Background
Hip fractures are countenanced as a catastrophic event requiring surgical intervention in acute hospital followed by rehabilitation in community hospital. Ensuring continuity of care between the two institutions are vital for a good patient outcome. The project seeks to study how transfer of patient care can be made seamless in the hip bundle collaboration between SGH and BVH. The SGH-BVH bundled collaboration is limited to patients above 60 years old with solitary hip fractures.

AIMS
1. To reduce the monthly median length of stay in BVH for hip fracture patients transferred from SGH from 37 days to 20 days within a year.
2. To reduce the unnecessary readmissions associated with hip fractures.
3. To increase the Modified Barthel Index (MBI) score for hip fracture patients in BVH upon discharge.

ANALYSIS
The run chart below shows the monthly median length of stay in BVH for hip fracture patients to be 37 days in 2016.

Fishbone diagram was applied to identify the reasons for prolonged hospitalization besides medical conditions and poor social support.

The team used the pareto chart to prioritize. 80% of problems were attributed to four main reasons.
1. No early assessment
2. Delay in equipment purchase
3. No follow through from acute hospital to rehabilitation hospital
4. No workflow

SOLUTIONS
The tree diagram shows a convenient snapshot of the pareto causes that has been addressed to reduce length of stay.

PROJECTS ' IMPACT
1. The length of stay in the target patient population has reduced from 37 days to 20 days.
2. There was no increase in number of patients from BVH to SGH.
3. The MBI scored also improved after the interventions.

SUSTAINABILITY AND SPREAD
The interventions detailed can be easily extended to the Orthopaedic patient population from SGH transiting to BVH.