

# Reduction in General Surgery Specialist Outpatient Clinic Appointment for Surgically Treated Abscess Patients

Sunder B<sup>1</sup>, Chuang XE<sup>2</sup>, Tay ZR<sup>1</sup>, Lee WL<sup>1</sup>, Tan ST<sup>1</sup>

1- Tan Tock Seng Hospital, Singapore  
2 - Ministry of Health Holdings Pte Ltd

## MISSION STATEMENT

To reduce General Surgery Specialist Outpatient Clinic (GS SOC) appointment for post surgically treated abscess patients from 100% to 20% within 6 months

## TEAM MEMBERS

	Name	Designation	Department
<b>Team Leader</b>	Dr Sunder Balasubramaniam	Consultant	General Surgery
<b>Team Members</b>	Dr Chuang Xue En	Senior Resident	General Surgery
	Ms Eunice Tay Zhi Rui	Nurse Clinician	Nursing Services
	Ms Lee Wan Lih	Nurse Clinician	
	Ms Rash Tan Sock Teng	PSA Supervisor	Clinic 2A
<b>Sponsor</b>	Adj A/Prof Glenn Tan (HOD of General Surgery)		
<b>Mentors</b>	Dr Tan Tong Leng & Adj A/Prof Gervais Wan		

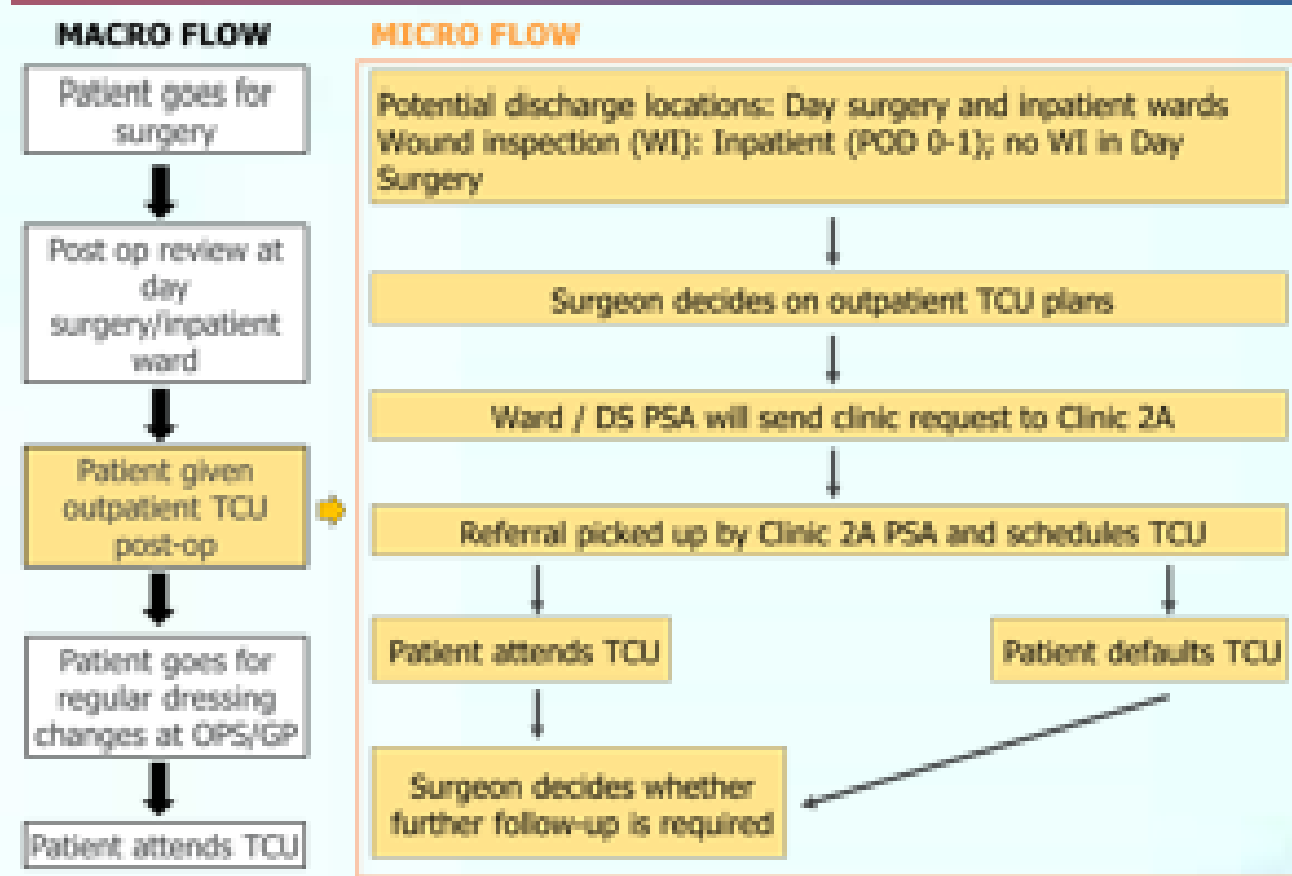
## EVIDENCE OF A PROBLEM WORTH SOLVING

Current practice is to give outpatient appointment for all patients who get drainage

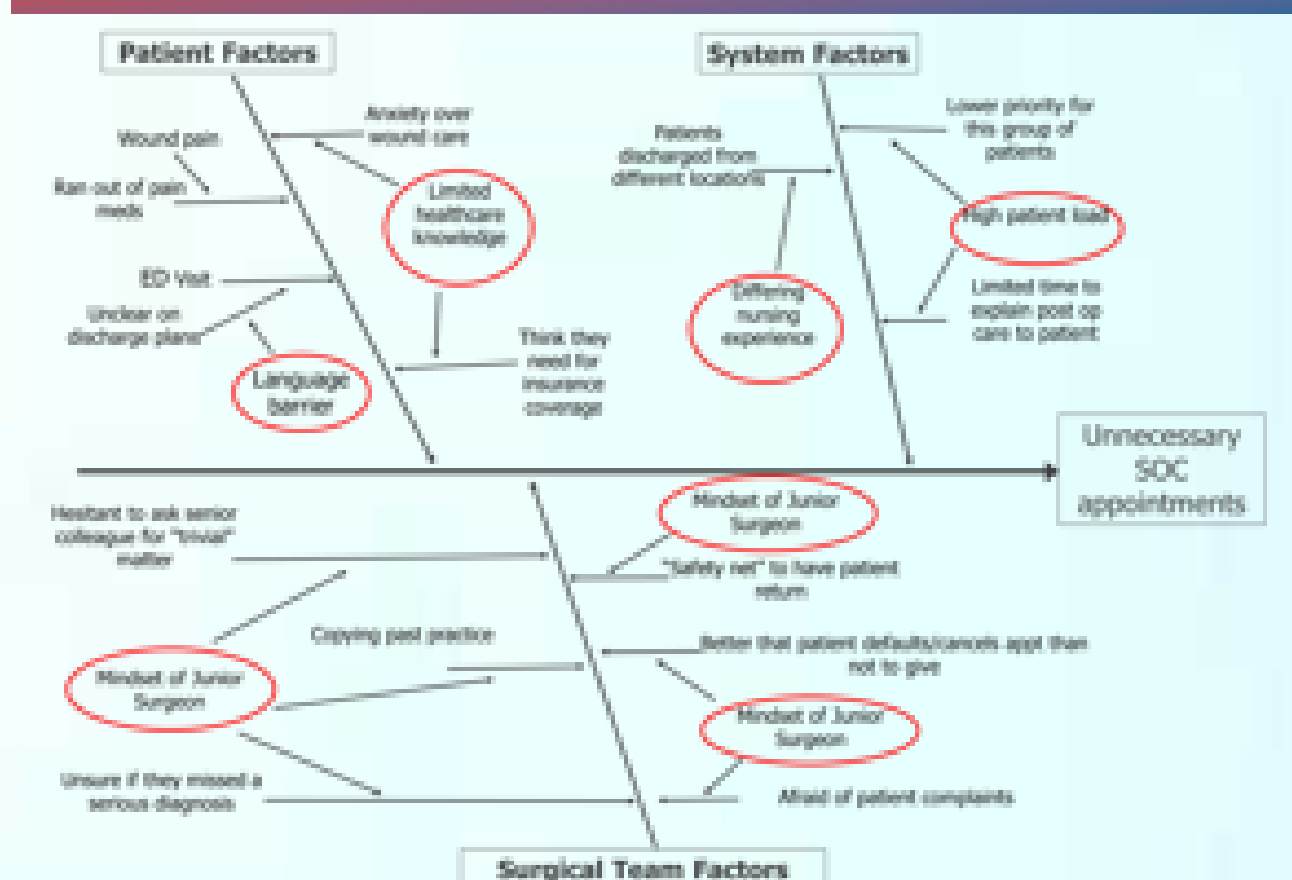
Baseline Data Analysis	Year 2018	Year 2019
No. of GS SOC Appointment for Surgically Treated Abscess Patients	693	569
Sampling in Month of April		
No. of GS SOC Appointment for Surgically Treated Abscess Patients	47	54

ie. about 5% of all SOC first visit appointments  
> 94% of patients were seen 2 times or less  
In this one month sample,  
3-5 (5-10%) patients required further specialist surgical management

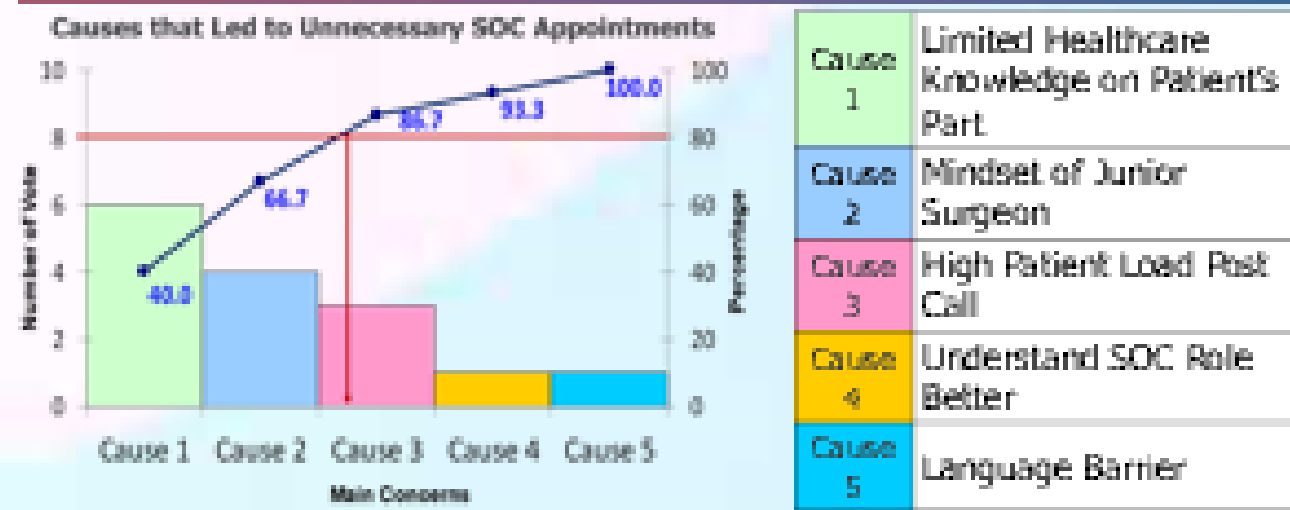
## FLOWCHART



## CAUSE AND EFFECT DIAGRAM



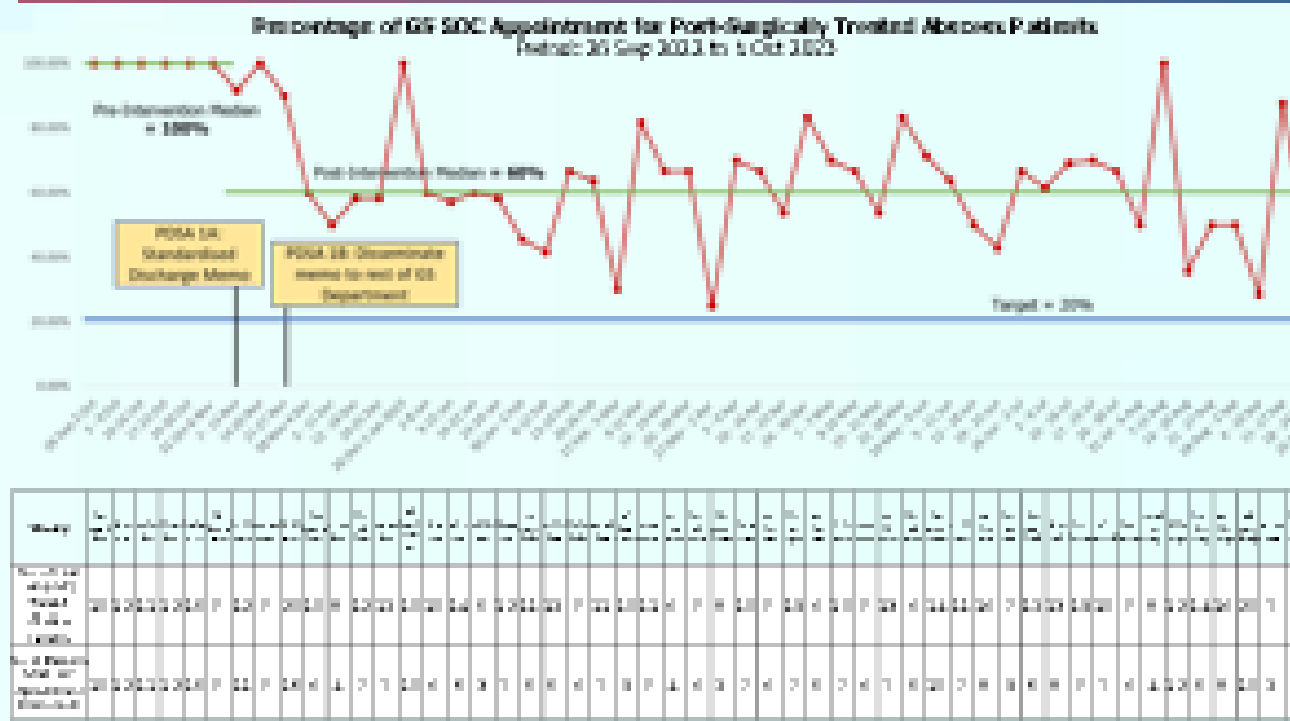
## PARETO CHART



## INTERVENTION

CAUSE	INTERVENTION	DATE OF IMPLEMENTATION
<b>Cause 1:</b> Limited Healthcare Knowledge on Patient's Part	PDSA 1A: Standardised discharge memo with clear instructions and number to call to contact specialist	10 Nov 2022
	PDSA 1B: Disseminate memo to rest of GS Department	24 Nov 2022

## RESULTS



## COST SAVINGS

Each clinic room has one Patient Service Associate and one Medical Officer or Registrar
Each first visit slot is 15 minutes
Average cost of manpower involved* is \$2.14 per minute
Appointments saved so far
Week 1: 2 x 15 minutes x \$2.14 = <b>\$64.30</b>
Week 2: 4 x 15 minutes x \$2.14 = <b>\$128.60</b>
This excludes the roving consultant (one per 2-3 rooms)

\*Average cost per minute from Finance updated 9<sup>th</sup> Jan 2018

## PROBLEMS ENCOUNTERED

- Junior doctors changeover in May (House Officers) and July (Residents/Senior Residents) led to a bit of slide back to old patterns of routinely giving appointments. This will be a recurring issue so just need to continue educating them.
- Some patients were given appointments to SOC for other unrelated issues - this does not need any change to workflow. Just to maintain awareness.

## STRATEGIES FOR SUSTAINING THE GAINS

- Will be monitoring data for at least 6 to 12 months
- Identify reasons for giving appointments to make adjustments
- Discharge memo to be translated into other languages for patients (separate from EPIC system)
- Step in the journey towards an Acute Care Surgery Service given our high emergency patient load
- In future as more patients have primary health physicians, can link up with them as an additional safeguard.

## LESSONS LEARNT

- Great learning journey on how to institute change within our ecosystem
- Enthusiastic buy in from nursing/residents and clinic staff
- Methodical approach and excellent guidance helped mitigate some of our fears