Expediting Referrals from KTPH to YCH



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Submit

*Upfront FC

Trigger

Financial

Counsellin

Referral on

Screening

FC accepted and patient is

medically fit for transfer,

Doctor put in transfer orde

referrals



Patient fi

for transfe

Admit

Assignment |

Assignment

Admit

Yishun Health

Clarification

Counselling

Average Turnaround Time (TAT) for transfer = 3.12 days

*Minimal vetting

Screenin

by CH team

Average Turnaround Time (TAT) for transfer = 1.25 days

Background & Aim

- For transfers from KTPH to Community Hospitals, ~90% are admitted to YCH with an average turnaround time of 3.12 days.
- This results in less optimal resource utilisation, as patients would occupy an AH bed that would have otherwise been available for an ill patient requiring admission.

AH Doctor, Nurse

Allied Health enter

information on SCN

AH Doctor identifies

patient early for CH

*Simplified one page

referral form with

defined exclusion

criteria

• We aim to achieve patient transfers within 1 day through our pilot initiatives and joint clinical governance.

Methodology

AS IS

The process of raising referral for YCH via SCM is inefficient because:

- A lot of time spent waiting for referring teams to clarify queries
- Time spent to review referrals may be wasted if Financial Counselling is not accepted

TO BE

Using the PDSA method, we rolled out the expedited referral process progressively. Hip Fracture referrals were also streamlined in accordance to the expedited referral process. They include the following features:

- ✓ Financial counselling before referral
- ✓ Simplified one page referral form
- ✓ Minimal vetting by YCH

Pilot began for patients under General Medicine and Geriatric Medicine. HFU referrals streamlined.

19 Feb'18

Extended to TKR patients.

- Early identification in SOC

17 Sept'18

Extended to Rehab Stroke patients.

Defined inclusion and exclusion criteria

YCH financial counselling done prior to elective surgery / admission to KTPH

18 Mar'19

Extended to all patients under Orthopaedic Surgery



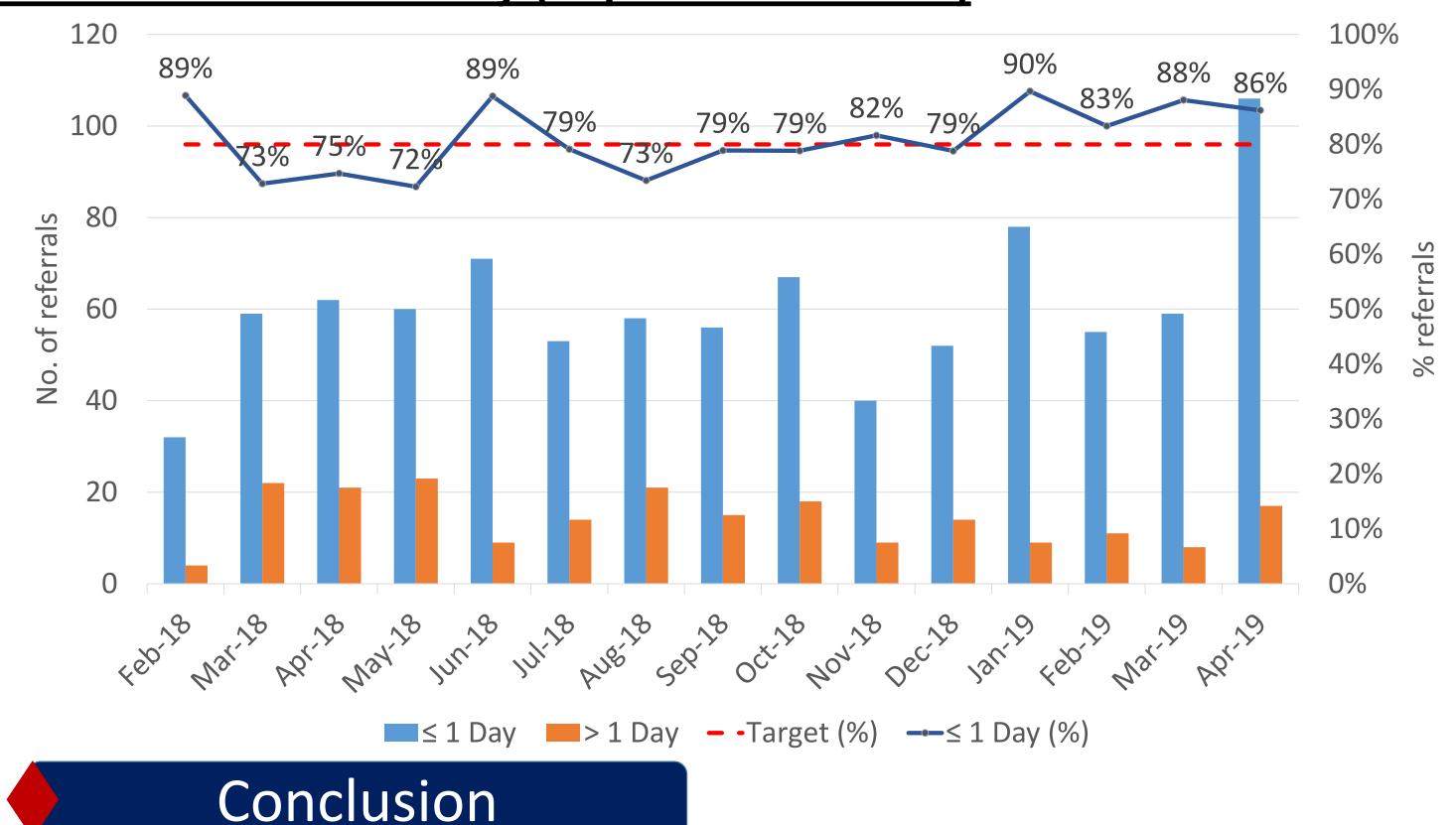
Turnaround time is measured from the date of referral submitted by KTPH, to the date of admission in YCH.

Turnaround time (TAT)

For the expedited referral process, the turnaround time (TAT) was shortened by 60% on average.

Between Feb'18 to Apr'19, the average TAT for the non-expedited workflow was 3.12 days, whereas the average TAT for the expedited workflow is 1.25 days.

% Transfers within 1 day (Expedited referrals)



Project Impact

For the period Feb'18 to Apr'19, we transferred a total of 1123 patients using the expedited workflow. This has resulted in productivity savings of **2100** patient days, and an average manpower savings of 70.4 hours per case.

Extended to all KTPH – YCH

15 Apr'19

Process step	As is (per case)*	To be (per case)	Avg time savings	Manpower savings
Referral form completion	27.5 hours	4 hours	23.5 hours	KTPH Drs, Nurses. Eliminated inputs from PT, OT, Case Managers, MSWs
Referral screening and clarification	61.4 hours	14.5 hours	46.9 hours	KTPH & YCH Drs, Nurses, MSWs

*Based on random sampling data of 30 cases in 2017

Sustainability

- The joint governance committee continues to meet every month for review and to obtain feedback from stakeholders. The committee aims to reduce any kinks from the expedited referral processes.
- With a single Operations team and joint governance, we will continue to streamline our processes.
- The team has recently converted the process to a simplified e-referral form, and is working on maintaining and/or improving the outcomes on the new platform. We also seek to achieve 80% of AH-CH transfers within 1 day.
- Our project ties in with YH Strategic Plan 2020 Actionable Front 1 and 8: Campus Flows, and Hassle Free Administration.
- The team seeks to bring together a multidisciplinary team to value add for our patients by eliminating muda in the whole referral process and making patient flow seamless.
- We envisage long term goals of having an Integrated Clinical Care Model, shared Electronic Medical Records and a seamless "ward-to-ward transfer" concept from AH to CH.