



Improved Turnaround time for Community Hospital Discharges



Changi
General Hospital
SingHealth

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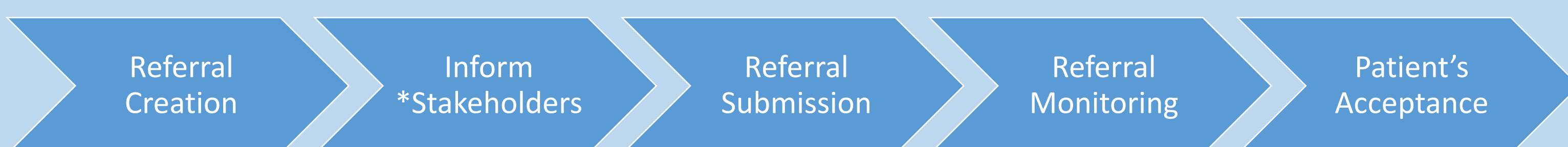


AIM

To improve Turnaround time for patients discharging to Community Hospital

The role of putting up Community Hospital (CH) Referrals traditionally rests upon the ward nurses. For patients requiring continuing care at CH, a CH referral would have to be put up via the AIC online system. The whole CH referral process can be very tedious as nurses have to liaise with various stakeholders to log in to the system to provide their inputs, constantly track the referral for completeness before they can submit the referral to AIC. After submission, they would have to monitor constantly for queries from the CHs and ensure that all queries are duly and timely answered.

Timeliness in putting up the referrals as well as ensuring completion for submission is of paramount importance as we constantly face bed crunch in the hospital due to lack of prompt discharging of patients. Considering the fact that in 2017, the hospital put up a total of 2184 CH referrals, every day saved will not only help our patients get the optimal care that they need, it also helps another acute patient gets his bed faster.



* Refers to Clinicians, Nurses, Allied Health Professionals (PT/OT/ST/MSW)

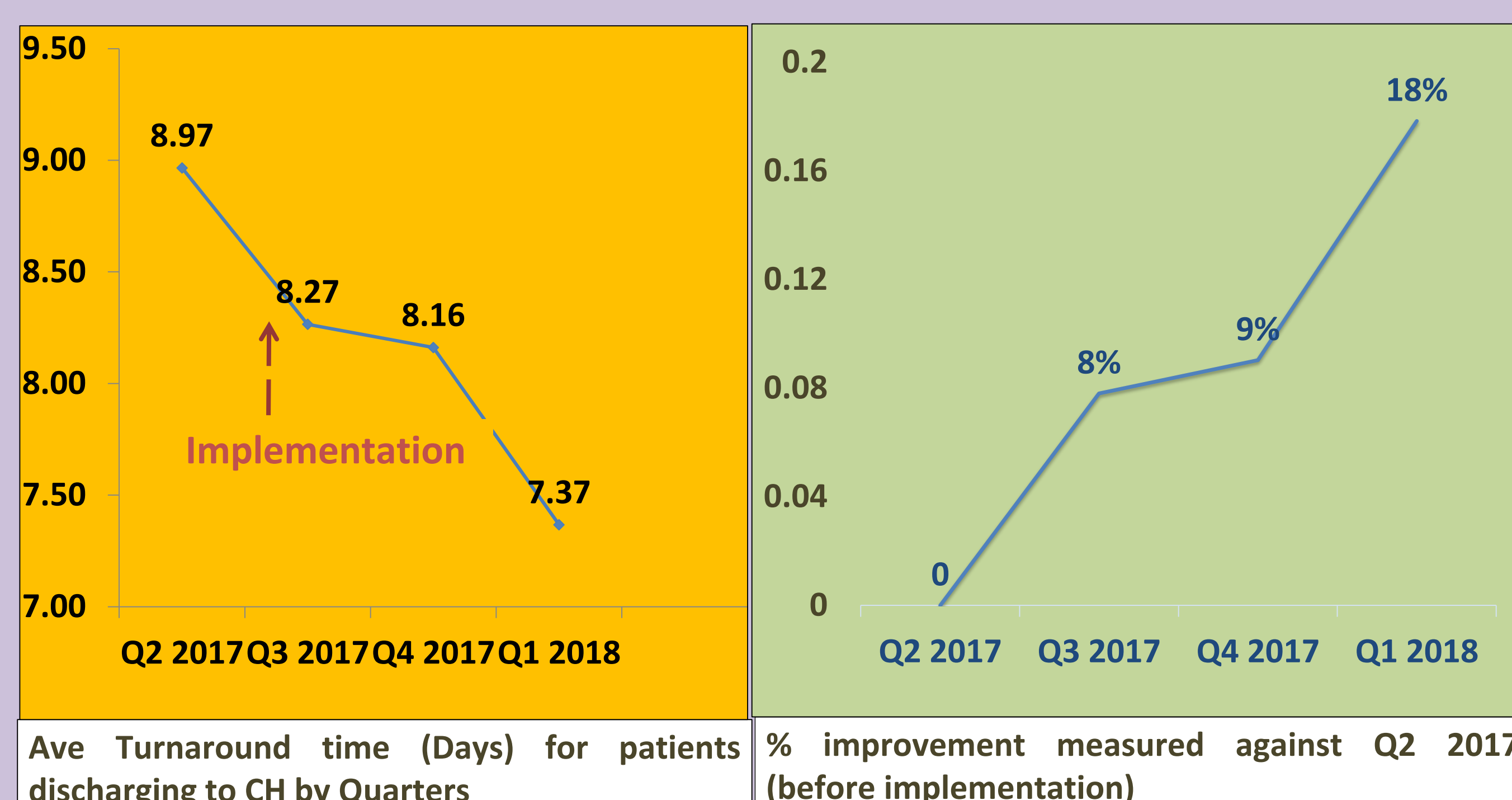


Measures



Before the implementation, average turnaround time (TAT) for patients discharging to CH was 8.97 days (Q2 of 2017). This means that it takes about 8.97 days after referral submission for patients to be discharged.

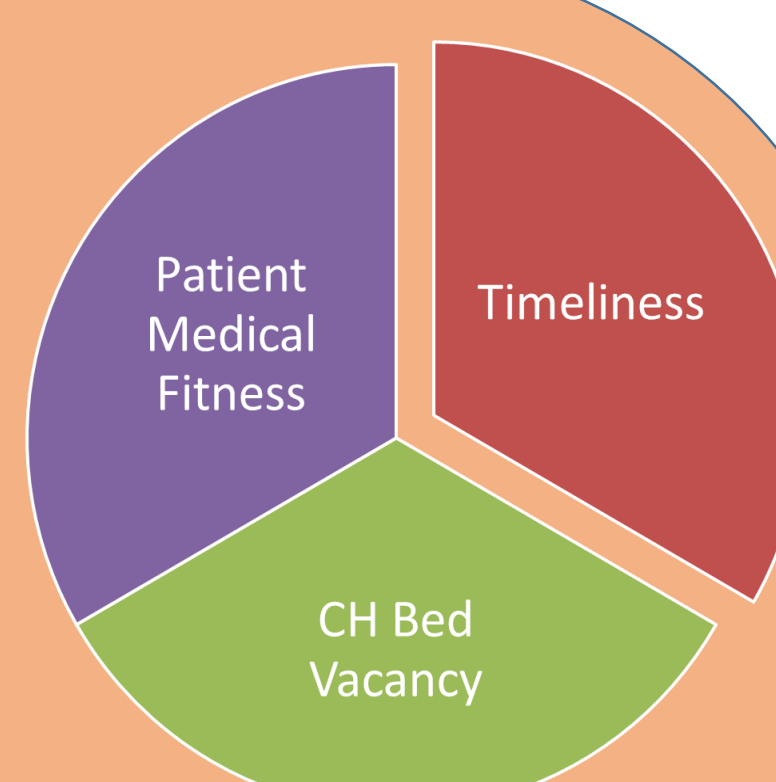
After the full implementation in July 2017, the TAT dropped to 7.37 in the 1st quarter of 2018. Comparing the % improvement against Q2 2017 (before implementation), there is an 18% improvement in TAT by Q1 2018



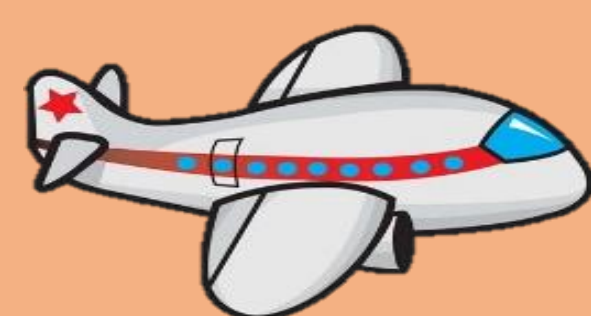
Changes

Turnaround time is dependent largely on 3 main factors:

- 1) Patient's medical fitness
- 2) Timeliness in creating and submitting the referral
- 3) CH Bed Vacancy



We targeted on improving on timeliness since this is the only factor within our scope and control



The PILOT

We worked with nursing to train 2 PSA (Admins) initially and a pilot was carried out in 2 wards. We went on to train a few more PSAs and pilot in a few other wards to test the feasibility of the pilot. Initial data showed that we were almost on par with the nurses in putting up the referrals after 3 months of trial.

The project findings were presented to Chief Nurse and COO and we received their endorsement for a full roll out to all wards in Jul 2017

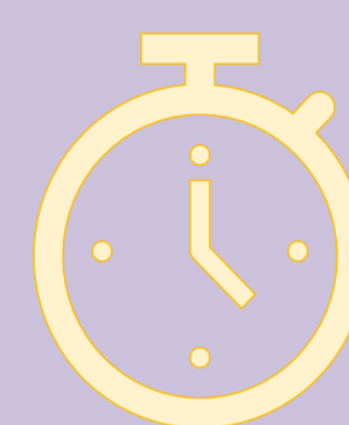
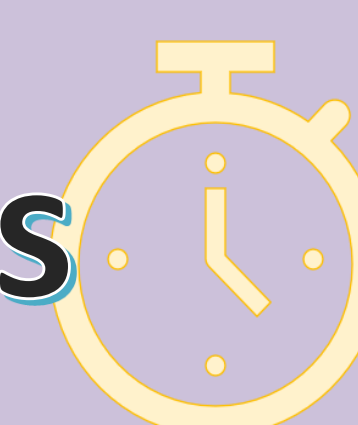
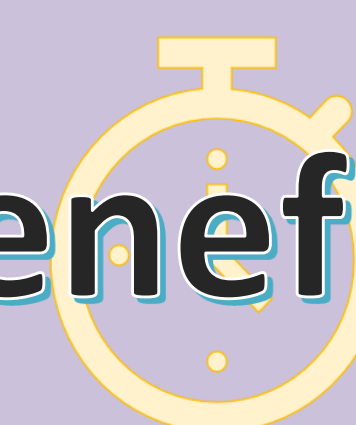
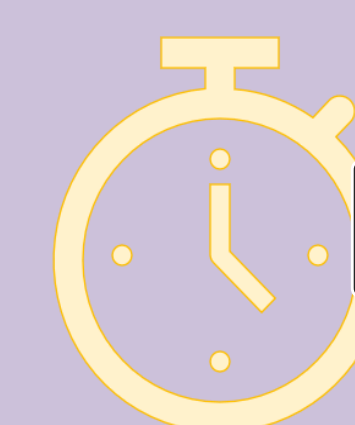
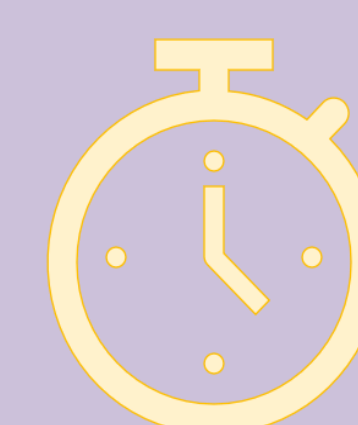


Number of days a patient stays after submission of CH referral:

PSA Admins	
Total No. of cases	18*
Total No. of Patient Days taken in a month	153
Average No. of Patient Days taken /case	8.50
Staff Nurses	
Total No. of cases	66**
Total No. of Patient Days taken in a month	576
Average No. of Patient Days taken /case	8.73

*Removed 1 outlier

**Excludes Hip Fracture cases



Benefits

Patient

- More Timely Continuing Care Institutions
- The bed freed up is used for another patient

PSA

- Upskilling and optimization of existing manpower
- Increased value in the ward
- Better staff morale

Nursing

- Less administrative tasks
- Better patient focused care

Hospital

- Augment Decongestion Efforts of Hospital
- Increased inter-department engagement



Sustainability

To train all ward PSAs



Scalability

Can be expanded to include Nursing Home Referrals or other AIC referrals

Conclusion

The implementation of this project has not only played an important role in the decongestion of the hospital, but also allowed better use of resources and manpower in the hospital. At the same time, patients are right-sited faster to the CHs. As a result of this project, we are also able to look into the processes and streamline them so that we can continue to work towards improving bed turnaround time.

