



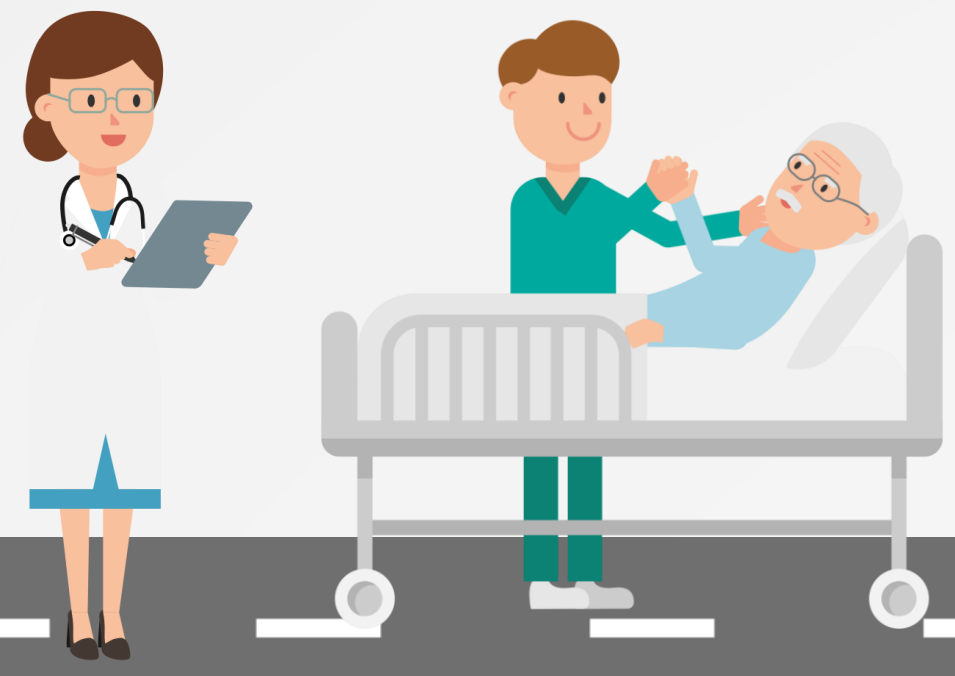
# Improving Transfer Process from TTSH to Central Community Hospitals (AMK-THKH and RCCH)

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## Background

The Acute Hospital to Community Hospital (CH) transfer process should be a seamless experience to encourage prompt right-siting of patients and save acute bed days. This can be achieved through shared care approaches and reduction of unnecessary administrative processes.

The average wait time for patients transferred to all CHs has been at 5 – 6 days for the past 4 years (FY14 -FY17). On average, a referral takes 0.9 – 1.4 days to be assessed and accepted, and another 4.1 – 4.5 days before the patient is transferred over. Waiting for CH beds affects right-siting of care, acute bed occupancy throughput and timely admission of patients from ED.



## Methodology

1. A **project team** comprising cross-functional representatives from Tan Tock Seng Hospital (TTSH), Ang Mo Kio - Thye Hua Kwan Hospital (AMK-THKH) and Ren Ci Community Hospital (RCCH) was set up to conduct a Value Stream Mapping Exercise to better understand what was causing a long waiting time for a CH.
2. A series of **Empathy Studies** was conducted to gain an empathic understanding of the experiences, motivations, needs and pain-points of our patients, next of kin (NOK) and staff. A total of 21 patients, 10 NOK and 22 inter-disciplinary healthcare professionals were interviewed.
3. A **Current State Mapping** was conducted on the process steps involved in referring to a CH, to identify the wastes, root causes and improvement opportunities.
4. This was followed by a **Future State Mapping** to co-create solutions for a more efficient and streamlined referral and transfer process for all stakeholders.



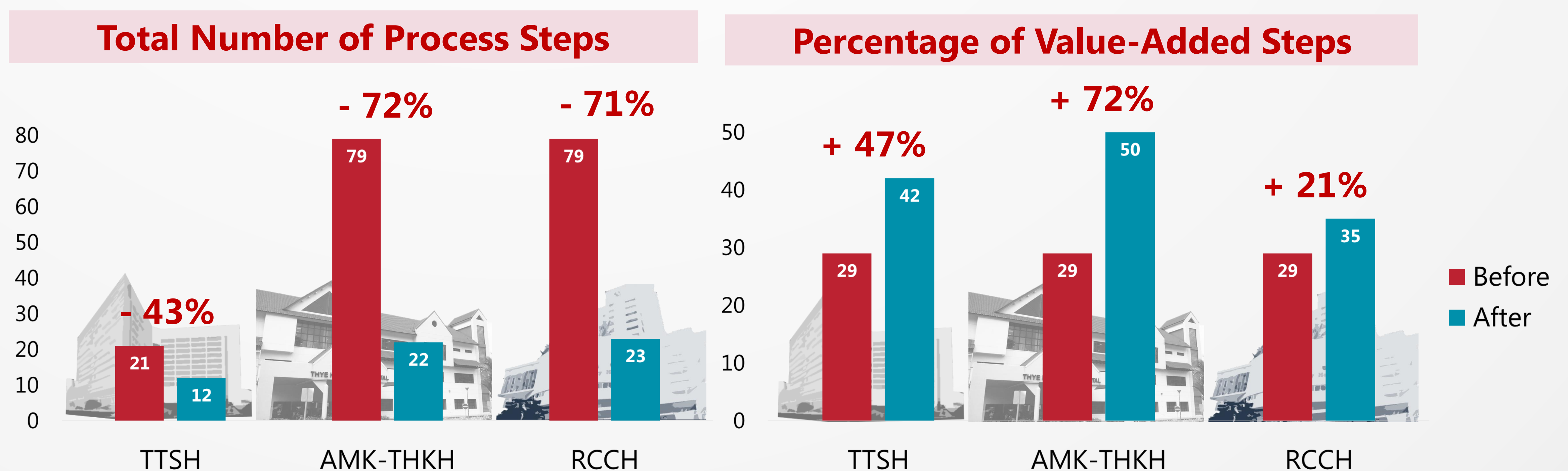
## Strategies

Three key strategies arose from the Future State Mapping:

1. **Streamline the Transfer Process** through two approaches:
  - Simplify referral process by tapping on common EMR
  - Proactive communication on unfit status by RH to CH
2. **Develop a Total Communication Approach** to align the positioning of CH to patients and NOK
3. **Agree on a Transfer Screening Guide** to determine patient suitability for CH

## Results

With the optimised transfer process, there was a reduction in process steps and increase in value-added steps, as shown below:



## Conclusion

High trust and close collaboration among stakeholders are crucial in process improvement. The team envisions to optimise the transfer experience with shared care protocols, with minimal referral vetting and timely physical transfer to CH.

