



Making Changes In Good Time

Implementing Quality Improvement (QI) may be difficult, especially if areas to be improved span multiple agencies and departments. INTRA-INTER, a team based in Changi General Hospital (CGH), shows us how sweeping change can be achieved with a little coordination.

It is said that two heads are better than one — or in the case of the INTRA-INTER group, more than 30!

With so many members, it is no surprise that the group is able to draw on diverse strengths and disciplines, especially since they hail from both SingHealth departments and external agencies.

INTRA represents participation from multi disciplines including Medical Social Services, Inpatient Operations, Nursing (Ward Nurses and Discharge Coordinators), Doctors, Rehabilitative Services, Office of Improvement Science, and Case Management at CGH.

On the other hand, INTER represents CGH's collaboration with external partners, namely the Agency for Integrated Care (AIC), Peacehaven Nursing Home, and All Saints Home (Tampines).

Time for a change

For some patients, being admitted to a Voluntary Nursing Home (VNH) is their only option. Ms Yeo Seok Tin, INTRA-INTER Team Leader and Master Medical Social Worker (MSW), Medical Social Services, CGH, explains, "Whether it's because of medical conditions, high care needs, or family social situation, these patients are unable to return home. Patients with limited financial means are referred to an MSW, who helps to place them in a VNH."

Unfortunately, the turnaround time (TAT) — calculated from point of VNH application to admission — frequently stretches too long. At CGH, the TAT at 75th percentile reached a whopping 72 days in 2015.

CGH took 36 days to create and submit the application after collating information and supporting documents gathered from patients and families. AIC took six days to process the application, another eight days to wait for a vacant bed, and the VNH took 22 days to process for admission. This meant that patients who applied to be admitted to a VNH had to wait in the hospital unnecessarily, on average, for more than two months before being transferred. The long TAT of these patients also affected hospital bed capacity to treat those who genuinely require acute medical care.

The INTRA-INTER group was hence formed in 2016 with the objective of addressing the national and inter-institutional problem of reducing the long TAT in placing hospitalised CGH patients in VNHs.

Mapping the problem, charting a solution

From the statistics captured by AIC and CGH which tracked the long TAT, all parties involved recognised that this was a critical problem which needed urgent attention and would benefit from INTRA and INTER agency collaboration. Thus, to kick-start the collaborative effort, a two-day workshop for representatives from CGH, AIC, Peacehaven Nursing Home, and All Saints Home (Tampines) was held from 25 to 26 May 2016.

“Like any other QI event, we conducted it with certain deliverables. Everybody came together, defined targets and lined up an agenda,” elaborates Mr Garry Semeniano, INTRA-INTER Facilitator and Principal Specialist, Office of Improvement Science, CGH. “We conducted Value Stream Mapping to analyse the current process and identify specific areas that were unnecessarily time-consuming.”

Value Stream Mapping, a common Quality Improvement tool, was used to establish a blueprint of the entire process. By marking out the component stages, the team figured out how much time was spent at each stage.

“Key process owners looked at their respective points and shared their thoughts. They questioned the processes for certain issues or identified unnecessary actions,” Mr Semeniano continues.

After a fruitful discussion, solutions were proposed for each stage, based on the input of the various stakeholders. A conclusive decision to focus only on general nursing homes was reached, as specialised homes — such as those for patients with dementia or psychiatric conditions, or patients who require a higher level of medical and nursing care (e.g. Tracheostomy care) — were too difficult to control.

Step by step

The group set themselves two goals:

1. Reduce TAT from initiation of referral in CGH till placement of patient in VNHs by improving the end-to-end process and coordination between CGH, AIC, and VNHs
2. Reduce the number of times a referral is reverted back between CGH and AIC

Reverts are defined as the number of times an application is sent back by AIC to CGH for further information or clarification. When this happens, CGH has to amend and resubmit the application, which takes up significant time.

“The average number of reverts per case in 2015 was 5.2, which is quite high,” says Ms Yeo. “It was not efficient, so AIC agreed to station two Residential Referral Team (RRT) members at CGH to enhance discussion and collaboration.” Previously, the RRT members were stationed off-site.

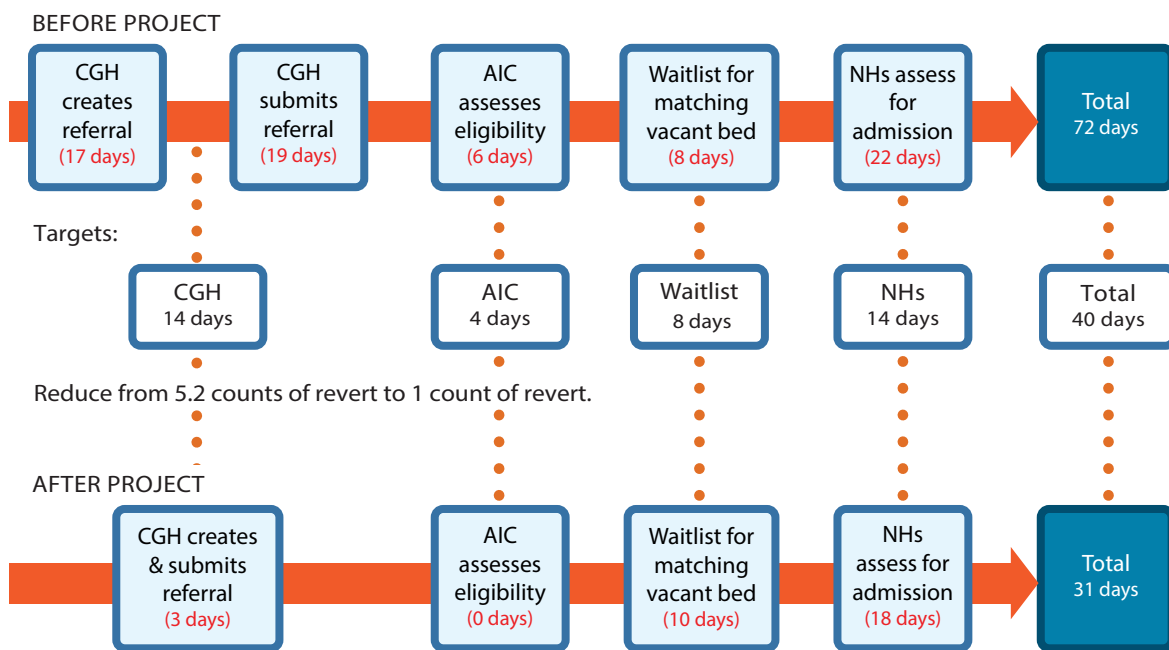
This simple change made a huge difference, as the MSW can now easily discuss all VNH applications with the RRT team before putting up the application. RRT members can now also have easy access to patients, screen each application thoroughly and ensure a pass on the first try. The number of reverts dropped to zero and the TAT at CGH was streamlined to just three days.

Another change that was introduced was to provide the therapist reports at a later stage or together with the discharge summary, instead of at the point of VNH application. This greatly reduced the TAT at the application stage.

Other changes include the implementation of direct communication between the RRT and patient’s family/caregivers for when beds were made available, rather than going through the MSW. The VNHs also agreed that instead of conducting on-site assessment for all cases, they would only assess selected cases, in order to reduce manpower and time needed for on-site assessment.

The proposed changes have been very well received by the wards. “The nurses’ feedback is that the turnaround time is actually much faster,” notes Mr Leonard Tang, Assistant Manager, Inpatient Operations, CGH. “Some case managers shared that their patients were discharged so swiftly that there was no need to transfer them to an external ward.”

The results certainly speak for themselves. Within the one-year pilot period between July 2016 and 2017, 151 patients were successfully transferred to VNHs. This translates to 6,191 hospital bed days saved, equivalent to CGH closing its doors for six full days!



A comparison of TAT before and after the project

Next on the list

Buoyed by the success of INTRA-INTER, AIC is now experimenting new ways to further reduce the TAT, specifically for VNHs to assess and admit patients.

“Now, AIC is attempting to put up applications for VNHs to ‘grab’,” says Mr Ong Ji Tang, Senior MSW, Medical Social Services, CGH. “Rather than wait for the VNH to declare a vacant bed and go through several rounds to match a patient to it, the VNH can now go online and ‘grab’ any application once they have an available bed instead of waiting for the applicant to be assigned to them.” If successful, this method would streamline the admission process and further reduce the overall TAT.

Ms Yeo’s advice for other QI project teams is simple. “If you want your project to be successful, your goals must be clear, well-communicated and achievable. Be open and include the right people who are involved in the process.”

Mr Semeniano echoes her advice and concludes, “It’s really up to the people. It’s not about ‘arrowing’ them but encouraging their willingness and passion. The entire organisation needs to have a learning culture. Embrace change and have the know-how and skills to overcome challenges.”