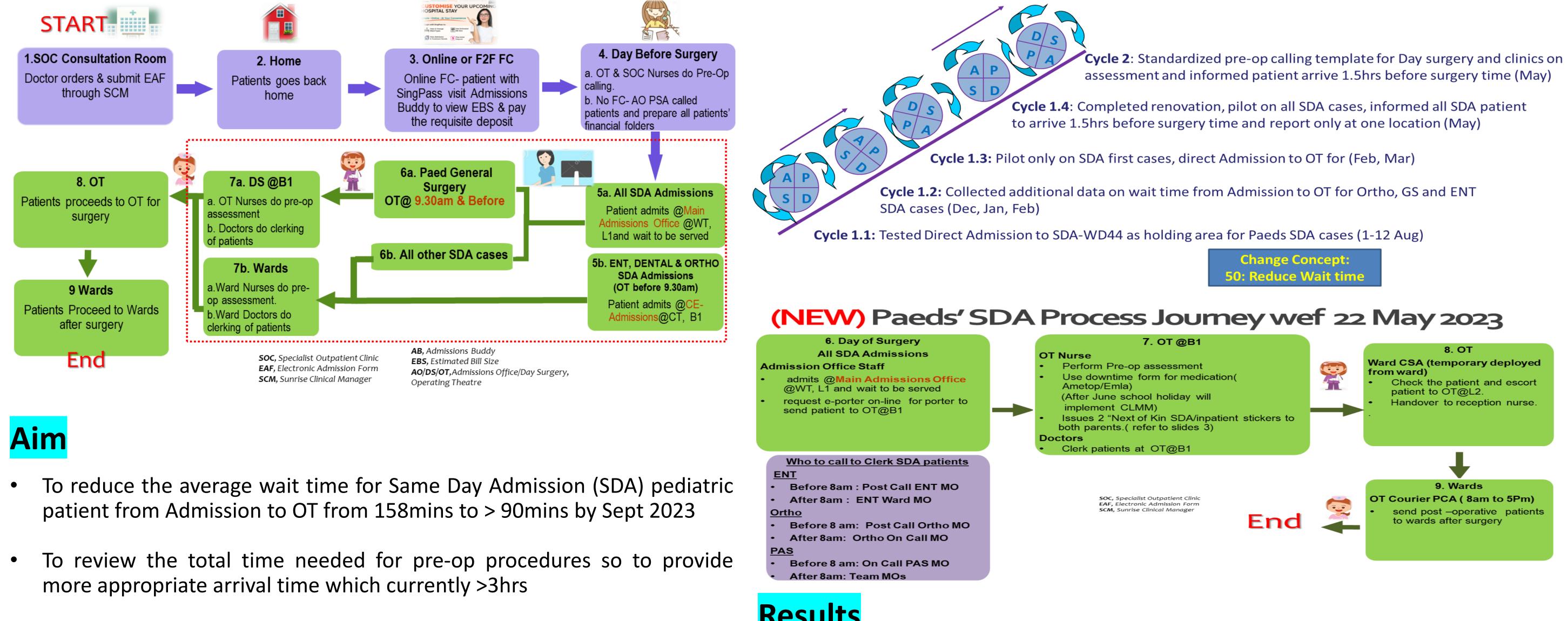
Intervention

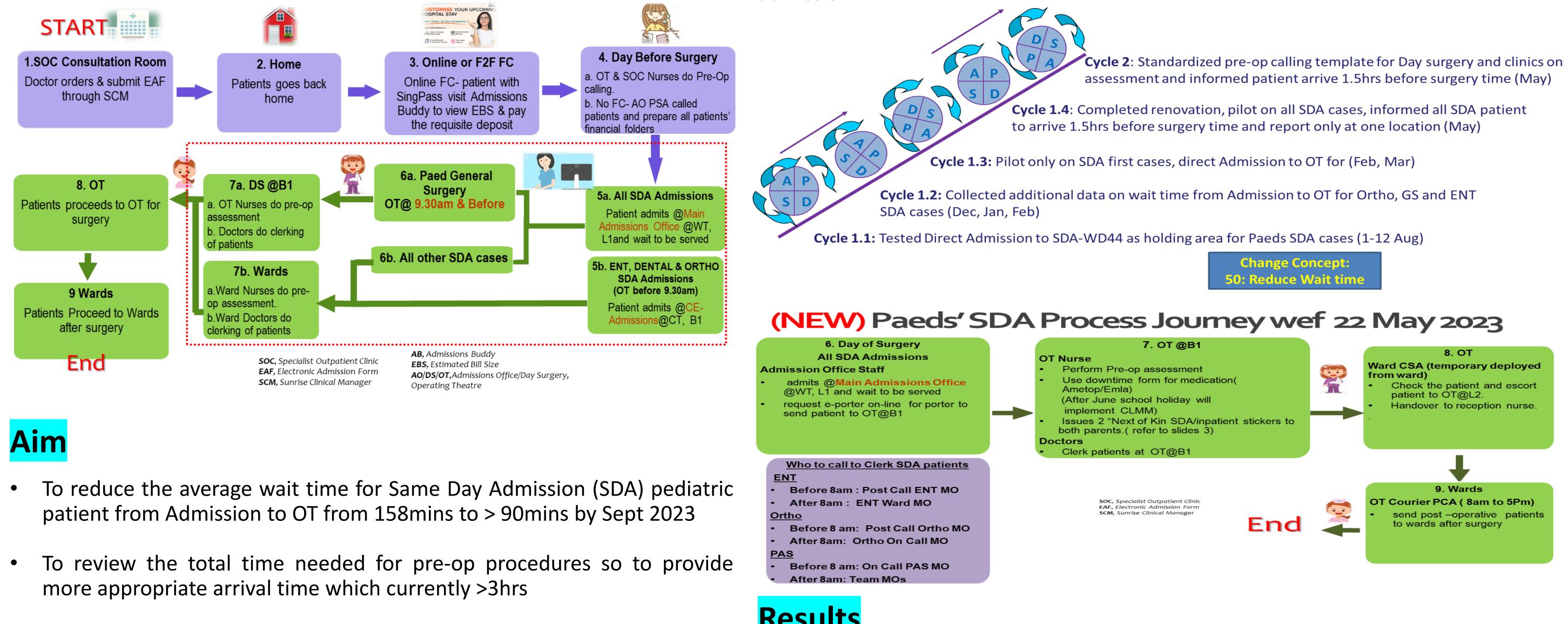
Ramp Change Idea

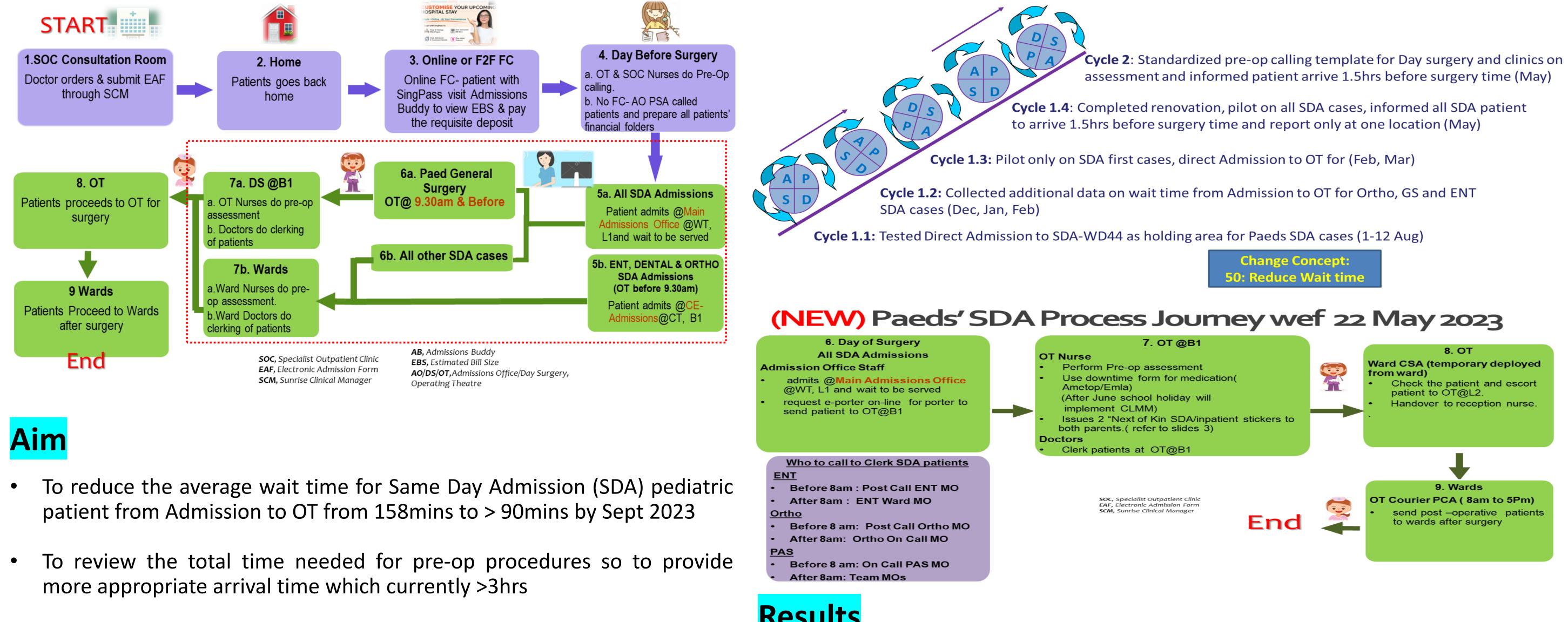
Provide a OSC with all services can be done at one venue to cut down motion and transportation wastes, standardized pre-op assessment and time of reporting for admission.





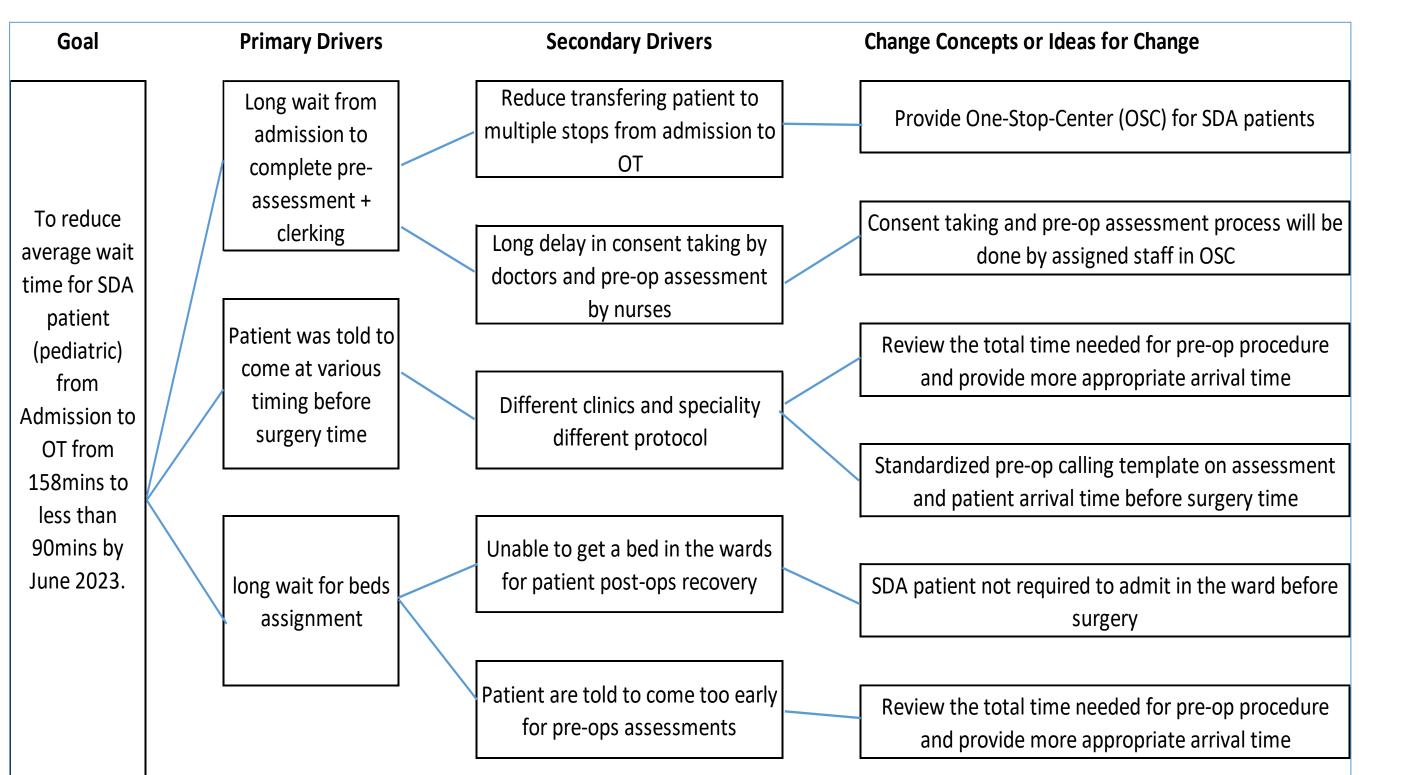




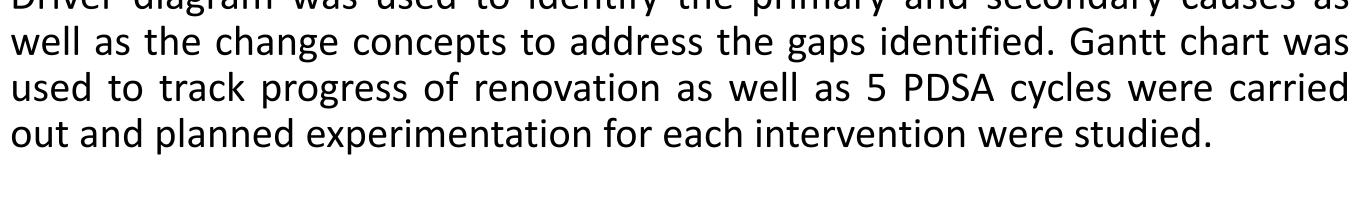


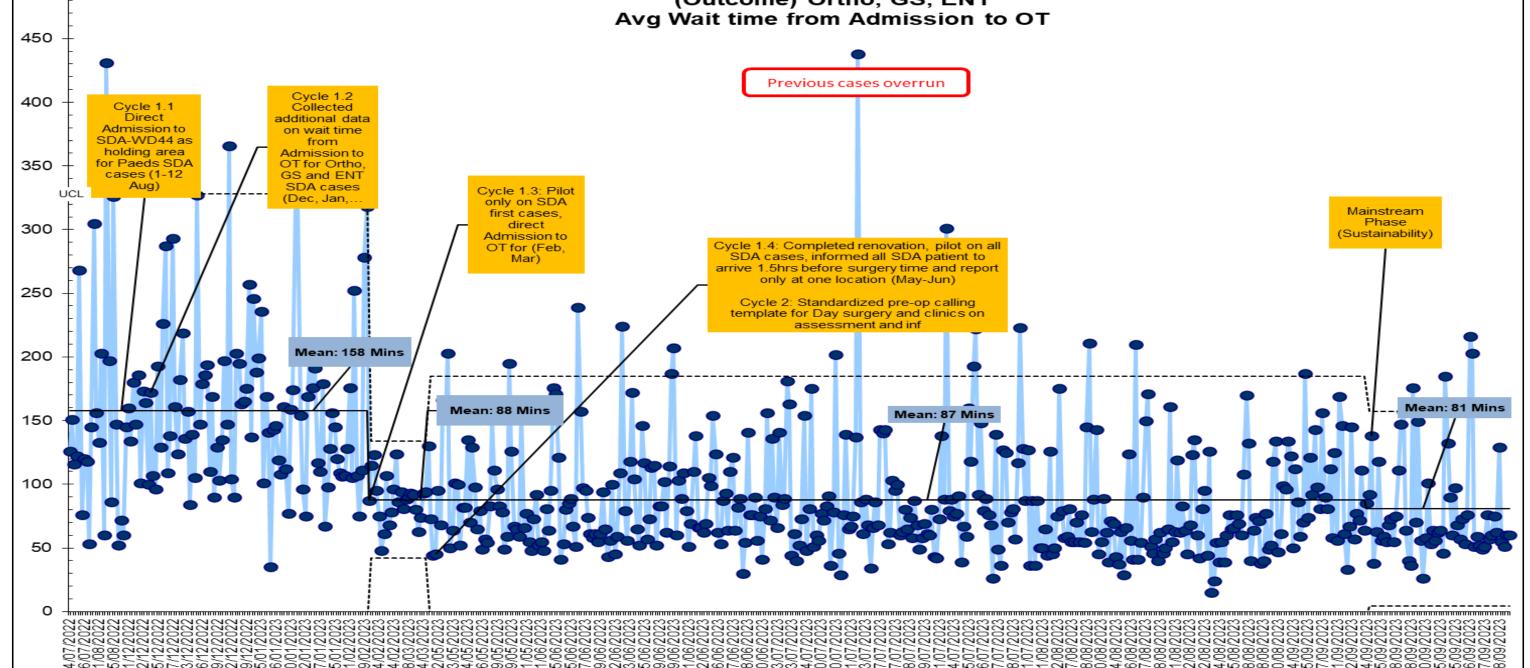
Methodology

500



Driver diagram was used to identify the primary and secondary causes as

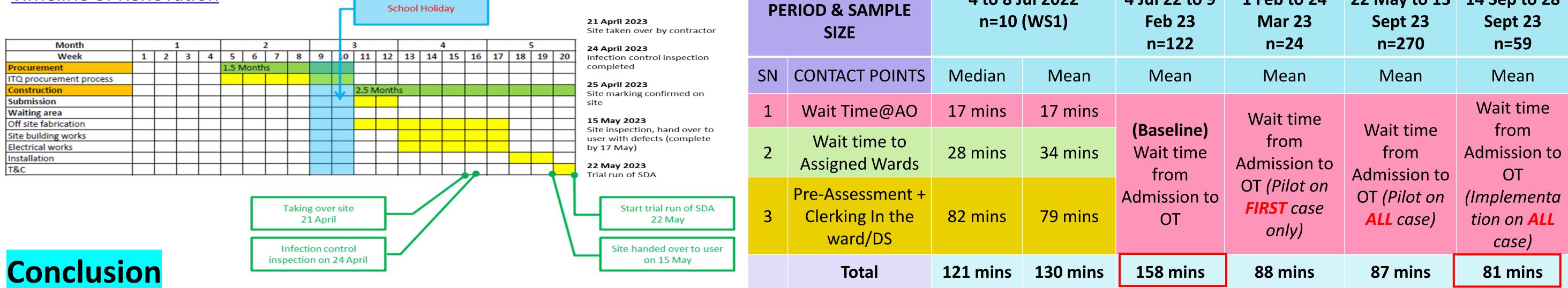




Ortho, GS, and ENT cases saw a 49% reduction in admission to OT wait time (158mins) to **81mins**). Process improvements: registration time reduced from **17mins** to **16mins**, transfer time from admission cut from **34mins** to **13mins**, clerking and pre-assessment time dropped from **79mins** to **31mins**. SDA cancellation maintained at **12%**. Lastly, with no longer needed to assign bed before surgery, patient need not wait at admission office for long time and better utilized the bed capacity.

	PERIOD & SAMPLE	4 to 8 Jul 2022	4 Jul 22 to 9	1 Feb to 24	22 May to 13	14 Sep to 28	
er by contractor	SIZE	n=10 (WS1)	Feb 23	Mar 23	Sept 23	Sept 23	
			n=122	n=24	n=270	n=59	

Timeline of Renovation



With the improved facilities and new workflow, it has provided the team opportunity to explore converting more elective cases to SDA, the committee has analyzed the existing data for the 3 specialties (ENT, GS, Ortho) which 27% of the cases could have converted into SDA instead of admitted the day before. This new workflow and converting of cases will also be implemented for other specialties in phases.

Both tangible and intangible saving were observed in the improvement, as the cycle times have reduced significantly, staff do not require to constantly attend to the patients to provide updates, doctors do not need to travel far to review patient and consent taking, beds utilization has improved and more importantly, enhanced the staff and patient experience which provide good reputation and align with KKH mission "To lead in excellent, holistic and compassionate care for Women & Children."