IMPROVE REFERRAL PROCESS FROM TO NURSING HOMES

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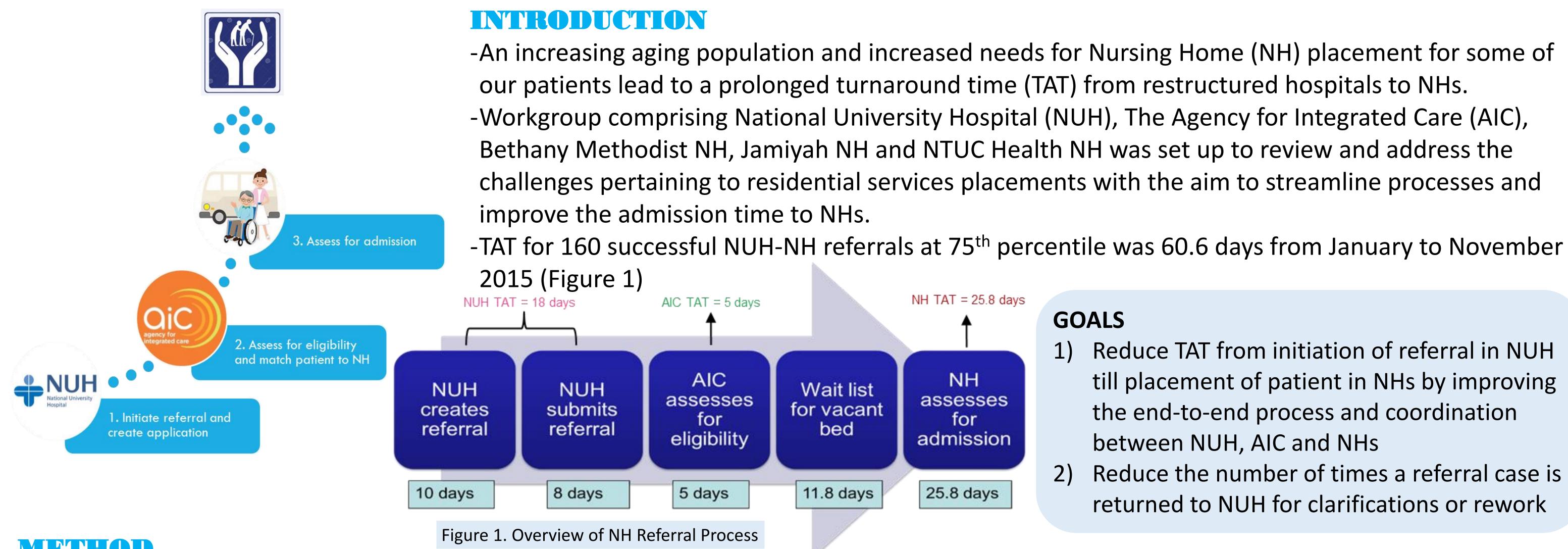
Singapore Healthcare Management 2018

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- -An increasing aging population and increased needs for Nursing Home (NH) placement for some of
- -Workgroup comprising National University Hospital (NUH), The Agency for Integrated Care (AIC), Bethany Methodist NH, Jamiyah NH and NTUC Health NH was set up to review and address the challenges pertaining to residential services placements with the aim to streamline processes and

METHOD

- A 4.5 days Rapid Improvement Event (RIE) was held to understand the end-to-end process, identify wastes and root causes using lean management methodologies.
- Value Stream Mapping (VSM) and Gap Analysis showed multiple hand-offs and bottlenecks in the referral process.

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Align information

Medical Report

Provide updated

admission to NH

required by NH into the

discharge summary 48

hours before patient's

Doctors

- Unclear guidelines and different understanding of NH's assessment criteria also led to high reworks between NUH and AIC.
- A pilot was conducted for 5 months in general medical wards and further adjustments were made to the new work process. INTERVENTION STRATEGY

Social Work Department

Medical Social Workers

- Work with patient/families on patient's caregiving needs, and follow through the NH application process Updated checklist for NH Application to align with the assessment criteria and information required by NH Collaborated with AIC to finalize the new roles and responsibilities of "AIC Residential Referral Team (RRT)"; beginning from referral creation to patient admission to the NH
- Activate RRT to enable prompt. assessment of patient's condition and eliminate rework

Nurses

 Work with RRT on functional assessment, Residence Assessment Form and nursing procedures • On discharge, prepare necessary items for transfer of patients to NH (i.e. medication, wound dressing products and milk feeds) and discharge nursing memo (i.e. feeding regime, latest wound

Figure 2. Interventions by different healthcare professionals

Therapists

 Indicate the rehab potential and reasons if patient is "fair/good" potential



AIC Staff

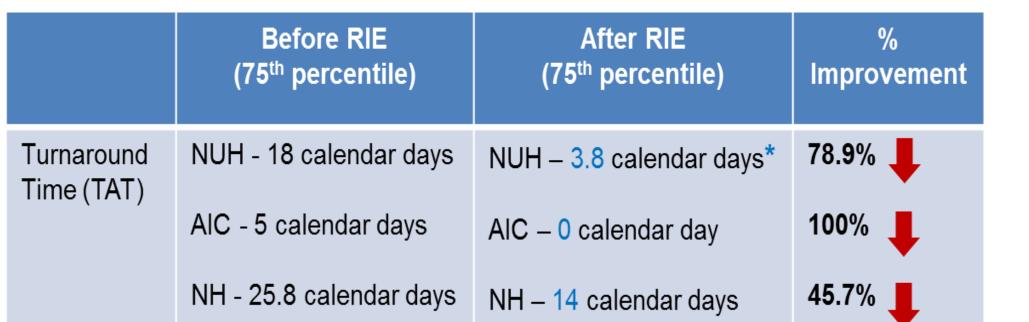
- Standardize assessment information and removed unnecessary information Provide standardized and clear guidelines on NHs' requirements to the hospitals
- Deployment of RRT to the hospital to jointly assess patient's conditions • Enhanced IT system to enable easier reconciliation,

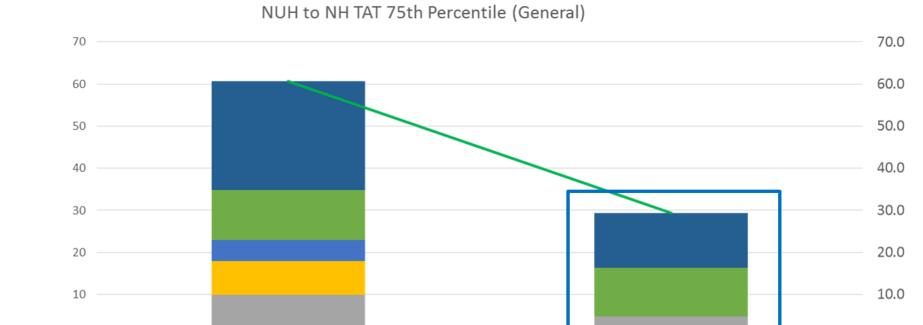
NHs' Staff Alignment of NHs'

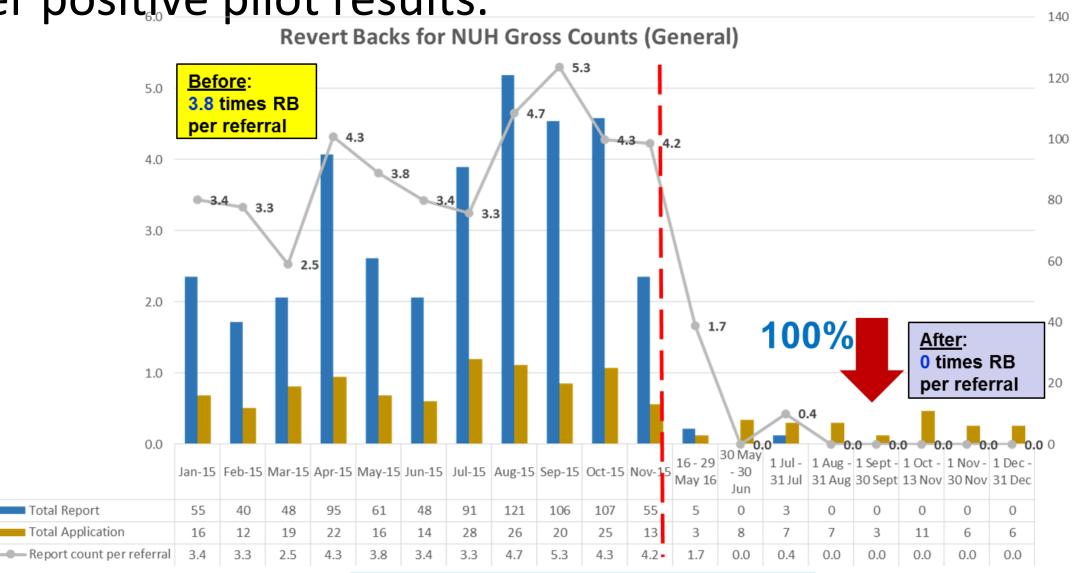
requirement and processes with the referral source Releasing of bed status to AIC as and when there is vacant bed

RESULTS

New work process was implemented to hospital-wide for all NHs' referrals in October 2016 after positive pilot results.







Revert Back Average gross count of Average gross count of 100% RB - 0 times per referral (RB) RB - 3.8 times per between referral since Aug 16 AIC & NUH

Table 1. Post implementation results

Before project 16 May - 31 Dec 16 NH TAT 13.0 11.5 Matching TAT 11.8 AIC TAT 51.7% 0.0 Revert Back TAT Creation TAT 10 4.8 60.6 29.3

Figure 3. TAT Comparison

Figure 4. Rework Comparison

- ✓ Average bed days saved per patient are 7.7 days leading to cost avoidance of \$867.4K per annum.
- Improved staff satisfaction due to elimination of rework between NUH and AIC.
- ✓ Patients are assured that there is improved continuity of care and unnecessary delays are avoided.

CONCLUSION

- > By eliminating wastes and closing gaps in the processes, overall TAT was reduced by more than 50%.
- > Current challenge is to advocate the new work processes to all restructured hospitals and NHs so that the referral process will be standardized across Singapore.
- > For sustenance, it is crucial that the different stakeholders periodically come together to align their work processes as NH assessment requirements and guidelines may change over time.