Project Title

Improving Room PSA Productivity through Team Based approach

Project Lead and Members

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Project members: Sim Siew Ngoh, Lynn Chen, Carrie Yan, Dr Kua Jieli, De Gera Sumanth Kumar, Moses Heng, NOralyn Mohamed Athmad, Anjali Dhawan, Siti Kamaliah

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical, Allied Health

Applicable Specialty or Discipline

Patient Service Associate

Project Period

Start date: Not Provided

Completed date: Not Provided

Aims

The team aims to develop and implement team based approach for Room PSA supporting doctor consultations, guided by 3 main outcomes:

- Optimised patient value activities by PSA

- Enhance job skills to support the increasing demand

- Increase mental wellbeing of PSAs for improved productivity and create joy in work i.e. reduce staff frustration and burnt out by December 2022 for both Orthopaedic Clinic & Cardiology Clinic

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Team based approached is more manpower efficient. In view of the result from the Burnout survey, the project team intend to further review Team based Room PSA assignments:

- Define appropriate roles for each PSA within the team
- Post consult patient education to be handled by a separate personnel

When PSA had to multi tasks, their greatest fear is errors Hence, the intervention in the will look at reducing errors and to explore interventions that will increase PSA patient value activities and improve patient experience in waiting time

Conclusion

See poster appended/ below

Project Category

Workforce Transformation

Job Redesign, Workforce Performance, Workforce Productivity, Workforce Sustainability, Inter-disciplinary

Organisational Leadership

Human Resource, Staff Wellbeing

Training & Education

Learning Approach, Team Based Learning

Keywords

Patient Service Associate (PSA), Productivity, Team Based Approach, Team Based Learning, Inter-Disciplinary, Wellbeing, Workforce Sustainability

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IMPROVING ROOM PSA PRODUCTIVITY THROUGH TEAM BASED APPROACH

✓ SAFETY ✓ PRODUCTIVITY
✓ QUALITY ✓ COST
✓ PATIENT EXPERIENCE

MEMBERS: SIM SIEW NGOH, LYNN CHEN, ADELINE TAN, CARRIE YAN, DR KUA JIELI (CARDIO), DR GERA SUMANTH KUMAR (ORTHO), MOSES HENG, NORALYN MOHAMED ATHMAD, ANJALI DHAWAN, SITI KAMALIAH

Define Problem, Set Aim

Problem/Opportunity for Improvement

In Yr2021, SOC workload has increased by 8% as compared to Yr2019 despite covid-19. With the increased patient load, there was an increase in demand and expectations for Room PSA to support doctors during consultations. At the same time, there were additional new duties being tasked to Room PSAs.

This resulted in single PSA having to assist multiple rooms simultaneously and PSAs feeling burnt-out, resulting in an average daily Staff Satisfaction at 5.9/10 for Ortho room PSA and 4.3/10 for Cardio room PSAs. Concurrently, with current tight labor market, the approach to continuously increase PSA manpower is also not sustainable.

Aim

The team aims to develop and implement team based approach for Room PSA supporting doctor consultations, guided by 3 main outcomes:
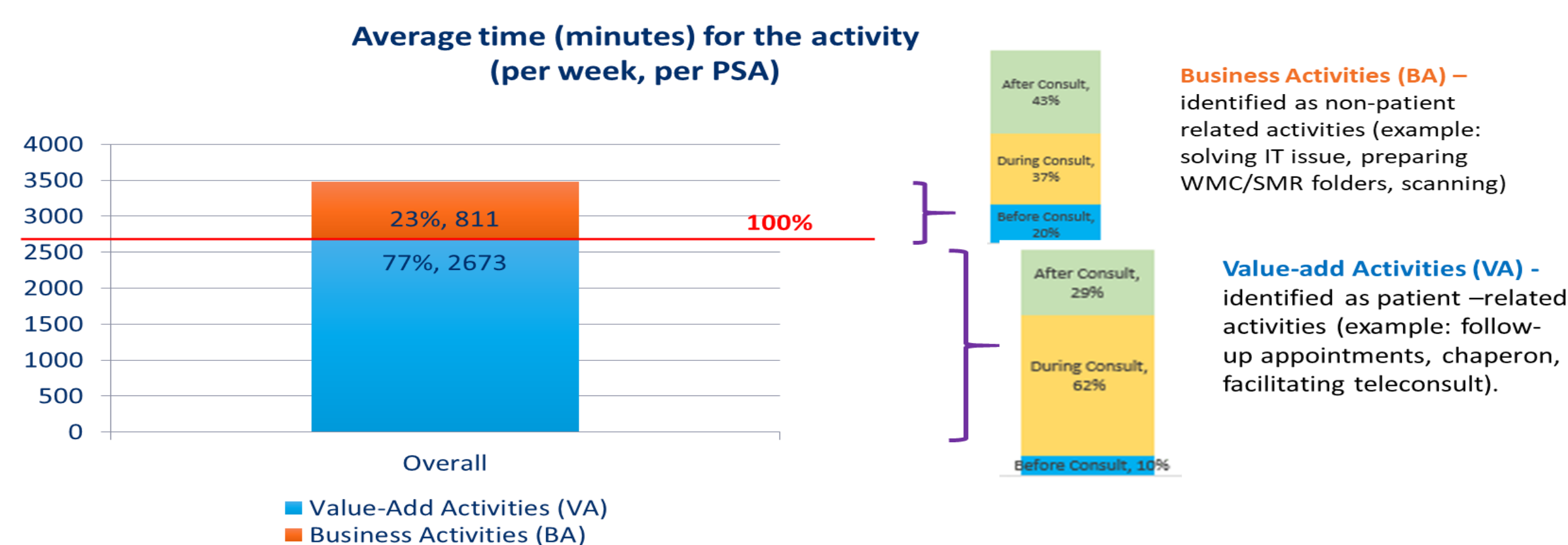
- Optimised patient value activities by PSA
- Enhance job skills to support the increasing demand
- Increase mental well-being of PSAs for improved productivity and create joy in work i.e. reduce staff frustration and burnt-out

by December 2022 for both Orthopaedic Clinic & Cardiology Clinic.
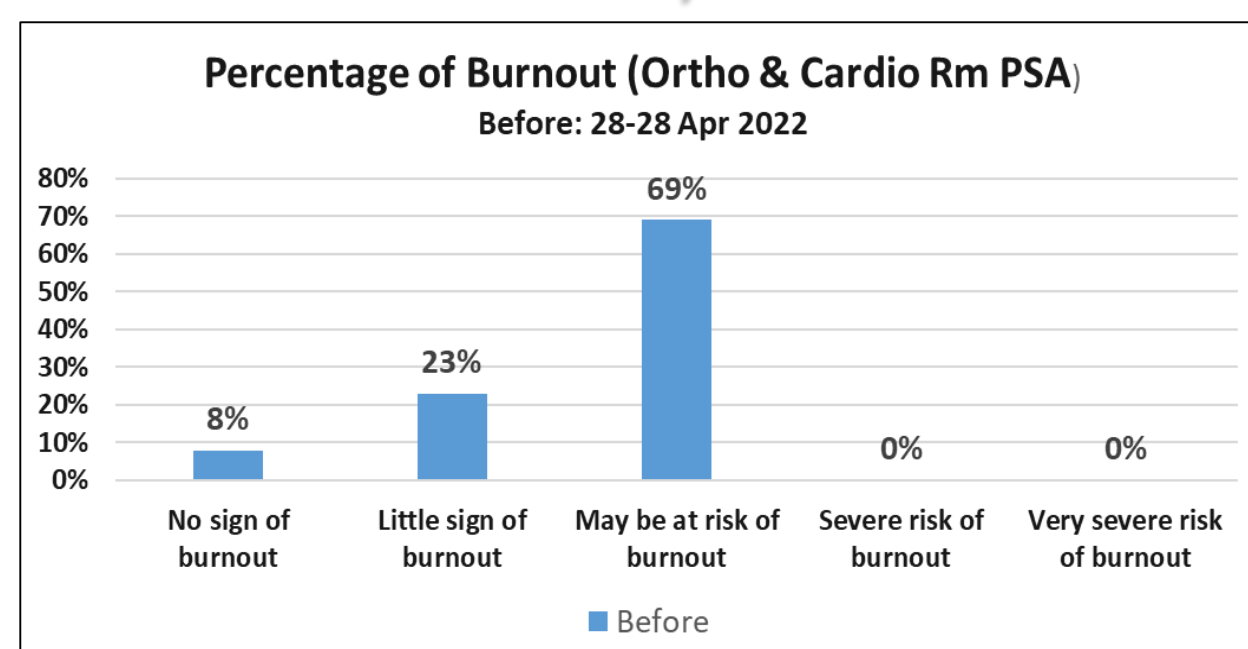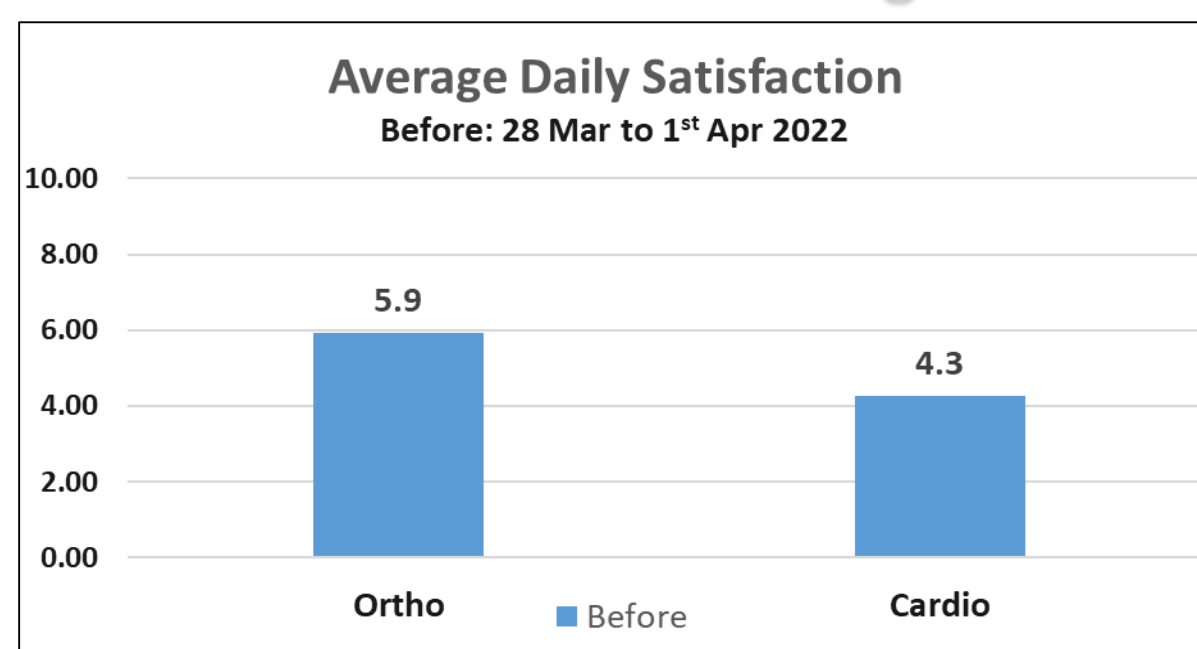
Establish Measures

Performance before interventions

Outcome measure: Room PSA Activity – Patient Value add vs Business Value

Average time (minutes) for the activity (per week, per PSA)

Business Activities (BA) – identified as non-patient related activities (example: solving IT issue, preparing WMC/SMR folders, scanning)

Value-add Activities (VA) - identified as patient –related activities (example: follow-up appointments, chaperon, facilitating teleconsult).
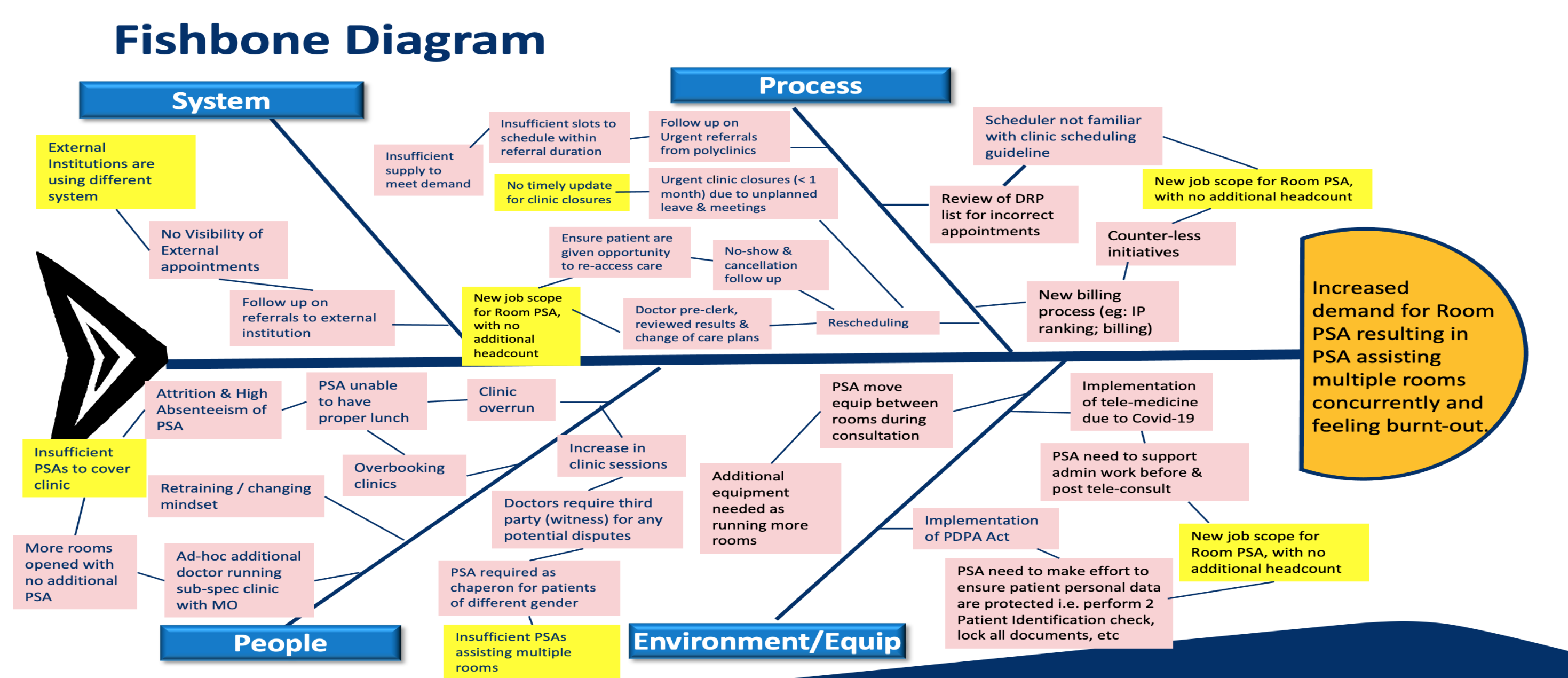
Balancing measures: Average Daily Staff Satisfaction

- "How was your day at work today?" – Rate on scale of 1-10, 1 being least happy, 10 being most happy
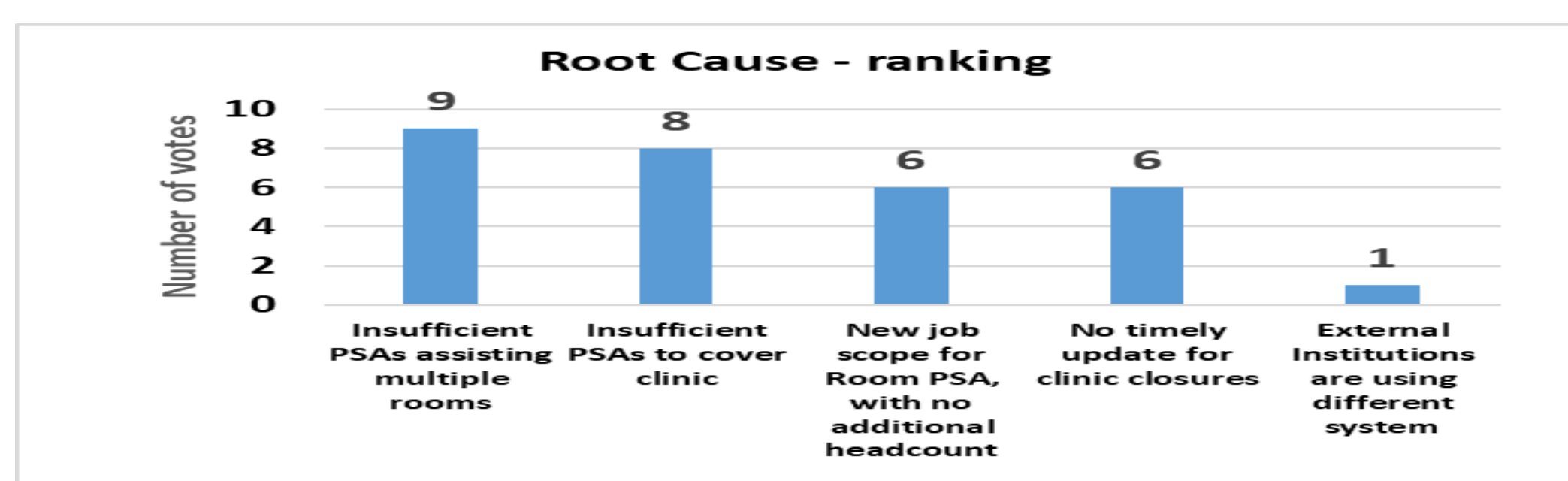- Staff Burnout measured using MindTools Burnout Self Test Survey

Average Daily Satisfaction (Before: 28 Mar to 1st Apr 2022)

Percentage of Burnout (Ortho & Cardio Rm PSA) (Before: 28-28 Apr 2022)

Analyse Problem

Probable Root Causes

Fishbone Diagram

➤ To prioritize for intervention, the possible causes were rank by team members as below:

Root Cause - ranking

Select Changes

Probable solutions

| Root Cause		Potential Solutions
A: Insufficient PSAs assisting multiple rooms	1	*Cross train PSA to cover both counter & room.*
	2	*Reduce unplanned leave.*
B: Insufficient PSAs to cover clinic	3	*Team-based room assisting: 2 PSA to 3 Rooms instead of 1-1 per consult room*
	4	*Having a call Button*
C: New job scope for Room PSA, with no additional headcount	5	*Streamline process on Pre & Post consult activities to reduce time spent (enhance patient experience on TAT)*
	6	*Re-distribution of Tasks between counter and room PSA i.e. IP ranking*
D: No timely update for clinic closures	7	*Encourage Doctor to plan clinic closures 31 to 45 days in advance*

Impact (High/Low) vs Implementation (Hard/Easy) matrix:
- Do Last: A2, B4
- Do First: A1, B3, D7
- Never Do: —
- Do Next: C5, C6
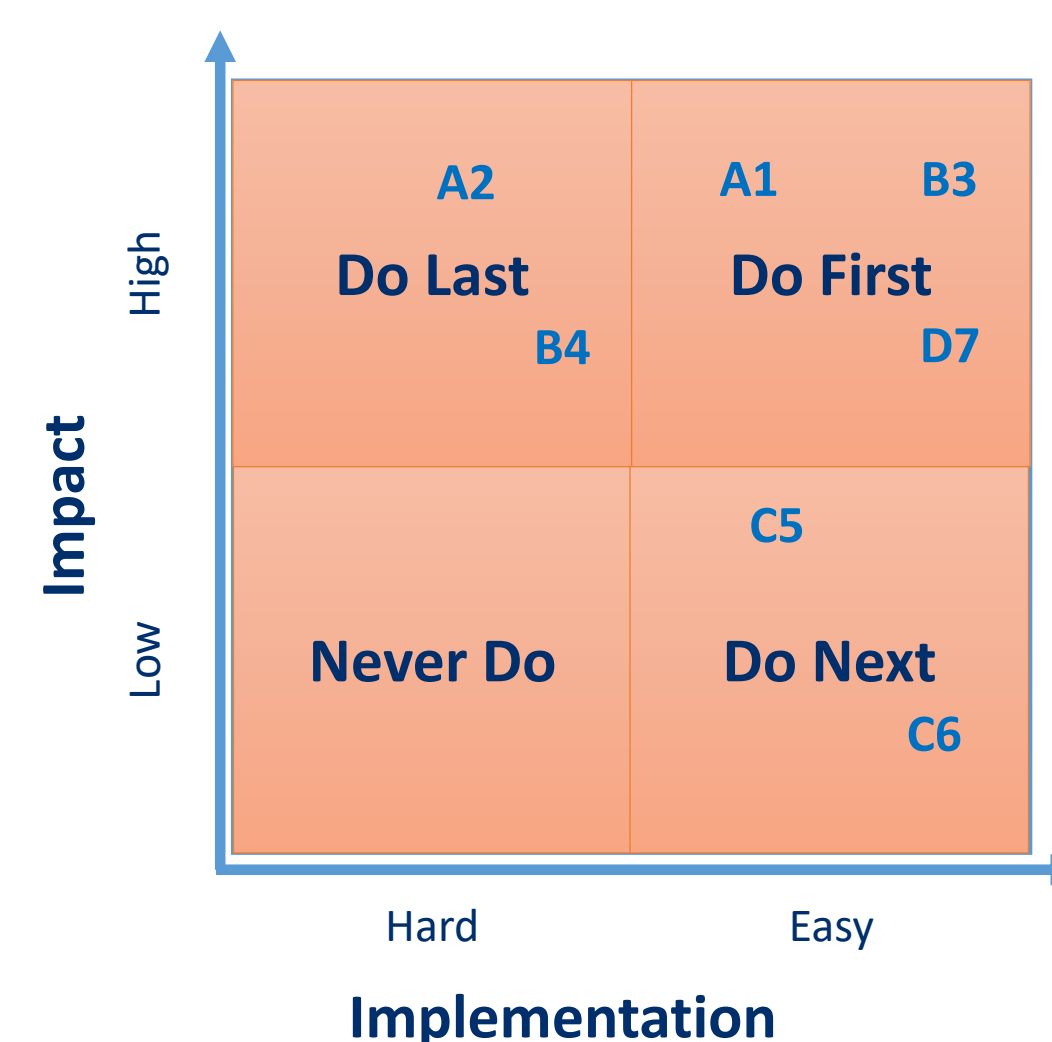
Test & Implement Changes

PDSA Summary – cycle #1

Root cause	Plan	Do	Study	Act
A1	a. Cross train PSA to cover both counter and room	a. Roster 2 Room PSAs to counter to learn counter duties from May 2022. Similarly, to assign 1 counter PSA to learn room assisting. b. Conduct Pre and Post cross training PSA satisfaction survey and Staff Burnout survey.	a. PSAs feedback that they have a greater understanding of each others scopes and daily challenges from the role exchange. b. PSA satisfaction survey showed a slight decrease in average daily satisfaction levels for both Ortho and Cardio Clinic. c. PSAs however feedback that there is value and increased efficiency from being able to function at both counter and rooms.	To adopt and expand to include more PSAs.
B3	b. Team based room assisting	Team based room assisting trialed with the following criteria. *For Ortho clinics:* • *3 rooms: Con, Reg, MO – 2 room PSAs* • *2rooms: Con, Reg/MO* • 2 PSA if more than 25 patients • 1 PSA If less than 25 patients *For Cardio clinics* • 2 PSA for 3 concurrent clinics • 3 PSA for 4/5 concurrent clinics Note: MDC and POST-PCI clinics are excluded.	Result of the Staff burnout survey a shown below: • decrease in number of PSAs in "May be at risk" category, and • increase in both "Little" and "No Sign of Burnout". • There was also an increase of those in the "Severe" and "Very Severe risk of Burnout" categories.	To adapt and test PDSA cycle 2.
D7	c. Encourage doctors to plan clinic closures 31-45 days in advance	Brief all doctors to plan leave at least 31 – 45 days in advance to allow for better planning and less time spent on rescheduling patients.	Last minute closure status	To adopt.

Results & Benefits

1. Manpower efficiency – team based approach enabled 2 PSAs to support 3 consult rooms more efficiently.

2. PSAs feedback that they have a greater understanding of each others scopes and daily challenges from the role exchange.

3. PSA satisfaction survey showed a slight decrease in average daily satisfaction levels:
   - Ortho clinic: from 5.9/10 to 5.8/10
   - Cardio Clinic: from 4.3/10 to 2.2/10

Average Daily Satisfaction

Percentage of Burnout (Ortho & Cardio Rm PSA)
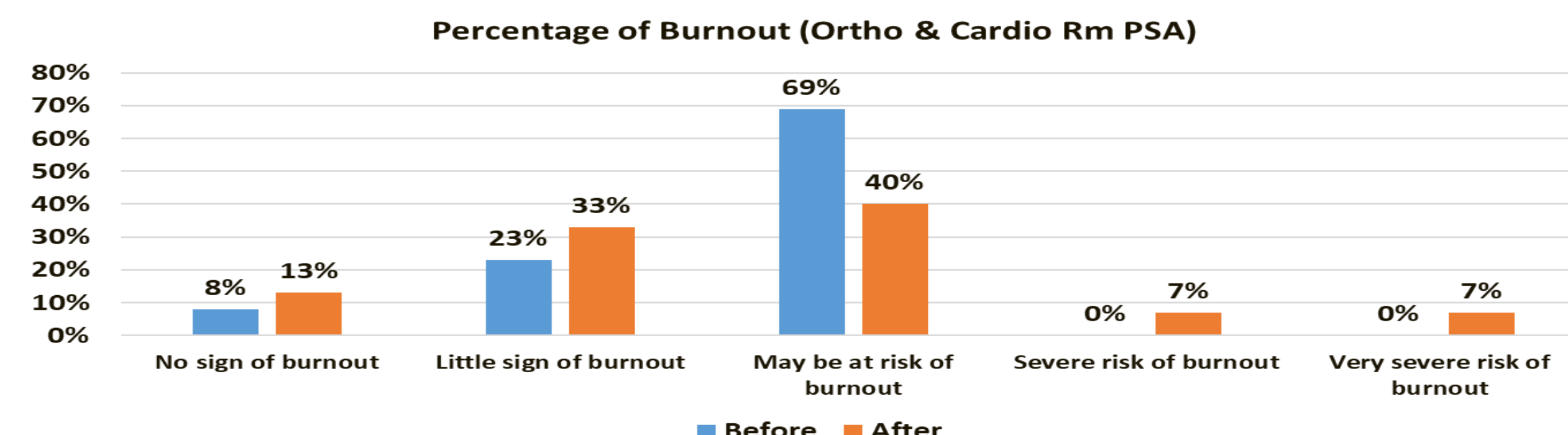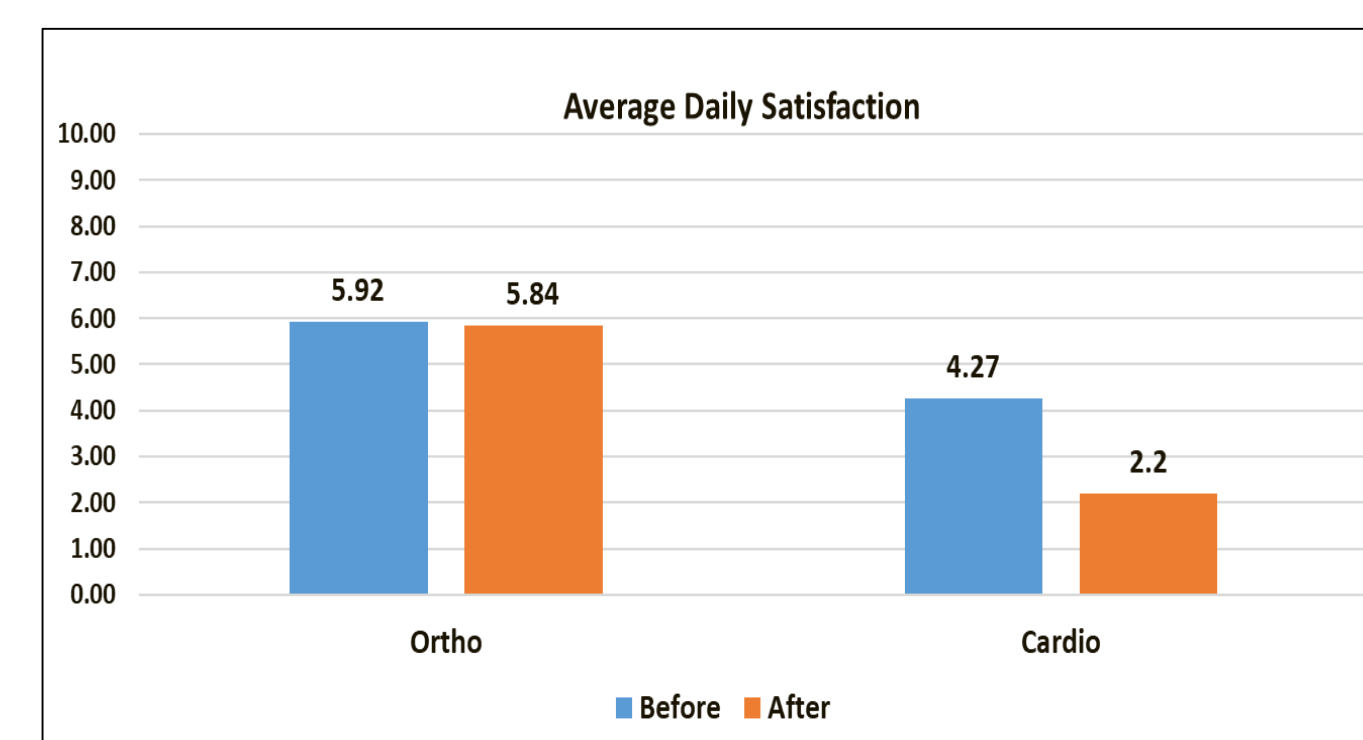
Learning Points

The affected personnel were engaged to ensure that the interventions implemented benefited both PSA & clinicians. The team aimed to achieve joy at work and thus planned to proceed with the following improvements:

- Team based approached is more manpower efficient. In view of the result from the Burnout survey, the project team intend to further review Team based Room PSA assignments:
  ➤ Define appropriate roles for each PSA within the team
  ➤ Post-consult patient education to be handled by a separate personnel.
- When PSA had to multi-tasks, their greatest fear is errors. Hence, the intervention in the will look at reducing errors and to explore interventions that will increase PSA patient value activities and improve patient experience in waiting time.

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