Ang Mo Kio - Thye Hua Kwan Hospital – Grizzly Badgers IS480

Date: 30 Sep 2016

Start Time: 1105H

End Time: 1220H

**In-Attendance (AMK-THKH)**

Dr Jocelyn Koh (Infection Control Team)

Ms Sarah Lim (Infection Control Team)

Mr Edy Chandra (MIS)

Mr Wayne Lee (MIS)

**In-Attendance (SMU)**

Friedemann Ang

Aloysius Lam

Christopher Teo

**Agenda**

1. Introduction & background
2. Current Process & Constraints
3. Scope Requirements & Gathering (Must-Haves & Good-to-Have)

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| **Minutes of Meeting** |
| * 1. Introduction and background   Ang Mo Kio – Thye Hua Kwan Hospital currently uses a “Triage System” developed for the use of Visitor Logging and Contact Tracing. The hospital is looking to replace this system to one which is more robust and keep manual involvements to a minimum. The Triage System is deployed during states of medical emergency such as the outbreak of a highly contagious disease. |
| * 1. Current Process & Constraints   **Visitor Entry Process**   * Visitor’s temperature is taken. * Visitor reports to triage counter and reports purpose of visit * (If to visit patient) Staff asks for patient details (Bed no, patient name). * (If to visit other location) Staff asks for location going to visit * (If to visit TTSH ward) visitor directed to TTSH staff for registration * Asks visitor of recent illness history, countries visited, nationality, NRIC & Personal Particulars. * Double checks against system for current number of visitors. If patient does not exist or max visitors at one time is reached, then visitor is not signed in. * Otherwise, the visitor is issued a visitor pass and is allowed into the hospital. * The visitor will drop the pass at the exit before leaving the hospital.   **Annual Table Top Exercise Process (Pandemic Simulation)**   * Table-top Exercise to simulate pandemic situation * Doctor prepares scenarios to ask to representatives of different departments on how their department would react. * Minutes are recorded and stored onto the networked drive.   **Contact Tracing**   * MOH will identify who is infected & ask hospital to track visit history. Hospital can also start this process themselves. * People who are in close contact with the affected person under certain search parameters should be identified * Can be Staff, Patient or Visitor * Hospital will need to provide a contact list of patient & her/his close contact   **Building Structure**   * Many Entrances & Exits * Star Architecture (North South East West Wings). Each level is a ward. Each level has common areas like the lift landing area. Each level has multiple wings. Each level can have other common facilities like patient hub, meeting rooms, and rehab centre. * Part of Level 1, 3 are run by TTSH. The system will need to cater to the entire hospital premises including TTSH or other tenants. * Level 1 have a common area like GP Clinic, B. Braun Dialysis Centre, Cafeteria, Pharmacy, TCM and CHC Centre * Level 3 have another NKF Dialysis Centre   **Additional Information**   * Guidelines issued by MOH in the form of visitor flow guidelines in the case of an epidemic MUST be followed strictly. This is based on the different alert levels. * Business Continuity Guide: Contingency Planning for Infectious Disease Pandemics using principles in the Singapore Standards for Business Continuity Management (BCM). |
| 1. Scope Requirements & Gathering (Must-Haves & Good-to-Have) |

**Triage System**

* .NET and MSSQL
* Web-based
* Hosted on local server

**Must-have functions**

* Visitor Logging
  + Process includes temperature screening, visitor registration, screening questions and should follow current MOH guidelines.
  + Visitor will have to report the patient he is visiting. System should also highlight if a patient does not exist on the current patient management system.
  + Process is different for staff, visitors, outpatients and the system will need to cater to them.
  + It is preferred to have a minimum of time in/out of the hospital.
  + All the visitor must record their time in/out of the hospital and have to limit maximum of patient visitor.
  + Solutions can include restricting access to wards or wings, or tracking of visitors within the hospital, or both.
  + Sign-in needs to cater for TTSH Patients & AMK-THKH Patients
  + Report and statistic (exportable to PDF or Excel format) with purpose submit to MOH or AMK-THKH internal filing.
  + Self-Registration by visitor via web or mobile
  + Grizzly Badgers is to explore possible solutions before proposing to the MIS team.
  + Master data like countries, location or screening question can be customized through UI
  + System user creation and user access level
  + Visitor check out function to update number visitor of patient and exit time
* Contact Tracing
* Function will allow the determination of others who have “close contact” with the visitor.
* The search parameters for close contact should be editable at a UI level.
* Export function

**Good-to-have functions**

* SMS API to contact people
  + To send alerts and reminders to different categories of people, such as staff, nurses or visitors during pandemic.
* Knowledge management
* Storage of minutes of tabletop exercises. Providing a search for users to conveniently retrieve information.
* Feedback and Survey
  + To contact the visitor for their feedback and survey, or visitor able to submit feedback and survey during check out from hospital.
* Video call feature
* Integration of video call feature for visitors whose access to the hospital is restricted, but want to contact the patient.

**Visitor Entry Methodologies (Ideas for implementation)**

* Self-registration, search if is re-visit, appointment and declaration, generate a barcode/QR code
* Taken temperature at hospital
* Scan barcode and QR Code during self-registration, print out paper with visit information.
* Visit tag can be colour coded for staff to identify location to be accessed
* NRIC / Employment Pass / Passport
* RFID (Optional)

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| Minutes written by: |  | Minutes vetted by: |
| Christopher Teo |  | Edy Chandra (AMK-THKH) |
| Aloysius Lam |  | Wayne Lee (AMK-THKH) |