



# Digitalising Surgery Listing for Efficiency & Sustainability



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## INTRODUCTION

The previous surgery listing process at National Dental Centre Singapore (NDCS) relied on manual entries into physical logbooks due to deficiencies in the booking system (OAS) in capturing crucial information such overview of surgery slots in all theatres, surgery type, duty clinician, patient's medical history, and whether the cases belonged to personal case (PC) or common pool (CP).

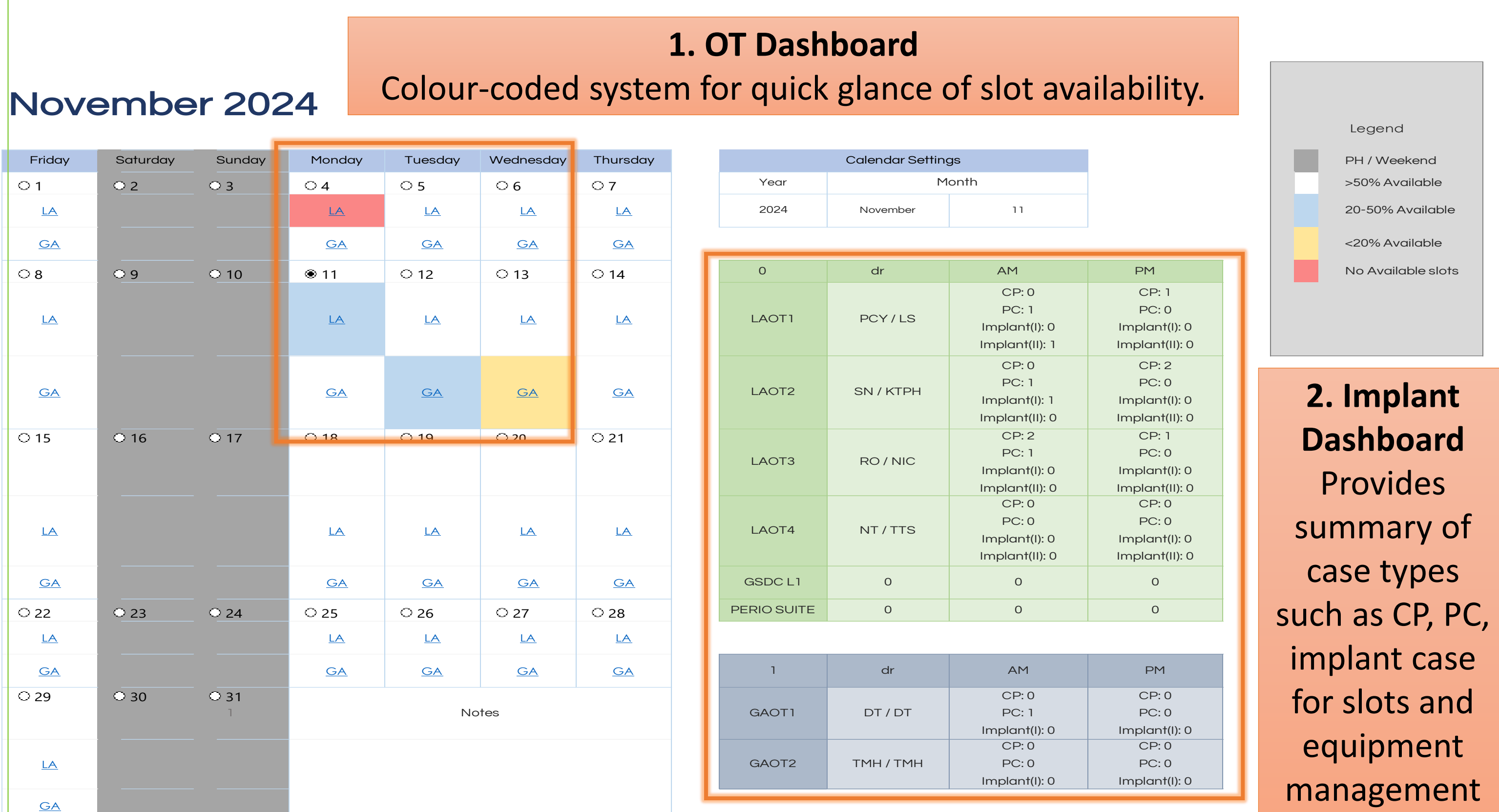
## OBJECTIVES

- ✓ Establish a unified platform for ease of access to listing information that is transparent to all
- ✓ Enhance the efficiency of surgery listing process
- ✓ Reduce reliance on paper recording of surgeries

## METHODOLOGY

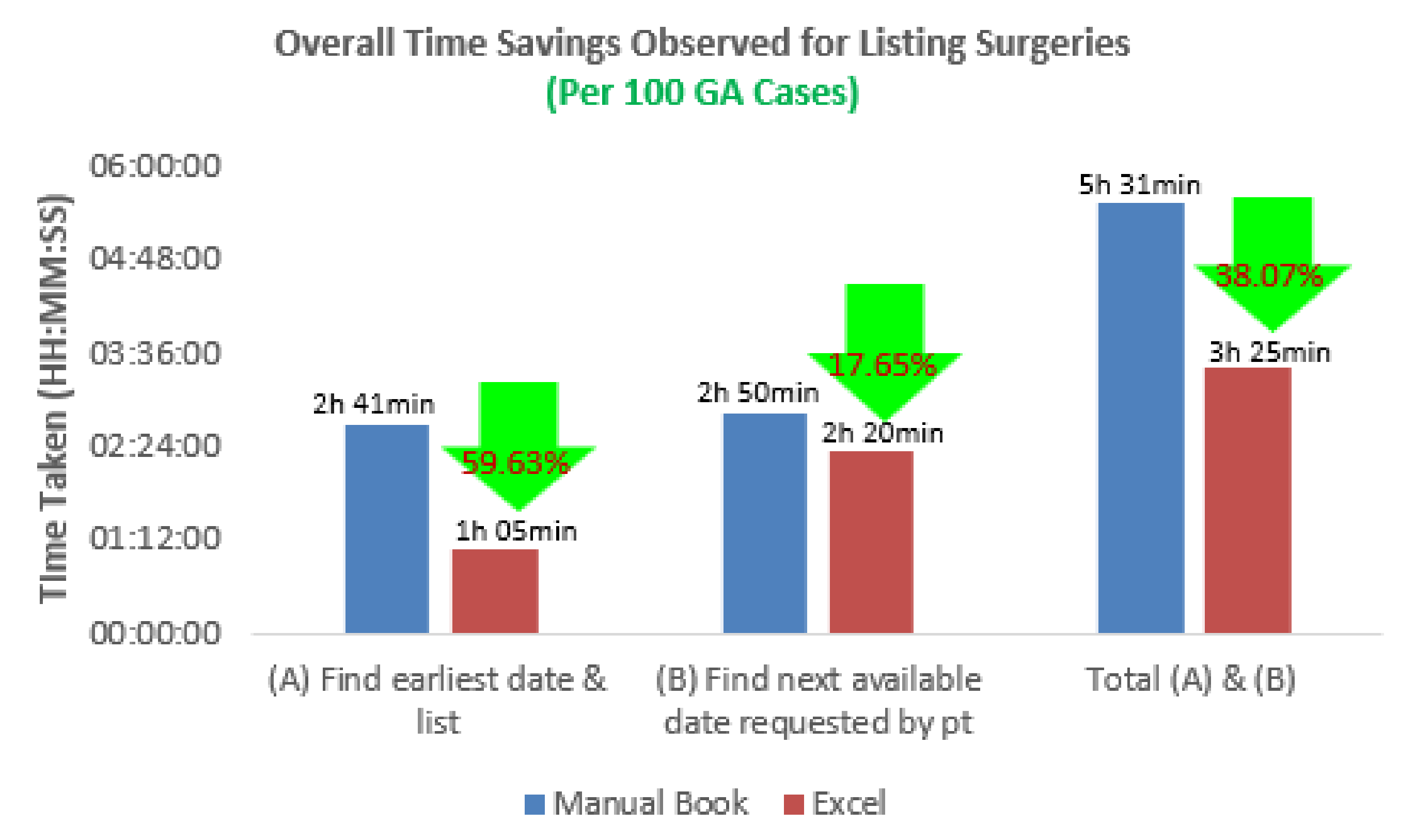
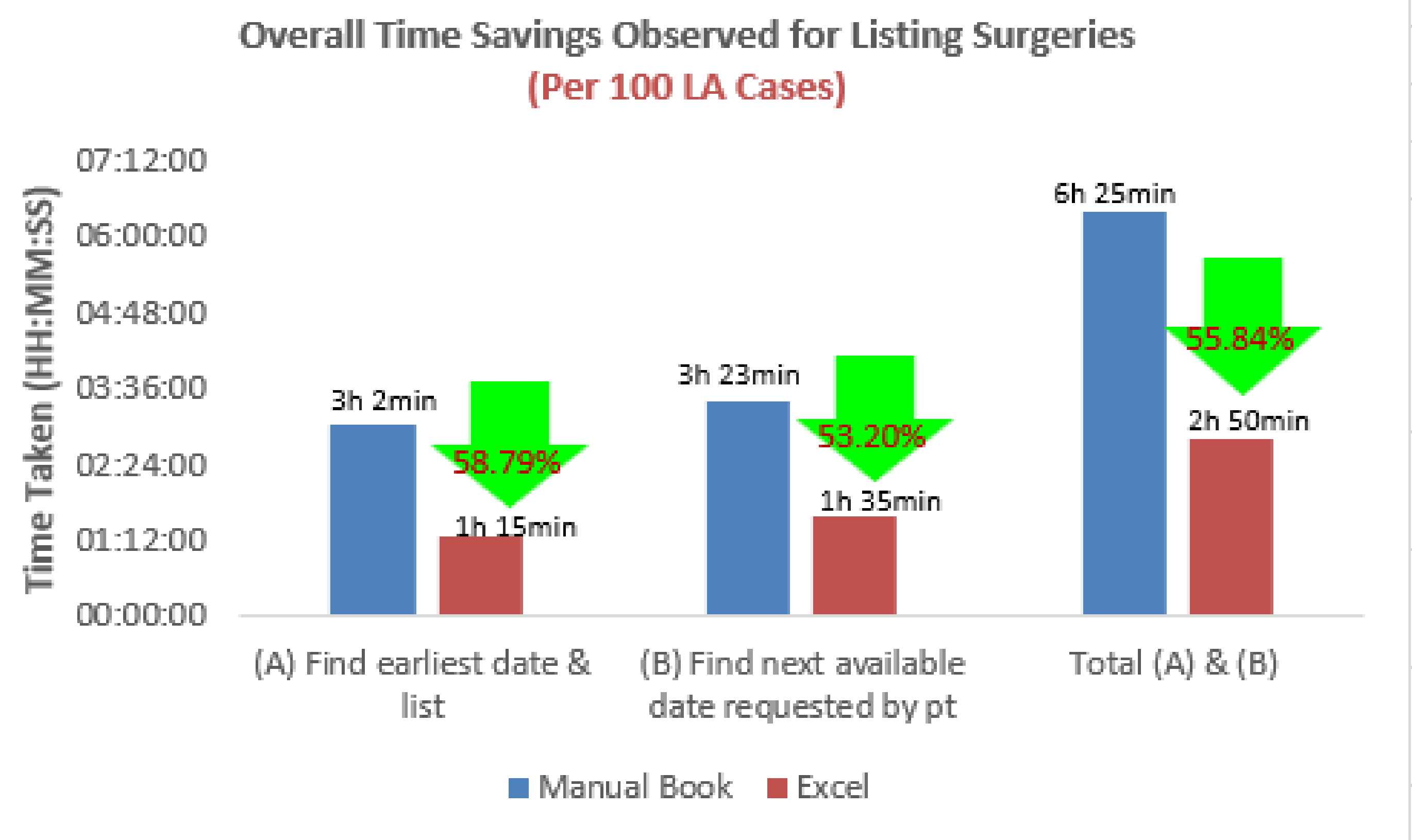
Utilizing advanced functions of Microsoft Excel, an OT Scheduler was developed to:

1. Create a concise **OT dashboard** for quick glance of OT availability through a colour-coded system.
2. Establish a comprehensive **implant dashboard** to improve efficiency of equipment management.
3. **Synchronize with department's roster** to show the designated clinician for each session.
4. Enable finding for earliest slots (for CP, PC and implant cases) and rescheduling of PC cases.



OT Location	Dr Allocated to OT	Start Time	End Time	Duration	Patient's NRIC	Patient's Name	Patient's Contact No.	Tooth No (Include infectious disease)	CP / PC	Additional Remarks	Implant Stage (I or II)	
LAOT 1	PCY	08:00	9:00	60	S123456G	ABC	9876543		pcy		II	
		08:15										
		08:30										
		08:45										
		09:00										
		09:15										
		09:30										
	LS	11:00										
		11:15										
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		12:15										
		12:30										
LS	13:30	15:30	120	S9876543D	DEF	6554444						
	13:45											
	14:00											
	14:15											
	14:30											
	14:45											
	14:55											

## RESULTS



1. Increased efficiency
  - Total time reduction for LA cases is **56%** per 100 cases.
  - Total time reduction for GA cases is **38%** per 100 cases.
2. The OT and implant dashboards provided a comprehensive view of available slots across all OT and facilitated efficient equipment management.
3. Rescheduling for CP and PC cases was simplified through roster synchronization.
4. These improvements enhanced resource planning, rescheduling capabilities and eliminate the need for manual day-by-day, theatre-by-theatre checks.
5. Staff morale has improved with streamlined processes and better information access, making tasks easier, and reducing stress and thus improving teamwork.
6. By switching from the logbooks to the OT scheduler, 900 sheets of paper were saved annually. This is equivalent to saving approximately 0.1 trees each year.

## CONCLUSION

The adoption of the OT scheduler has refined surgery listing processes, replacing manual books entirely and ensuring easy access to booking information for all staff. Complete reliance on paper recording has been eliminated, marking a 100% transition to the OT Scheduler.