

CHI Learning & Development (CHILD) System

Project Title

Reduction of Time Taken for UBT Positive Patients

Project Lead and Members

Project lead: Rachel Teo Ying

Project members: Deborah Anne Heng Yong En

Organisation(s) Involved

Sengkang General Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health, Healthcare Administration

Applicable Specialty or Discipline

Pulmonary, Research

Project Period

Start date: Sep 2022

Completed date: Jul 2023

Aims

• To ensure a standardized UBT workflow

• To reduce UBT (+) patient waiting time by 30mins

Background

Urea Breath Test (UBT) is a non-invasive rapid diagnostic procedure used to detect the presence of Helicobacter pylori in the stomach. This bacterium infects the stomach lining and is a main cause of ulcers in both the stomach and duodenum. The test exploits the hydrolysis of orally administered urea by the enzyme urease, which H pylori produces in large quantities.

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Methods

See poster appended/below

Results

See poster appended/below

Conclusion

The improved UBT workflow has eliminated waiting time for UBT (+) patients and

reduced overall test time from 40mins to 30mins. This has greatly increased the

team's efficiency as shown by a time savings of 9,460mins (approx.158 hrs) that was

made in 12 months post implementation. In addition, the time savings has provided

an opportunity for the team to increase the number of UBT slots to cope with the

demand.

Project Category

Care & Process Redesign

Quality Improvement, Lean Methodology Workflow Redesign, Access to Care,

Waiting Time

Keywords

Urea Breath Test, Diagnostic Procedure

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Reduction of Time Taken for UBT Positive Patients

Team: Rachel Teo Ying (Leader), Deborah Anne Heng Yong En (Co-Lead)

Sponsor: Ruby Poh Li Choo, Clinical Measurement Centre (Pulmonary Diagnostics)

Introduction

Urea Breath Test (UBT) is a non-invasive rapid diagnostic procedure used to detect the presence of Helicobacter pylori in the stomach. This bacterium infects the stomach lining and is a main cause of ulcers in both the stomach and duodenum. The test exploits the hydrolysis of orally administered

urea by the enzyme urease, which H pylori produces in large quantities.

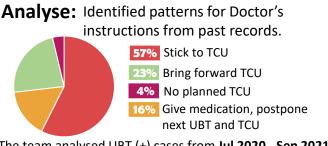
Problem

From the Cause-and-Effect diagram, the team identified that Doctor is the key interest for this project as they are often unavailable to provide advice on management plan to proceed for positive UBT results. Instructions from doctors tend to vary as they have different management plans for their patients. Doctors are also not always available to give advice on which management plan to proceed with, which results in unnecessary delays for patient with UBT (+) results.

Aim

- To ensure a standardized UBT workflow
- To reduce UBT (+) patient waiting time by 30mins

 Only able to run Unable to pick Turn up late for appointments up calls or reply one sample at a to tigerconnect time Unable to follow messages One bed instructions available No access to laptop One room available . Registration Test duration is Knowledge on **UBT** counter 30mins overcrowded No standard •Emergency? workflow for with patients Why do UBT •Critical? **UBT** positive Positive patients Overbooking of have a long wait patient appointments time?

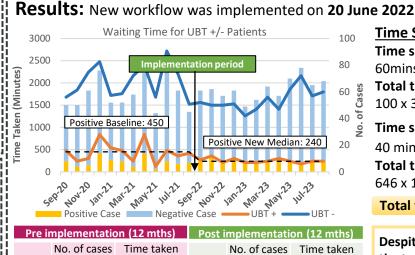


The team analysed UBT (+) cases from Jul 2020 - Sep 2021

Discussion with Stakeholders:

After discussion with Gastro doctors on standardizing the UBT Workflow, it was decided that Pulmonary lab will email SOC to bring forward the TCU appointment only for positive UBT patient with TCU longer than 3 months.





UBT (+) 84 5340 mins UBT (+) 100 3000 mins **UBT** (-) 610 24400 mins UBT (-)

Time Savings:

Time saved per Positive case:

60mins -30mins =30mins

Total time savings for 100 Positive cases: 100 x 30mins = 3,000mins

Time saved per Negative case:

40 mins - 30 mins = 10 mins

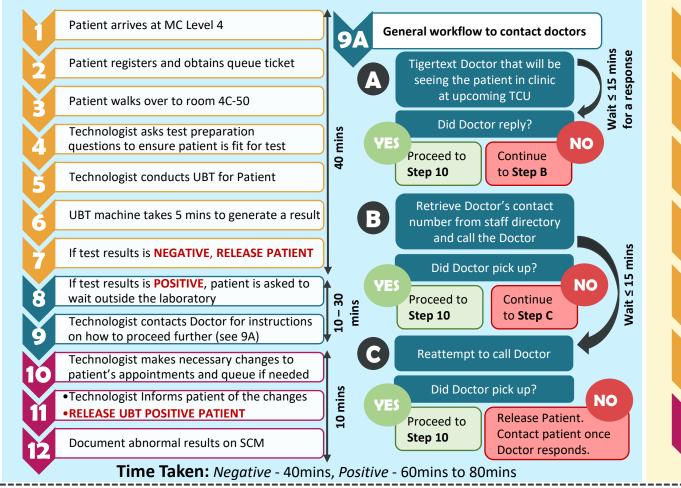
Total time savings for 646 Negative cases:

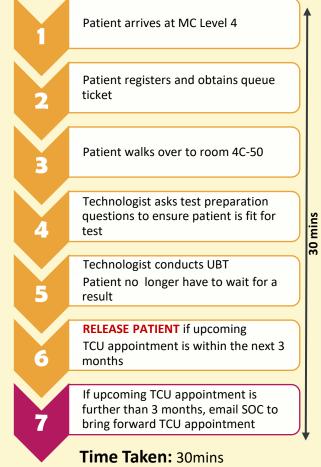
646 x 10mins = 6,460mins

Total time savings: 9,460mins

Despite an increase in caseload, the total time taken with the new workflow reduced!







Conclusion and Future Plans

The improved UBT workflow has eliminated waiting time for UBT (+) patients and reduced overall test time from 40mins to 30mins. This has greatly increased the team's efficiency as shown by a time savings of 9,460mins (approx.158 hrs) that was made in 12 months post implementation. In addition, the time savings has provided an opportunity for the team to increase the number of UBT slots to cope with the demand.