BEST – Quota Management in Medical Clinic (SOPD)
Tse MW, Tam WS, Yung CY, Chan CC, Wong YL, Sin YH, Wong PS, Li KW, Yeung MY, Leung YF, Wong SY, Jackel Ma, Tebby Lee

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BEST quota management

Introduction
Better quota management is based on the balance of the Doctor/Patient ratio. Poor quota control will lead to patient overbooking or insufficient booking. That may generate long patient queuing time, clinic overrunning and staff fatigue in the long run. Quota wastage may delay patient follow up and bothered staff to manage the overrun situation. Staffs and patients are suffering from this overwhelming condition for a long time in Medical clinic. Traditionally, we paid much effort to control the quota (like manpower and resources). However, we still cannot tackle with the situation. The problems have been identified as below: 1.The quota sheet failed to reflect the complete picture of the booking condition in the whole clinic. 2.The force quotas were booked by individual doctors without central control and coordination. In view of this situation, a good quota control system can help maximize the quota utilization. Medical OPD worked with IT Department to organize an improvement- BEST: B- Bring all-in-one E- Easy to capture OPAS Data S- Synchronize the management platform T- Totally save (Time and Manpower)

Objectives
1.Maximize quota utilization by updated information 2.Shorten patient queuing time 3.Simplify the process of quota control and synchronize the management platform

Methodology
A database was developed in the K-drive including all the leave plans and meeting schedules of doctors for capturing the updated manpower. IT department helped to draw the updated profile of the Outpatient Appointment System (OPAS) and shown in the United Christian Hospital Queuing Web (UQ web) with creation an exported excel file. Clerk helped to combine all information converted to "all-in-one quota sheet", BEST product - Quota index (QI). QI can generate a formula based on daily buffer. Positive buffer shows available quota and negative shows insufficient. Nurse can titrate the quota based on QI. Moreover, the UQ Web could be accessed from different computers which increase the convenience for staff to make the quota plan.

Result
We found encouraging improvement after using BEST. Time saving and manpower saving for preparing QI are significant. For time, it was reduced from 300 to 100 minutes weekly. For manpower, it was reduced from 4 to 2 persons. Overrun of clinic

can be solved. From the statistical analysis, the days of overrun was decreased by 50% in Nov-Dec of 2013 comparing with the same period in 2012. Monitoring of clinic booking situation is on daily basis, the quota can be up-dated and reflect the real situation. Patients can get an appropriate and timely appointment according to their clinical need. Quota usage can be maximized. Accidentally, it reflects the demand of medical services in Kowloon East Cluster which can help for future plan.