Expediting Referrals from KTPH to YCH

1 Inpatient Services, 2 Operation Admin, 3 CMB’s office, 4 Medical Services, 5 Nursing Admin, 6 Referral and Admission Unit, 7 Patient Service Centre

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Background & Aim
- For transfers from KTPH to Community Hospitals, ~90% are admitted to YCH with an average turnaround time of 3.12 days.
- This results in less optimal resource utilisation, as patients would occupy an AH bed that would have otherwise been available for an ill patient requiring admission.
- We aim to achieve patient transfers within 1 day through our pilot initiatives and joint clinical governance.

Methodology

AS IS
The process of raising referral for YCH via SCM is inefficient because:
- A lot of time spent waiting for referring teams to clarify queries
- Time spent to review referrals may be wasted if Financial Counselling is not accepted

TO BE
Using the PDSA method, we rolled out the expedited referral process progressively. Hip Fracture referrals were also streamlined in accordance to the expedited referral process. They include the following features:
- Financial counselling before referral
- Simplified one page referral form
- Minimal vetting by YCH

Pilot began for patients under General Medicine and Geriatric Medicine. HFU referrals streamlined.

Extended to TKR patients.
- Early identification in SOC
- YCH financial counselling done prior to elective surgery / admission to KTPH

Extended to Rehab Stroke patients.
- Defined inclusion and exclusion criteria

Results
Turnaround time is measured from the date of referral submitted by KTPH, to the date of admission in YCH.

Turnaround time (TAT)
For the expedited referral process, the turnaround time (TAT) was shortened by 60% on average. Between Feb’18 to Apr’19, the average TAT for the non-expedited workflow was 3.12 days, whereas the average TAT for the expedited workflow is 1.25 days.

% Transfers within 1 day (Expedited referrals)

Project Impact
For the period Feb’18 to Apr’19, we transferred a total of 1123 patients using the expedited workflow. This has resulted in productivity savings of 2100 patient days, and an average manpower savings of 70.4 hours per case.

Sustainability
- The joint governance committee continues to meet every month for review and to obtain feedback from stakeholders. The committee aims to reduce any kinks from the expedited referral processes.
- With a single Operations team and joint governance, we will continue to streamline our processes.
- The team has recently converted the process to a simplified e-referral form, and is working on maintaining and/or improving the outcomes on the new platform. We also seek to achieve 80% of AH-CH transfers within 1 day.

Conclusion
- Our project ties in with YH Strategic Plan 2020 - Actionable Front 1 and 8: Campus Flows, and Hassle Free Administration.
- The team seeks to bring together a multidisciplinary team to value add for our patients by eliminating muda in the whole referral process and making patient flow seamless.
- We envisage long term goals of having an Integrated Clinical Care Model, shared Electronic Medical Records and a seamless “ward-to-ward transfer” concept from AH to CH.