



Singapore Healthcare Management 2023

Light at the end of tunnel – Less pain for healthcare workers and patients

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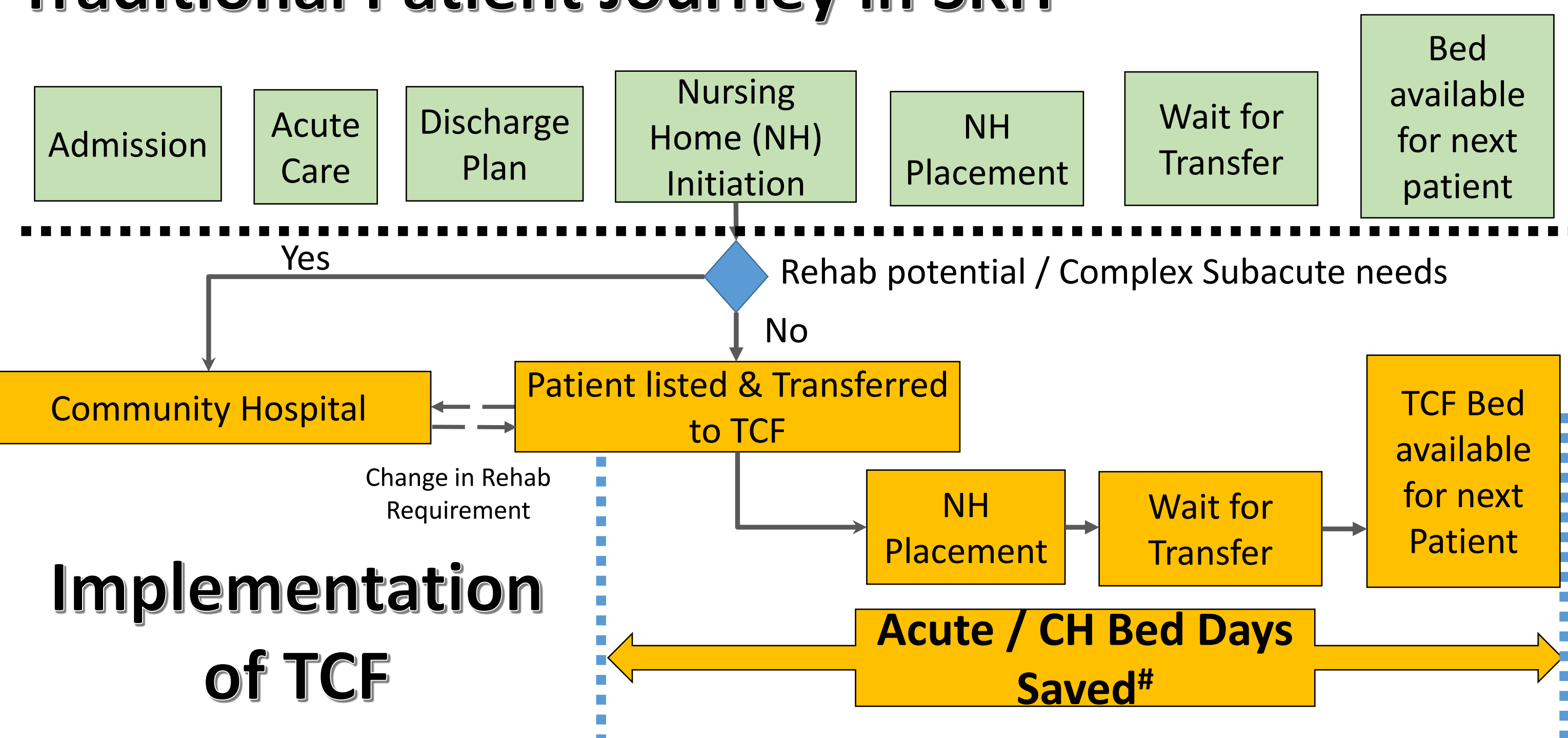
Introduction, Problem Statement

1. Acute Hospital beds are critical and limited resources in any public hospital.
2. Nationally, there has been Increasing demand for acute care due to aging population, seen through higher attendances and lodgers in the Emergency Departments.
3. Ministry of Health (MOH) therefore implemented Transitional Care Facilities (TCF) to provide holding capacity to hasten turnover, and maximize efficient use of acute beds. This arose when the Covid facilities were seeing a decrease in numbers and the capability of the medical team could support non-covid patient needs.



Methodology

Traditional Patient Journey in SKH



This process from Nursing Home initiation to actual transfer includes documents submission, financial counselling, interviews, waiting for NH bed etc. which could take between one to six months, depending on type of nursing home (e.g. general vs dementia) to be transferred to.

- After patients are listed and transferred to TCF, Acute beds are immediately released for patients awaiting beds in the Emergency Department (ED).



Implementation of TCF

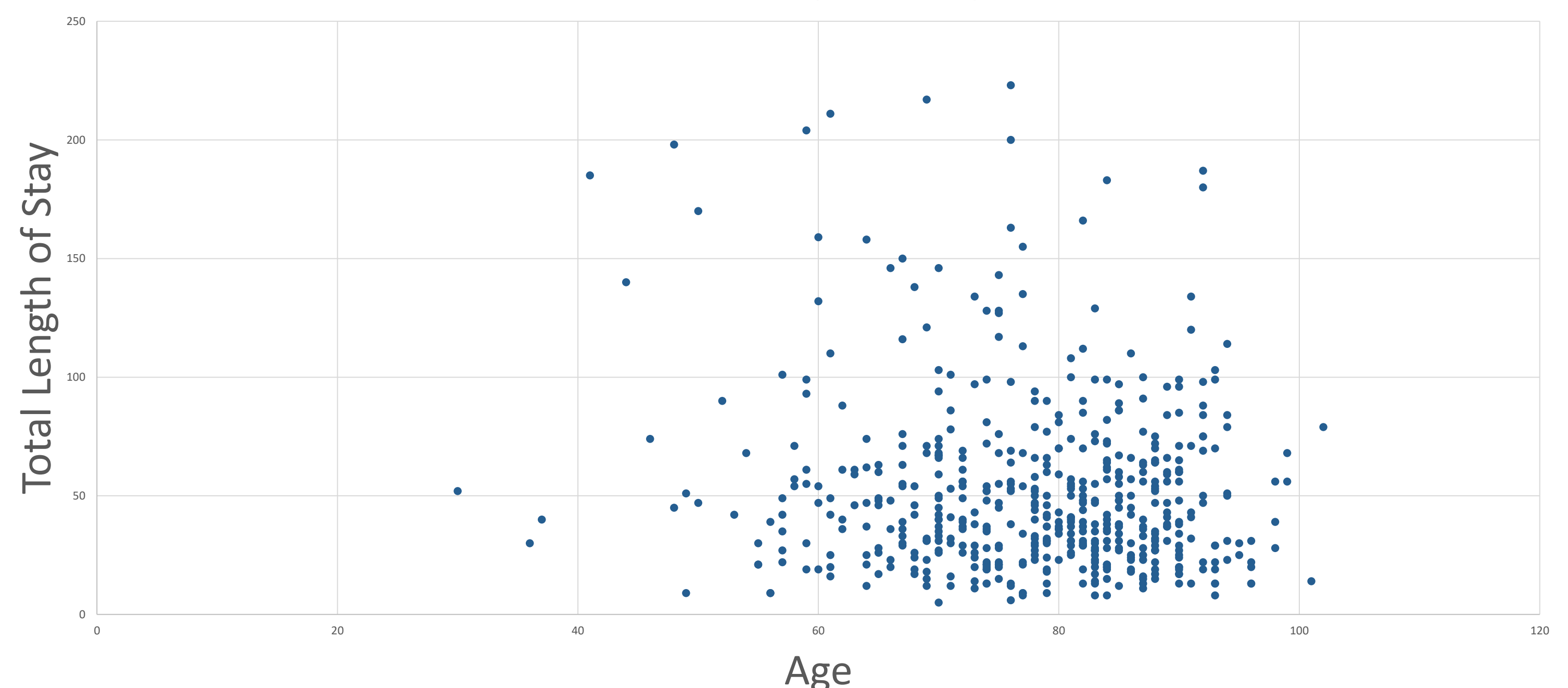
Results (Time Period: April 2022 – April 2023)

Hospital	Listed (Excluding Withdrawn Cases)	% of TCF Admissions	Rejected (Various clinical reasons [^])	Rejection Rate	% of U-Turns
Total	1,576	100%	46	2%	11.24%
AH	89	5.65%	3	2%	6.98%
BVH	3	0.19%	0	0%	0.00%
CGH	106	6.73%	4	3%	12.75%
CTF	3	0.19%	0	0%	0.00%
IMH	19	1.21%	0	0%	10.53%
JCH	4	0.25%	1	10%	0.00%
KTPH	105	6.66%	2	2%	6.80%
NTH	49	3.11%	2	3%	10.64%
NUH	101	6.41%	3	2%	19.39%
OCH	14	0.89%	0	0%	0.00%
SACH	4	0.25%	0	0%	0.00%
SGH	118	7.49%	2	1%	11.21%
SKCH	50	3.17%	2	4%	8.33%
SKH	552	35.03%	13	2%	10.95%
SLH	4	0.25%	1	20%	0.00%
TTSH	345	21.89%	13	3%	12.65%
YCH	10	0.63%	0	0%	20.00%

[^]Multidrug-resistant organisms positive, Beyond TMC Nursing capacity (patient requiring Vacuum-Assisted Closure of a wound / Tracheostomy), Medically unstable, etc.

	SKH Total Bed Days & Admission	Total SKH Bed Days Saved by transferring suitable patients to TCF@TMC
Total Admissions	47,728	539 (1% of SKH Total Admissions)
Total Bed Days	282,932	13,532 (5% of SKH Total Bed Days)

Correlation Between Age & Length of Stay



- TMC takes in a higher percentage of SKH's elderly patients, who tend to have longer length of stay, as shown in the heat map above.
- Patients and next-of-kins would be more willing to be transferred to a facility closer to home, less time required to convince them to be transferred.
- TMC being in the proximity of SKH would be more willing to take cases knowing that if a patient's condition turns bad, they will have access to acute care just next door.
- TMC would send back (u-turn) patients if the patients required additional care, which is beyond what TMC staff are trained to manage. TMC would u-turn these patients back to the originating hospital.

Conclusion, Challenges & Future Works

- The collaboration with TCF to receive patients who do not require acute care, will continue to expand in scope in hopes that more beds can be freed up in the acute hospital, leading to reduction of wait time for beds in the Emergency Department, and staff on the ground will not be as stressed taking care of so many patients.
- Acute and Community Hospitals have limited capacity to take patients without rehabilitation potential / subacute care. TCF takes such patients who do not fit acute and community hospitals' requirements.
- Collaboration between SKH and TMC to upskill the TCF nurses to be able to manage patients with higher acuity conditions, such as long term wound care. This would increase the patient types that can be referred to TCF, thus freeing up more acute beds and manpower.