

Introduction

The Care & Health Integration (CHI) Clinic was established in CGH Specialist Clinics in 2015 with the aim of consolidating patient care from multiple specialties to reduce patients' hospital visits and progressively site them in primary care where possible.

Problem Statement

Low referral rate to CHI clinic :

1. The Weekly Patient List distributed to doctors that flags up patients with complex needs, does not contain work instructions. Doctors may not be aware of the next required actions upon receiving the list.
2. Lack of objectives, information about CHI and limited consult time, doctors encounter difficulty in explaining to patients the efficacy of CHI treatment plan, hence undermining patients confidence in enrolment.

Aim

To improve the referral rate to CHI clinic from **20% to 40%** by 31 July 2017.

Methodology

1. A survey was conducted to find out the level of understanding of CHI clinic. These clinics were chosen due to lowest % of referral rate to CHI, i.e. Cardiovascular Medicine – 10%, Endocrinology – 69%, Gastroenterology – 74%.
2. The enrolment rate of CHI was measured across 6 months pre-implementation from October 16 to March 17. The average enrolment rate was found to be 19% of the patients referred.
3. Based on the findings from the survey, work instructions were added to the Weekly Patient List for Patient Service Associate (PSAs), nurses and/or doctors to follow through a CHI referral.

Follow-ups reconciliation								Name of attending Doctor in the room		
Please tick Yes or No & add Remarks (when necessary).										
Patient NR	Dept	Clinic	Room	Service Provider	Appt Date	Appt Time	Patient Name	Yes	No	Remarks
S1234567A	PESD	Clinic A - Level 2	SA7	SAY JIA HUEY	7/10/2017	10:45:00 AM	John Tan			
S1234567B	PESD	Clinic A - Level 2	SA7	SAY JIA HUEY	7/10/2017	10:30:00 AM	Brian Lee			
Clinic A - Level 2 - pg 6/6										

The patient/s stated on this list is/are being seen at multiple specialties. To consolidate care, the OGH Continuity Care Clinic (CCC) can reconcile their stable chronic follow-ups at their clinics, when 2 or more specialties are agreeable.

Dear Doctors: Kindly assess if these patients are **stable and suitable** for this reconciliation by filling up the columns above.
Please hand the completed form (and care plan, if any) to the staff nurse or PSA in-charge, preferably after this clinic or latest within one week. Thank you.

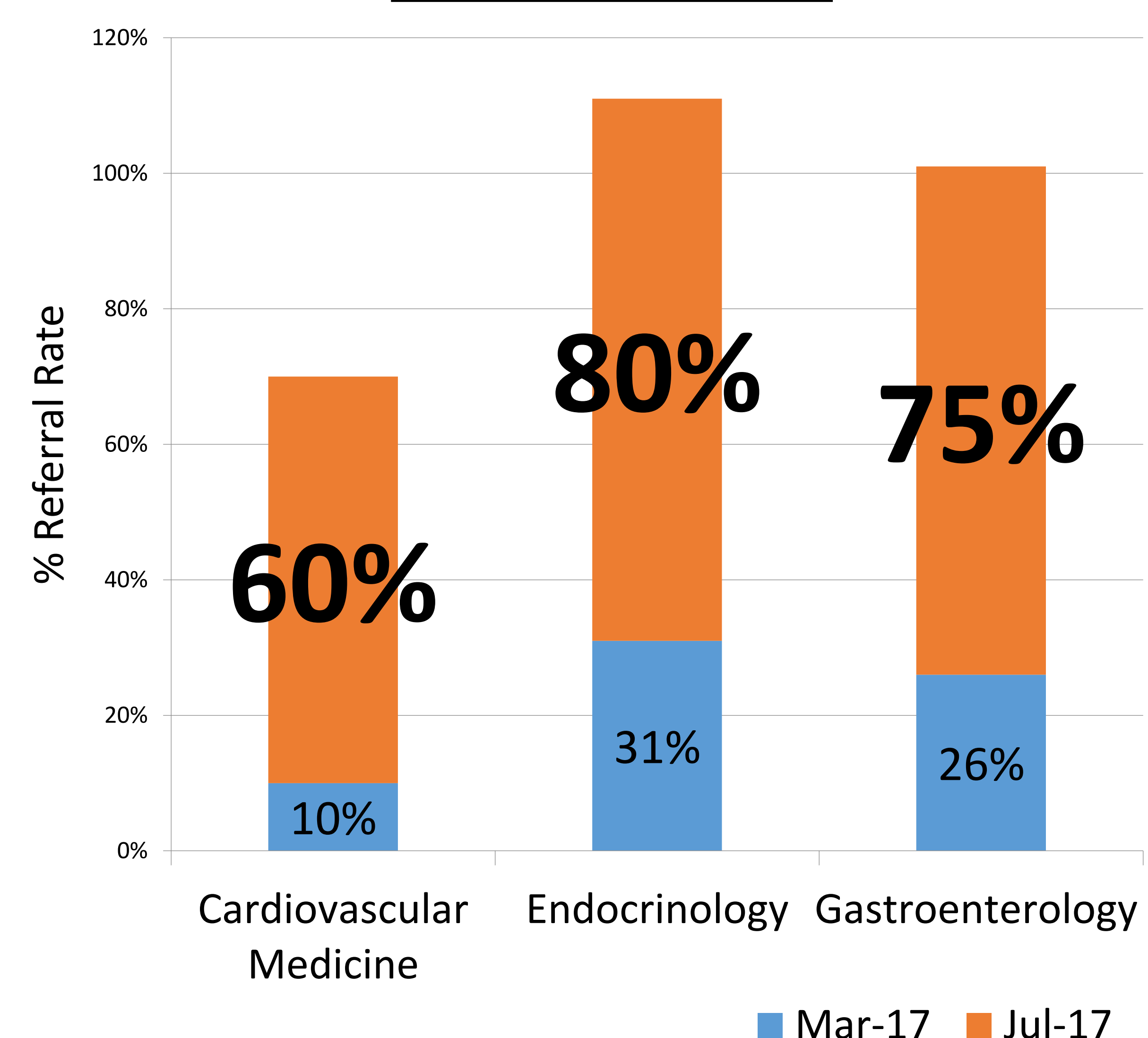
Dear PSAs and Nurses: Thank you for being part of this care process by placing this list daily for the doctors' evaluation.

Results



- ✓ Overall referral rate to CHI by the 3 specialties improved by an average of 50% over 3 months post-implementation.
- ✓ Overall enrolment rate to CHI remained at about 20% 3 months post-implementation despite the 50% improvement in referral rate. This is due to the fact that patients were not suitable for transfer of care after assessment by CHI clinicians.

Referrals to CHI clinic



Conclusion

Changes & Benefits

- 1) Specific work instructions on Weekly Patient List
 - ✓ PSAs retrieve the correct CHI Patient List and hands it for doctors evaluation
 - ✓ Doctors act on the list and to assess patient's referral suitability
- 2) Comprehensive understanding of CHI clinic
 - ✓ Doctors minimise loss of potential referrals to CHI
 - ✓ Confident patients in enrolment
 - ✓ Communicates assurance to patient on specialisation of CHI doctors, quality system in transfer of care and customisation of