

Project Title

Establishing Department Service Quality and Training Framework

Project Lead and Members

Project lead: Ken Kan

Project members: Datshini Chandra

Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Service Quality & Training

Project Period

Start date: Dec 2020

Aims

- To improve overall staff compliance to meet department's target of 90%.
- To bridge gaps in staff training so as to ensure that they are adequately competent.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

- Quality of work improved when service quality and training framework were implemented and maintained. This was reflected by the improved scores seen in the department audits
- Regular structured audits and training aid our staff to perform better at work while improving our service delivery.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Job Effectiveness, Training & Education

Keywords

Service Quality, Training Framework, Staff Compliance, Patient-Fronting Duties

Name and Email of Project Contact Person(s)

Name: Ken

Email: ken_kok_hon_kan@nuhs.edu.sg

ESTABLISHING DEPARTMENT SERVICE QUALITY AND TRAINING FRAMEWORK

MEMBERS: KEN KAN AND DATSHINI CHANDRA
FACILITATOR: RACHEL NG

SAFETY
QUALITY
PATIENT
EXPERIENCE

PRODUCTIVITY
COST

Define Problem, Set Aim

Problem/Opportunity for Improvement

Between Aug 2020 to Oct 2020, staff compliance to key patient-fronting duties (conduct inflight FC, update of patient contact details/document type, and issuance of interim bill) was at 86%. This falls below our department target of 90%. Staff turnover, differing work experiences and lack of continued learning have also resulted in existing staff having varied technical knowledge and skill sets. The challenges faced by the team resulted in inconsistent service delivery to our patients and their Next Of Kins.

Aim

To improve overall staff compliance to meet department's target of 90%. To bridge gaps in staff training so as to ensure that they are adequately competent.

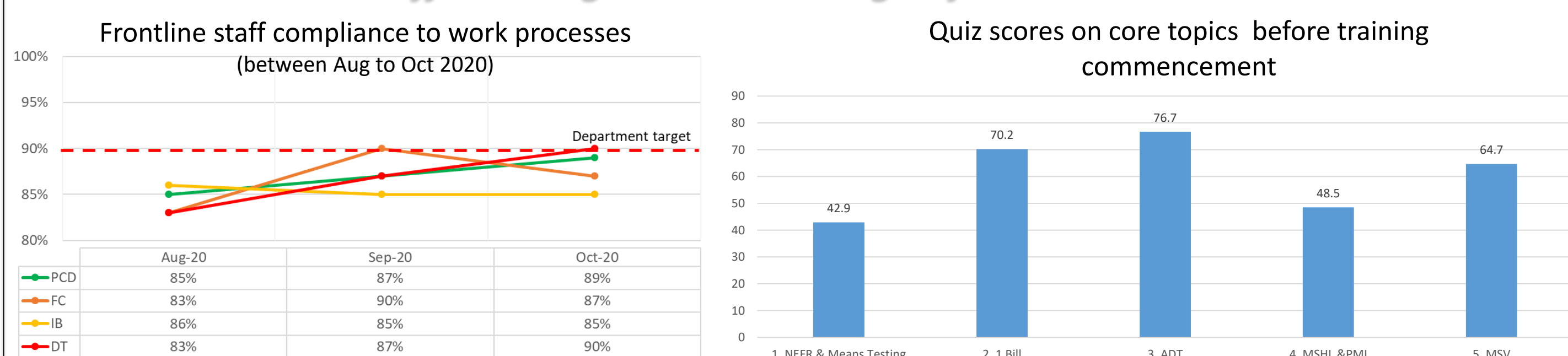
Establish Measures

Outcome Measures

Establish quality and training framework and to measure the percentage of Staff Compliance rate for the key patient-fronting duties.

Current Performance

Between Aug to Oct 2020, the overall staff compliance to key patient-fronting duties was at 86% while staff training was an average of 65%

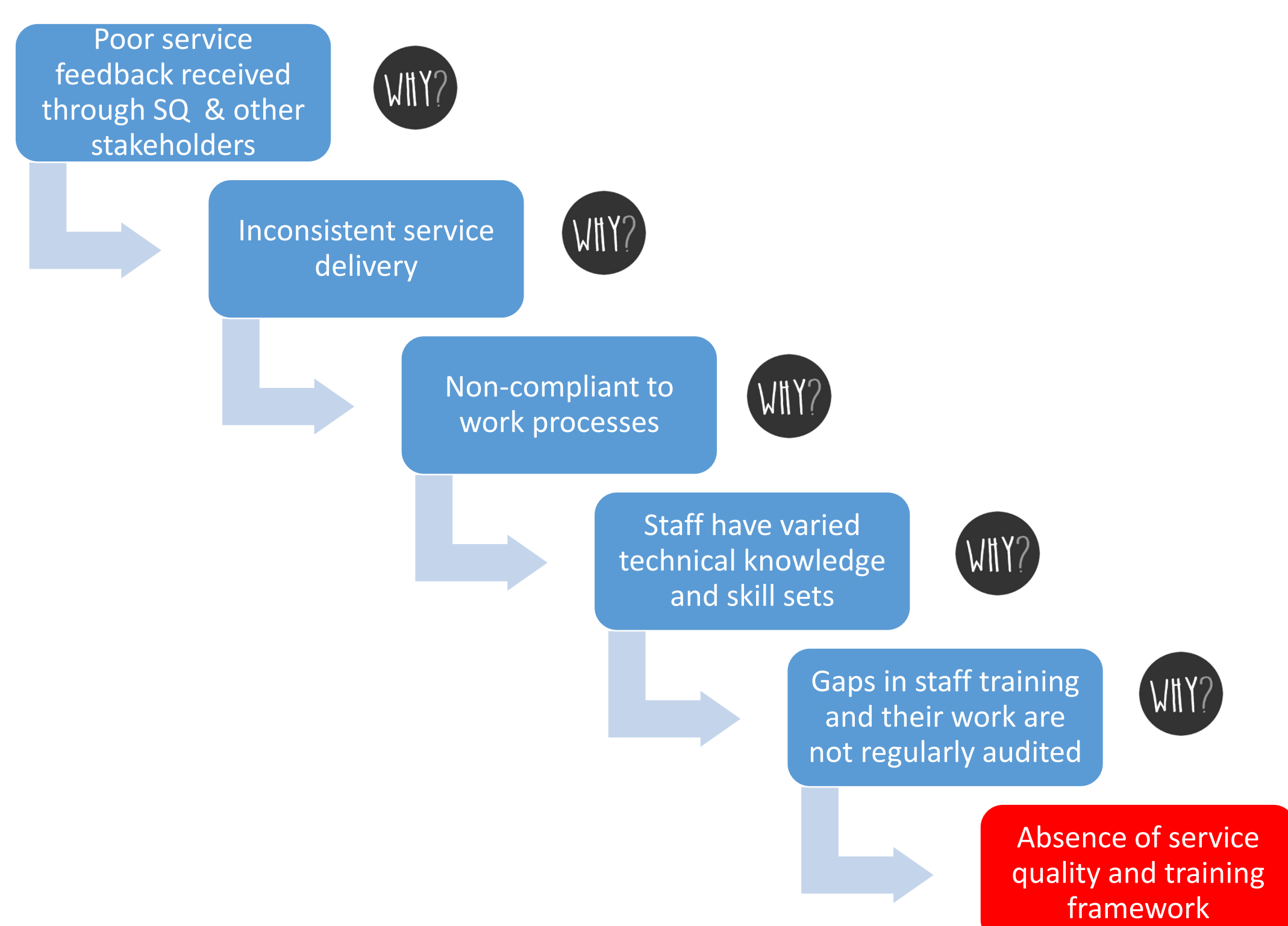


Analyse Problem

Current process

- Technical knowledge and skills varied among staff due to differing work experiences and high turnovers
- Incidents of non-compliance to work processes were observed by Team Leads and ROs during their audit rounds. There were also feedbacks on inconsistent service delivery from stakeholders and SQ department
- There were gaps in staff's continued training resulting in poorer work performance Refresher trainings and specialized training for certain functions were required.
- There was no routine audit schedule or baselines to measure department's performance and staff were not aware of the expected standards

Probable root cause



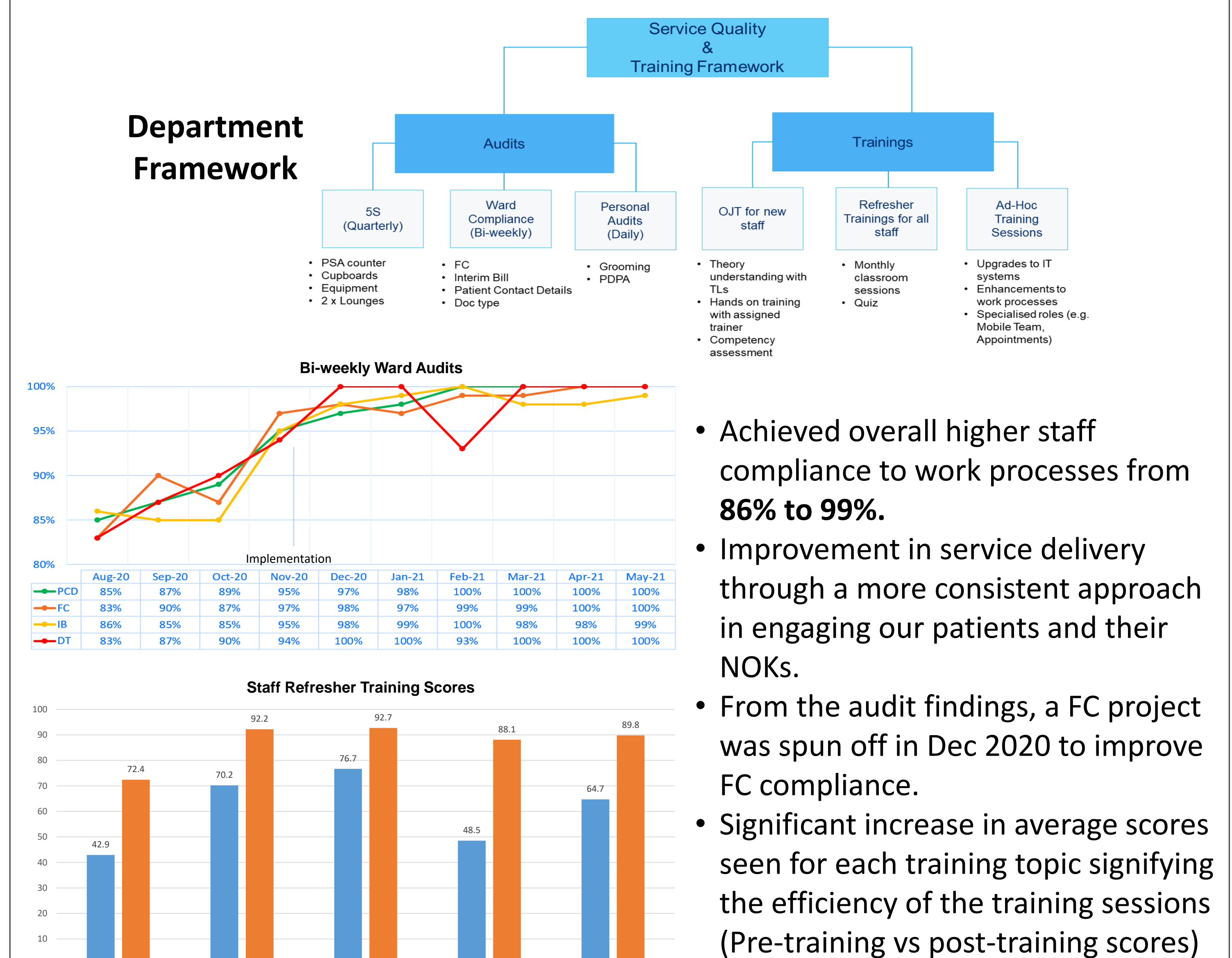
Select Changes

Root cause	Possible Solutions
Absence of service quality and training framework	1 Team Lead provide on-site training to staff who needs additional training during ad hoc observations.
	2 Develop structured and systematic methods to train new hires and existing staff through regular classroom trainings and to assess their knowledge retention.
	3 Assign seniors (e.g. SPSAs and above) to provide coaching to staff who are needed additional guidance.
	4 ROs to assess and ascertain training gaps during TPM.
	5 Develop structured ward audit templates to evaluate and analyse overall staff compliance for key tasks performed by PSAs - taking a proactive approach.
	6 RO and Team Leads to conduct daily ground checks.
	7 Team Leads to pick up cases randomly to perform audits.
	8 Gather feedback from key stakeholders.

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	Establish service quality and training framework	Establish different types of audits and training needed to cater to different need	Review the frequency of each audits and staff training needed	To develop the relevant audit checklists and training materials
2	Create ward audit checklists	Bi-weekly ward audits are conducted since Nov 2020 Cases are picked by RO and Team Lead performs system check	Review audit results and validate findings	Spin-off related service initiatives based on audit findings (e.g. FC and patient appts)
2	Develop training materials and quizzes	Conduct monthly staff refresher training for existing staff	Review pre and post training results	Fine tuning of training materials based on staff feedback

Department Framework



Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

- Areas of non-compliance /focus areas for improvement were incorporated into the audits and all staff/team leaders were briefed on the standards
- Based on the audit findings, more improvement projects were brainstormed for continuous improvements in the department
- Trainings and audits were regularly done to ensure were up to date on key areas required for daily PSA functions

What are the key learnings from this project?

- Quality of work improved when service quality and training framework were implemented and maintained. This was reflected by the improved scores seen in the department audits
- Regular structured audits and training aid our staff to perform better at work while improving our service delivery.