Streamlining Care Arrangement Referrals Through Delineation of Roles Between Medical Social Workers (MSW) and Patient Navigators (PN)

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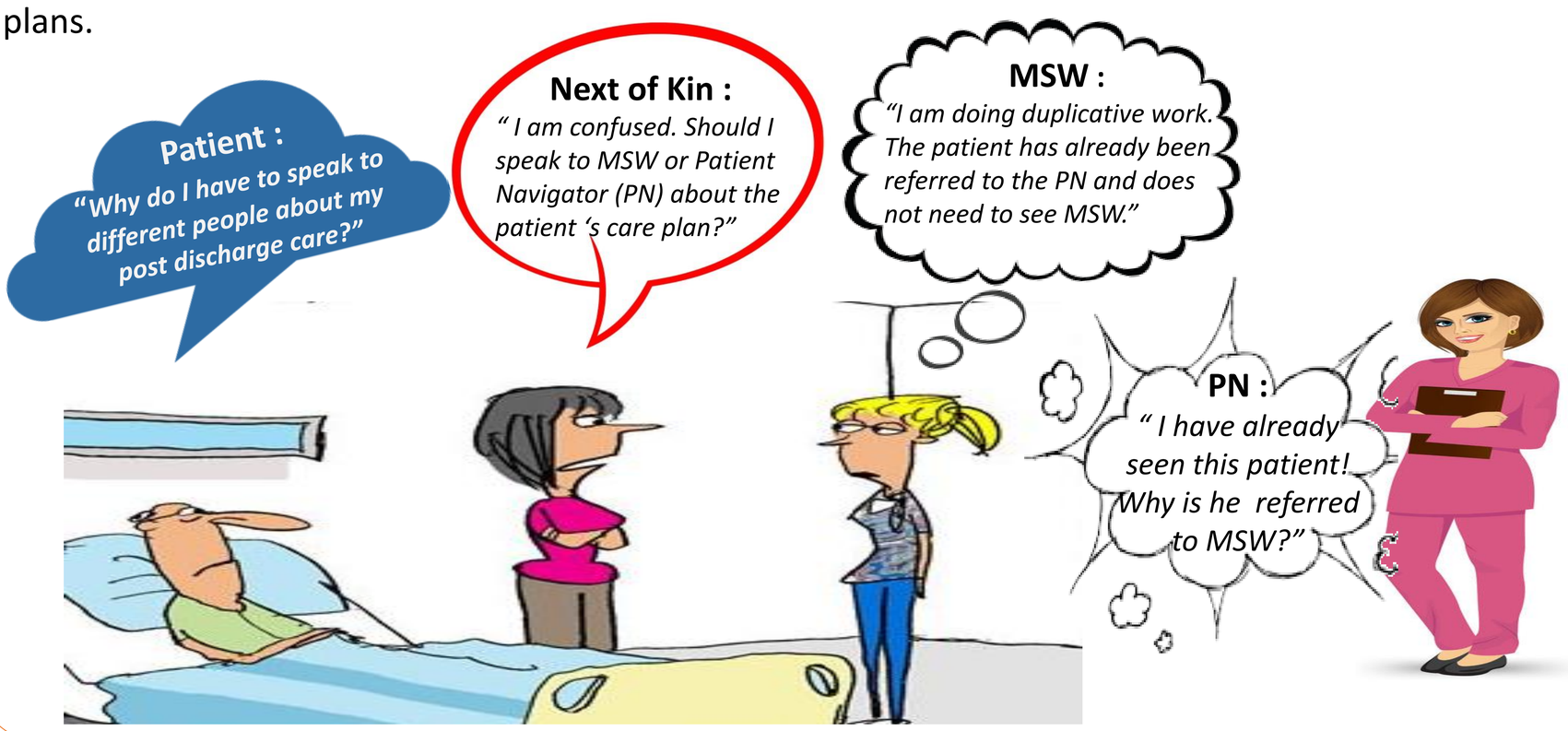
Background

Duplicative care arrangement referrals were made by the wards due to a lack of clear delineation of roles between the PNs and MSWs. In addition, it resulted in a fragmented patient experience as patients expressed frustration and confusion over speaking to multiple parties regarding their care plans.

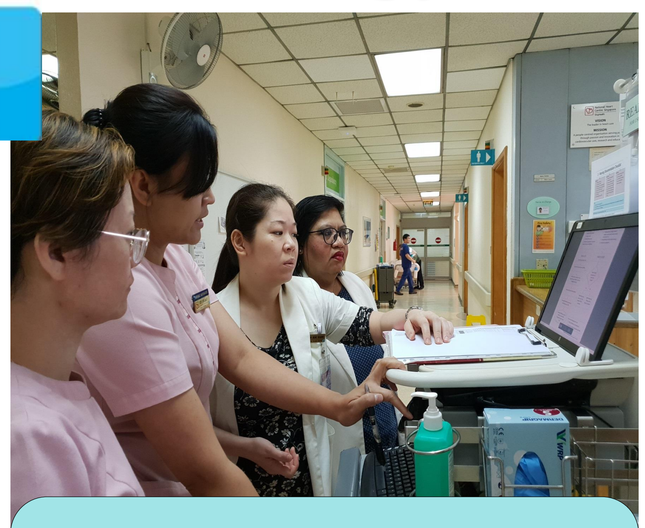


Our Aim

- For patients to have a single point-of-contact for arrangement of post-discharge care.
- Achieve time savings through the reduction of duplicative care arrangement referrals.
- To establish clear delineation of roles between PNs and MSWs to ensure right siting of care arrangement referrals.

Methodology

1



Meetings with Patient Navigators to streamline workflow

2

Roadshows were held to present the streamlined workflow and to obtain buy-in from the various stakeholders.

Solution

Patient admitted to general ward

PN screens the following patients from:
1)MOH Daily Admission & Readmission list
2)Referrals by the medical /nursing/allied health team

PN Conduct assessment

PN develops discharge plan for the following cases:

- Poorly controlled chronic disease
- Non-compliance to treatment plan
- Caregiver issues
- Potential discharge issues
- Placement arrangement

PN assists with the referral to step down care facilities

PN refers the patient to MSW for the following issues:

- Subsistence
- Outpatient bills and equipment cost
- Psychoemotional issues (Suicide, domestic violence, sexual assault, substance abuse, mental health etc)
- Social Challenges (Family conflicts, housing)
- Nursing Home Applications

MSW attends to referral

There is a clear delineation of roles between the PNs and MSWs to facilitate right siting of care arrangement referrals.

MSWs attend to patients who are identified to have complex social issues and psychoemotional concerns.

PNs manage patients who require assistance with placement referrals as well as psychoeducation on their medical conditions.

Results

From July 2017 to February 2018, the department managed to achieve manpower savings of 0.66 FTE through the reduction of duplicative care arrangement referrals.

The time savings achieved through the project has allowed the MSWs to embark on other value-added work, such as provision of psychoemotional counselling, research and education projects.

		Before Implementation	After Implementation
1	Care Arrangement Referrals per month	57 cases	23 cases
2	Total Time Taken (1 case – approx. 3 Hrs)	57 cases x 3 Hrs = 171 Hrs	23 cases x 3 Hrs = 69 Hrs
3	Time Savings	-	171 Hrs – 69 Hrs = 102 Hrs
4	FTE Savings	-	102 Hrs / 155.4 Hrs = 0.656 FTE*

1224
Man Hours Saved Per Annum

Conclusion

The success of the project is largely contributed to the following:

1. Shared vision of providing quality care and seamless experience to our patients
2. A collaborative relationship among Medical Social Services (MSS), Nursing, Medical and AHP Teams.