



Singapore Healthcare Management 2017

Enhancing Right Siting of Care in SingHealth Polyclinic Bedok Success Finally!!!

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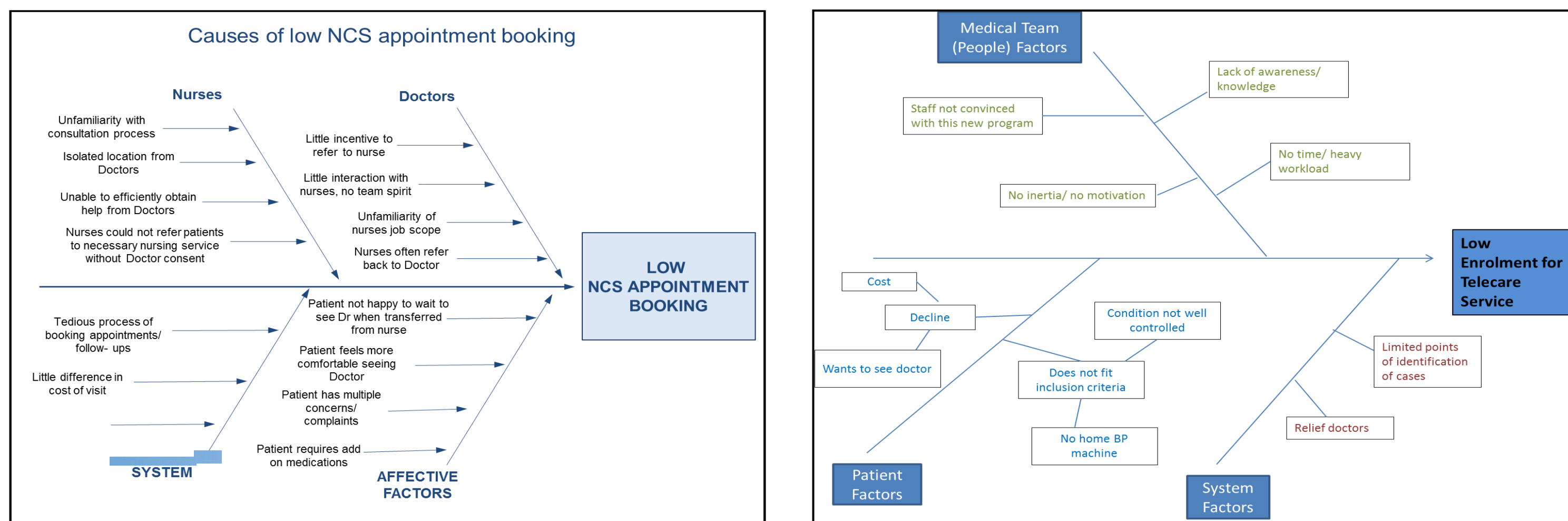
INTRODUCTION

SingHealth Polyclinic has launched Nurse Clinician Service (NCS) and TeleCare service (TLC) as early as 2008. Well controlled chronic patients should be right sited to these services so that patient can receive the appropriate level of care based on their needs. However, the utilization of these services remains low. At SHP-BD, we have conducted several improvement projects to increase the utilization rates of these services including an EPIC project. However, we were unable to achieve a sustainable improvement despite our valiant efforts. We decided to revisit this problem again but this time with a different approach.

AIM

1. To increase the number of well controlled patients right sited to Nurse Clinician Service by 30%
2. To increase the number of well controlled patients right sited to TeleCare service by 30%

METHODOLOGY



We had previously tried multiple interventions to address the causes that we have identified and yet failed to achieve our goal. The question that the team faced was "What's next?" Our solution :

DISRUPTIVE INNOVATION MODEL

DISRUPTIVE INNOVATION

- 1) Teams must challenge themselves to deliver NCS & TLC in a radically different way
- 2) Teams need to disrupt existing established NCS/TLC workflows and come up with a new model of care

NEW MODEL OF CARE - SINGHEALTH CARE TRANSFORMATION INTEGRATED CARE TEAMS (ICT)

- Grouping doctors and nurses into teams
- Co-location of team members
- Sharing of consultation task between doctors and nurses
- Fortnightly team huddles
- Empanelling of patients
- Population care management
- Use of scripted pathways for doctors and nurses
- Empowering nurses to enrol patients into care programs

INTERVENTIONS

INTERGRATED CARE TEAM

Old model
Seen by doctors that are not part of an integrated care team. However, doctors are able to utilize shared nurse based services such as care manager (consult), care manager post consult.

Disruptive model
Seen by doctors that is a part of an integrated care team. Team is formed by seven doctors who manages 2-3 consultation rooms a day and is supported by a team of seven RN and 3 EN who runs one care manager (consult) and one care manager (post consult) service a day.

EMANELMENT

Old Model

- Chronic disease registry are disease based
- Registry serves all patient seen by clinic.
- Doctors unable to track patient seen by them
- Doctors that are not part of integrated care team do not receive clinical outcomes data of patients seen by them specifically. Instead, they receive clinical outcome data of the entire chronic clinic chronic disease population.
- Doctors are unable to track their patient specific data or design improvement effort for their specific patients.

Disruptive model

- Chronic patients seen by doctors in a team are entered into a teamlet registry
- Team based patient list generated
- Team based data - clinical indicator data can be churned
- Risk stratification done through team based list generated
- Fortnightly team specific clinical and process outcome indicators are shared with members
- Team is accountable and committed to improve care delivery to empanelled patients by tracking data, sharing of data and team based collective improvement effort.

Use of scripted pathways

Old model

Disruptive Model

Use of scripted pathways

Old model

Disruptive Model

Co Location of teams

Old Model

- Nurse are located within the nurses' hub away from doctor consultation area
- Doctors were not fix to same rooms although appointments were given to rooms instead of doctors

Disruptive Model

- A central hub of 11 consultation room was created to co-locate forward appointment doctor consultation rooms, nurse clinician and health counsellor services
- Consultation room are divided into teams - Within teams specific doctor sits in specific room on specific days.

Huddles

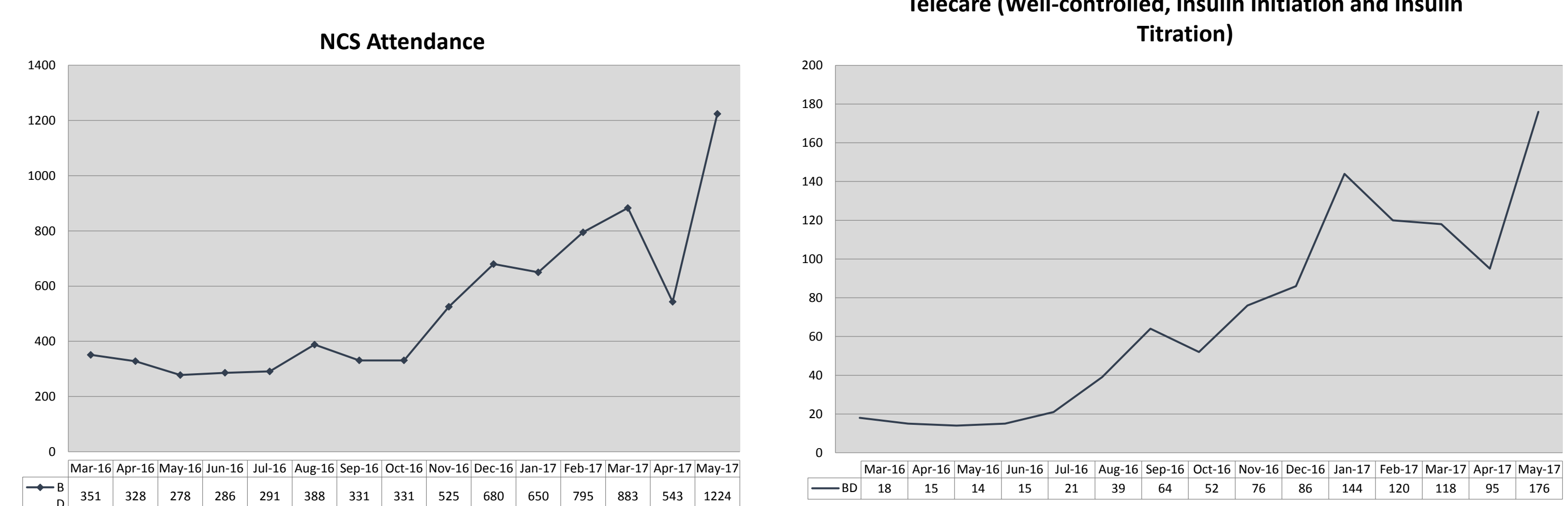
Old model

- Doctors and nurses that are not part of integrated care team do not participate in any regular huddles
- Doctor take part in adhoc clinic based sharing and teaching sessions while nurses take part in monthly nurse teaching sessions
- These sessions are conducted independently and separately and doctor and nurse are not aware of each other's sessions

Disruptive model

- Members of the same team participate in fortnightly team huddles
- What happen at huddles
 - Problem faced by any member will be surfaced
 - weekly team specific clinical and process outcome indicators are shared,
 - teams targets established
 - teaching on clinical and non-clinical matter for team members are conducted.

RESULTS



- 1) The number of well controlled patients right sited to Nurse Clinician Service had increased by 151%
- 2) The number of well controlled patients right sited to TeleCare service had increased by 500%

CONCLUSION

Through disrupting our existing care model, we were able to create a new model that allows for sustainable improvement to increase right siting of patients to NCS and TLC, and hence achieve our goal of delivering the right care to our patients.