



**Singapore Healthcare
Management 2019**

Enhancing Transfers to Community Hospitals via Fast Track & Communication Redesign

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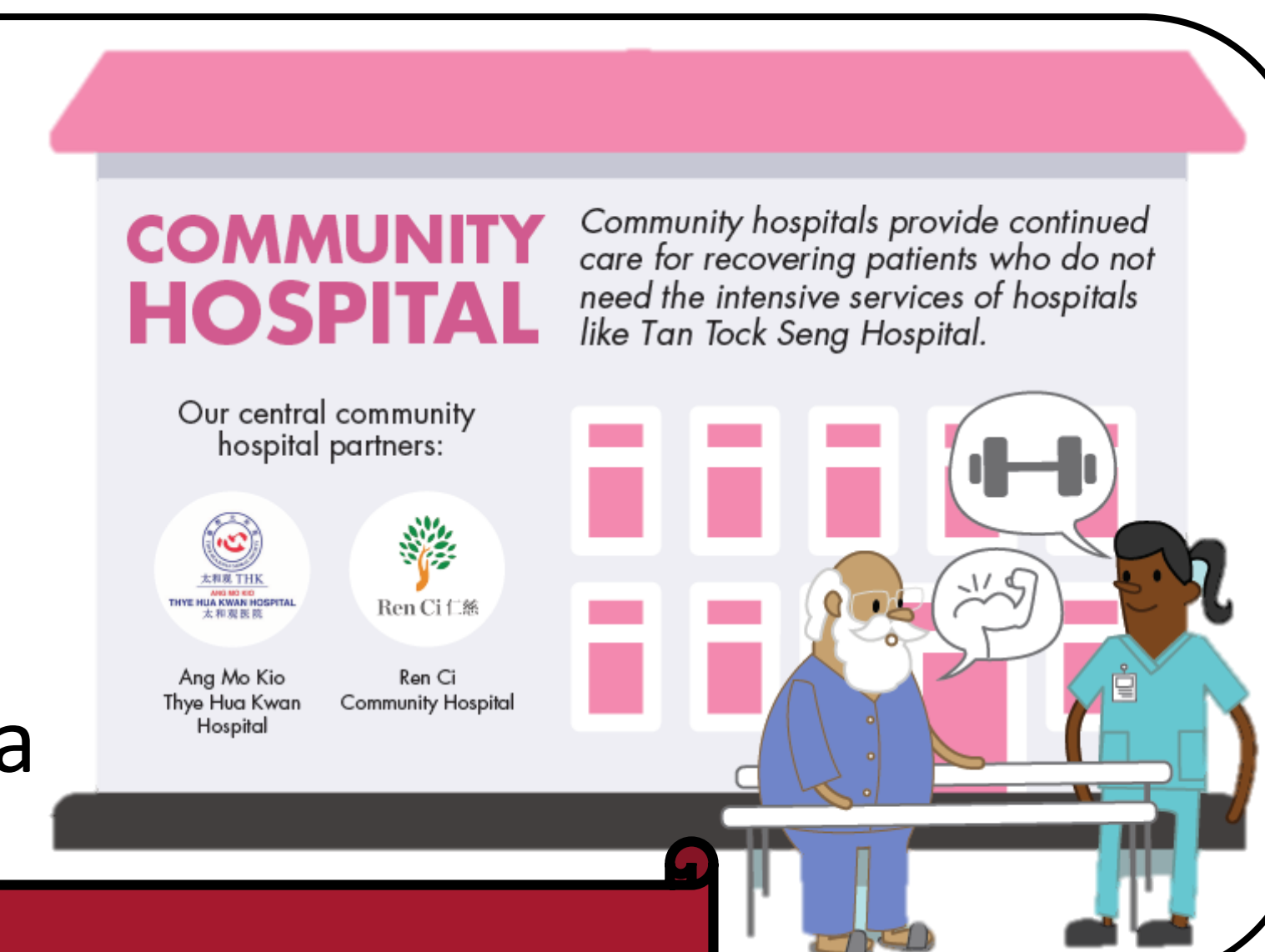
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BACKGROUND

- About 5% of TTSH patients are discharged to Community Hospitals (CH) for rehabilitation and recovery. However, the transfer wait time (TAT) was 5.5 days (FY17) for each case.

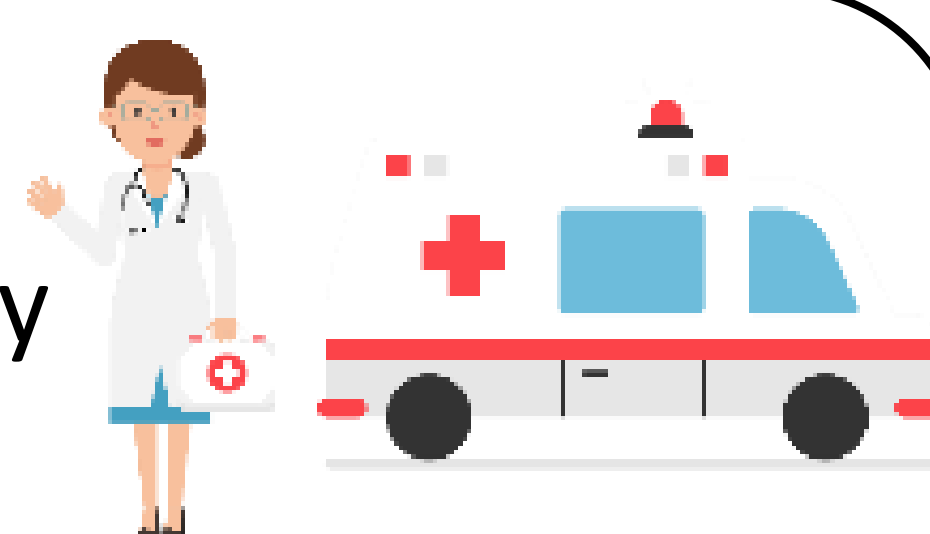
Problem: Delay in transfers affect acute beds availability!

- If these cases had been able to transfer within 1 day, the acute bed days potentially avoided in a year could have been **12,443 acute bed-days** in FY17 (2765 cases x 4.5 days).



AIMS & OBJECTIVES

- Reduce transfer wait time to Community Hospital (CH) by
 - Eliminating duplicated work processes
 - Reducing multiple re-work (clarifications) process
- Increase uptake to CH by increasing awareness on CH capabilities
- Reducing unnecessary acute hospital bed days leads to overall lower healthcare utilization costs.



4. Enhancing Communications on CHs

- Empathy studies were conducted to understand the lack of understanding regarding CHs.
- The team partnered students from Nanyang Polytechnic to develop communication strategies which focused on showcasing the capabilities of CHs. This aims to **build the confidence and understanding of service users about CHs**.

3. Clear communication on transfer criteria

- Pilots were **rolled-out in 2 phases**: Phase 1 (Jul-Aug 2018) for GM & GRM patients while Phase 2 was a hospital wide roll-out from 15 Oct 2018.
- Transfer criteria were fine-tuned to enable medically and socially straightforward cases to be Fast-Track.



METHODOLOGY

1. Process Optimization: Value Stream Mapping (VSM)

- Conducted VSM in 2018 with TTSH's CH Partners - AMKH & RCH (90% of all discharges to CHs) to optimize processes.
- Established joint agreement on clinical inclusion and exclusion criteria, common EMR platform, **bypassing Medical/PT/OT reports** eliminated duplication during referral submission in AIC-IRMS.

2. Shared Ownership

- Following the findings, there was joint agreement to **reframe operations model** from work-in-silos to shared ownership.
- CH partners under Data Sharing Agreement could obtain necessary information directly from shared clinical documentation system to facilitate referral process.
- Dialysis referral flows were harmonized in April 2019.



RESULTS

1. Fast-Track cases achieved 3 days TAT as compared to 4.8 days for non Fast-Track cases

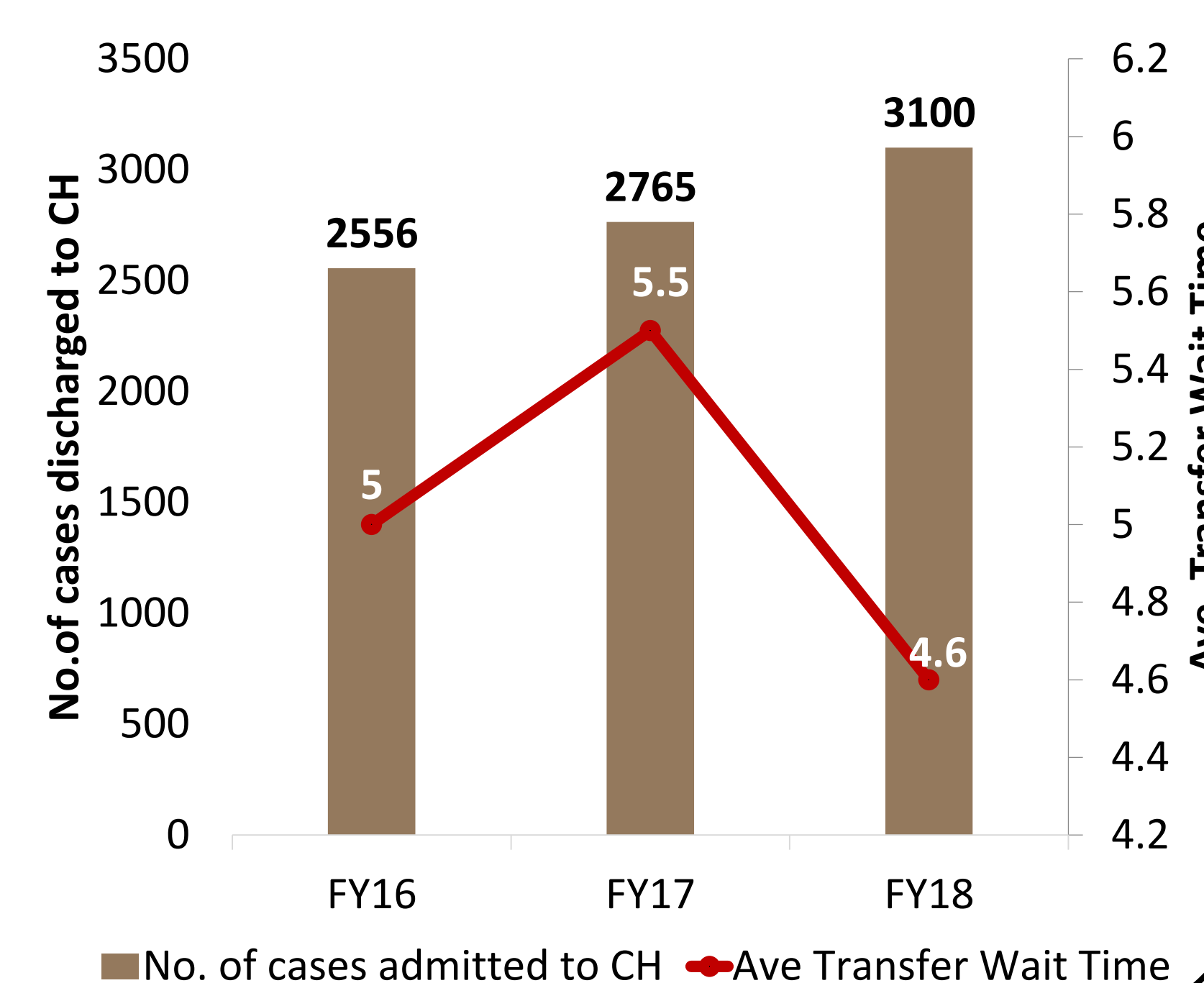
Data period: (15 Oct 18 to 31 Mar 19)	Fast Track cases	Non-Fast Track cases (e.g. dialysis, MDRO)
No. of cases (%)	623 (48.9%)	651 (51.1%)
Transfer Wait time (TAT)	2.99 days	4.82 days
Avoidance / Savings :	2,007 bed-days avoided over 24 weeks (\$2,007,000)	

2) Increase in healthcare professionals' (HCP) productivity

- Omitting duplication of reports into referral system, and;
- Reducing multiple re-work (clarification with service providers) resulted in a reduction of 30 minutes to prepare a referral application, thus, **saving up to 0.3 FTE/year**.



3) Increase in no. of discharges to CH and decrease in TAT



CONCLUSION

- Reduction in transfer wait time by 46% for fast track cases & 12% for non-fast track cases, contributed to a total of 2,007 bed-days avoided within 24 weeks, equivalent to **overall healthcare cost avoidance of \$2,007,000**.
- Apart from cost savings and increase in HCPs' productivity, the project also **enabled the cluster eco-system to strengthen its coordination** and reframed its modus operandi from working-in-silos to shared ownership.
- The team envisioned to expand the number and type of cases eligible for fast track referral process, and also introduce communication strategies to positively **influence the general public's understanding on the capabilities of CHs**.