



# Singapore Healthcare Management 2016

## TrustedCare:

Process Redesign for Elective Caesarean Section Care to Improve Patient Outcomes and Reduce Cost Variations

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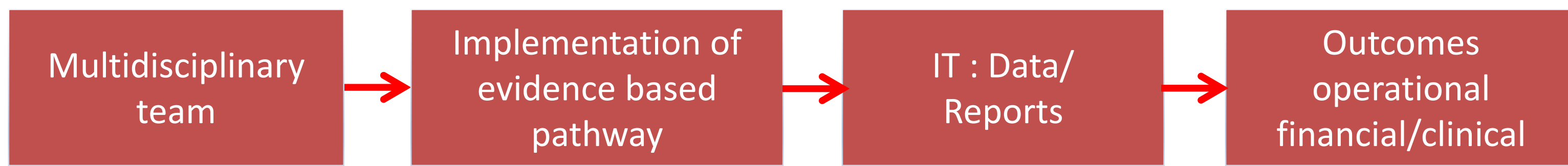


KK Women's and Children's Hospital  
SingHealth

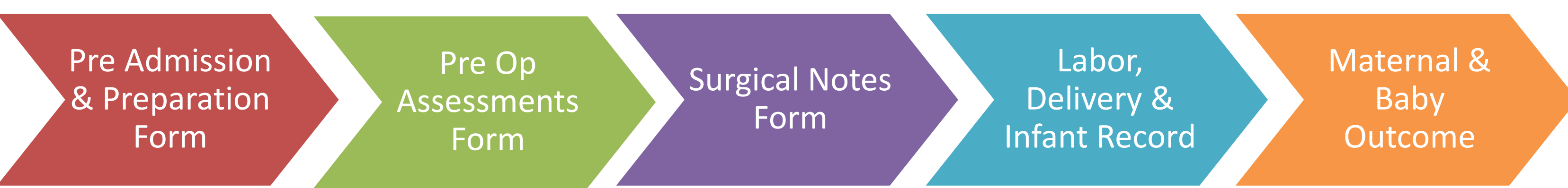
## Background

KK Women's and Children's Hospital, Singapore is a large tertiary referral center in South East Asia (approx. 12,000 deliveries per year) providing comprehensive, extremely well-coordinated, multi-disciplinary care to low and high risk mothers. A multidisciplinary taskforce was formed to create a new model of care, TrustedCare (Jan 2014) for elective caesarean section (CS) by redesigning the entire process from listing of the surgery to discharge with aim to improve the clinical outcomes, patient safety, operational efficiency and financial sustainability.

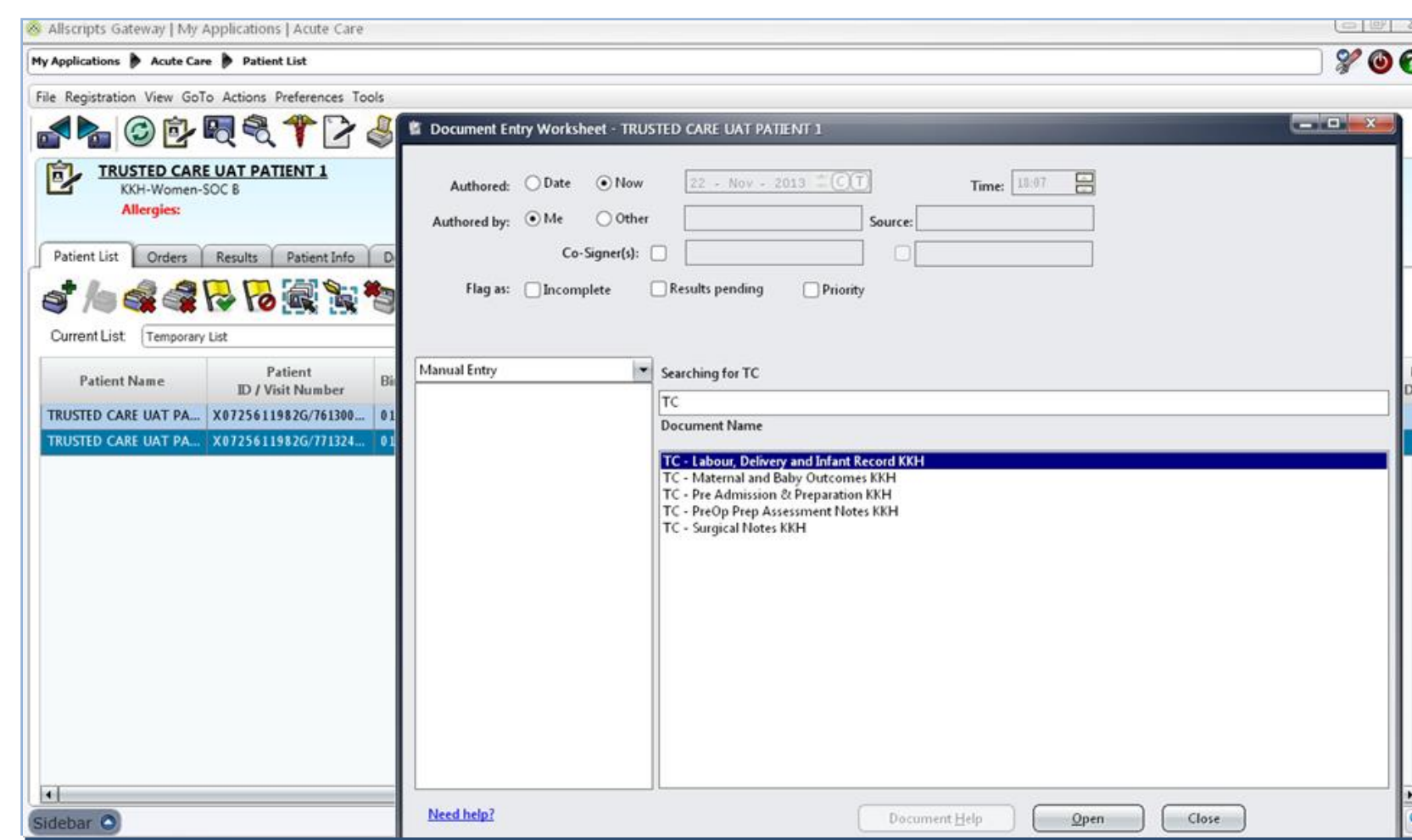
## Planning and Implementation



### 5 modules from admission to discharge for Elective CS



From paper to Electronic entry

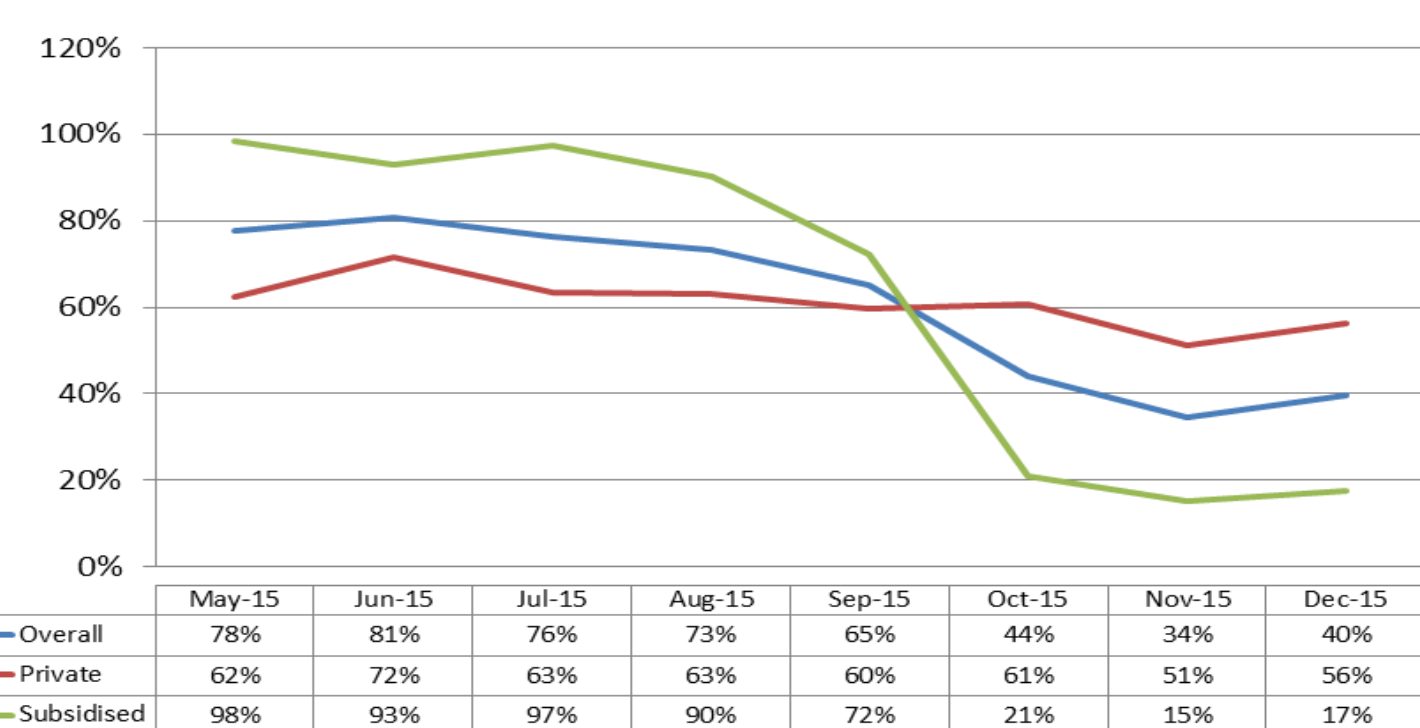


## Results

Financial data can now be linked to the clinical data in a structured manner. The leadership team is able to make better decisions due to standardization of processes and consumables, thereby reducing bill size fluctuations.

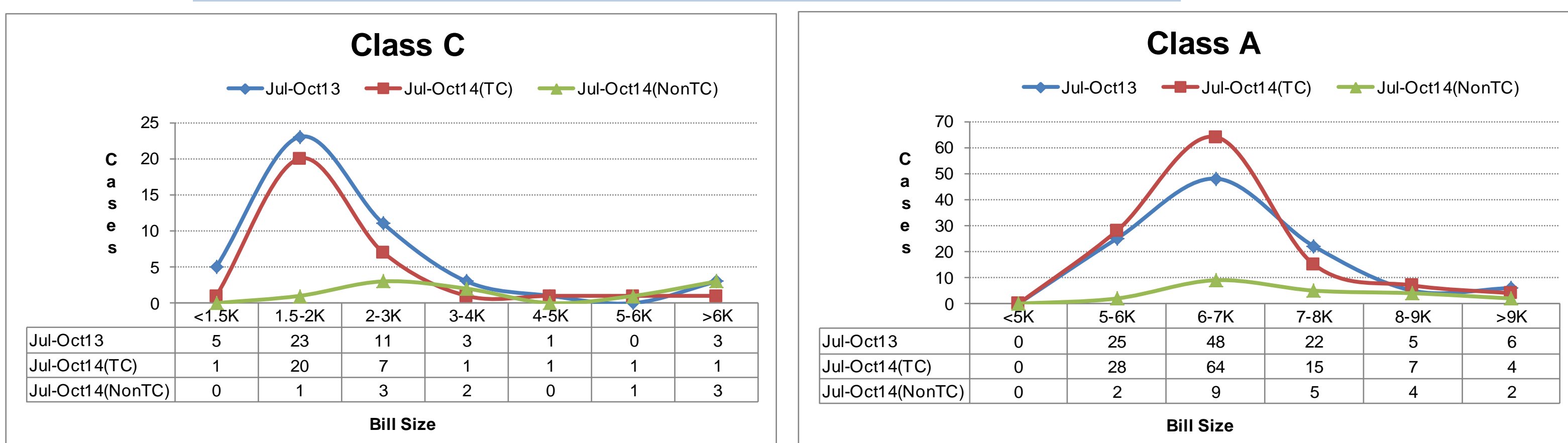
### Adhesion barrier

Use of Sefrapilim for EI LSCS from Jan15 to Dec15



Cost savings (\$260-430) through the elimination of routine use of adhesion barrier during uncomplicated elective CS.

### Bill Size distribution before & after TrustedCare



**Future** TrustedCare improved the entire workflow of elective CS, reporting and analysing the data/ performance and co-ordination between various multidisciplinary teams. This new model of care is likely to benefit in the financial counselling and bundled payments in future.

## Benefits

As clinical data is now in discrete format, information can be extracted easily to change processes, perform clinical audits and educate the staff for safer clinical care.

Chart showing the distribution of CS

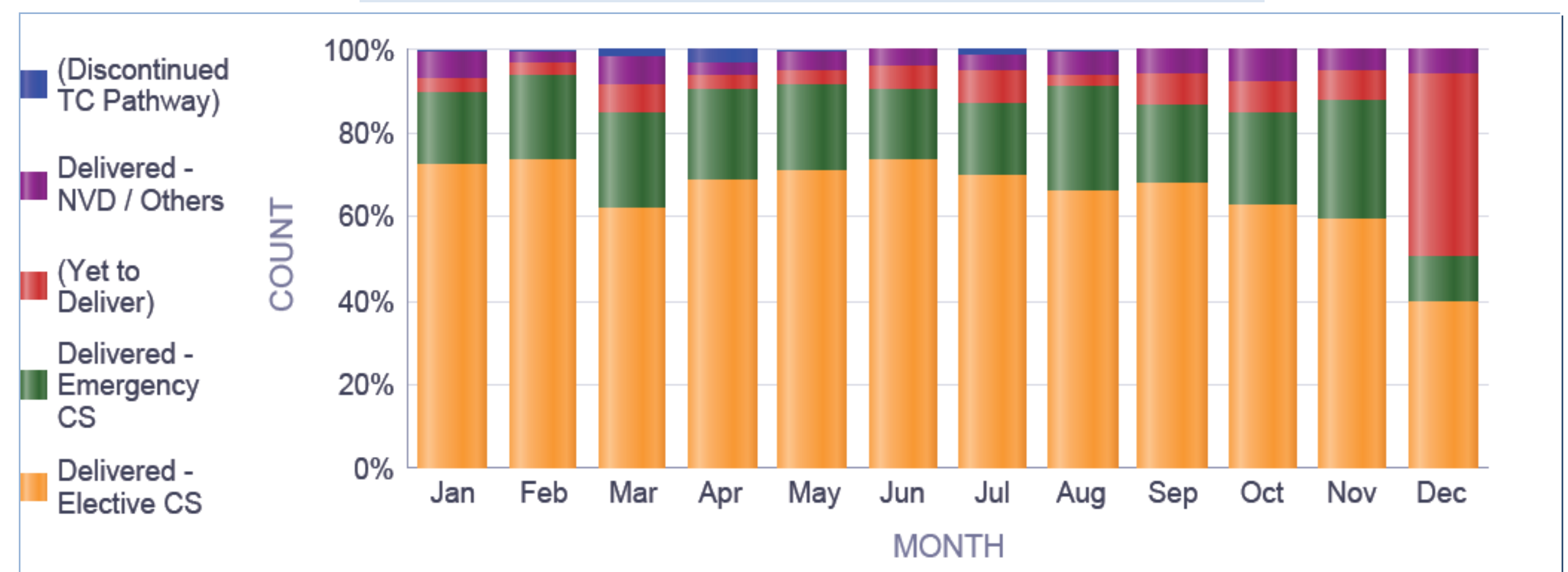


Chart showing the indication of CS

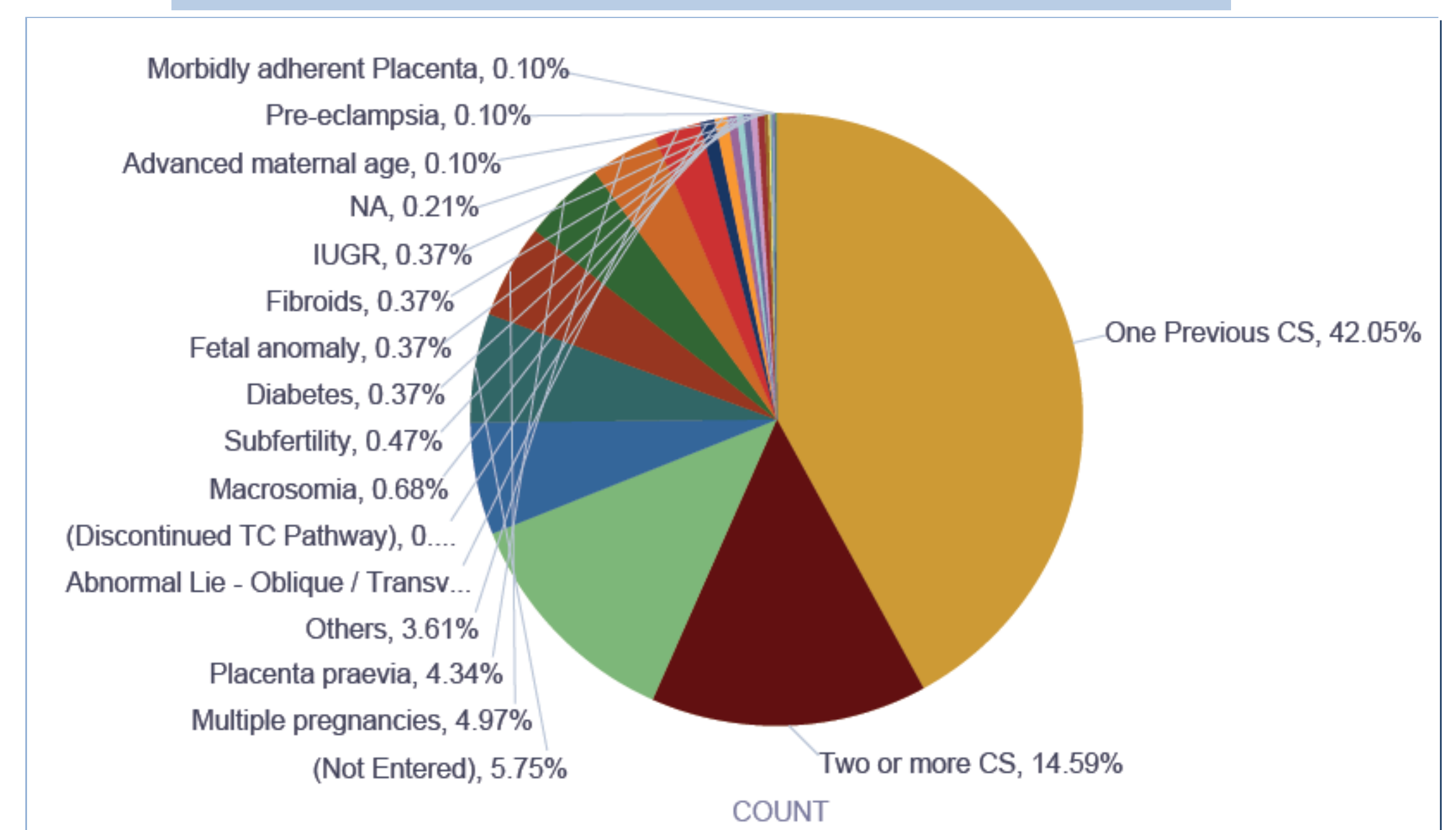
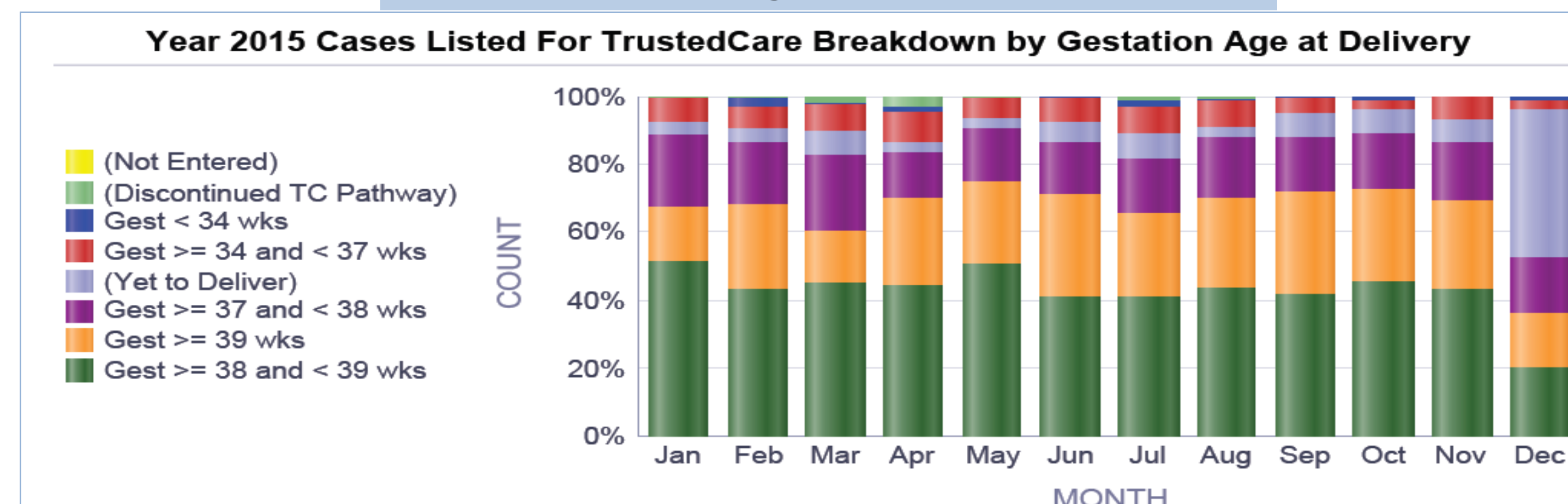


Chart showing the indication of CS



Preimplementation Audit in May 2014

- 46 sequential elective LSCS cases
- 45/46 (98%) put on LMWH
- 1/46 (2%) put on IPCs

### Audit on Thromboprophylaxis

• VTE Prophylaxis	Yes
• Early Ambulation	Yes
• TED Stockings	Yes
• Intermittent Pressure Compression (IPC)	Yes
• Leg Physio	No
• Clexane	Yes
• Clexane (mg)	40
• Clexane (date)	27-Jan-2016 08:0
• Blood Transfusion	No

Universal VTE prophylaxis pathway

Post-implementation audit done in May 2015

- 62 sequential cases of elective LSCS
- 100% risk assessment done
- 12.9% had postoperative instructions for IPCs
- 98.4% had IPC use intraoperatively and postoperatively with a 100% compliance rate

Chart showing skin-skin initiation

