

NUHS G.R.O.S.S. #68**Not Allowing Surgical Team Members to Mark the Patient's Operating Site****What is Stupid?****IPSG.4 Requirements in JCI 7th Edition**

Surgical / invasive site marking is **1** done by the responsible surgeon / procedurist, or one of the physicians on the team performing the procedure, who will **2** remain with the patient throughout the entire procedure.

What was implemented?

- **JHC Correct Site, Correct Procedure, Correct Patient Policy** to permit a practice on the ground which is slightly less onerous than the standard set by IPSG-4 (JCI 7th Edition) and the MOH ESS Framework.
- This approach has been deliberated by and deemed acceptably safe by NTFGH OT Committee, JHC CRMC and CMB NTFGH

POLICY DOCUMENT		Ensuring Correct Site, Correct Procedure And Correct Patient	
Document No: JHS-PSF-PD-001	Revision No. 06	Effective Date: 21 Jun 2023	Page: 1 of 14
Process Owner(s):	Name	Designation	
	Lim Ghee Hian (JHS)	Patient Safety Officer	
	Harvinder Raj Singh Sidhu (JHS)	Chairperson, Operating Theatre Committee	
Approved By:	Gerald Chua	Chairman, Medical Board	
This document applies to:		Ng Teng Fong General Hospital Jurong Community Hospital	

4.3.4 Site marking must be performed by a doctor on the team who is participating in a significant portion of the procedure. The doctor must be MO level and above.

4.3.5 The doctor who performed the site-marking shall initial next to the mark, so that at sign-in, the nurse can clarify who marked it and enter the name of the site-marker into EMR.

4.3.6 Site must be marked at any time up until and including the time the patient arrives in the induction room.

4.3.7 The doctor who performed the site marking shall be present at least at the start of the procedure (i.e. knife to skin). Having the site-marker stay throughout entire procedure is unnecessary. The doctor should be available to be called back into the OT for any unexpected turn of events

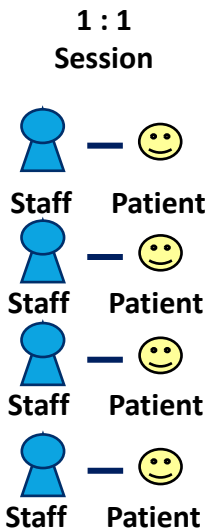
Medical Group Therapy (MGT) @ Tower B Level 11 Gym

**What is Stupid?
Why is it Stupid?**

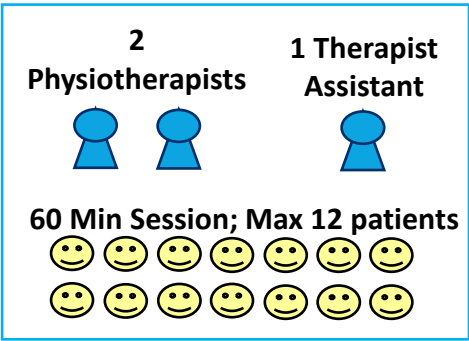
Using fixed manpower planning norm 1:1 as the only option in attending to medically stable patients for Physiotherapy

What was Implemented?

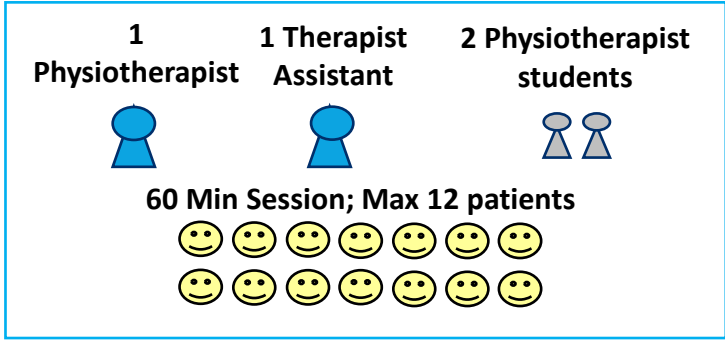
- Physiotherapists are unable to provide timely reviews for medically stable patients who are under 'maintenance rehab'*, during times of high bed occupancy rate and surge in new referrals.
- New initiative to provide continual care and enhanced psychosocial wellbeing of stable patients in Tower B.
- At the same time, optimizing use of equipment/ facility in Tower B L11 Gym and students' learning experience.



	Mon	Tue	Wed	Thu	Fri
AM	Morning Gym Therapy				
1400 - 1530	NeuroGeri Team			Ortho Team	
1530 - 1700	Ortho Team	Medicine Group Therapy (MGT)			



OR

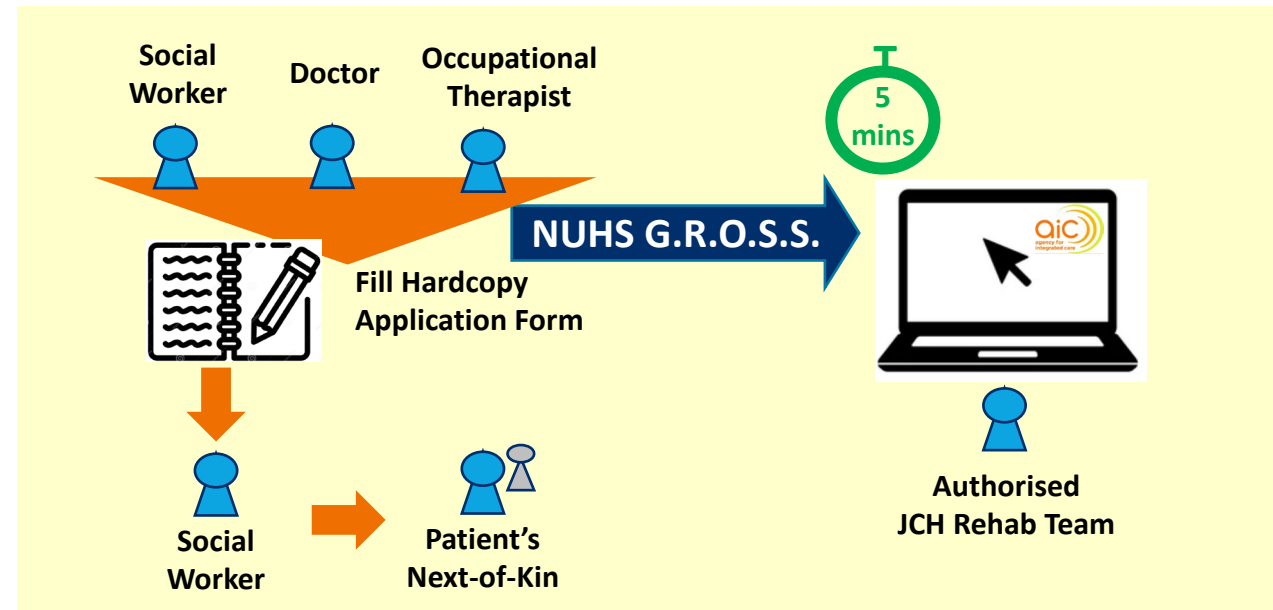


Impact

- Reduced man hours to attend to patients from 220 to 48 hours; saving 63 manhours each month
- SIT Physiotherapy Students on clinical training were roped in to assist in MGT, further increasing manhours saved
- Positive feedback from Physiotherapists, students and patients after implementation

NUHS G.R.O.S.S. #84**Get Rid of Hardcopy Functional Assessment Report (FAR)****What is Stupid?
Why is it Stupid?**

1. When patient needs to apply for AIC schemes, our social worker, doctors and occupational therapist will fill up a hard copy form
2. The team will need to communicate and ensure it is handed over to Patient's NOK.
3. It involves many steps and communication.
4. The online FAR can be completed in 5 minutes

What was Implemented?**Apply for AIC Schemes Using Online Functional Assessment Report****Impact**

- **300 man-hours saved annually** (50 FAR/ month x 12 months x 0.5 hours)

NUHS G.R.O.S.S. #136

Digitalising Diabetes Resource File

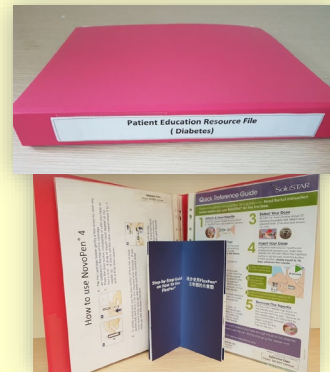
What is Stupid? Why is it Stupid?

- The current Diabetes Resource File in all the wards are poorly maintained
- Time consuming and labor intensive for Diabetes Nurse Educator to manually locate and update files

What was Implemented?

Digitalised Diabetes Resource File for inpatient nurses to provide training and delivering patient education to patients on insulin therapy

22 physical files to maintain



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Nurses to provide QR codes for patient to access diabetes resources

Diabetes Resource Library

For Staff

- Types of Insulin
- Guidelines for Insulin Therapy
- Video: How to Inject Insulin from a Vial or Insulin Pen
- Resource Guide for Hypoglycaemia
- Resource Guide for Patients on Insulin Therapy
- Resource Guide for Newly Diagnosed Diabetes Mellitus (ID)

For Patient

- BGM Chart Type 1 DM (Malay)
- BGM Chart Type 1 DM (Chinese)
- BGM Chart Type 1 DM (English)
- BGM Chart Type 2 DM (Malay)
- BGM Chart Type 2 DM (Chinese)
- BGM Chart Type 2 DM (English)
- Blood Pressure (BP) Record
- Insulin Requisition List
- Memo to Purchase AccuCheck Instant Glucometer
- QR Code for DM Resources

Patient Education Brochures

English

- Diabetes
- Diabetes and Driving
- Diabetes and Exercise
- High Blood Glucose (Hyperglycaemia)
- Low Blood Glucose (Hypoglycaemia)
- Self-monitoring Blood Glucose
- Sick Day Management
- Understanding Diabetes Mellitus
- Single Insulin Injection
- Missed Insulin Injection
- How to Use Insulin Pen

Chinese

- Diabetes
- High Blood Glucose
- Low Blood Glucose
- Sick Day Management
- Understanding Diabetes Mellitus

Malay

- Kencing Manis dan Kencing Likat
- Membantu Kencing Manis
- Penyusutan Ketula Sakit
- Serangan Glukosa Darah yang Rendah (Hypoglycaemia)
- Serangan Glukosa Darah yang Rendah ketika Memandu
- Serangan Glukosa Darah yang Tinggi (Hyperglycaemia)

Impact

18.3 man-hours saved annually (22 files in Tower B x 25 mins/ file x 2 review/ year)

Repetitive Consent Taking for Dialysis Patients

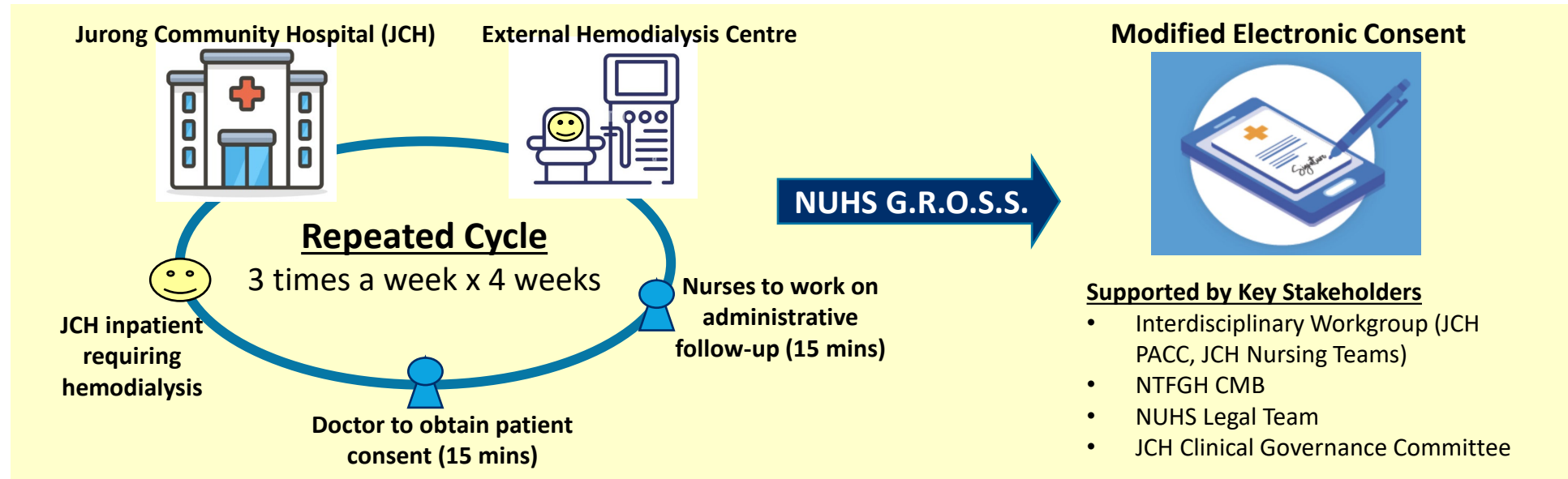
What is Stupid? Why is it Stupid?

- JCH inpatients requiring hemodialysis need to leave the hospital 3 times a week to an external centre for hemodialysis sessions.
- Consent taking required each time such patients leave the hospital.

What was Implemented?

Modified Electronic Consent rolled out on 4 September 2023

One-time consent for JCH hemodialysis patients that would remain valid throughout admission period



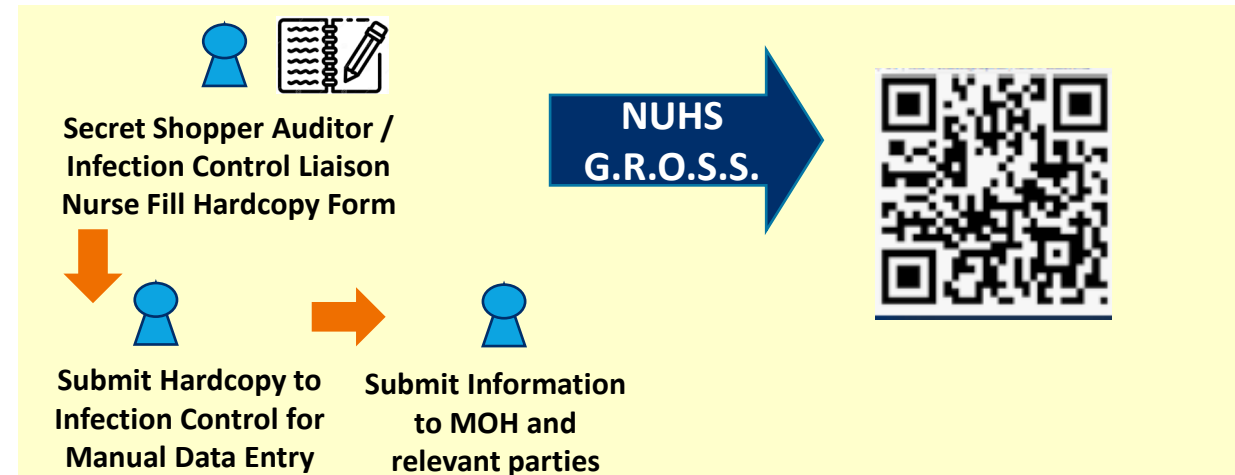
Impact

Potential man-hours saved per month = 1,650 minutes or 27.5 hours

Working : n=5 patients x 3 times a week x 4 weeks admission period x (15 mins doctor time + 15 min nurses time) – 5 initial consent x (15mins doctor time + 15 min nurses time)

NUHS G.R.O.S.S. #143**Digitalisation of Hand Hygiene Audit Form****What is Stupid? Why is it Stupid?**

- Hand Hygiene audit is conducted through observational inspection of handwashing technique by infection control liaison nurses and secret shoppers.
- It is one of Infection Control core programme and hospital KPI
- Hospital is required to submit 6 monthly report to MOH.
- Data collection and extraction are manual and laborious.
- Some data collection could be unaccounted
- The whole process is very unproductive as there is no electronic system to support the entry and data extraction.

What was Implemented?**Going Digital and Paperless!****Impact**

- **456 man-hours saved annually** (admin time spent on data entry)
- Reduce paper wastage

Ceasing Scope Culture Test After Being Used by CRE* Patients

What is Stupid? Why is it stupid?

Performing MSC Test for Scope after Being Used by CRE patient is **overprocessing**.

- All scopes after patient use will be undergone High Level Disinfection which can kill the CRE bacteria.
- There is existing Quality Assurance that all scopes have a planned MSC at monthly or 3 monthly basis according to the type of the scopes.

Hence, the additional MSC test after used by CRE patient is not necessary.

What was Implemented?

Infection Control Committee reviewed the data that Endoscopy nurses provided, and reference to local and international infection control guidelines, and approved to **cease Scope Culture (MSC) test after used by Carbapenem-resistant Enterobacteriaceae (CRE) patients on 25 Aug 2023.**

What the Endoscopy Nurses did

- Reviewed the scopes MSC data related to CRE cases from Jan 2017 to Jun 2023. Total 272 cases. Only 1 (0.4%) result was positive in 2017 which might be due to sample contamination during collection.
- Reviewed previous CRE outbreak in overseas scope models which were different from ours.
- Reviewed local and international guidelines, nil recommendation to do MSC test after used for CRE cases.
- Reviewed the efficiency of the High Level Disinfectant used for scope disinfection which can kill the CRE bacteria
- Reviewed current SOPs
- Liaised with Infection Control Team and proposed to **cease Scope Culture (MSC) test after used by Carbapenem-resistant Enterobacteriaceae (CRE) patients** which was **Overprocessed** workflow. While continue with current measures :
 - All scopes are undergone MSC test at monthly or 3 monthly according to the types of scopes
 - Scopes used by Infectious cases will be undergone double brushing and double high level disinfection
 - Keep a record for the scopes used CRE cases for 6 months

Impact

1. Significantly reduced unnecessary cost
(The total cost incurred of scope MSC from 2017 to 2023 was \$34,638.32)
2. Improved scope turnaround time from 5 days and 3 hrs to 1.5hrs
3. Improved staff satisfaction with better efficiency and productivity.
(Total nursing time spent for the MSC was 136 hours from 2017 to 2023)

NUHS G.R.O.S.S. #18

Meal Ordering

What is Stupid? Why is it stupid?

When a newly admitted patient arrives at the ward, his/her diet order needs to be placed on EPIC. If the patient arrives after office hours, the on-call juniors are sometimes called in early in the morning (sometimes at 3AM) just to order the appropriate diet so that breakfast order can be received in the system and delivered promptly by Food Service team.

This takes away time/energy that the on-call juniors can spend on clinical care.

What was Implemented?

Proposed: Nurses to place diet order instead of doctors, when needed

13 July 2023 – Nursing and Medical Teams discussed and established the following:

1. If there is an **inactive meal order in NGEMR**, staff to follow the steps on the Diet Ordering Guide. Dr will need to co-sign during morning round.
2. If there is no **inactive meal order in NGEMR**, staff can retrieve “buffer breakfast” from Wards B6S, B10S and C8 from the meal trolley.

17 July 2023 - Nursing and Food Service teams meet and decided, Food Service will provide 2 additional “buffer meals” (Halal Vegetarian Bee Hoon Soup) at Ward B6S, B10S and C8 (\$2/bowl charged to Cost Centre). Unconsumed buffer meal is to be returned to kitchen after the breakfast period.

The proposed workflow has since been implemented from 1 August 2023

Impact

Staff has not been calling or texting the on-call doctor on TigerConnect during early morning to place a diet order from 0000hrs to 0800hrs. Unless a new case to ward and after clerking doctor has forgotten to order the diet. Staff do not need to call or Tiger text on-call doctor to place diet order from

NUHS G.R.O.S.S. #86**Prolonged Illness Leave... Too many steps involved for approval****What is Stupid?
Why is it stupid?**

For approval of PIL, HR policy requires

- (1) HR to write a paper
- (2) CMB to read the paper
- (3) CMB to appoint an Internal Medical Review Committee
- (4) IMRC to convene to decide.

Staff needing PIL are few.

For those few, if the appropriate documents are received by the treating clinical team, the clinical facts do portend a straightforward decision to approve (or otherwise).

What was Implemented?

The revised PIL policy has been uploaded in our intranet effective from 1 September 2023.

The streamlined process is as follows:

- 1) The application must be supported by HOD and HR, with the recommendation from the treating doctor. HR will review and ascertain employee's eligibility in accordance to NUHS policy.
- 2) Internal Medical Review Committee (IMRC) to review and recommend duration of PIL is not mandatory.
- 3) HR will seek CHRO's approval (with IMRC's recommendation, where applicable).
- 4) Upon CHRO's approval, HR will issue a letter to inform employee of the approval and duration of PIL.

Impact

This has eliminated unnecessary steps and shortened the PIL processing time.