

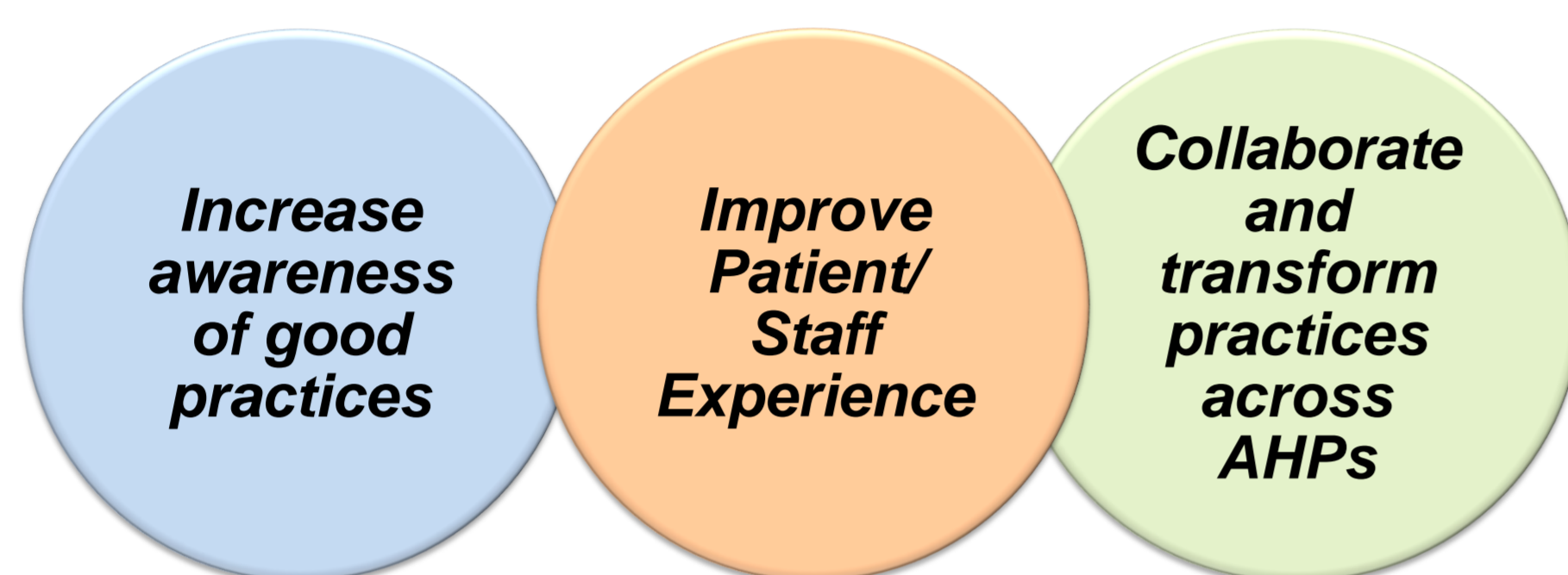
# Challenging the Status Quo... Future Proofing our AHPs for VUCA

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## Introduction

What is Volatility, Uncertainty, Complexity and Ambiguity (VUCA)? How do we manage these in healthcare? Gathering like-minded Allied Health Professionals (AHPs) who are keen to make a CHANGE in their workspace is what we needed.

## Aims



## Method

A 2-year workgroup was formed following an AH retreat to unearth like-minded AHPs who are passionate about reducing carbon footprint, eliminating waste, and frequently providing suggestions for change or improvement, individuals who are tired of repetitive mundane work and would like to make a CHANGE, most importantly, not afraid to fail!

An E-bulletin (Figure 1) was sent out to all AHPs to gather potential CHANGE projects. Professions were asked to step forward if they had a Work Process (WP) – including Work Instructions and Workflows that they would like to improve on and our team members will come in and work with them to challenge the way things are done, offering inputs from different perspectives, sharing of ideas to improve.



Figure 1: E-Bulletin

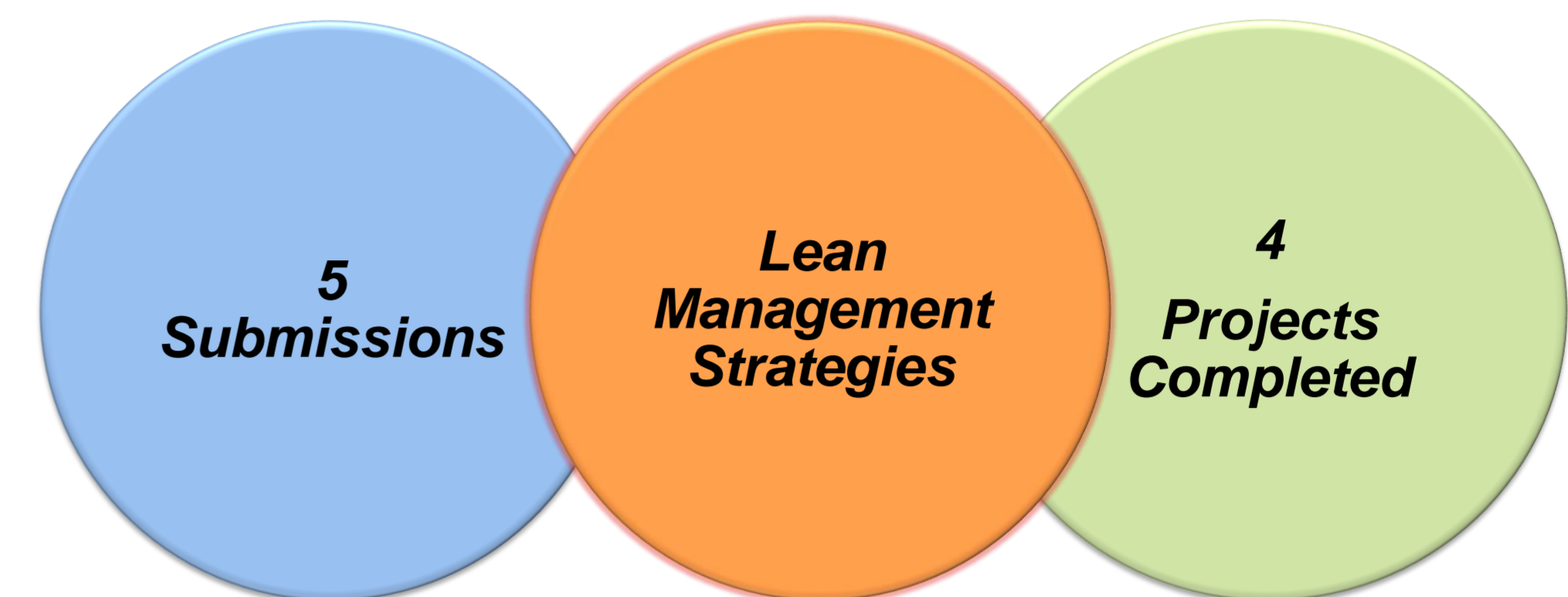
## Conclusion

An initiative like this may all seem like common sense to some, but it is often not so for most. It should be ongoing to challenge the status quo, to future proof and enable AHPs to develop a resilient mindset to embrace CHANGE as it comes along, be it digitalisation, innovation, sustainability, etc, in this VUCA world. The initiative by AH Office has since caught traction at hospital level and is now initiated to all professions under a theme called the Getting Rid of Senseless Stuff (GROSS) Campaign!

## Acknowledgment

I would like to take this opportunity to thank all my ex-team members (Dr Selena Young, Ms Tanuja Nair, Ms Wu Peiru, Ms Pearlyn Lee and Ms Ng Shin Huey) from Team Le'Go who contributed to this piece of work, without which this project would never come to fruition.

## Results and Discussion



### Project 1: Providing Quick and Efficient Med Support to Dorms during COVID-19

- A *template* of commonly prescribed medication with prefilled dosage regimen and indication was created to make it easier for doctors to place the order (remove the need to manually write the drug name, regimen, etc.)
- Pharmacy did *pre-packs of medication* with pre-typed instructions on drug labels to facilitate dispensing of medication at Dormitories (save time and improve safety)

### Project 2: Addressing Repetitive Calls

- Strategies explored on how to eliminate *waste in movement and time* in verifying receipt of referrals to Psychology Dept
- Psychology Dept created a *new workflow and communication plan* (in-services/ email reminders)
- The strategies were implemented and *calls* have since been *significantly reduced* and *productivity* of staff to attend to pressing clinical matters have improved

### Project 3: Designation/ Relocation of resources post renovation

- Strategies explored on how to cut down on *waste in movement and time* at newly renovated space for Physiotherapy Dept
- *Allocated specific rooms* for designated services to consolidate resources (storage of commonly use consumables) to *cut down motion waste*

### Project 4: Daily QC Monitoring of lab equipment - from paper to electronic

- Strategies explored on how to *eliminate waste* for manual daily recording of temperature for equipment used in the IVF laboratory
- Use of electronic forms (*FORMSG*) to *replace* manual paper recording
- *Reduce wastage* of 30 hard copy forms to 1 soft copy on a monthly basis
- *Time savings* for staff who now do electronic recording vs manual recording and filing of hard copies in the past
- Added bonus: *Visual representation* of temperature records via data visualization tools (eg. Tableau)
- Project was presented and *shared with other AHPs* and now explored for use in Andrology and Laboratory Medicine.