



HAND SURGERY REFERRAL AND P4 SYSTEM

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Background

KTPH has been plagued by bed-crunch for the longest time with the A&E overflowing with admitted patients languishing even in the corridors awaiting beds.

Objectives

- Reduce the number of unnecessary admissions in Orthopaedics by offloading Hand injury patients.
- Early detection of hand cases seen in A&E that may benefit from early surgery.
- Provide effective hand surgery care in A&E itself to suitable patients.
- Offload MOT while effectively utilising DSOT slots dedicated to Orthopaedics.

Methodology

- 1. Hand referral form designed.
- 2. Hand injuries no longer admitted. They are discharged and brought back for surgery in DSOT as P4 E-case on next available slot.
- 3. Simple injuries settled in A&E itself.
- 4. Referral form screened daily– patients who will benefit from early intervention recruited for surgery in DSOT on next available slot.

A&E Elective Hand Surgery Patient presents with hand injury **SOC appointment** A&E Dr assess patient's injury, A&E sends consult Ortho on-call At A&E completed forms to Obtain patient's consent A&E NO Fill up hand surgery referral Inform patient that Hand YES team will call to arrange for NO Admission Need surgery appointment on the required? Surgery? next working day (to call call Ortho Hand team centre if no call received) Perform financial counselling review hand referral YES forms and conduct virtual rounds on SCM **Admit Patient Completes Hand Surgery** Surgery Book patient in for referral order. required? clinic and inform Call and inform patient of YES NO patient DSOT slot

Results

76.45% of unnecessary admissions avoided saving 578 bed days.

Waiting time in A&E averted saving 1734 man-hours. 19% of hand injuries settled in A&E.

DSOT utilisation increased by 196.3% with consultant delivered care.

48 patients referred to SOC recruited for early surgery.

Project Impact

- Drastic reduction in Orthopaedic admissions freeing up beds in Ward.
- Less man-hour wastage in A&E.
- Efficient DSOT utilisation.
- Virtual rounds enabled detection and early intervention for appropriate patients
- Hassle of waiting for admission and warding avoided for patient.
- Increased Consultant-led and Consultant-delivered care.

Sustainability

- Workshops for A&E Physician on management of Hand injuries.
- Regular meeting with stakeholders for feedback and discussion on further improvements.
- Aim for reducing unnecessary admissions to 95%.
- Full-time Resident Physician for Hand Service.

Conclusion

With negligible costs involved, an idea fructified with interdepartmental co-operation and support systems. Major impact on multiple parameters achieved with the implementation of a single system.