

## Making a FUSS (Freed-Up SOC Slot) out of nothing: A Simple Phone Call to optimise default rates

Dr Soh Keng Chuan

soh.keng.chuan@ktph.com.sg



### Problem Statement

SOC First Visit (FV) defaults  
 - Baseline rate: 36.6% (Jan–Aug 2021)  
 - Represents mismatch between clinical service provision and its utilization  
 -> giving rise to Muda *Eg. Patient given a FV slot during a date/time which is incompatible with their schedule.*

Optimization of FV default rates helps provide care which is better, faster, cheaper, and safer. This has benefits for patients, staff, and potentially even the organisation.

### Project Aim

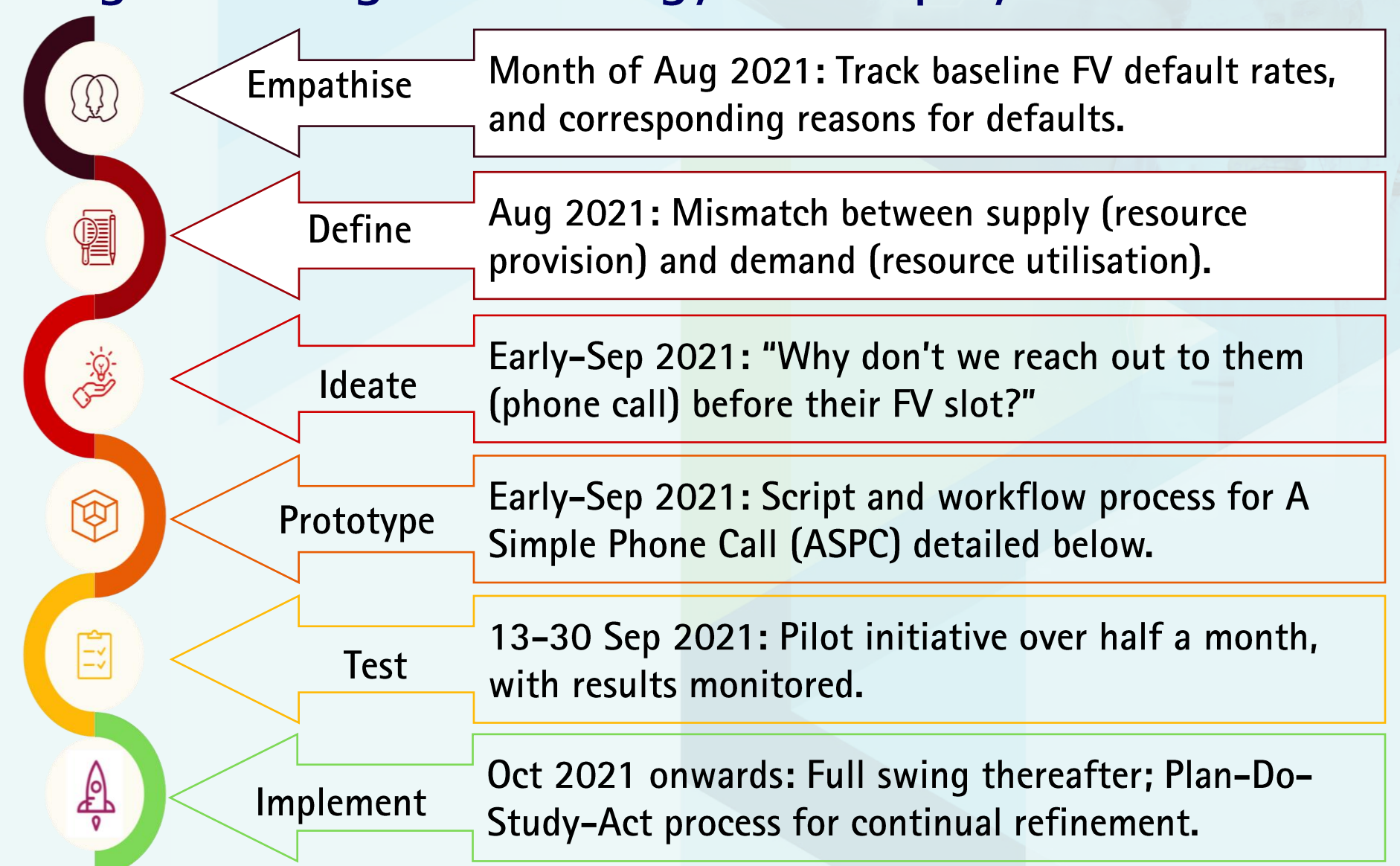
Optimise our default rates and improve cost-recovery by:  
 (i) Identifying and cutting out the preventable FV defaults; then  
 (ii) Reassigning FUSS to meet other clinical demands.

### Lessons Learnt

- Different members of the team carry their unique perspective and open doors to previously-unconsidered solutions.
- Small/simple interventions have the potential to have a huge impact and should not be underestimated.

### Potential Solutions

Design Thinking methodology was employed.



ASPC script

Good morning Mr Tan, this call is just to confirm whether you will be coming for your appointment on next Monday at 10am to see our psychiatrist?

(Yes) Great, see you then! [end of call]

(No) Do you need us to reschedule your appointment?

(Yes) How about Friday at 2pm?

(No) No problem, could you briefly share why you no longer require this?

Average time per conversation **2 mins**

### Outcomes & Impacts

310 FUSS created	... in turn utilised by 211 slot-in cases
FV defaults by FUSS would have cost us \$64,945 (i.e. \$209.50 per FV)	\$36,453 clawed back through our slot-in cases
Man-hour savings: 2 minutes' ASPC has the potential to save our medical staff 45 minutes	FV defaults down by 11.8% (from 47.4% to 35.6%)
46 urgent referrals were given early appointment slots	59.1% less special arrangements needed (5.50 to 2.25 each month)

**Patients**

- ✓ Intangible benefits from reminding those who might have forgotten about their appointments.
- ✓ Hassle-free rescheduling for those requiring this.
- ✓ Save on yet more healthcare costs for unwell patients (e.g. coming to Emergency, getting admitted).

**Staff**

- ✓ Less special arrangements ("fire-fighting")
- ✓ Cultivate camaraderie, teamwork

**Organisation**

- ✓ Lean system

<Insert Title>

<Insert Name>

<Insert email address>

LOGO HERE

## Problem Statement

What's the problem and why is it worth solving?

- May include pareto chart, process maps, flow charts, etc.

## Potential Solutions

What changes did the team test to achieve improvement in the targeted process/outcome?

- Include process maps, flow charts, etc.

## Project Aim

What was the measurable change expected over what period of time?

- Include process and outcome indicators and timeframe for expected change

## Outcomes & Impacts

How did we know which changes led to an improvement?

- Share data (preferably annotated run/control charts) to demonstrate the impact of the initiative. Tables, bar, and pie charts can supplement run charts but should not be used alone for describing improvement over time.
- Use of short stories or quotes to illustrate the application of improvement methods, particular those that speak to patient or provide experience, is encouraged.
- Share the next steps for scale and spread, if any.

## Lessons Learnt

What did we wish we knew and what could have been done differently?

- Share the top 2 challenges faced and the strategies employed to overcome them. Provide practical tips and recommendations for initiating and executing QI initiatives, if any.