Integrating Transitional Care Facilities (TCFs) into discharge planning in Outram Community Hospital

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SingHealth Community Hospitals
Bright Vision • Outram • Sengkang

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Background

Outram Community Hospital (OCH), is co-located with Singapore General Hospital to deliver seamless continuum of care, offering integrated care pathways for patients requiring sub-acute care and rehabilitation before reintegrating into the community.

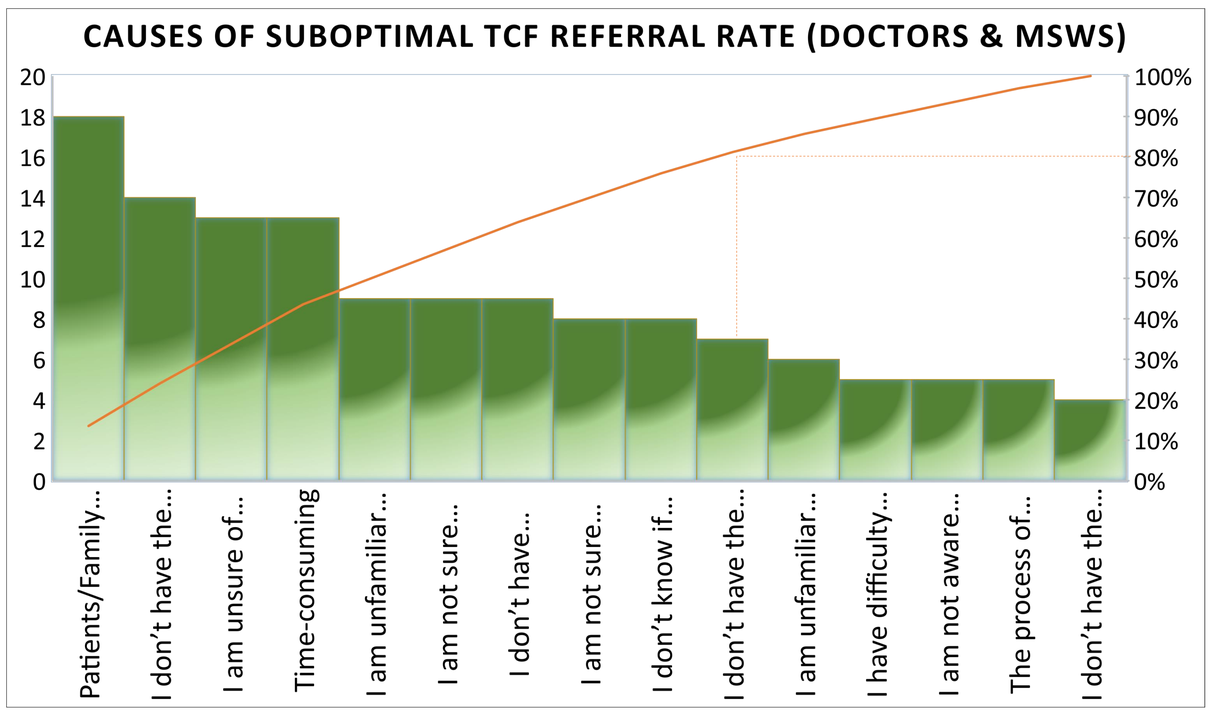
Transitional care facilities (TCFs), run by private sectors were first established in 2022 to provide care for medically stable patients from the public healthcare institutions (PHIs) who need time to recover and are waiting to finalize their long-term care arrangements, such as home or nursing home care. With increasing strain on the acute hospital capacities, TCFs further free up beds in hospitals that provide acute medical care.

Problem statement & Motivation

Nonetheless, persistent challenges remain, including a concerned waitlists for OCH transfer at SGH and tight bed capacity. From April 2022 to April 2023, the number of referrals from OCH ranged from 0-2 per month. Only 9 patients from Outram community hospital were referred to Transition Care Facilities from November 2023 to April 2024. This draws attention to review the process of right siting suitable OCH patients to TCFs to ensure appropriate allocation of resources.

Preparation & Analysis

To understand the barriers and opportunities for improvement, the Quality Improvement (QI) team surveyed members of MDT, specifically the doctors and medical social workers. Possible factors contributing to suboptimal TCF referral rate were brainstormed using a cause & affect analysis. Using pareto chart, top ranked weighed factors contributing to low TCF referral rate were identified from both doctors and medical social workers.

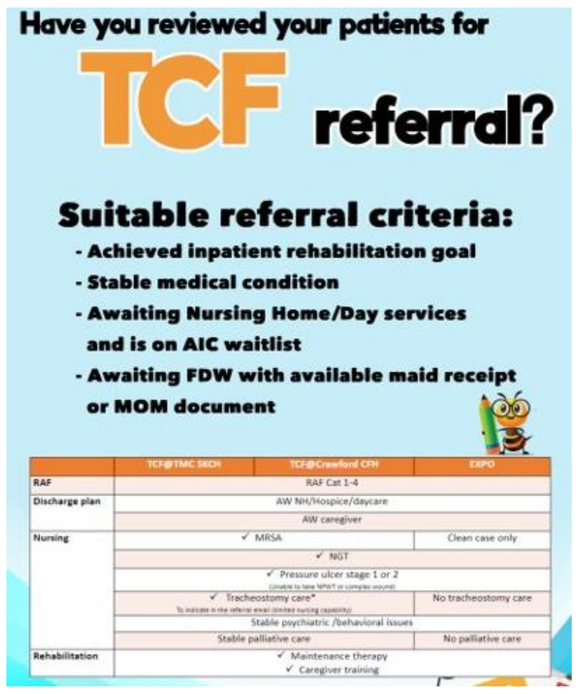


Key findings underscored lack of awareness and accessible information to facilitate discussion, patients and carers refusal, it not being part of MDT's routine to identify suitable patients for TCFs during weekly MDM discharge planning, unclear roles within MDT members and unclear referral path to the newly set up TCFs. Findings are presented during respective medical and medical social workers departmental meetings.

Interventions

PDSA 1: Firstly, criteria for TCFs referral were summarized using an at-a-glance table to ease the work process of MDTs as TCFs are run by different private entities with varying criteria. Sharing of TCFs information and referral workflows to respective private TCFs was conducted during department meetings every posting and made accessible in department shared drive.

TCFs	EXPO	SOUTH	Crawfurd	West	AMKH *$300 deposit
Discharge plan	AW VNH/Sheltered Home/Senior Group Home/Daycare – AIC accepted. AW FDW/caregiver – with receipt.				
Rehab support	Maintenance therapy (RAF Cat 1-4), including those awaiting weight-bearing status change. Caregiver training				
Nursing support	✓ MRSA				✓ MRSA/VRE/CP CRE
	✓ NGT ✓ Pressure ulcer stage 1 or 2 (To indicate dressing needs) (No VAC dressing/complex wound) Pls check in with respective TCFs on other specifics.				
	Stable psychiatric /behavioral issues				
	Stable regular community dialysis *To include dialysis schedule & dialysis location in referral				
Tracheostomy	x	x	✓	x	x
Stable Palliative	x	x	✓	✓	x

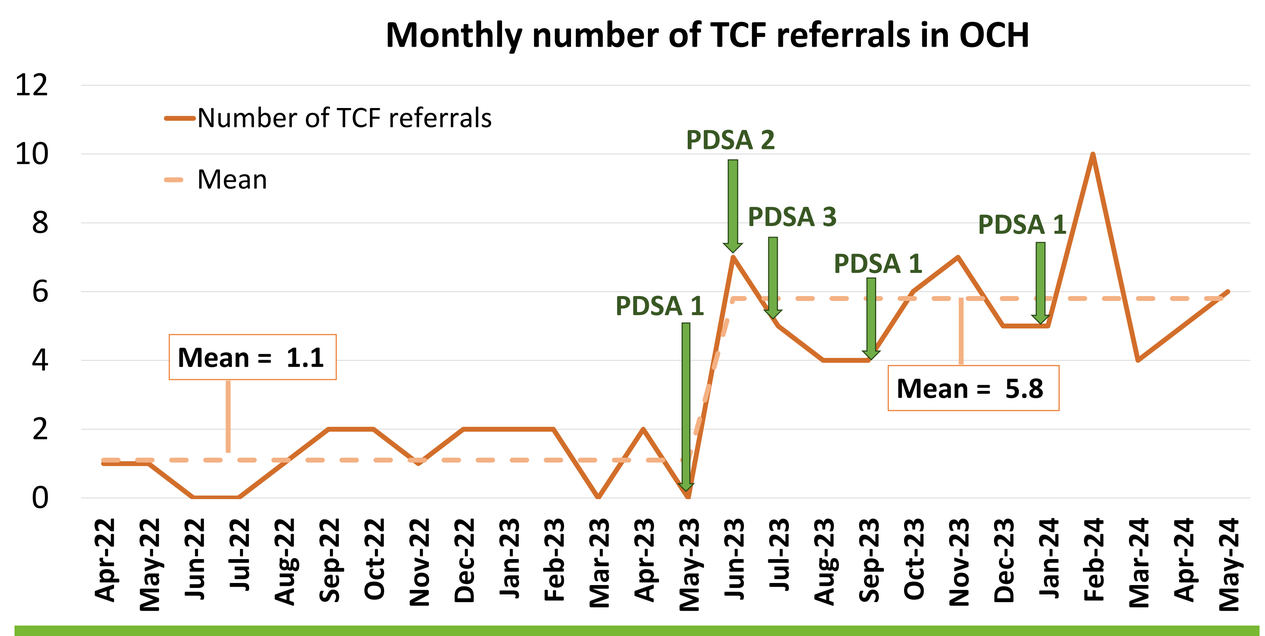


PDSA 2: Financial support for ambulance transport charges between OCH to TCFs were sought and approved by OCH Finance department in June 2023 to address the barrier of out-of-pocket cost.

PDSA 3: Lastly, a visual poster reminder to integrate TCFs as part of the discharge planning were put up in respective MDM rooms. This was initiated in 3 wards and spread to all wards after feedback reviews.

Outcomes & Impacts

During the period of QI from May 2023 to January 2024, the number of referrals increased to 4-7 per month in June-December 2023, from 0-2 per month. Post-interventions, the number of referrals remained improved at 5-10 per month from February-May 2024.



Conclusions

This project contributes to significant improvement in right-siting care and appropriate resource allocation. With evolving healthcare landscape, staying open-minded, proactive and attentive to the barriers and phases of change among healthcare professionals is crucial to enable positive changes.