

Project Title

Tackling Long Turnaround Time for Nursing Home Placement Initiation

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Organisation(s) Involved

Tan Tock Seng Hospital, Woodlands Health Campus, Agency for Integrated Care

Healthcare Family Group Involved in this Project

Healthcare Administration, Allied Health

Specialty or Discipline (if applicable)

Operations, Division of Integrative & Community Care, Medical Social Workers

Aims

To optimise the processes for Nursing Home (NH) placement initiation, a MyCare Advanced project was initiated.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Conclusion

See poster appended / below

Additional Information

Singapore Healthcare Management (SHM) Conference 2021 – Shortlisted Project
(Communications Category)

Project Category

Care & Process Redesign, Value Based Care, Access to Care, Turnaround Time

Keywords

Nursing Home Placement Initiation, MyCare Advanced, Care Planning Package, Root
Cause Analysis

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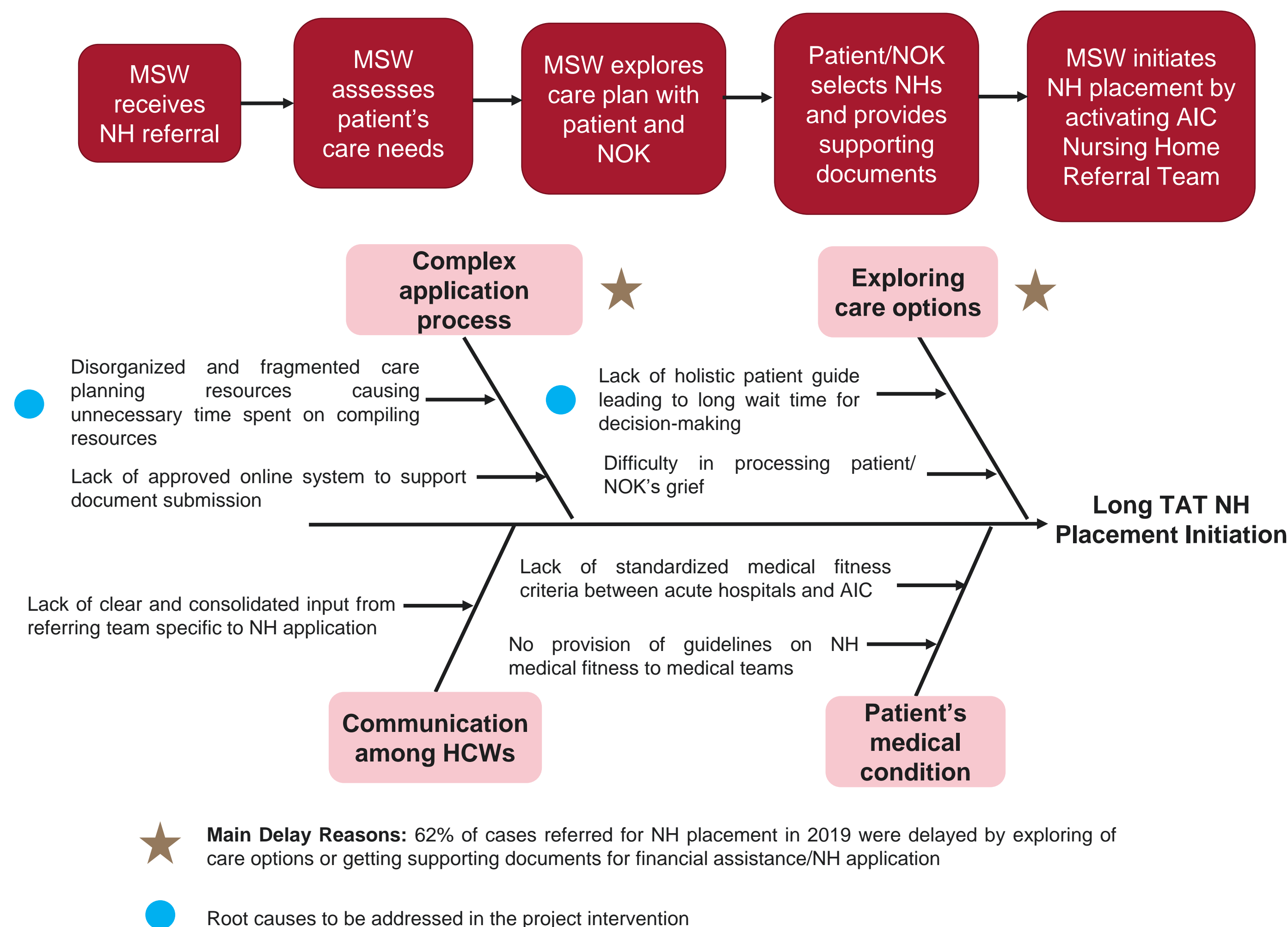
BACKGROUND

There was an increase in the average weekly number of cases waiting for nursing home (NH) placement in TTSH, from 40 (2018) to 55 cases (Jan – Sep 2019). This has contributed to the rising longstayer numbers in Tan Tock Seng Hospital (TTSH), and the patients bound for NH comprise ~40% of the patients who are medically fit for discharge.

It was observed that the average turnaround time (TAT) from medical social workers (MSW) receiving the patient referral from the ward to initiation of the NH placement referral on the Integrated Referral Management System (IRMS) of the Agency for Integrated Care (AIC) portal was 22.2 days (based on Mar – Sep 2019, n = 357).

To optimize the processes for NH placement initiation, a MyCare Advanced project was initiated to tackle the issue.

PROCESS FLOW & GAP ANALYSIS



IMPLEMENTATION

Pilot of Care Planning Package in Care & Counselling (C&C) Department

1. A Care Planning Package was piloted from Feb – Sep 2020 to facilitate MSW's exploring of care options with patients/next-of-kin (NOK). Packages were prepared by the MSW admin staff and placed at the C&C department office at TTSH main site. The package contains the following:

Care Resources	Compiled Forms	Others
"Caring for your loved one on mobility aid" (info sheet with spectrum of home-based, centre-based services)	Means Test Declaration Form	Checklist of submission documents for patient/NOK
Elderarer Foreign Domestic Worker (FDW) Scheme	Residential Service Declaration Form	
Nursing Home Information Kit	Financial Assistance Declaration Form	
List of Private Nursing Homes	I&E Template	
AIC Financial Schemes brochure	AIC Long-term Care Schemes Form	
Go Respite brochure		
Lasting Power of Attorney (LPA) brochure		



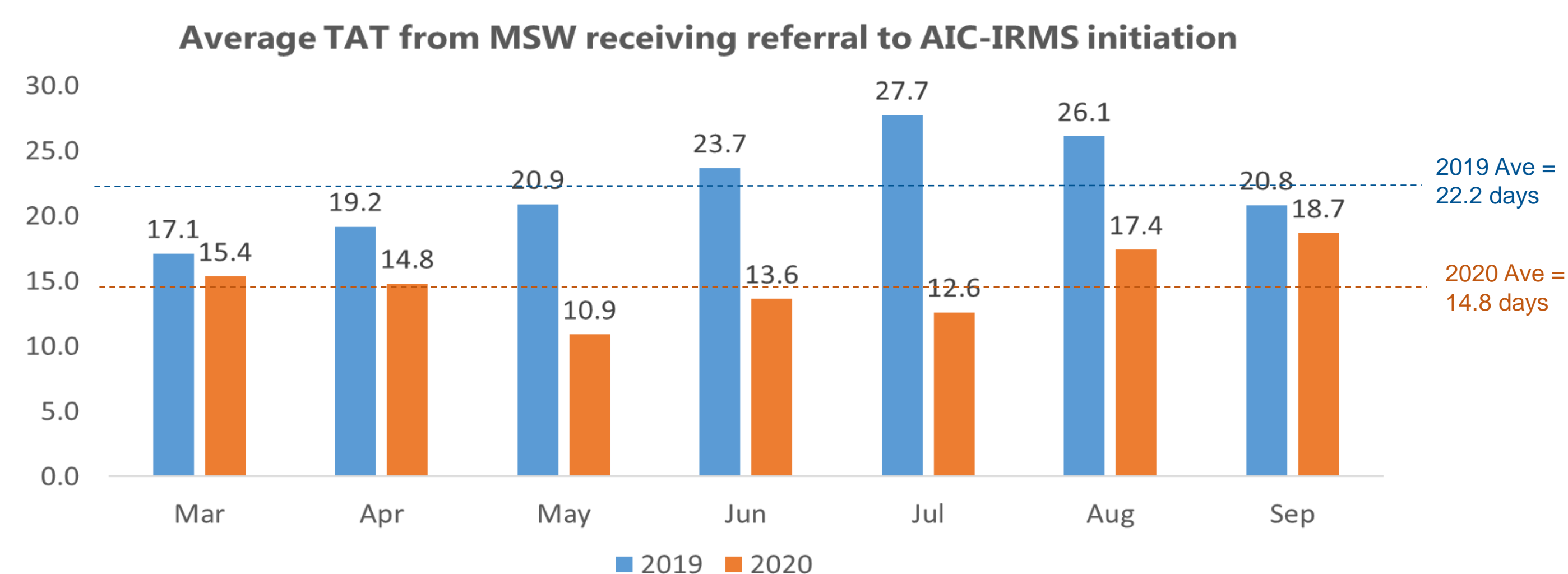
2. Pre- and Post- Test Surveys were administered to the C&C department (n = 29) on 17 Jan 2020 and 5 Aug 2020 respectively to measure the impact of the package on the following areas:

- ❖ Average time spent planning and collating resources & forms
- ❖ Rate of missing out items for care planning
- ❖ Utilization of AIC resources
- ❖ Perceived TAT for submission of documents by patient/NOK

3. A Focus Group Discussion was conducted on 5 Nov 2020 with 6 MSWs to gather qualitative data on the utility and potential areas of improvement of the care planning package.

RESULTS

1. Decrease in TAT was observed comparing pre- and post- intervention



*2019 & 2020 data excludes values above 3 SD
*Data collection period: Feb 19 – Sep 19, Feb 20 – Sep 20

Comparing the 7-month period of Mar – Sep in 2019 (n = 357) & 2020 (n = 285)*, there is a reduction of **7.4 days** in average TAT from 22.2 days to 14.8 days.

2. Positive results from the analysis of the pre- and post- test survey

Item	All respondents (n = 29)		Respondents who completed both surveys (n = 14)	
	Pre-Test	Post-Test	Pre-Test	Post-Test
1 Average time spent planning and preparing resources & forms (min)	23.5 min	20.5 min	21.8 min	8.4 min
2 Rate of missing out items for care planning (out of 5 cases)	1.62	0.86	1.4	0.5
3 Utilization of AIC resources in at least 1 case (%)	27.6%	65.5%	35.7%	64.3%
4 Average perceived TAT for document submission by patient/NOK (days)	14.9 days	7.4 days	14.5 days	7.3 days

3. Insights from the Focus Group Discussion

- There was increased awareness of AIC resources when compiled in the package, **increasing accessibility to these resources which serve as good visual aids** in guiding care planning discussions.
- Participants appreciated the time savings from being able to **easily pick up a holistic package instead of searching for individual forms**, which also reduces the tendency to miss out on items.
- General low awareness of new AIC schemes and forms among participants highlighted the **importance of ensuring timely dissemination of information regarding new forms and resources**.
- The package is **helpful for MSWs who may not be familiar with the NH application process**, particularly for newly-joined MSWs or MSWs who infrequently handle NH cases.

DISCUSSION

- Productivity of MSWs increased with respect to initiation of NH placement, and a total of 285 cases x 7.4 days reduction in TAT = 2,109 bed days were avoided, assuming each patient would have stayed in the inpatient ward for an additional 7.4 days without the pilot intervention.
- Apart from the benefits of the care planning package, COVID-19 related factors in 2020 could have contributed to the reduction in TAT, such as the disruptions in business-as-usual workflows.
 - Patients initiated for NH placement could have been referred to MSW initially for other issues, and not solely for NH placement. As such, the total TAT cannot be entirely attributed to the administrative processes for NH placement initiation.

STRATEGIES FOR SUSTAINING THE GAINS

Proposed provision of a holistic care planning package by the Agency for Integrated Care as the national coordinating body for community care services and intermediate and long-term care (ILTC) placement to facilitate:

- Timely refresh** of the latest versions of brochures and forms, translating to cost and time savings on the ground.
- Standardization of care resources** provided for patients across all Regional Health Systems (RHS).
- Economies of scale** by having one main provision source.