

## **Project Title**

Unorganised Telephonic Consult Workflow Between Diabetes Nurse Educator (DNE) and patients at SOC A43

## **Project Lead and Members**

Project lead: ANC Masdiana Binte Mohamed Yusof

Project members: NC Praveen Kaur, ANC Jasmine Shew Sew Hong, SSN Ange Lee Peng Hoon, SSN Geng Haiyu, SSN Nurhidah Binte Mahmud, Dr Tiong Yee Sian, Chay Yu Xuan

## **Organisation(s) Involved**

Ng Teng Fong General Hospital

## **Healthcare Family Group Involved in this Project**

Medical, Nursing, Operations

## **Aims**

Reduce the number of non-scheduled referrals for telephonic consult for HMBG reviews to less than 5 a month by establishing a structured telephonic consult workflow.

Achieve a 100% positive Staff Satisfaction from the implementation of the structured workflow for referral of patients for telephonic consult.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Lessons Learnt**

This project has enabled timely review of patients requiring HMBG review. The mode of referral for telephonic consult is more structured as patients were mainly referred from Drs and DNEs and they are given scheduled appointment to review their HMBG records.

The DNE is able to manage the workload for telephonic consults by reducing the number of non scheduled referrals. This has resulted in an increase in patient and staff satisfaction.

## **Conclusion**

See poster appended/ below

## **Project Category**

Technology

Telehealth

## **Keywords**

Telephonic consult, Home Monitoring Blood Glucose (HMBG) Reviews

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# UNORGANISED TELEPHONIC CONSULT WORKFLOW BETWEEN DIABETES NURSE EDUCATOR (DNE) AND PATIENTS AT SOC A43

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✓ **SAFETY**      ✓ **PRODUCTIVITY**  
 ✗ **QUALITY**      ✗ **COST**  
 ✓ **PATIENT EXPERIENCE**

## Define Problem, Set Aim

### Problem/Opportunity for Improvement

Diabetes Nurse Educators reported feeling overwhelmed due to the unorganised telephonic consult workflow between Diabetes Nurse Educator(DNE) and patients at SOC A43 .This will result in delay in the review of patient's blood glucose level.

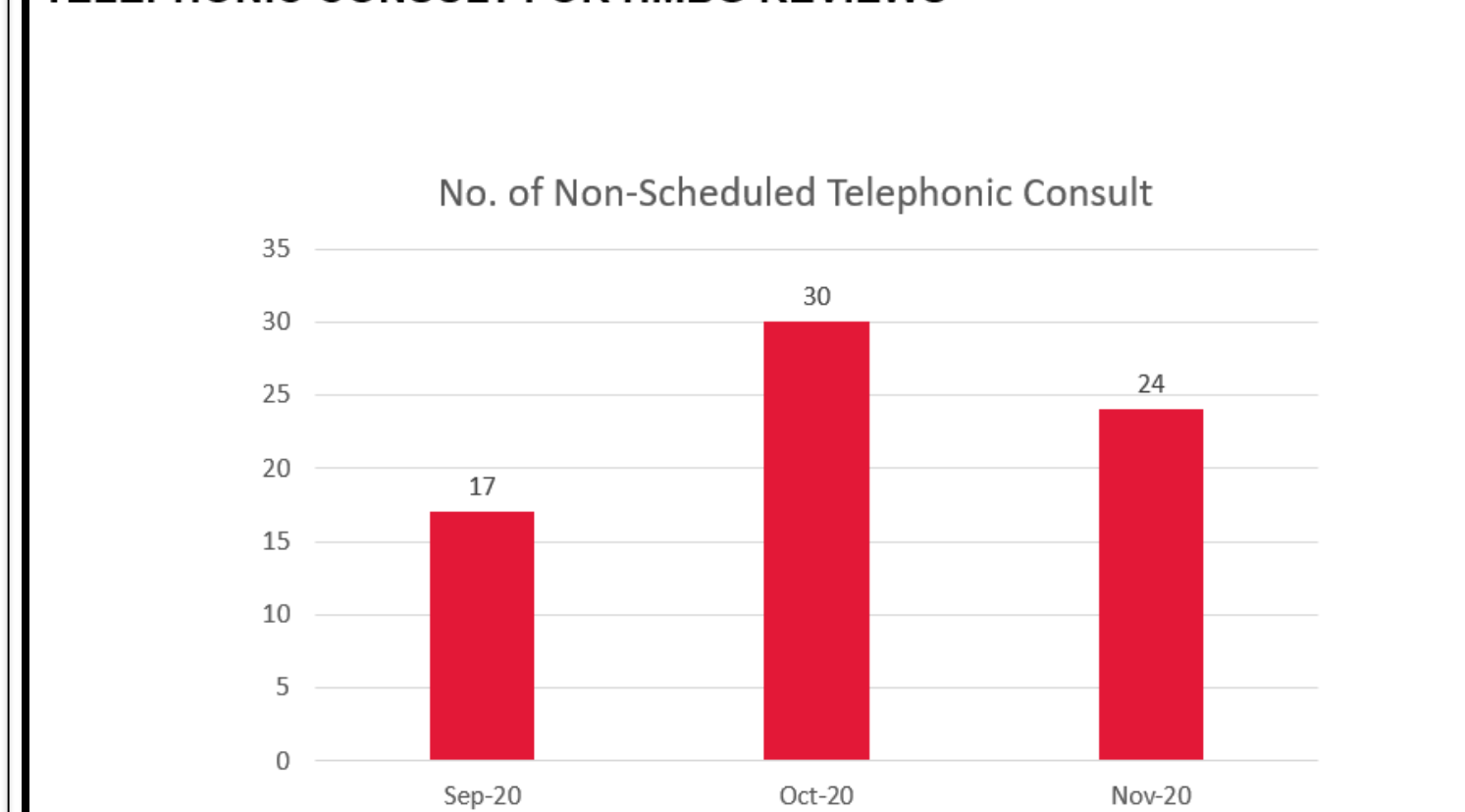
### Aim

Reduce the number of non-scheduled referrals for telephonic consult for HMBG reviews to less than 5 a month by establishing a structured telephonic consult workflow.

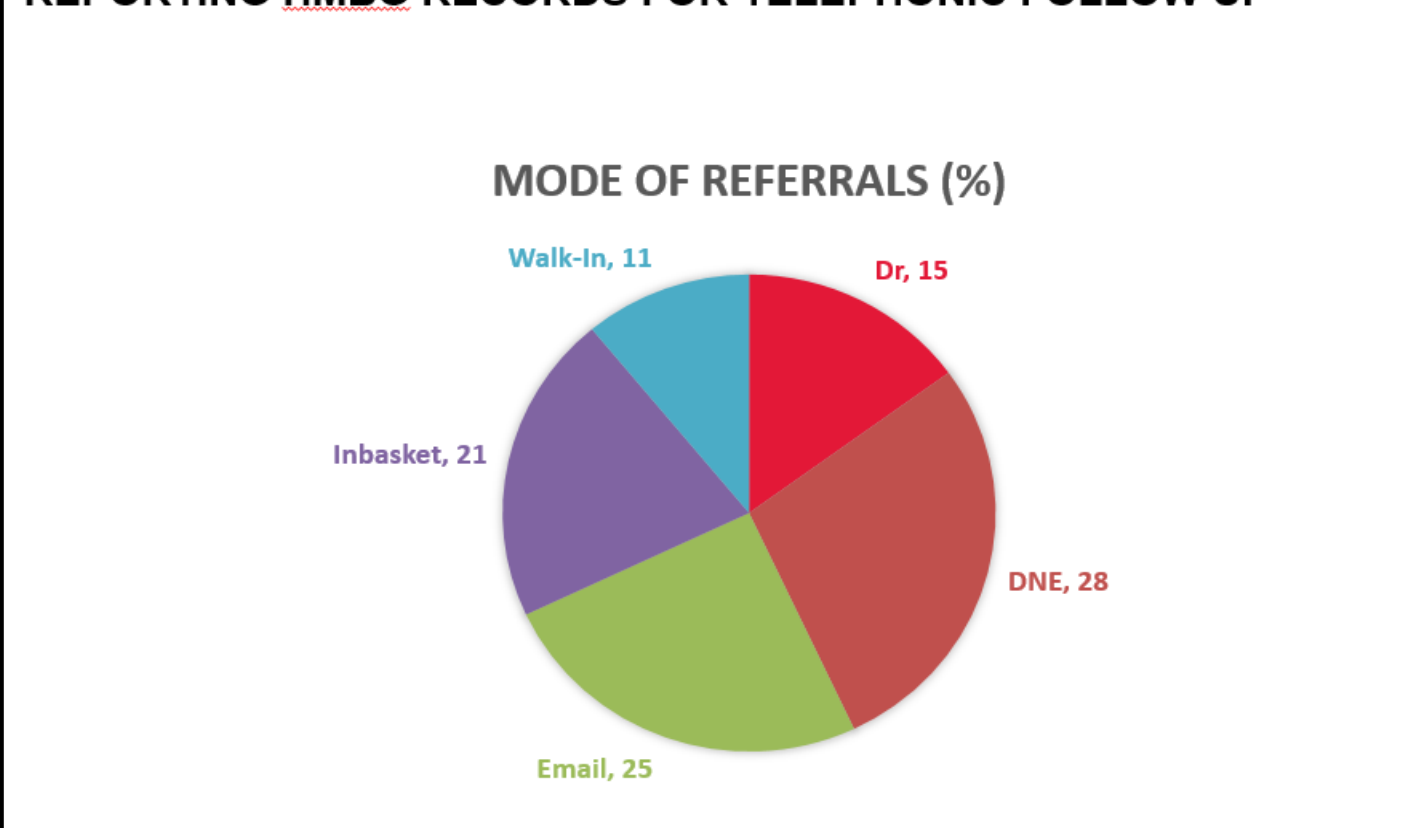
Achieve a 100% positive Staff Satisfaction from the implementation of the structured workflow for referral of patients for telephonic consult.

## Establish Measures

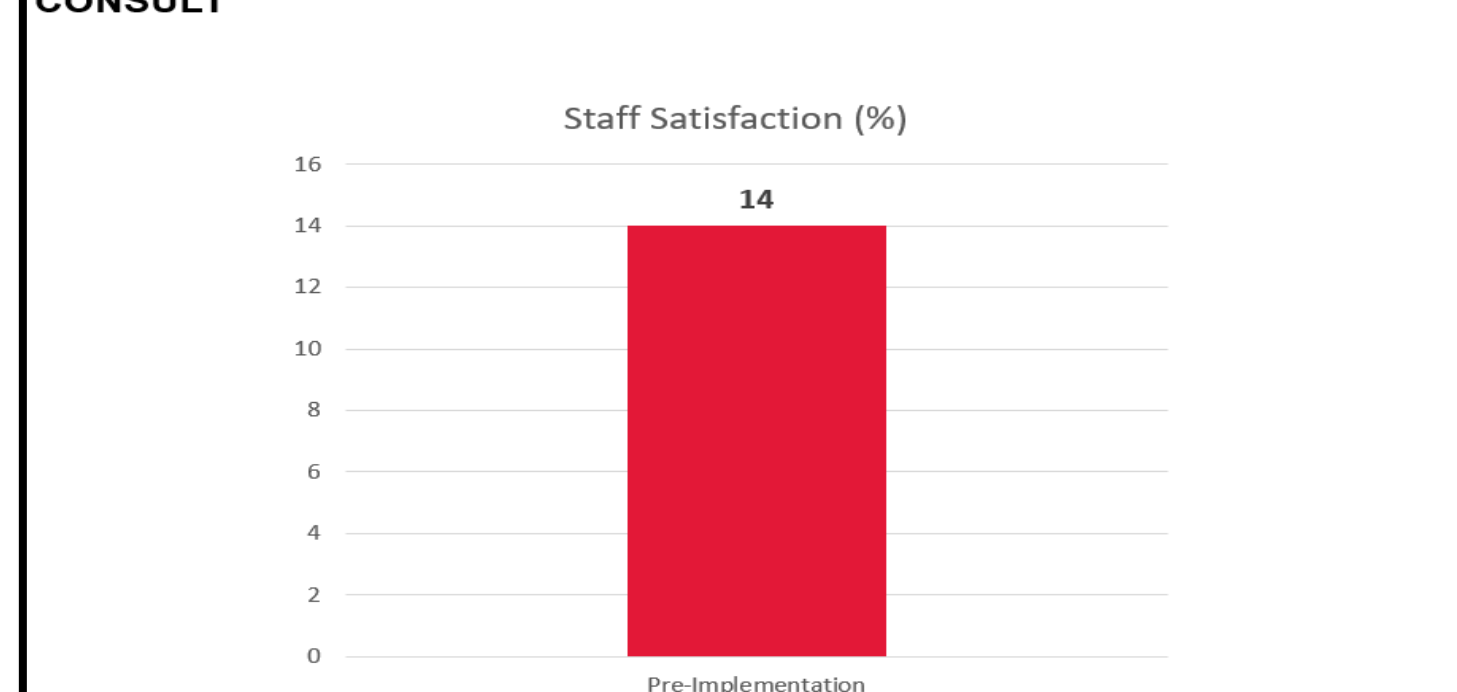
**PROCESS MEASURE:** NUMBER OF NON-SCHEDULED REFERRALS FOR TELEPHONIC CONSULT FOR HMBG REVIEWS



**PROCESS MEASURE:** NUMBER OF INCONSISTENT REFERRALS FOR REPORTING HMBG RECORDS FOR TELEPHONIC FOLLOW UP



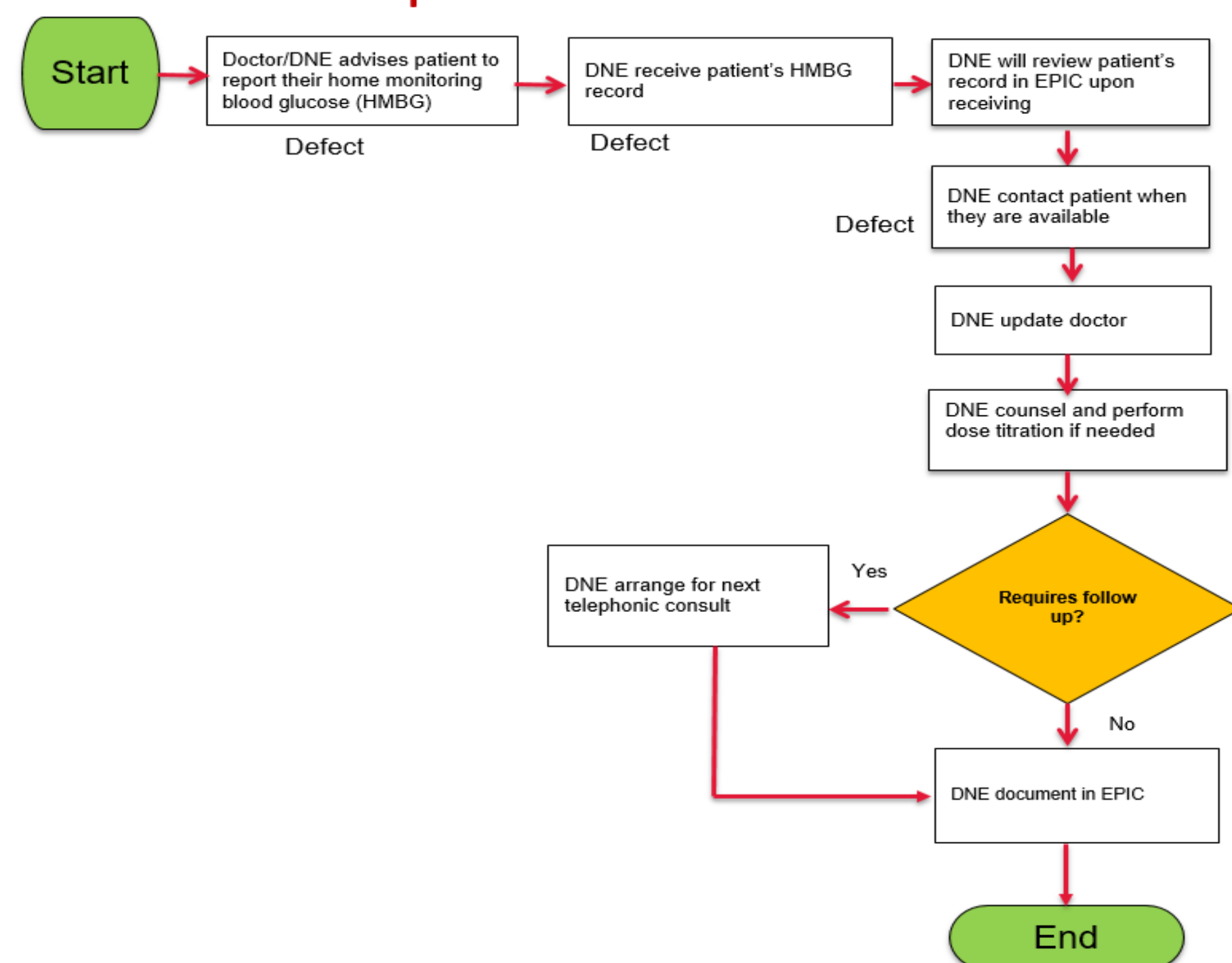
**PROCESS MEASURE:** PERCENTAGE OF STAFF SATISFACTION PRE-IMPLEMENTATION OF THE STRUCTURED WORKFLOW FOR TELEPHONIC CONSULT



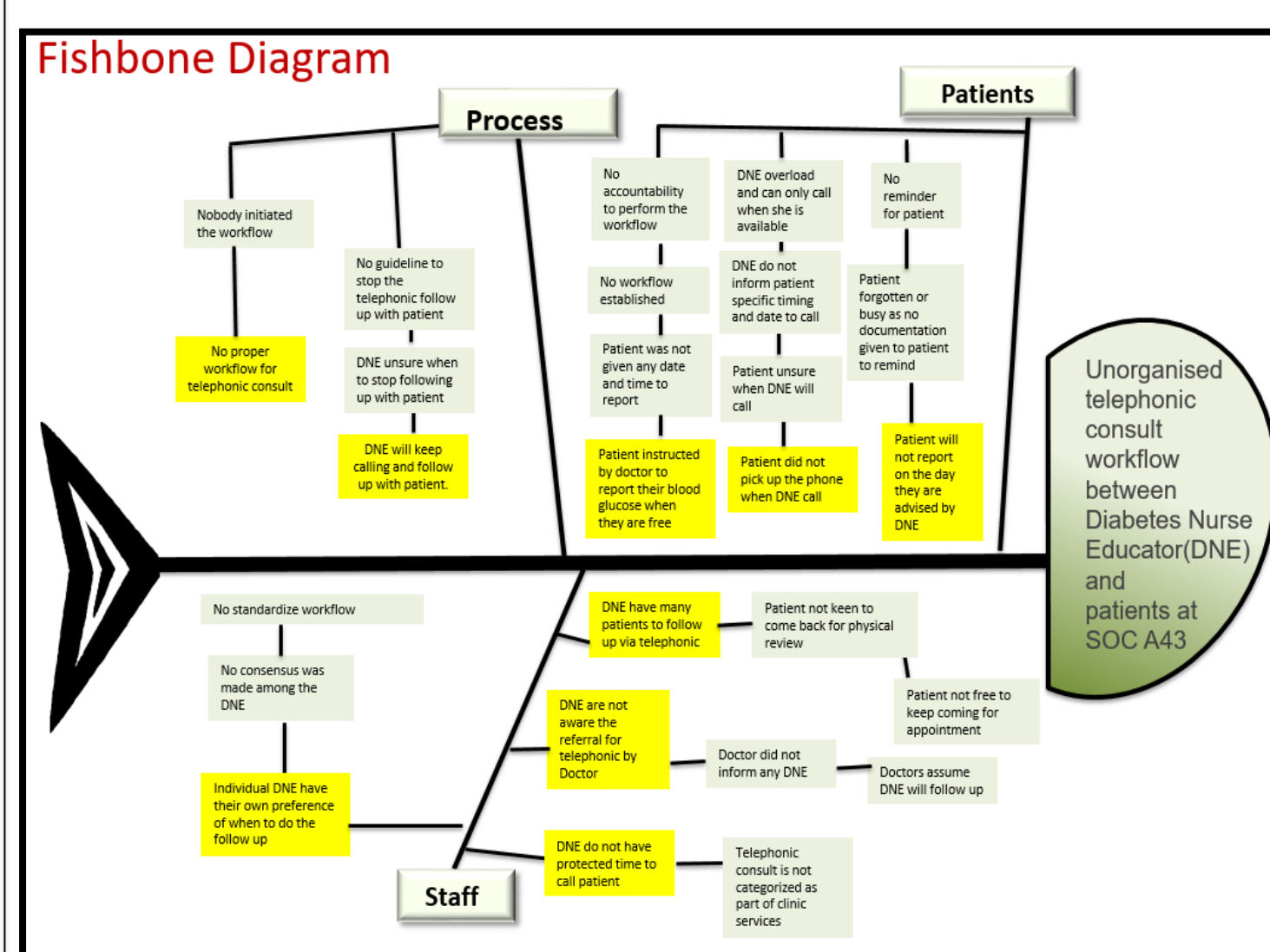
## Analyse Problem

### What is your process before interventions?

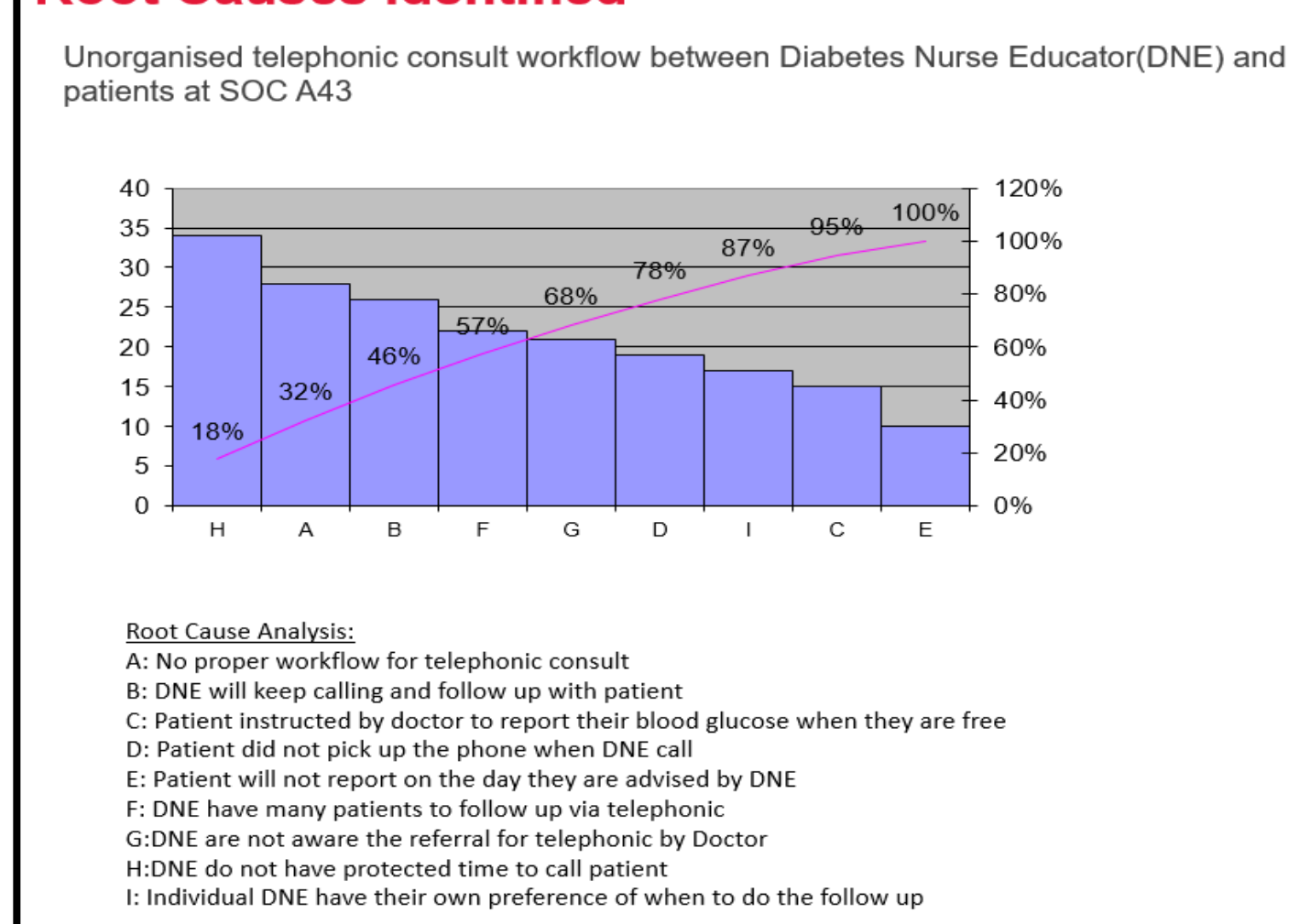
#### Process Map - Current



### What are the probable root causes?

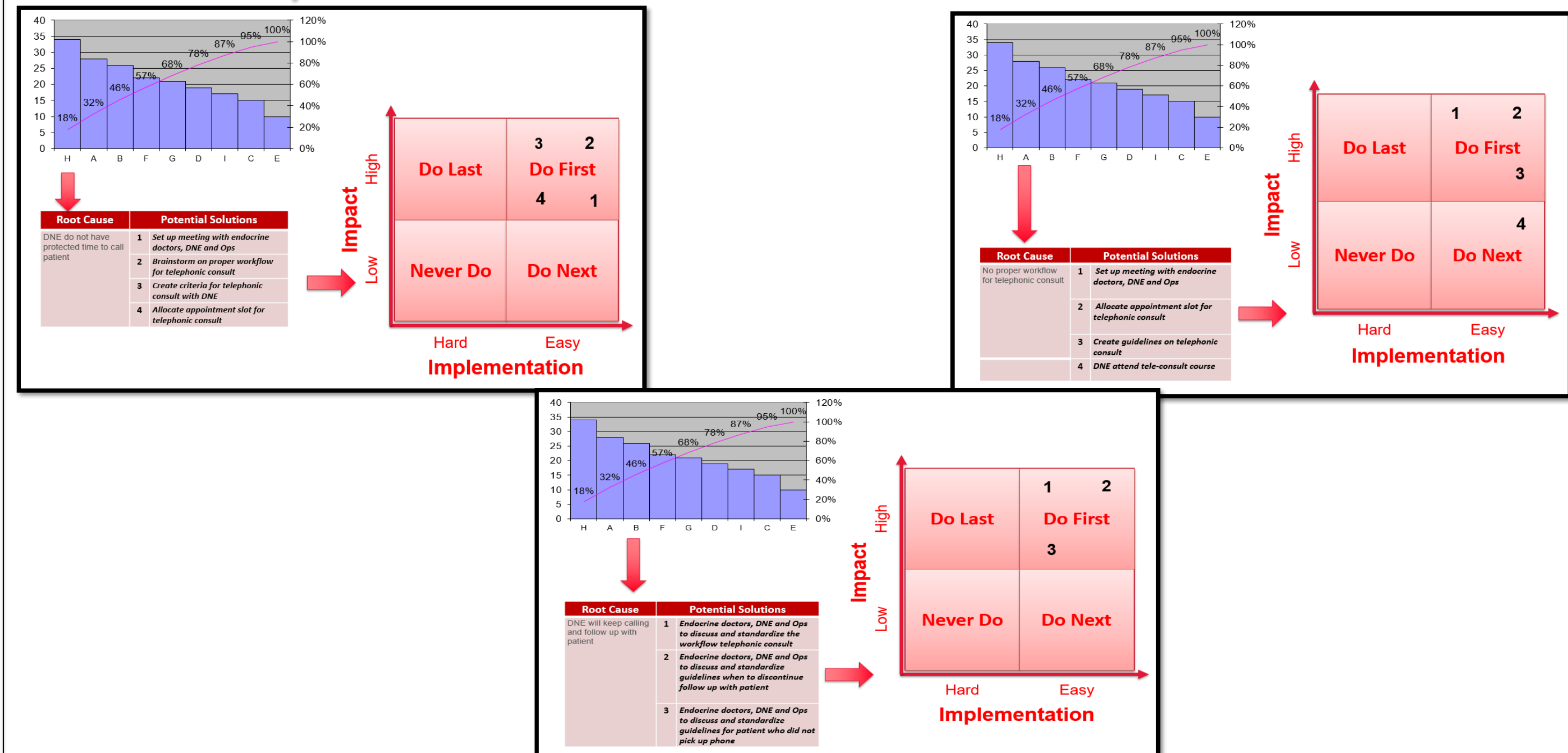


#### Root Causes Identified



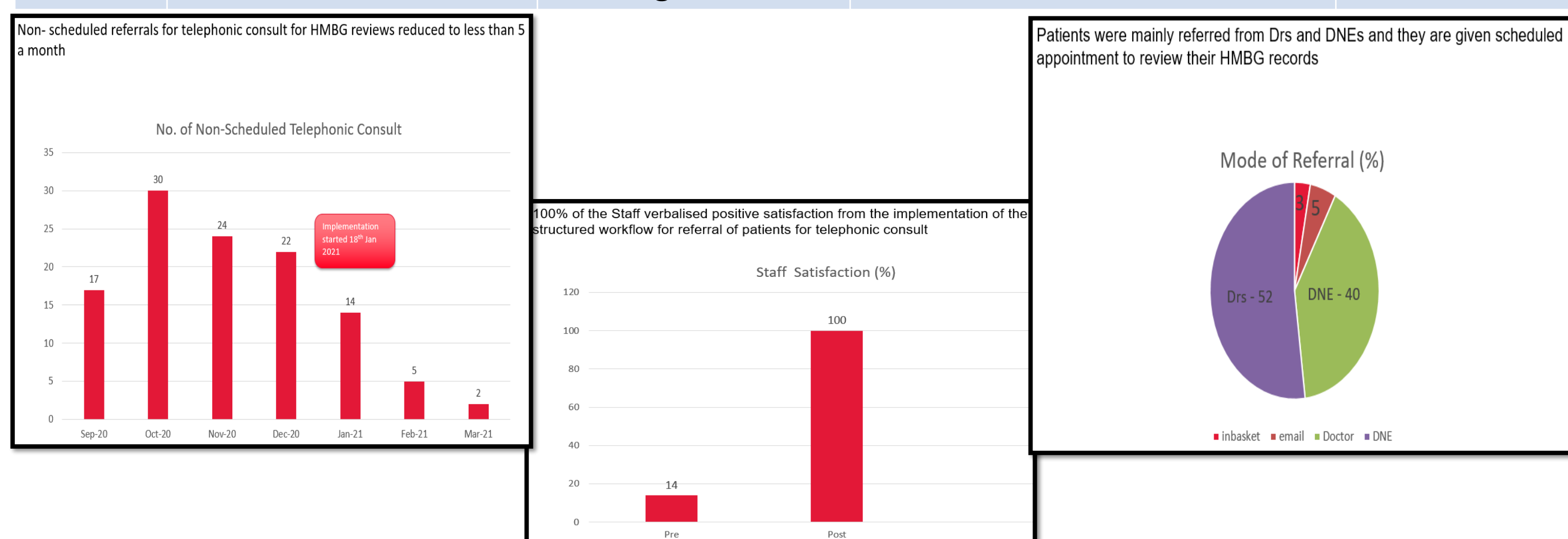
## Select Changes

### What are all the probable solutions?



## Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	<p>To test whether the workflow and guidelines created for telephonic consult referrals helps to reduce the number of non scheduled referrals for reporting of HMBG records.</p> <ol style="list-style-type: none"> <li>Set up meeting with Endocrine Doctors, DNE and Ops</li> <li>Create a workflow to improve the process of telephonic consult</li> <li>Create telephonic consult guidelines on the following:                             <ul style="list-style-type: none"> <li>criteria</li> <li>when to discontinue follow up</li> <li>patients who are uncontactable</li> </ul> </li> </ol>	<p>The plan was carried out from January to March 2021 at SOC A43</p> <p>What are the feedback &amp; observations from participants?</p> <p>Patients request for telephonic consultation but force booking is required as only one slot/day is available for telephonic consult.</p> <p>Hence, DNEs and Doctors suggested to use the clinic visit slot for telephonic consult instead of force-booking.</p>	<p>After the implementation of the workflow and guideline for telephonic consult, number of non scheduled referrals for telephonic consult for HMBG reviews reduced to less than 5 a month.</p> <p>The mode of referral for telephonic consult is more structured – patients were mainly referred from Drs and DNEs and they are given scheduled appointment to review their HMBG records</p> <p>DNE are able to cope better as protected time was given to do telephonic consult. 100% of the Staff verbalised positive satisfaction.</p>	<p>To adopt the change</p> <p>What is your plan for the next cycle</p> <ul style="list-style-type: none"> <li>To open more slots for DNE telephonic consult to review HMBG due to increase in demand</li> <li>To charge patient for telephonic consult</li> </ul>



## Spread Changes, Learning Points

We disseminated the changes to Drs, Nurses, OPs and PSAs in SOC A43. Telephonic consult workflow and guidelines were presented to them during roll call and meetings.

### Learning points:

Diabetes Nurse Educator (DNE) has been overwhelmed by the number of non-scheduled referrals for HMBG reviews. The mode of reporting includes walk-in, E-mail and Inbasket requests and ad-hoc request from doctors and DNE colleagues. The DNEs will have to find their own time in between clinical duties to call patients. This will result in delay in the review of patient's blood glucose level.

This project has enabled timely review of patients requiring HMBG review. The mode of referral for telephonic consult is more structured as patients were mainly referred from Drs and DNEs and they are given scheduled appointment to review their HMBG records. The DNE is able to manage the workload for telephonic consults by reducing the number of non-scheduled referrals. This has resulted in an increase in patient and staff satisfaction.