

Nurse-initiated reduction In Blood Glucose Monitoring frequency in Wards

What is Stupid? Why is it Stupid?	What was Implemented?
<ul style="list-style-type: none">Unnecessary frequent BGM monitoring for patients without clinical indicationsIncreased nursing workload with unnecessary monitoringExcessive patient discomfort from frequent pricking of fingersIncreased costs for patientsNurses spending time calling doctors to change or amend orders	<div><p>Nurses are empowered to make clinical decisions on BGM frequency, reducing the need to call doctors for order changes.</p><div><div><p>Before</p><ul style="list-style-type: none">Blanket BGM TDS+10pm (total 4 times/day) orders for many patients including patients who do not require insulin4-hourly or TDS monitoring for patients without clinical indication for BGM</div><div><p>NUHS G.R.O.S.S.</p></div><div><p>Now</p><ul style="list-style-type: none">Nurses are empowered to modify the frequency of BGM based on criteria, reducing nurses' workload for unnecessary BGM monitoringBest Practice Advisory integrated into the system by the MI team, triggering alerts when patients meet BGM reduction criteria<div><p>Workflow for nurses to make clinical decision on reduction of BGM</p><pre>graph TD A[Exclusion criteria: • Admission of less than 48 hours • Patients requiring insulin (excluding sliding scale/supplemental/rescue insulin) • Patient on Parenteral nutrition/Steroids/HBM • Change in patient's clinical condition over the last 48 hours/Unstable patient • Change in OHSA dose over the last 3 days • Decrease in oral intake over past 24 hours] --> B{Current BGM frequency more than BD. Eg: TDS + 10pm, TDS, 8 hourly, 6 hourly, 4 hourly etc} B -- No --> C[No action required] B -- Yes --> D{BGM > 10mmol/L over last 48 hours?} D -- No --> E[Maintain BGM frequency. Review in 48 hours according to BGM frequency] D -- Yes --> F[Decrease BGM frequency to BD (Pre-meal). Document and Inform Dr] F --> G[Note: 1. Request for Dr to change sliding/supplemental insulin frequency as required 2. Request for Dr to document BGM monitoring indication if patient is non-diabetic]</pre></div></div></div></div>
	<p>Impact</p> <ul style="list-style-type: none">Time saved for nurses: 60mins / ward / daily (assuming 1 ward has 6 patients; each will save 10mins/day) redirected to other patient-care activities. Improve nurse satisfaction with empowerment.Cost saving for patients: \$4,410 (\$105 (before subsidy) x 6 patients x average 7 days)

Nurse-initiated Reduction in Blood Glucose Monitoring (BGM) frequency in wards

Nurses are empowered to make clinical decisions on BGM frequency, reducing the need to call doctors for order changes.

- **Total nursing time saved: 60mins / ward / daily** (assuming 1 ward has 6 patients; each will save 10mins/day) redirected to other tasks
- **Cost savings for patients: \$4,410** [\$105 (before subsidy) x 6 patients x average 7 days]



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Improved Outpatient MediFund Application Process

What is Stupid? Why is it Stupid?	What was Implemented?	
<ul style="list-style-type: none">Multiple assessments required for patients across different institutionsPatients experiencing stress and anxiety over reassessmentsAdditional travel time and costs for patientsWasted time for Medical Social Workers (MSWs), Social Work Coordinators (SWCs) and NUP Financial Counsellors conducting reassessments and time spent by patients travelling and attending sessions (2,630 hours/year)	<p>The NUHS Cluster MediFund application process was standardised across NUHS, eliminating redundant assessments for patients who previously had to reapply at multiple institutions.</p> <div><div><p>Before</p><ul style="list-style-type: none">Separate Medifund application processes across institutionsPatients required multiple assessments even with same eligibility criteriaInefficient use of MSW time and resources</div><div><p>NUHS G.R.O.S.S.</p></div><div><p>Now</p><ul style="list-style-type: none">Reduced patients' touchpoints within the cluster as they no longer go to several institutions to apply for MediFund assistanceReduced number of assessments for patientsShared Financial Forms (FFs) across institutionsCluster MediFund has been implemented across NUHS except NUP who will onboard once National Billing System is up.</div></div>	
	Impact	
	<ul style="list-style-type: none">Reduction in reassessments: 595 patients no longer need reassessmentTime saved for MSWs: 1,992 manhours saved annually, translating to 1.1 FTEs	

#855 NUHS Medical Social Services and Business Office

Improved Outpatient MediFund Application Process

The NUHS Cluster MediFund application process was standardised across NUHS, eliminating redundant assessments for patients who previously had to reapply at multiple institutions.

- Reduction in reassessments: 851 patients no longer need reassessment
- Time saved for MSWs: 1,992 manhours saved annually, translating to 1.1 FTEs



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NUHS Get Rid of “Stupid” Stuff Success Story