

# Singapore General Hospital (SGH) – Bright Vision Hospital (BVH) Hip Bundle Collaboration

Rajashulakshana<sup>1</sup>, Tan SY<sup>2</sup>, Grace Lim<sup>1</sup>, Joyce Koh<sup>2</sup> Nursing Division<sup>1</sup>, Department of Orthopaedic Surgery, FMCC<sup>2</sup> Singapore General Hospital, SINGAPORE



### Background

Hip fractures are countenanced as a catastrophic event requiring surgical intervention in acute hospital followed by rehabilitation in community hospital. Ensuring continuity of care between the two institutions are vital for a good patient outcome.

The project seeks to study how transfer of patient care can be made seamless in the hip bundle collaboration between SGH and BVH. The SGH-BVH bundled collaboration is limited to patients above 60 years old with solitary hip

# SOLUTIONS

The tree diagram shows a convenient snapshot of the pareto causes that has been addressed to reduce length of stay.



### fractures.

# AIMS

- 1. To reduce the monthly median length of stay in BVH for hip fracture patients transferred from SGH from 37 days to 20 days within a year.
- 2. To reduce the unnecessary readmissions associated with hip fractures.
- 3. To increase the Modified Barthel Index(MBI) score for hip fracture patients in BVH upon discharge.

### ANALYSIS

The run chart below shows the monthly median length of stay in BVH for hip fracture patients to be 37 days in 2016.



# PROJECTS ' IMPACT

Fishbone diagram was applied to identify the reasons for prolonged hospitalization besides medical conditions and poor social support.



The team used the pareto chart to prioritize . 80% of problems were attributed to four main reasons.



1. The length of stay in the target patient population has reduced from 37 days to 20 days .



2. There was no increase in number of patients from BVH to SGH.



### 1.No early assessment

2.Delay in equipment purchase3.No follow through form acute hospital to rehabilitation hospital4. No workflow



### 3. The MBI scored also improved after the interventions.

## **SUSTAINABILITY AND SPREAD**

The interventions detailed can be easily extended to the Othopaedic patient population from SGH transiting to BVH.