

Project Title

From leaving well to living well- Improving accessibility of Palliative Care patients
from Tan Tock Seng Hospital to Dover Park Hospice

Project Lead and Members

Project leads: Dr Tricia Yung Sek Hwee and Sister Chia Gerk Sin

Project members:

- Yang Xiu Yu (Nurse Clinician)
- Dr Marysol Iglesias Dalisay-Gallardo (Resident Physician)
- Jade Wong Jade Fui (Pharmacist)
- Sister Pamela Koh (Nurse manager at DPH)
- Edna Lim (Administrative Executive at DPH)

Organisation(s) Involved

Tan Tock Seng Hospital; Dover Park Hospice

Project Period

Start date: Jan 2018

Completed date: Dec 2019

Aims

The objective of this quality improvement projects aims to reduce waiting time for inpatient hospice from 6 to 3 working days over a sustained period of time.

Background

See poster below

Methods

See poster below

Results

See poster below

Lessons Learnt

1. Right siting of care

Evidence has shown that right siting of terminally ill patients from acute hospital to inpatient hospice have shown to reduce medical utilisation of outpatient treatment, intensive care units and emergency department attendance.

By increasing the accessibility of hospice care for terminally ill patients in the acute hospital can help patients and family benefit from hospice care, spending less time in acute hospital.

2. Collaboration between teams and among different healthcare professionals

In order to achieve seamless transition into the hospice, it is important for concerns and expectations to be addressed timely and upstream from the referral sources. Proactively addressing financial concerns can be done by any members of the healthcare team to reduce the waiting time. This can be achieved if all the healthcare members in the team are empowered with knowledge on common financial schemes and subsidies for community partners including inpatient hospice.

Communication between institutions is also essential to ensure a proper conversations handover of the care especially with regards to the goals of care discussion in the event of deterioration in the hospice. This is to continue to spirit of palliative care, where conversations are done continuously.

Conclusion

See poster below

Additional Information

- Recipient of 2019 NHG Quality Improvement Award - Improving and Sustaining Quality and Safety (Merit Award); 2018 NHG Quality Improvement Merit Award
- Presented at the National Palliative Care Quality Improvement project under Singapore Hospice Council
- Presented at the International Forum on Quality and Safety in Healthcare 2019
Nominated for Asian Hospitals Management Award 2019.

Project Category

Quality Improvement, Process Improvement

Keywords

Quality Improvement, Process Improvement, Access to Care, Waiting Time, Cost Savings, Right Siting, Improvement Tool, Care Continuum, End-of-Life Care, Palliative Care, Hospice Care, Care Continuity, Tan Tock Seng Hospital, Dover Park Hospice, Cause and Effect Diagram, Pareto Chart, Financial Counseling

Name and Email of Project Contact Person(s)

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IMPROVING ACCESSIBILITY OF PALLIATIVE CARE PATIENTS FROM TAN TOCK SENG HOSPITAL TO DOVER PARK HOSPICE



YUNG, SEK HWEI TRICIA (PALLIATIVE MEDICINE)
CHIA, GERK SIN (NURSING SERVICE, PALLIATIVE MEDICINE)

Mission Statement

- To reduce waiting time of Tan Tock Seng Hospital Palliative Medicine (Ward 83) patients, who do not require isolation, to Dover Park Hospice (DPH) from current 6 working days to 3 working days within 6 months.
- Patient who not require isolation are those who are non MRSA, CRE or VRE.
- The aim is to help increase palliative care patients' accessibility of hospice care during the last months of life.

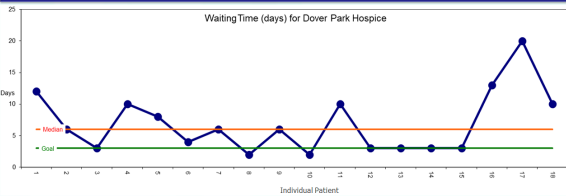
Team Members

Name	Designation	Department
Dr Yung Sek Hwei Tricia	Associate Consultant	Pall Med/DPH
Chia GerK Sin	Advanced Practice Nurse	Pall Med/Nursing Service
Yang Xiu Yu	Assistant Nurse Clinician	Ward 83 (Pall Med)
Dr Marysol Iglesias Dalisay- Gallardo	Medical Officer	Pall Med
Jade Wong Jade Fui	Pharmacist	TTSH Pharmacy (Ward 83)
Ho Hui Lin	Medical Social Worker	TTSH Care & Counselling (Pall Med)
Amanda Guo Chuanzi	Operation Executive	TTSH
Pamela Koh	Senior Staff Nurse	DPH
Edna Lim	Admin Executive	DPH

Evidence for a Problem Worth Solving

- Patient-centered care in a holistic manner by providing right siting of care
- Improve quality of end of life care by increasing accessibility hospice care to palliative care patients in acute hospital
- Caregiver's support for grief and bereavement
- Implementation of MOH healthcare master plan "Beyond 2020" with key shifts in moving hospital care to community facilities as well as translating quality to value

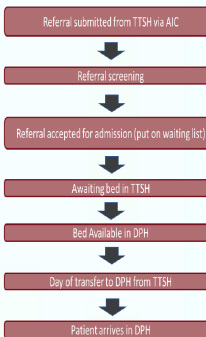
Current Performance of a Process



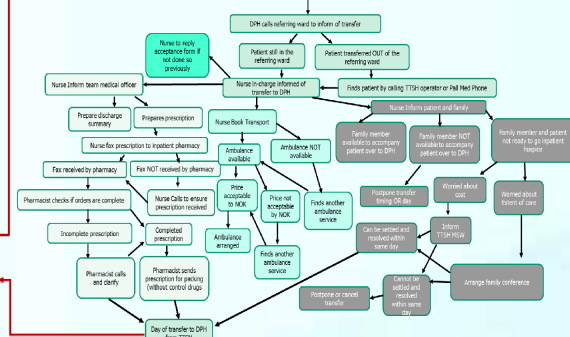
The median wait time for Dover Park Hospice placement is **6 days**.

Flow Chart of Process

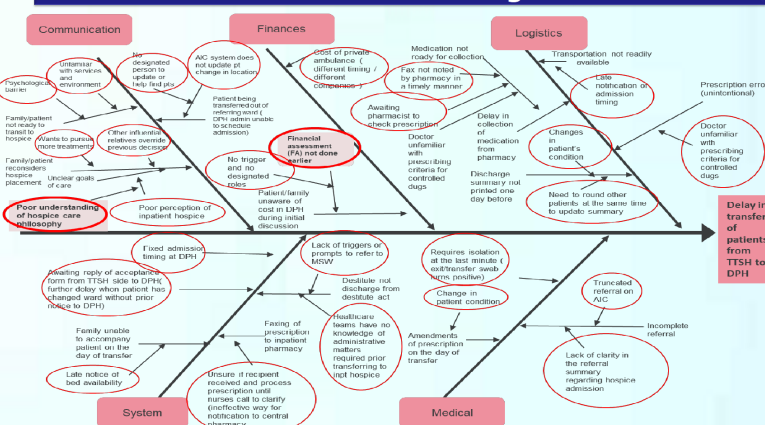
MACRO FLOWCHART



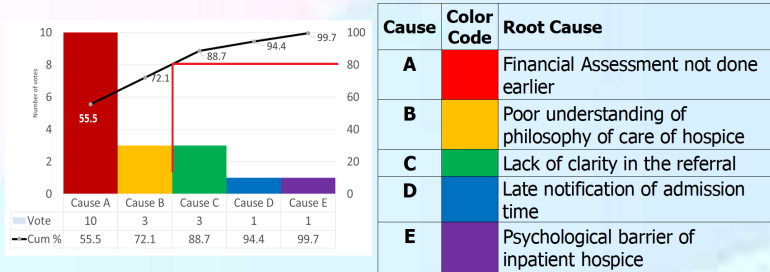
MICRO FLOWCHART



Cause and Effect Diagram



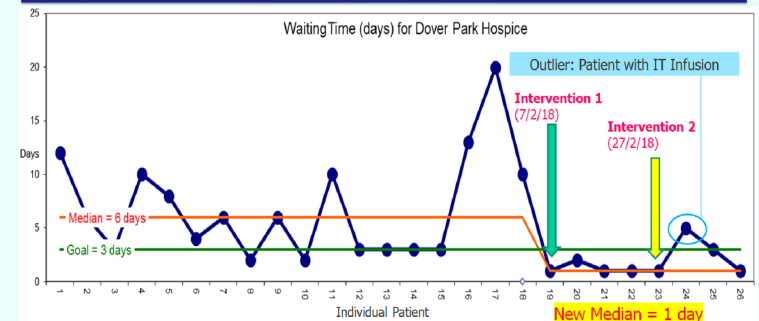
Pareto Chart



Implementation

Problem	Interventions	Implementation Date
Financial Assessment not done earlier	<ul style="list-style-type: none"> Start financial counseling by <ol style="list-style-type: none"> Educating MO on cost of inpatient hospice and the subsidy schemes available in hospices MO to check with Palliative MSW on the level of subsidy and to revert to patient and family Refer case to MSW if family still has questions on inpatient hospice cost while proceeding to initiate inpatient hospice referral on AIC portal 	12 Jan 2018
Poor understanding of philosophy of care of hospice	<ul style="list-style-type: none"> Improve understanding of hospice philosophy of care by <ol style="list-style-type: none"> Educate and provide easy access of checklist for MO/Resident on areas of topics to cover when speaking to family/patient Provide pamphlets of inpatient hospice service providers to family/patient 	20 Feb 2018

Results



The new median wait time for Dover Park Hospice placement is **1 day**.

Cost Savings

For TTSH

Item	Pre-Intervention	Post-Intervention	Difference
No. of bed days saved	6 days	3 days	-3 days
Total Cost of Bed Days Saved	6 days x \$1,114 = \$6,684	3 days x \$1,114 = \$3,342	-\$3,342 (in monetary terms)

For Patients who are transferred to Hospice

Item	Pre-Intervention	Post-Intervention	Difference
Average wait time for inpatient hospice	6 days	3 days	-3 days
Total Cost of Care Saved (Annualized)	128 patients x 6 days x \$614 = \$471,552	128 patients x 3 days x \$614 = \$235,776	-\$235,776

Note:

- Cost of Care per patient = \$1114 (TTSH) - \$500 (Hospice) = \$614
- Projected no. of patients admitted to Hospice (Annualized) = 128

Problems Encountered

Change over of Medical Officers and Resident doctors on a 3 monthly basis to ensure that there is continuity of interventions during change overs.

Strategies to Sustain

- Continual engagement of interdisciplinary team at all levels.
- Regular feedbacks and education to the junior doctors and referring team to ensure continual communications & feedbacks (incorporating checklist for juniors through orientation, intranet and tutorials).
- Spread to patients outside ward 83, under blue letter consultation, isolation beds (new measure on decolonization, testing new workflow while waiting to increase capacity), or even other hospices!



IMPROVING ACCESSIBILITY OF PALLIATIVE CARE PATIENTS FROM TAN TOCK SENG HOSPITAL TO DOVER PARK HOSPICE (SUSTAINABILITY PHASE)



YUNG, SEK HWEI TRICIA (PALLIATIVE MEDICINE)
CHIA, GERK SIN (NURSING SERVICE, PALLIATIVE MEDICINE)

Mission Statement

- To reduce waiting time of Tan Tock Seng Hospital Palliative Medicine (Ward 83) patients, who do not require isolation, to Dover Park Hospice (DPH) from 6 working days to 3 working days over a sustained period.
- Patient who not require isolation are those who are non MRSA, CRE or VRE.
- The aim is to help increase palliative care patients' accessibility of hospice care during the last months of life.

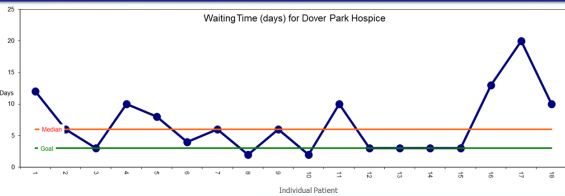
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Evidence for a Problem Worth Solving

- Patient-centered care in a holistic manner by providing right siting of care
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- Implementation of MOH healthcare master plan "Beyond 2020" with key shifts in moving hospital care to community facilities as well as translating quality to value

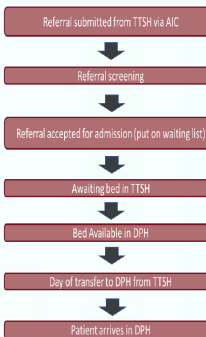
Current Performance of a Process



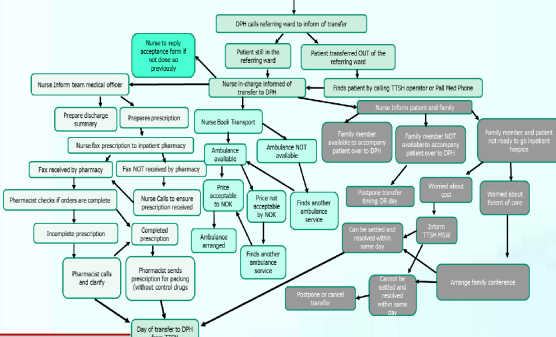
The median wait time for Dover Park Hospice placement is **6 days**.

Flow Chart of Process

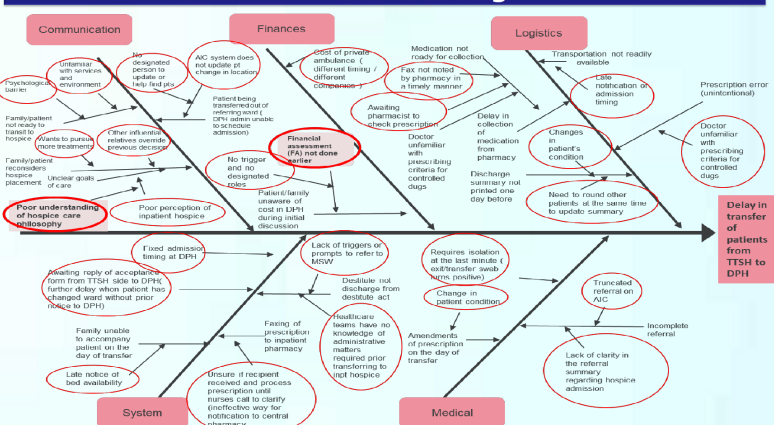
MACRO FLOWCHART



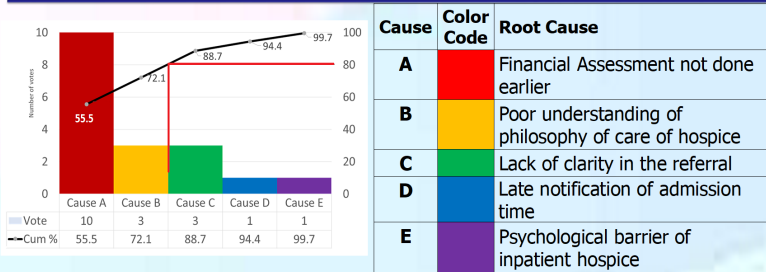
MICRO FLOWCHART



Cause and Effect Diagram



Pareto Chart

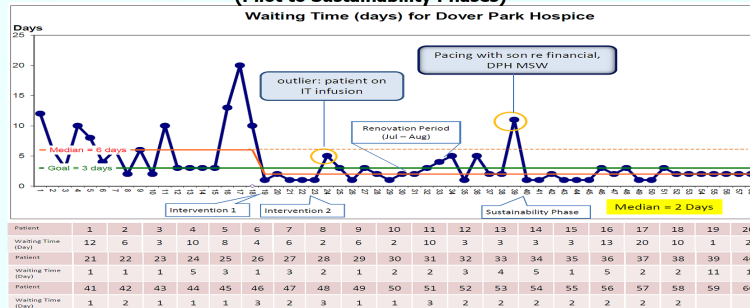


Implementation

Problem	Interventions	Implementation Date
Financial Assessment not done earlier	Start financial counseling early: i. Educating Medical Officers (MO) on cost of inpatient hospice and the subsidy schemes available in hospices ii. MO to check with Palliative MSW on the level of subsidy and to revert to patient and family iii. Refer case to MSW if family still has questions on inpatient hospice cost while proceeding to initiate inpatient hospice referral on AIC portal	12 Jan 2018
Poor understanding of philosophy of care of hospice	Improve understanding of hospice philosophy of care: i. Educate and provide easy access of checklist for MO on specific areas to discuss when speaking to family/patient ii. Provide pamphlets of inpatient hospice service providers to family/patient	20 Feb 2018

Results

Post Interventions Runchart January 2018 to February 2019 (Pilot to Sustainability Phases)



The new median wait time for Dover Park Hospice placement is **2 days**.

Cost Savings

Item	Pre-Intervention	Post-Intervention	Difference
For TTSH			
No. of bed days saved	6 days	2 days	- 4 days
Total Cost of Bed Days Saved	6 days x \$1,114 = \$6,684	2 days x \$1,114 = \$2,228	= -\$4,456 (in monetary terms)

Item	Pre-Intervention	Post-Intervention	Difference
For Patients who are transferred to Hospice			
Average wait time for inpatient hospice	6 days	2 days	- 4 days
Total Cost of Care Saved (Annualized)	128 patients x 6 days x \$614 = \$471,552	128 patients x 2 days x \$614 = \$157,184	= -\$300K

- Note:**
- Cost of Care per patient = \$1114 (TTSH) - \$500 (Hospice) = \$614
 - Projected no. of patients admitted to Hospice (Annualized) = 128

Problems Encountered

Change over of Medical Officers and Resident doctors on a 3 monthly basis to ensure that there is continuity of interventions during change overs.

Strategies to Sustain

- Continual engagement of interdisciplinary team at all levels.
- Regular feedbacks and education to the junior doctors and referring team to ensure continual communications & feedbacks (incorporating checklist for juniors through departmental orientation, intranet and core tutorials).
- Spread to all Palliative Care patients outside ward 83, isolation beds (ongoing new measure on MRSA decolonization while waiting DPH to increase capacity) and collaborative effort with other hospices.

Appendix 4: Testimonials from families



"You matter because you are you, and you matter to the end of your life." Dame Cicely Saunders

Dear Dover Park Hospice Management + Staff.

Thank You seems so inadequate for the excellent care shown to my beloved father, [redacted]

Words can't express how fortunate & blessed I felt to see him being cared for by such an amazing team that went above & beyond the five months he made the hospice his home.

Everyone was genuinely caring, compassionate & professional in the best sense.

It's remarkable to see how my reserved father began to adopt a calmer & positive persona with his limited ability to express even when his condition was declining.

On behalf of the family, please enjoy our small token of gratitude for the services rendered during my father's life & for the spiritual support & guidance following his transition.

Special thanks to the level 2 nurses of DPH for the thoughtful card that was meant for his birthday today. I'm deeply touched.

much Love,



Dear Dr. [redacted] and team and Dedicated nurses,

A big heartfelt thanks to all of you for taking such great care of Mrs. [redacted]. We truly appreciate the care and concern that all of you have for her well being. No words can express our gratitude.

To the past 3 months, Dover Park Hospice has allowed us to spend quality time with her and it has left us good memories which will be etched in our heart forever.

All the best,
From [redacted] Family
[redacted] 25/7/2020