Changi General Hospital SingHealth

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Reducing Transfer Time for Newly Admitted Patients

Aim(s) (Project Background)

With the high occupancy of the hospital beds and a daily average of over 100 admissions from Emergency Department (ED), the hospital is always faced with a high demand for beds. This means that patient who are admitted will not be able to get a bed immediately. Patients who are admitted for further observation or investigations will have to be lodged in our ED till there is a bed ready. Depending on the functional bed occupancy rate in the hospital, patients will have to wait for hours before they will be assigned a bed. Furthermore, the process of transferring patients from the ED up to the ward takes time, as nurses will need to handover the case as well as ensuring that patients are in stable conditions to make the transfer and etc. Thus the whole process from admission to occupying their assigned bed in the ward will take quite a long time.

Thus Bed Management Unit (BMU) aims to reduce the wait time for patients to be transferred from our ED up to the ward. This will enhance our patient care as it will allow the patients to get proper rest in a ward setting and ensure our care team to administer their treatment and care to them in the ward setting .

Changes (Methods)
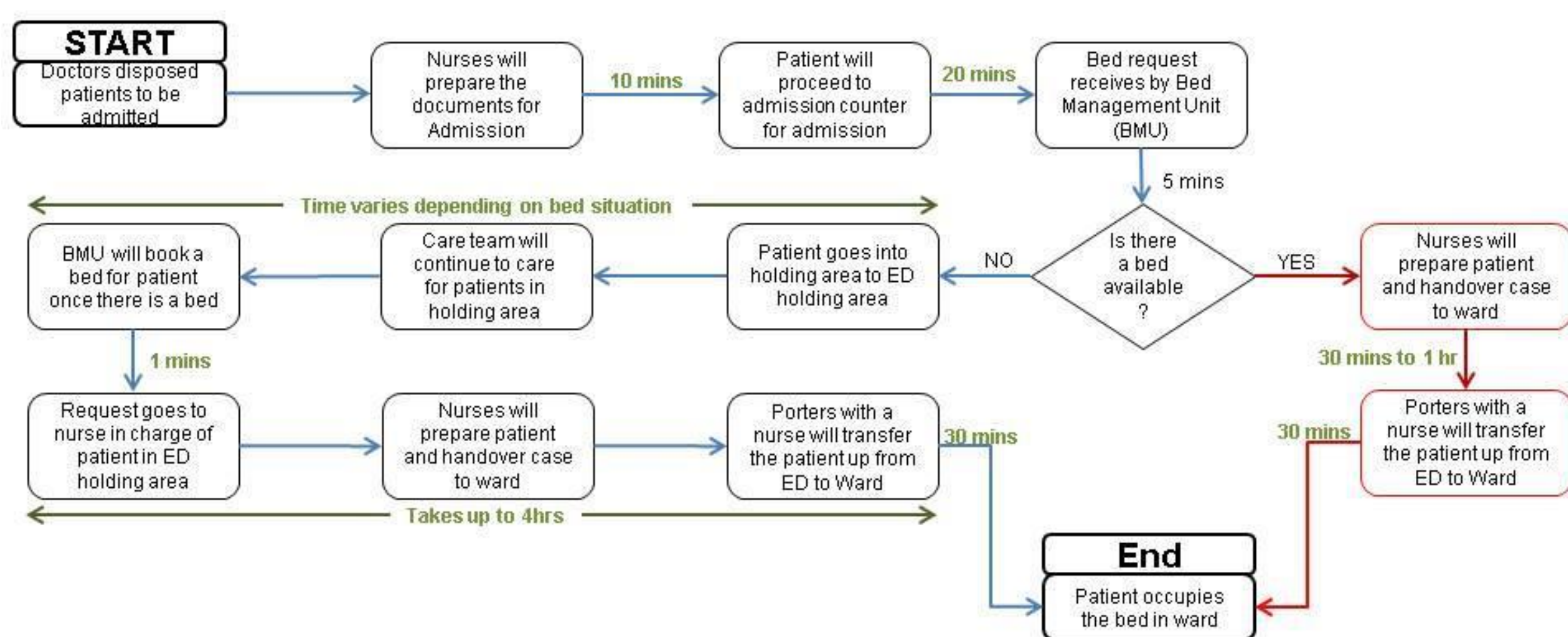
Using lean management or value stream mapping approach, we drew up a step-by-step process of patient's journey from the start of admission till patient occupying the bed up in the ward. From this, we saw that from the time the beds are booked till patients being transferred, it takes up to four hours or more. This is a gap identified that BMU specialists can intervene, not compromising care rendered to patient.

After a few brain storming sessions, BMU came up with an additional role, to have someone to keep track of these patients and beds. The tracker role is to follow up with the beds that have been booked for patients till the time these patients have been transferred. 1 staff was physically deployed into the ED holding area as a physical tracker. With the Plan Do Study Act (PDSA) approach, this role has been enhanced and refined over time.

Problem statement 1:
Unclear reason(s) for delay in patient occupying bed after booking

Problem statement 2:
Reason not visible to others who needed the information

Problem statement 3:
Utilization and missing data of reasons stated

Upward moving trend

Measures (Results , Outcomes and Figures)
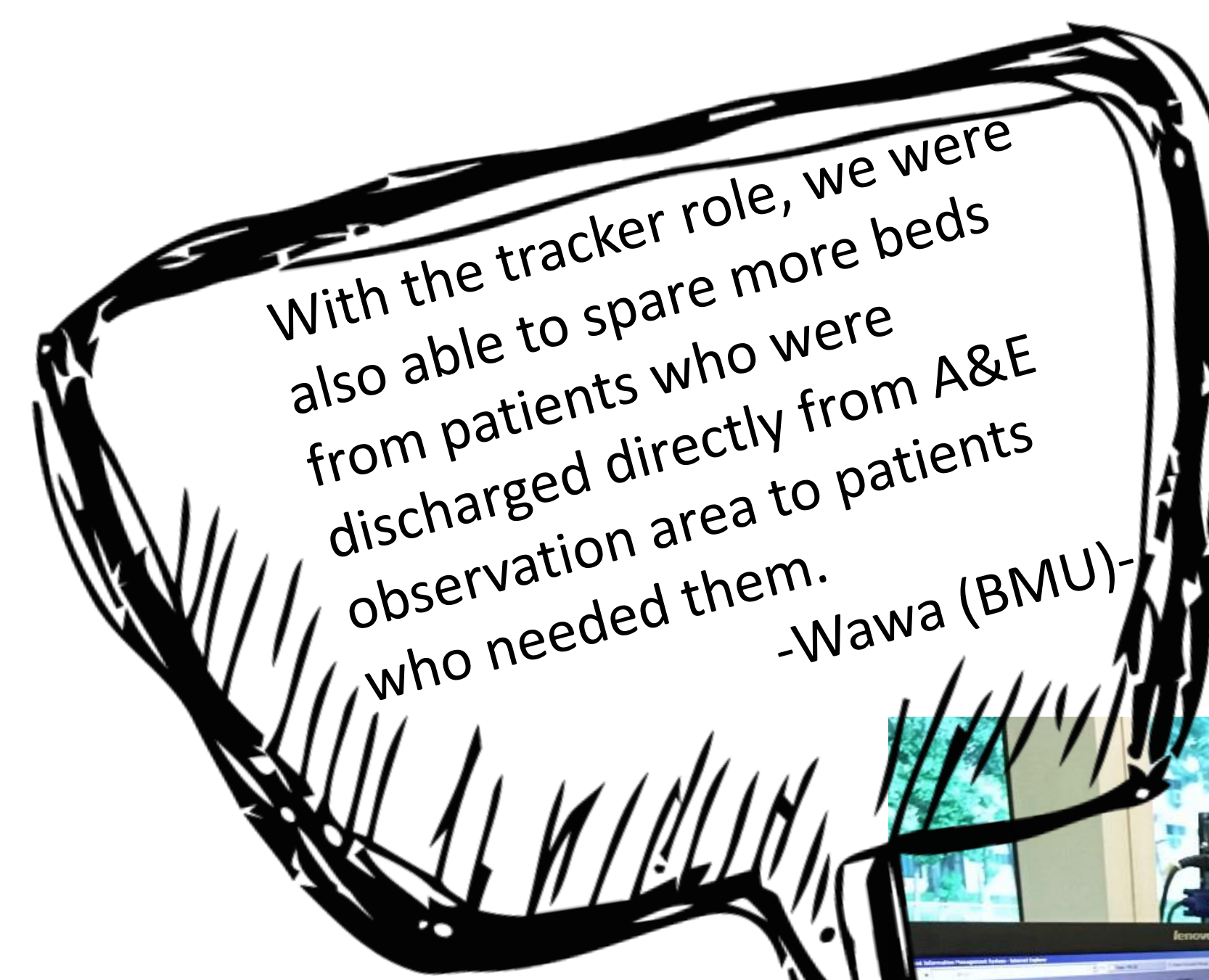
Structural Indicators:

- Generating a list of patients who have beds booked and awaiting for transfer
- Accurately documenting and storing of bed status of patients pending for transfers in PIMS

Process Indicators:

- Accurately tracking time of patients waiting to be transferred through PIMS
- Reduction of complaint cases (relating to bed waiting time) from admitted patients by 50%
- Effective utilisation of manpower to track patient using PIMS instead of deploying them in ED holding area

Outcome Indicators:

- Reduced time of transfers from 4 hours to 2 hours
- Reduce number of patients in ED holding area to have a better environment for patients who are still awaiting for beds
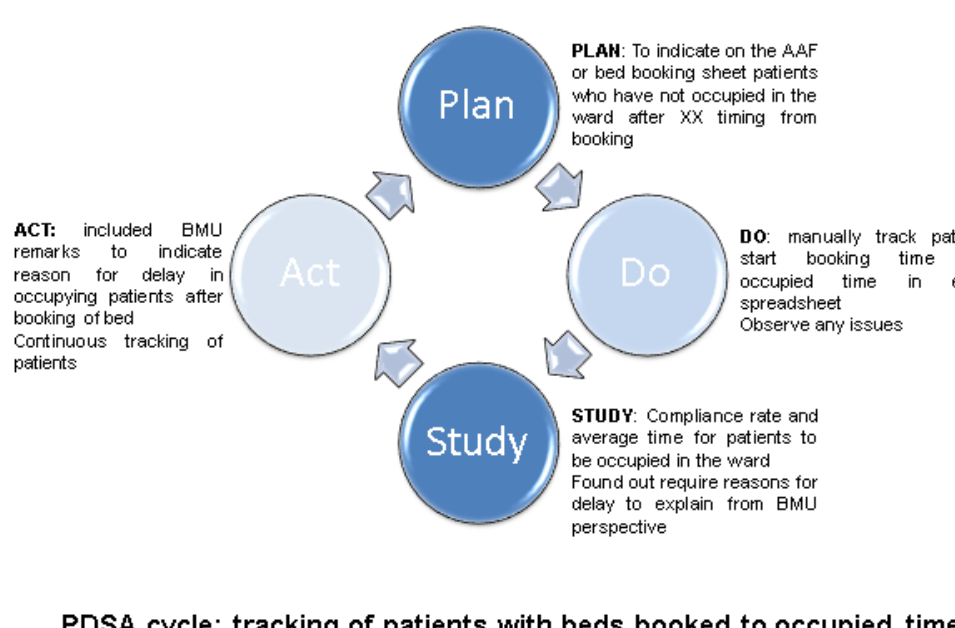
With the tracker role, we were also able to spare more beds from patients who were discharged directly from A&E observation area to patients who needed them.
-Wawa (BMU)-

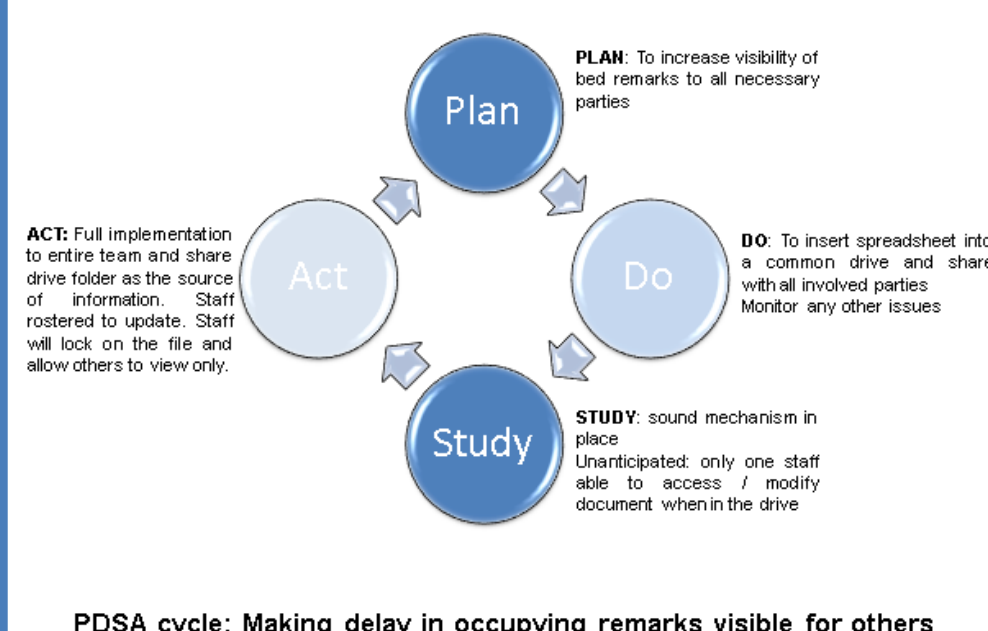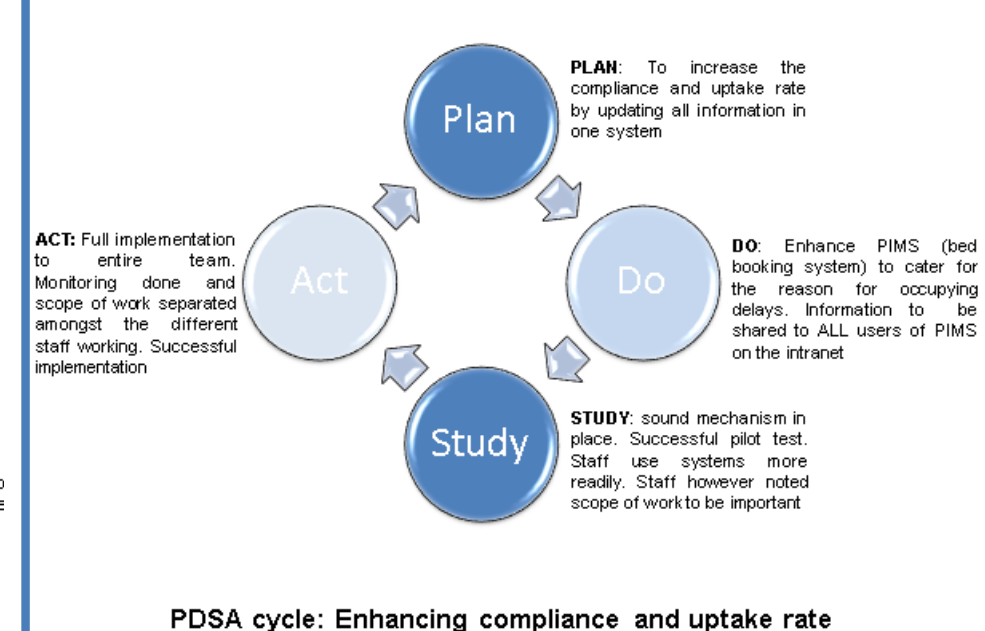*BMU Specialist typing in tracking remarks in PIMS after the system enhancement*

Conclusion

Through this project initiated by Bed Management Unit (BMU), it has definitely helped reduce the wait time of transfers of patients from ED holding area to the wards. This in turn has reduced the overall time of patients' journey from their admission to when they occupy a bed in the ward.

We started out with the intention to improve patient's satisfaction by reducing the time of transfers, however we have seen that this has improved our internal stakeholders' satisfaction as it helps to free up more space in the holding area and proper care can be administered to patients there.

Although there were many obstacles and we had to come back to the drawing board a couple of times, the current state of the trackers role is significant as it allows BMU to also have a better overall view of the patients who are newly admitted.

Moving forward, we will be looking to further enhance PIMS with alerts and indicators to be more efficient in us tracking the patients.