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### Introduction

Starting from June 2023, several clinic sessions at SGH Haematology Centre gradually closed as doctors reallocated their sessions to attend to blood cancer cases at the new National Cancer Centre Singapore (NCCS).

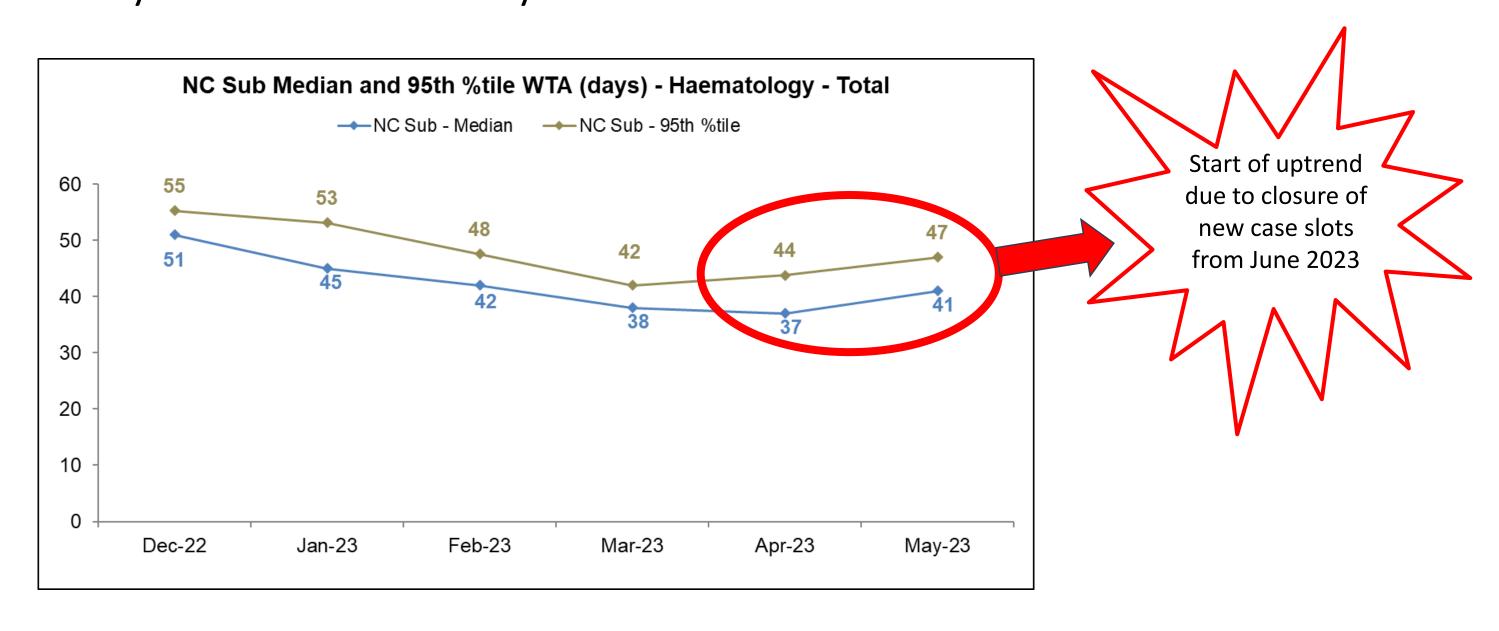
Additionally, the Haematology Centre at Ward 72 would undergo renovation from March 2024 to November 2025, resulting in a significant reduction in the number of available new case appointment slots due to reduced clinic rooms.

Consequently, due to reduced availability of appointment slots, the median Waiting Time to Appointment (WTA) for Haematology new cases was expected to increase, impacting access to care.

Hence, the project was initiated to manage increasing WTA which was evident starting in May 2023.

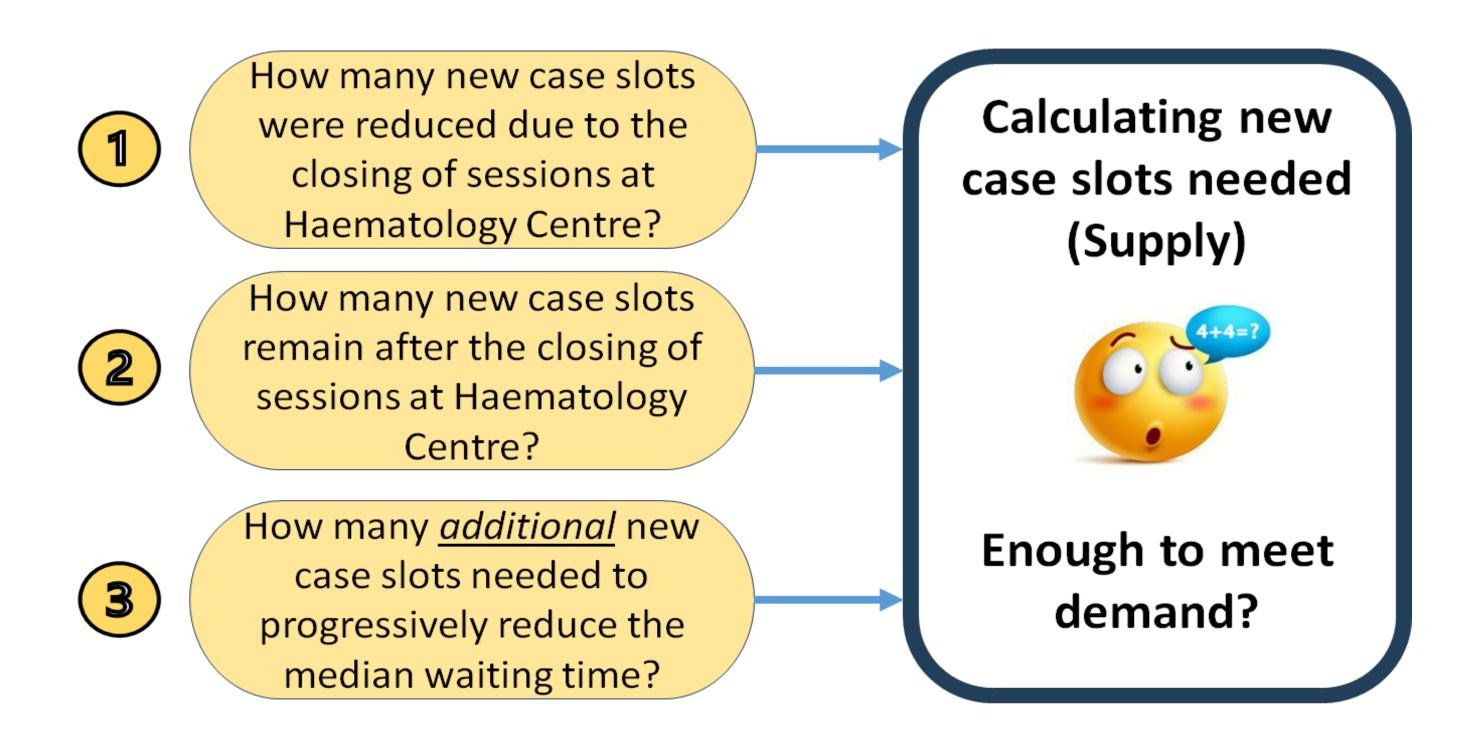
# Objective

To reduce the median WTA for a haematology new case appointment from 41 days in May 2023 to within 37 days in 3 months



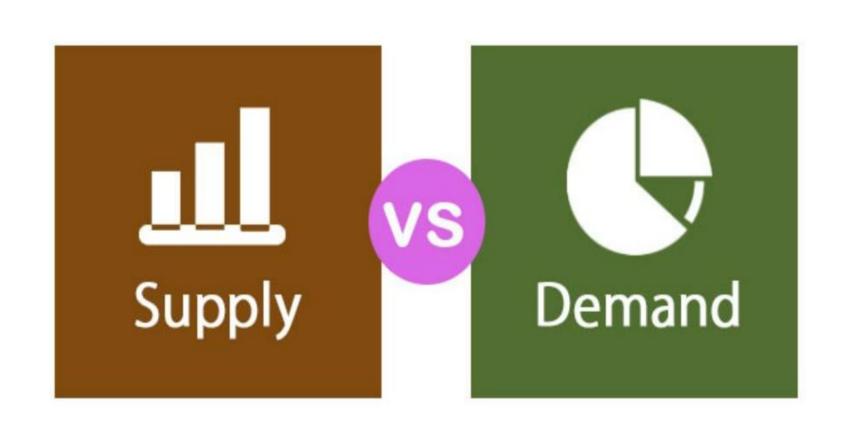
## Methodology

#### **Problem Analysis**



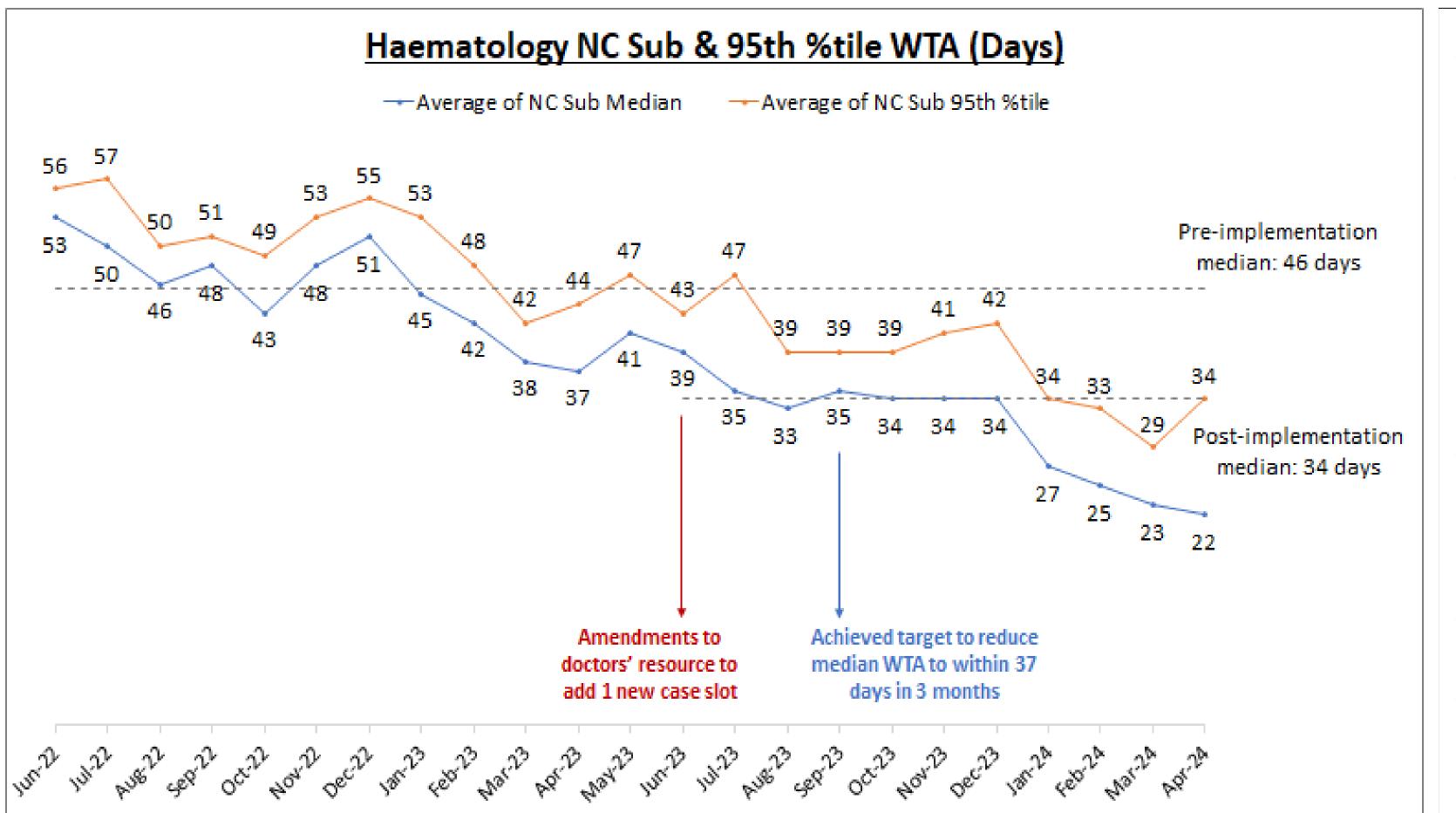
The closure of Haematology Centre clinic sessions accounted for the loss of 50 weekly new case slots. Analysis of past and future demand over a 12 month period showed stability with no significant changes expected in projected demand. Hence at least 50 weekly <u>additional</u> new case slots were required to ease and maintain the median WTA at or below 37 days.

#### **Solution**



To achieve the target, we explored various options with the clinical HOD and eventually proposed to allocate 1 additional new case slot for all existing 51 haematology sessions, resulting in 51 weekly new case slots created. The proposal was shared with the department's senior doctors in May 2023 for their support. Amendments were made swiftly to the doctors' clinic resources which were made effective from June 2023 to mitigate further escalation in the waiting time.

## Results



Median WTA reduced from 41 days to 35 days in 3 months with demand remaining constant

Post implementation, the median decreased from baseline of 46 days to 34 days

The addition of new case slots into existing resources had minimal impact on wait time to consult, with post implementation median at 26 minutes compared to pre-implementation median of 25 minutes

Patients seen within 30 days by March 2024

- Median WTA (50<sup>th</sup> Percentile): 23 days
- Median WTA (95<sup>th</sup> Percentile): 29 days
- Patients were seen early ensuring timely care and treatment

Workload was shared across the department, optimising resources for long term sustainable outcome

#### Conclusion

To reduce the median waiting time for new case appointments, analysing the demand and supply of new case slots was critical so that plans can be formulated. Early planning and involvement of key stakeholders were vital to get buy in to effectively implement the proposed solution. As a result, significant reduction in the median waiting time was achieved enabling our patients to see a haematologist earlier, allowing for better access to care.