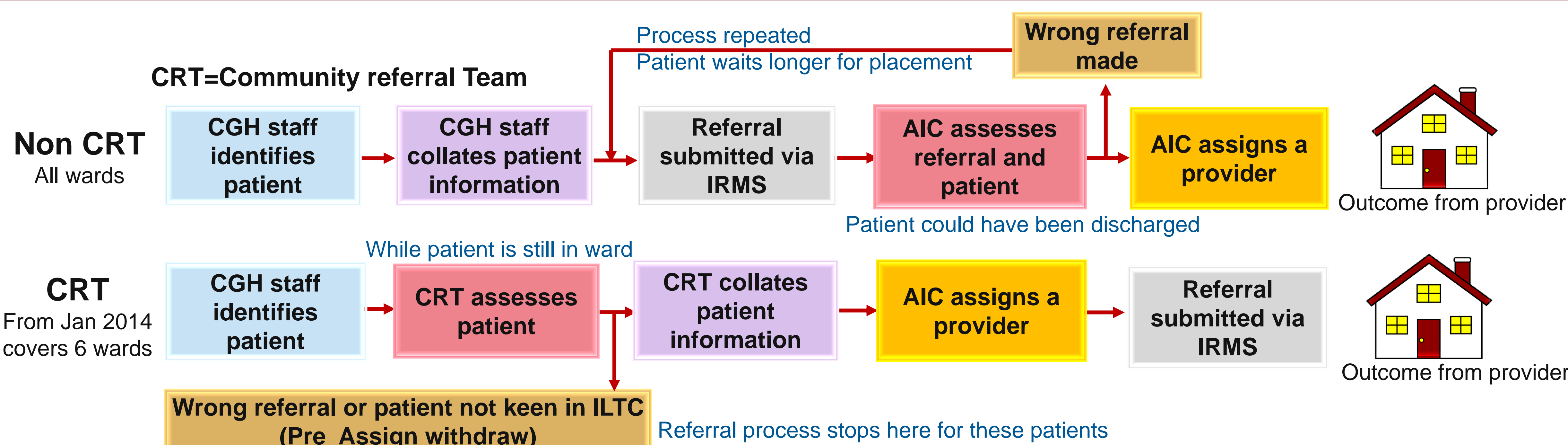


The Impact of a Community Referral Team on Centre and Home Based Service Referrals in Changi General Hospital

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INTRODUCTION

Intermediate and Long Term Care (ILTC) services vary across providers in the community. When making referrals, hospital staff face difficulty in matching patients to appropriate services.



AIM

This study aims to evaluate the impact of a CRT on Centre and Home based service referrals in CGH in terms of workload reduction, placement rate and average wait time for an ILTC placement.

METHODOLOGY

Data on referrals submitted between July 2013 to September 2014 were obtained retrospectively from the Integrated Referral Management System (IRMS) and CGH. Only CRT covered wards and referrals to Centre and Home based services were used for this analysis. Figure 1 below shows the analysis population.

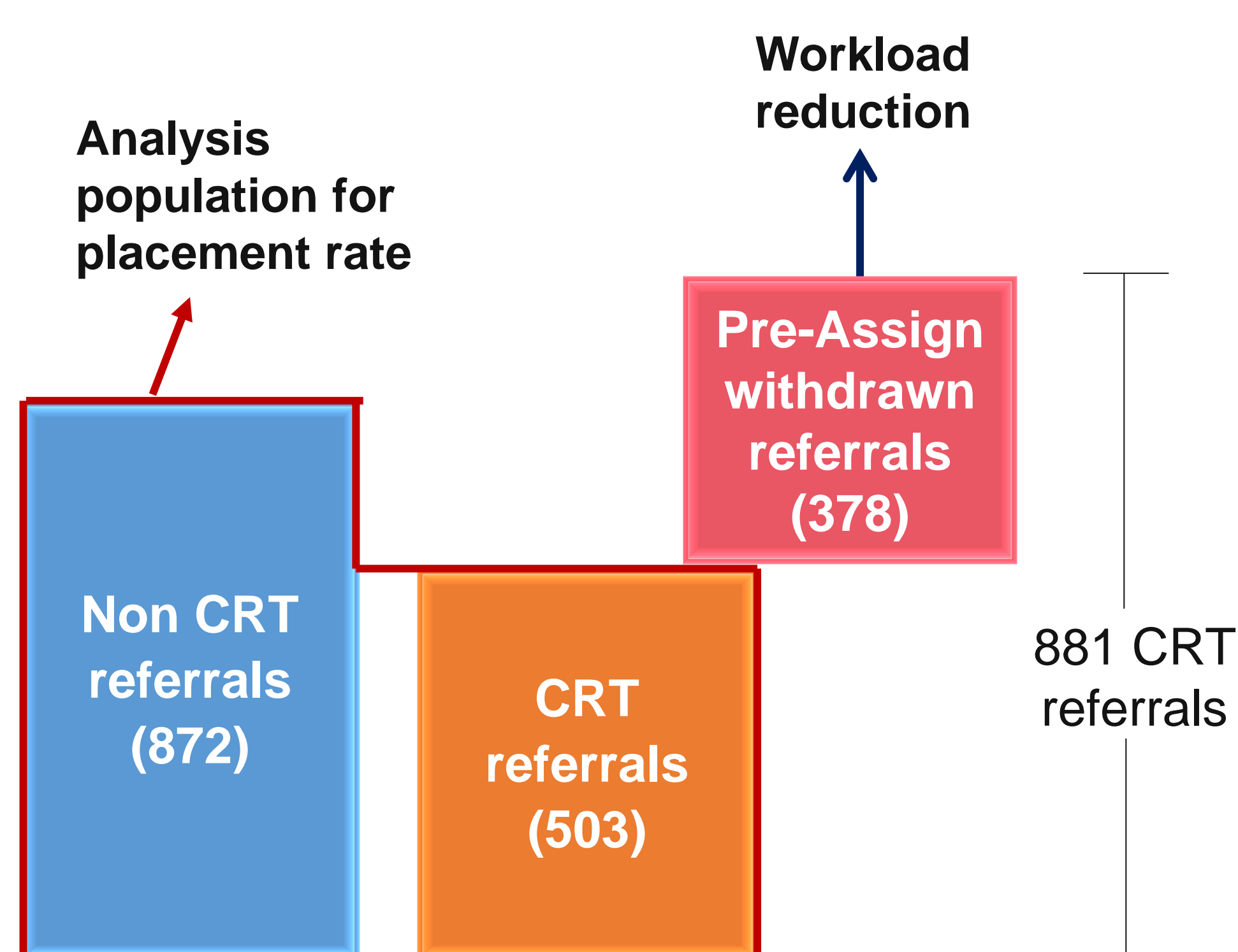


Figure 1: An illustration of all referrals obtained from the IRMS. There were 872 non CRT and 881 CRT referrals from CRT covered wards. 42% (378) of the CRT referrals were withdrawn before provider assignment (PAW) and the remaining 503 CRT referrals were used to assess the placement rate to centre and home based services (Figure 2).

RESULTS

42% Pre Assign Withdrawn **Prevented further work of referrals identified with CRT** **→** **Prevented further work of assigning an ILTC provider**

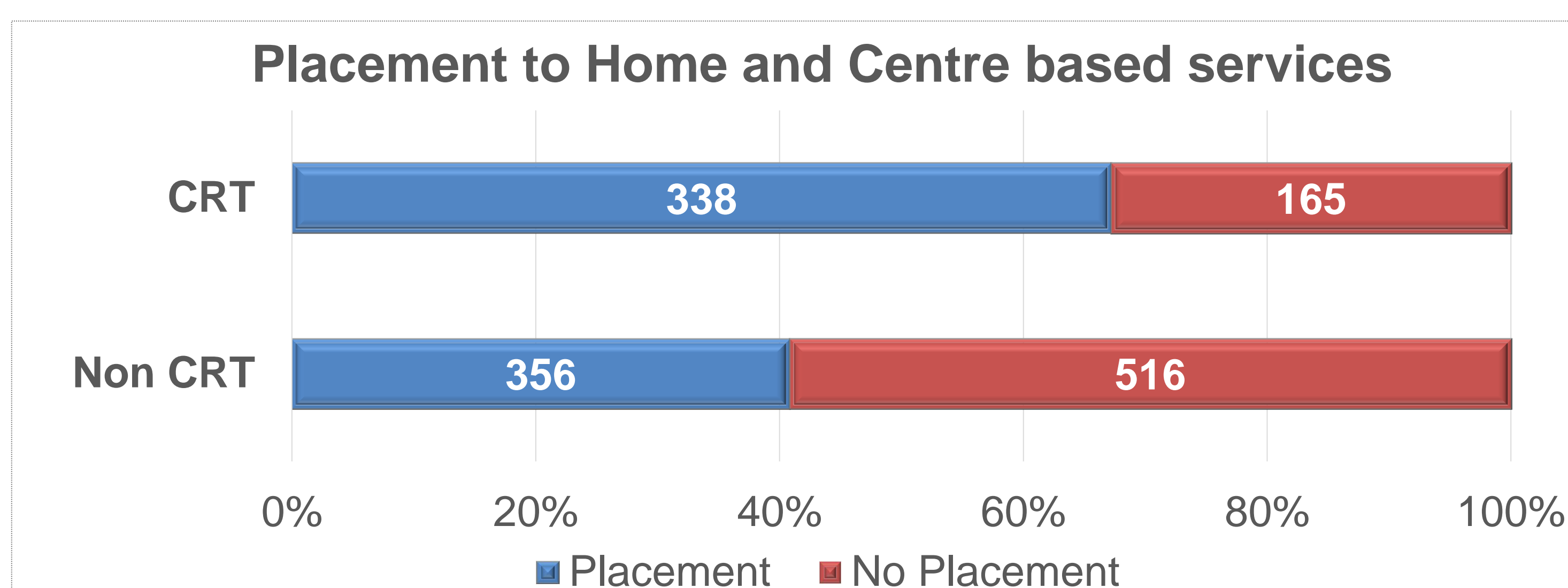


Figure 2
Placement rate of non CRT and CRT referrals to home and centre based services (n=503 and 872 for CRT and Non CRT referrals respectively)

CRT referrals led to a higher placement rate (67.2% vs. 40.8%) compared to non-CRT referrals ($p < 0.001$)

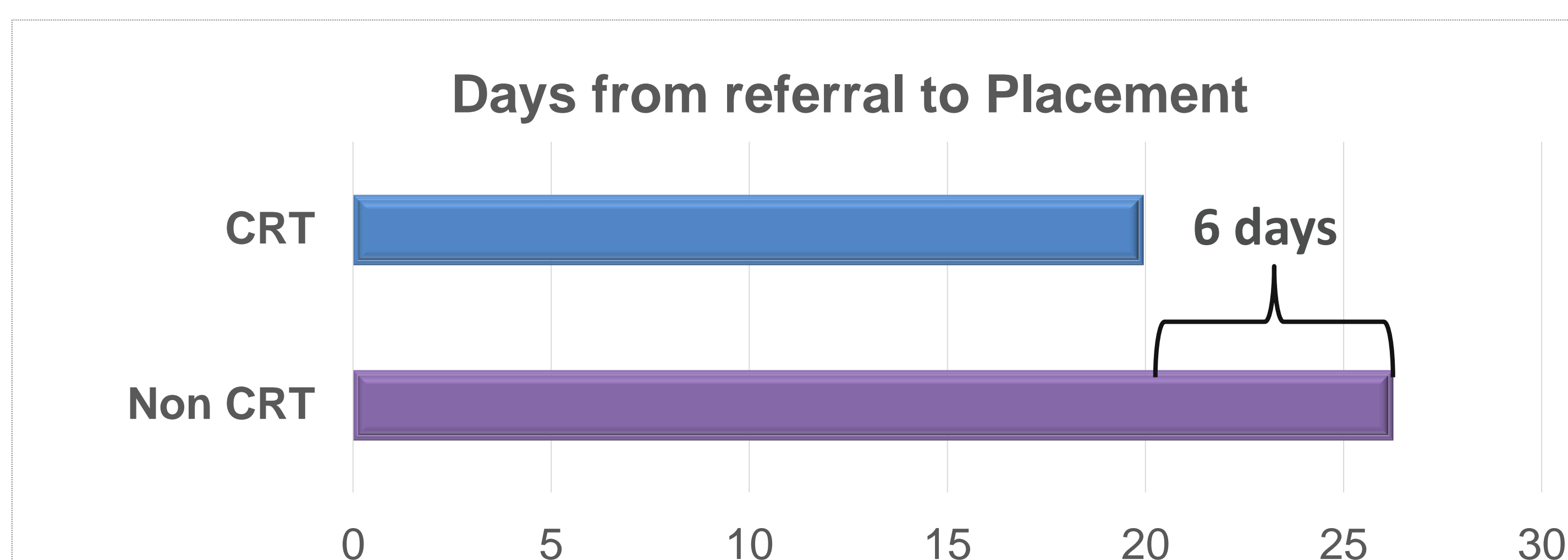


Figure 3
Interval (days) from referral to Placement (n=338 and 356 for CRT and non CRT referrals respectively, refer to blue bars from figure 2)

Of the referrals which led to a placement, the mean(SD) interval between referral creation date and placement date was 20(25.3) days and 26(28.4) days for CRT and Non-CRT referrals respectively, a reduction of 6 days ($p < 0.001$).

CONCLUSION

The joint deployment of the CRT and the hospital's team led to administrative time saved for both CGH and AIC staff. Through a streamlined process, referred patients were accepted by a Centre or Home based service within a shorter time.

Acknowledgement

We would like to thank the Agency for Integrated Care for the provision of data from the Integrated Referral Management system