

# IMPROVING THE REFERRAL AND WAIT LIST MANAGEMENT PROCESSES FOR SENGKANG COMMUNITY HOSPITAL

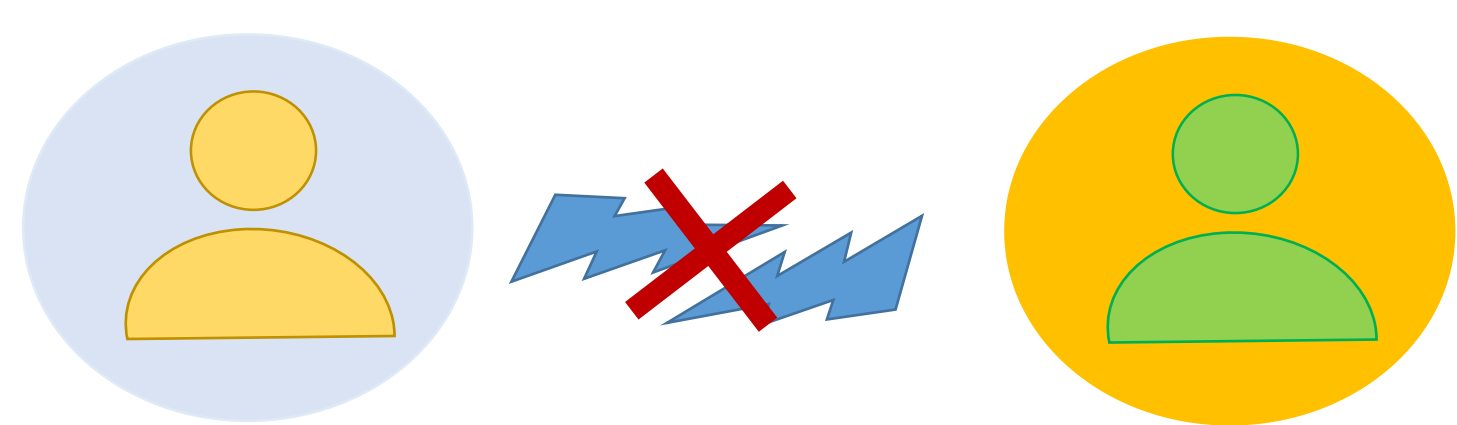
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## Introduction

Timely access to care without unnecessary delay at every stage of the care delivery process is important to ensure patient receive relevant care, appropriate for their clinical conditions.

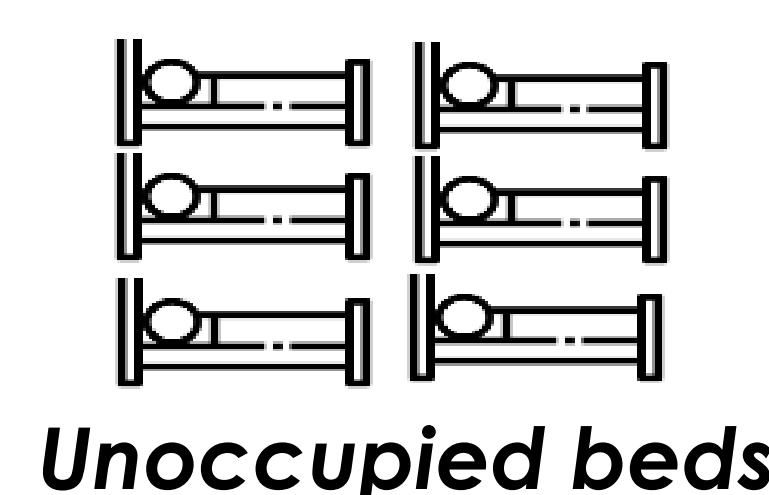
Management of referrals and wait list is crucial to the operations of the hospital so that Sengkang Community Hospital (SKCH) can deliver a seamless care transition for the patients, in close partnership with the general hospitals.

## Background - Identified Areas for Improvement



Lack close coordination and information sharing between SKCH and the acute hospitals on beds available in SKCH

Waiting List	
1. XXX	4. AAA
2. YYY	5. BBB
3. ZZZ	6. CCC



Less-than-optimised use of beds – beds are left unoccupied until next day admission for planned discharges and last minute cancellation of transfer



Increasing average length of stay (ALOS) of patients admitted to SKCH, reducing SKCH's ability to admit more patients

## Interventions Implemented

### Enhancing the Referral-to-Admission Workflow between SKCH and SKH and Other General Hospitals

- Send daily D-1 admission list with SKH Nurses coordinate transfer and replacement should there be last minute cancellations.
- Share SKCH bed availability list with CGH & SGH



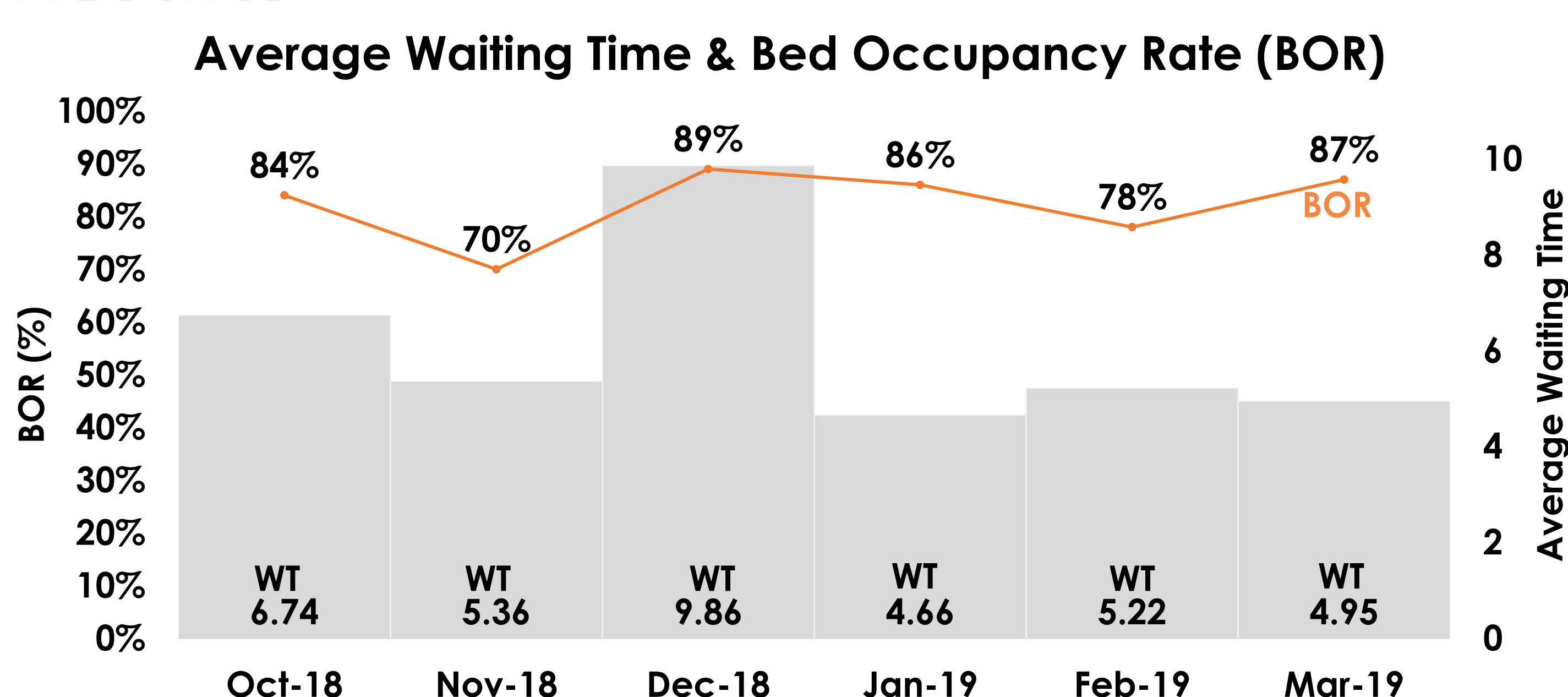
- For last-minute cancellation on date of schedule transfer, SKH Nurses and SKCH BO will schedule another replacement on the same day to optimise available beds
- Collaborate with SKH Ortho APN for early identification of suitable patients to facilitate timely transfer to SKCH



### Optimising Internal Processes To Reduce Length of Stay and Improve Bed Management

- Initiate early discharge planning including actively managing potential discharge issues and implement early interventions to ensure patient's readiness for timely discharge.
- Set-up a Longstayers Workgroup to understand and address reasons causing longer LOS
- Partner AMKFSC to facilitate early discussion on discharge planning for complex patients
- Enable afternoon admissions to optimise available beds by setting discharge time before 11am to allow turnaround of beds for afternoon admissions
- Understand the 'demand' for SKCH beds – taking into consideration MOH's projection for CH beds and SKH ward opening schedules

## Results



## Conclusion

Given the dynamic environment, the referral and wait list for SKCH needs constant review and engagement with the key stakeholders. The current waiting time and BOR continues to fluctuate, though at a smaller variation.

It is important to ensure an optimal BOR that would allow the organisation to operate at maximum efficiency.