INTRODUCTION
This poster presents the approach taken to improve care processes for TKR patients admitted to SKCH by putting key interventions in-place for value-driven and improved care over 6 months.

AIM
To improve:
• Care team’s efficiency
• Patient’s experience through a more coordinated approach of interacting with patient; and
• Discharge planning process

METHODOLOGY
From Oct 18 to Apr 19, 6 TKR patients were shadowed from admission to discharge (before and after interventions were tested).

The scope of shadowing were:-
• Where the patient went;
• Who the patient interacted with;
• What the patient experiences or does not experience;
• Time spent: At each location and/or interaction with staff
• Aspects of the experience that go well or could be improved.

OBSERVATIONS & INTERVENTIONS
After shadowing the first 2 patients, following were tested:

A) Admission to ward & ward routine
Observations:
• Patients with similar condition (i.e. TKR) were admitted to different wards – based on availability of beds. There was no designated ward for TKR patients.
• Clinical team assessed patients at different timing for similar purposes
• Increased number of manpower

Intervention #1: To place patients with similar conditions in the same cubicle

B) Discharge
Observations:
• Preparation for discharge only start on D-1 and patient was discharged at 1300hrs

Intervention #2:
Review discharge processes that can translate into better patient experience and outcome. Recommended enhancements:
• 3 days before discharge (D-3): Clinical teams to prepare discharge documents
• D-2: Send prescription to Pharmacy
• D-1: Patient received all documents for discharge
• Day of Discharge: Target for Patient to be discharged by 1100hrs

RESULTS & CONCLUSION

Intervention #1
A) Time Spent & No. of Manpower: Improvement in Care Team’s efficiency

<table>
<thead>
<tr>
<th>Time Spent (mins)</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

The average time spent for each patient has reduced by 45.5 mins (49.4%).

No. of manpower has reduced by 2 staff (20%).

B) Patient’s Experience: More data is required to support improvement in patient’s experience through a more coordinated approach of interacting with patient.

Feedbacks

<table>
<thead>
<tr>
<th>Patient Feedback</th>
<th>Feedback (verbally) that she felt more assured of the care knowing that all members of the care team are working together.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience Survey</td>
<td>1 out of 4 patients provided positive feedback of the care team • Feedback will not be obtained if discharge date is earlier than the planned discharge date or patient(s) do not wish to provide feedback.</td>
</tr>
<tr>
<td>Care team</td>
<td>Clear and common understanding between patient and care team on care plans for patient</td>
</tr>
<tr>
<td>Shadower</td>
<td>Patient does not have to repeat his/her answer to similar questions asked by the care team members at different timing.</td>
</tr>
</tbody>
</table>

Intervention #2: Enhanced Discharge Process

After intervention, the enhanced discharge planning process was able to meet the targeted time of discharge at 1100hrs.

<table>
<thead>
<tr>
<th>Patient</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-3</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td>Discharge documents prepared</td>
</tr>
<tr>
<td>D-2</td>
<td>No</td>
<td>Prepared discharge documents &amp; medications</td>
<td>Yes</td>
<td>Prescription sent to pharmacy</td>
</tr>
<tr>
<td>D-1</td>
<td>Patient requested to be discharged the next day</td>
<td>Prepared discharge documents &amp; medications</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Day of Discharge</td>
<td>1100 hrs</td>
<td>Discharge documents &amp; medications given on the day of discharge</td>
<td>1100 hrs</td>
<td></td>
</tr>
</tbody>
</table>

Moving Forward

• Patients with similar conditions to be placed in same cubicle. This also allows the ward care team to better coordinate their review of the patients to achieve the cost saving.
• Continued monitoring is required to ensure the discharge planning process is adopted consistently for all patients as only four patients were observed.