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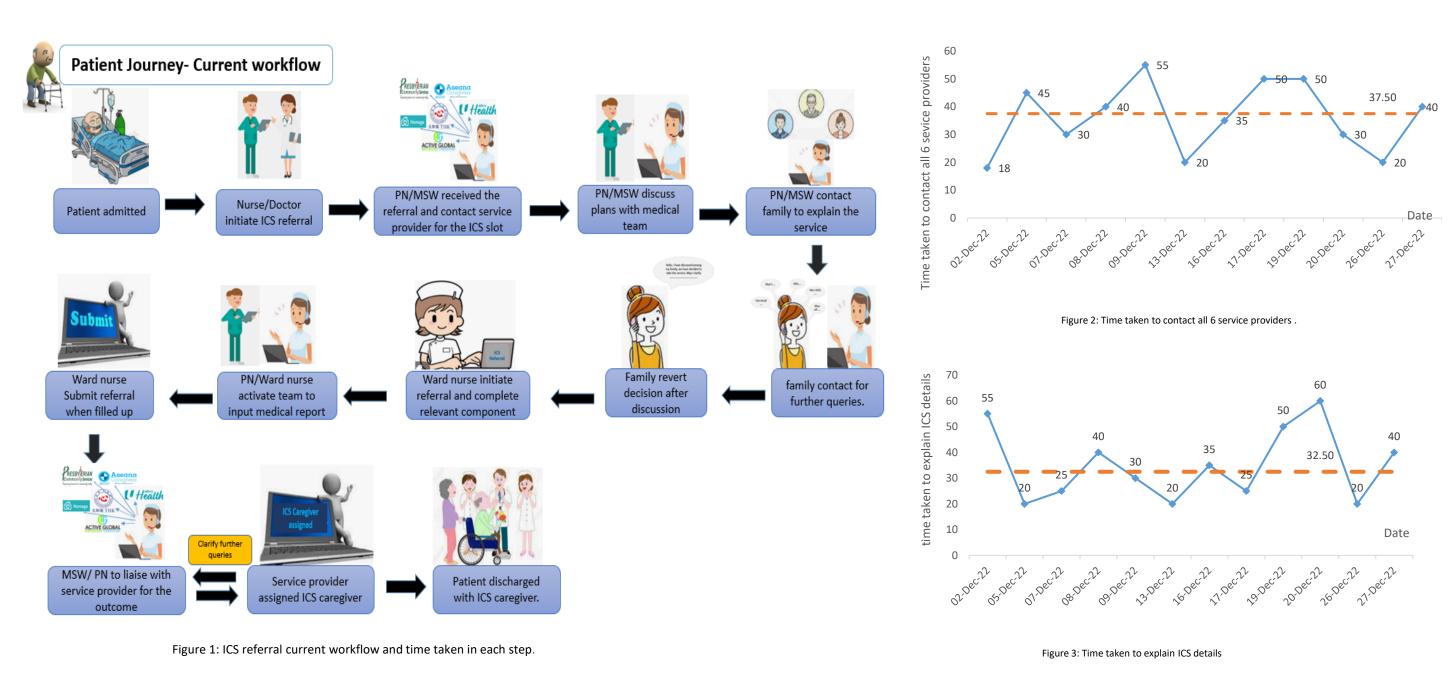
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Background of the problem

According to MOH guideline 2020: "Interim Caregiver Service (ICS) aims to facilitate hospital discharge for clients who are waiting for their long-term care plans to come into effect. The service encompasses having an interim caregiver to provide care for the client at home for a time-limited period until permanent care arrangements are in place."

After reviewing current ICS workflow (Figure 1), our team decided to select this project due to: Firstly, contacting all six ICS service providers to obtain the earliest available dates was extremely time-consuming. The process required an average of 37.5 minutes to reach all providers, often necessitating multiple phone calls due to no one answering the landline (Figure 2). This extensive time investment was crucial to secure the earliest ICS slots. Secondly, there was a significant time burden associated with verbally providing detailed ICS information to patients and their families. Explaining referral criteria, service coverage, duration, caregiver capabilities, and charges required an average of 32.5 minutes per session (Figure 3). The lack of readily available ICS information materials often led to repeated explanations, as families found the information complex and confusing. Lastly, delays in submitting ICS referrals were common, relying heavily on ward nurses for submission. Shift changes often resulted in overlooked submissions, causing missed ICS slots and delayed patient discharges. These inefficiencies highlighted the need for a streamlined approach to manage ICS referrals.

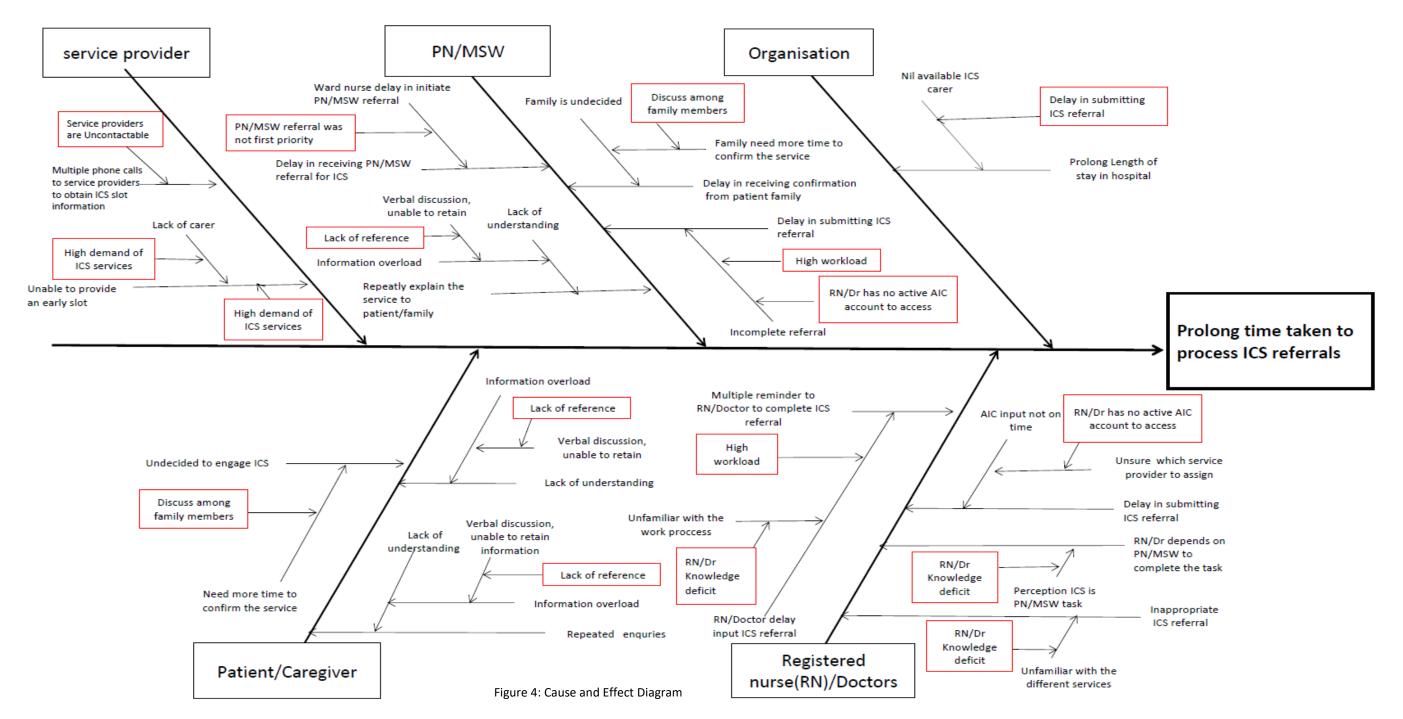


Mission Statement

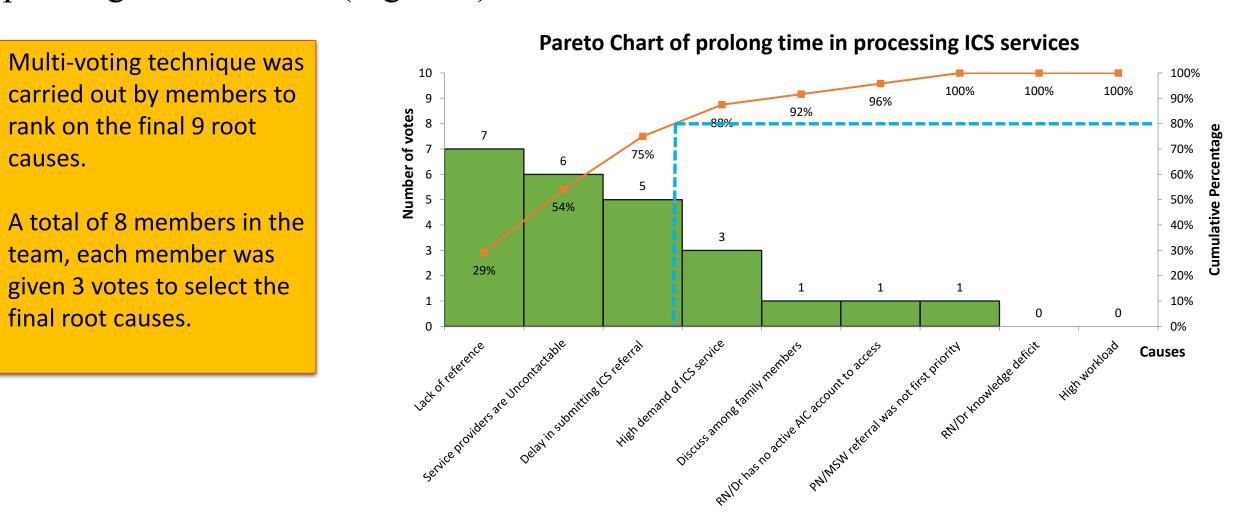
To reduce Patient Navigator (PN)/Medical Social Worker (MSW) time taken in processing Interim Caregiver Service (ICS) referrals by 50% from 91min to 45 minutes within 6 months.

Analysis of problem

With the feedback gathered, our team used the Cause-and-Effect Diagram (Figure 4) to identify the root causes of our problem



The Pareto Diagram was used to identify the final root causes in order to develop the corresponding interventions (Figure 5).



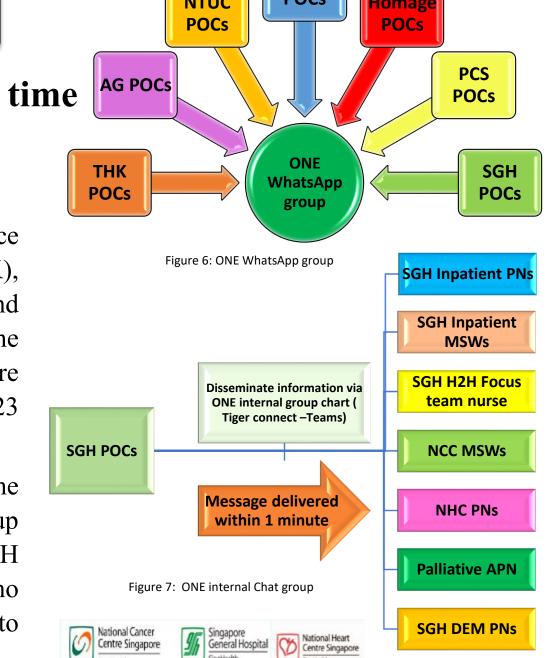
Interventions / Initiatives

PDSA Cycle 1: Streamlined Communication & reduced time AG POCS taken to contact 6 ICS service providers.

Step 1: Establish Point Of Contact (POC) with 6 ICS service providers.

Step 2: Created ONE WhatsApp group between SGH PN/MSW POCs and 6 service providers' POCs (Figure 6). These 6 providers includes Thye Hua Kwan (THK), Active Global (AG), National Trades Union Congress(NTUC), Aseana, Homage and Presbyterian Community Services (PCS) which will provide daily update of the earliest ICS slot available. This eliminates the phone calls and prompt updates are received from all the 6 ICS providers. This intervention has started from 01/02/2023 till date.

Step 3: SGH POCs created ONE internal Microsoft Teams group to disseminate the information received daily from 6 ICS POCs (Figure 7). Microsoft Teams group includes all relevant stakeholders: SGH PNs, SGH Inpatient MSWs, SGH H2H Focus team nurse, NCC Inpatient MSWs, NHC PNs, SGH Palliative APN, who handles ICS referrals (Total of 89 staff). SGH POCs spent less than 1 minute to forward all messages. This intervention has started from 01/02/2023 till date.



PDSA Cycle 2: Enhanced Information Accessibility & reduced time taken to explain the service to family/patient by creating an ICS information sheet for reference (Figure 8).

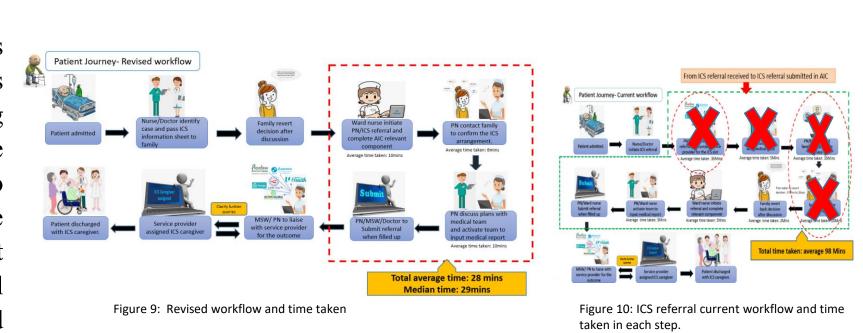
MOH Guideline on ICS contains 23 pages of information in regards to nursing tasks however it does not specify nursing tasks in detail hence our team has collaborated with all 6 ICS service providers, to understand their capabilities and limitations. We then came up with a concise and relevant information sheet, for family/Ward nurse/PN/MSWs' reference.

The information sheet will be uploaded on SGH intranet for easy reference.

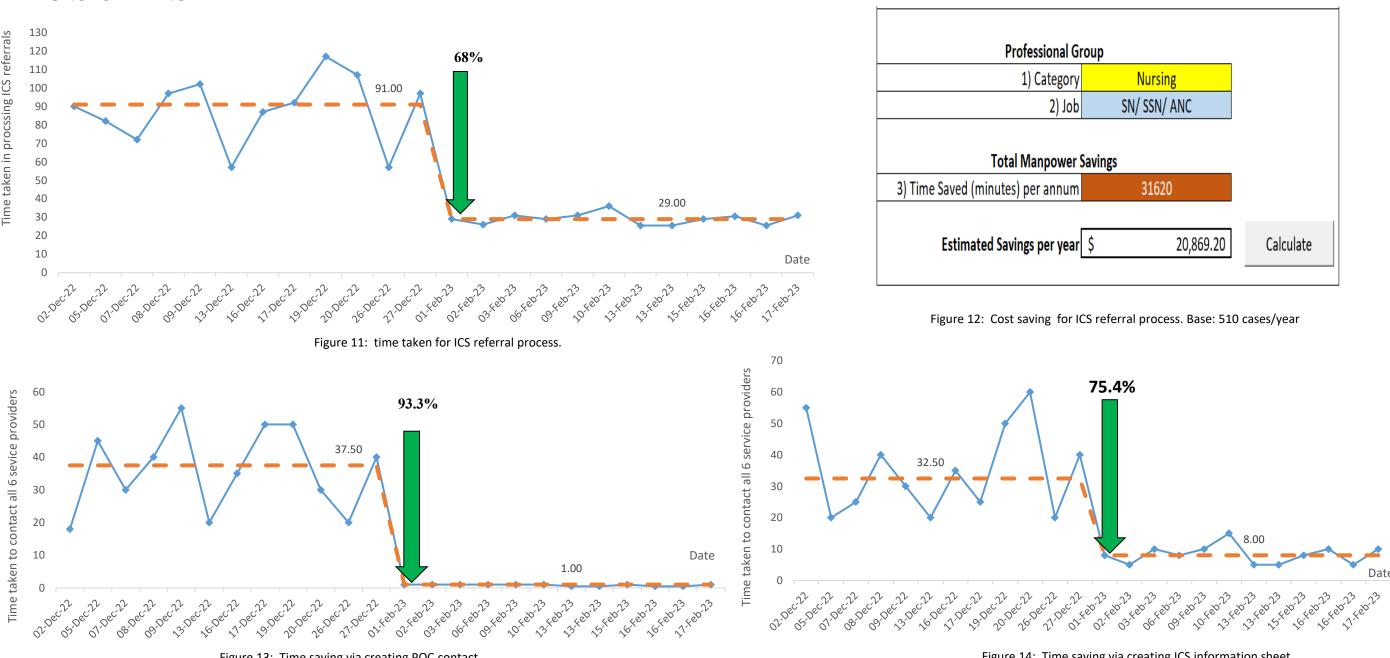
Information sheet is available in both hard copy and soft copy. We have generated QR code for easy access. A clickable QR code is included inside the information sheet for easy access to refer from original sources. This QR code is strategically placed in various SGH wards, including Wards 43, 45, 46, 47, 48, 55, 57, 63, 78, the PN office, SGH@Home office, and SGH and NCC MSWs' office, to facilitate easy access to up-to-date information.

PDSA Cycle 3: Revised workflow

With the established POCs with ICS service providers and reference information sheet, our team has successfully eliminated the steps during ICS processing time. To ensure timely submission of ICS referrals, we have empowered PNs, MSWs or primary doctors to submit the referral directly via AIC once all inputs are completed instead of relying on ward nurses to submit ICS referrals. This further streamline the referral process. The revised workflow (Figure 9), as compared with the old workflow (Figure 10), has definitely alleviated the burden on the ward nurses to follow through with the referrals



Results



- 1. The median time spent for ICS referral reduced from 91mins (pre) to 29mins (post). We have achieved 68% time saved in the whole process (Figure 11).
- 2. Based on an annual average of 510 cases, man-hours saved translated to cost savings amounted to \$20869.20 SGD/year (Figure 12).
- 3. Through the new initiative, we have eliminated the process of contacting the 6 ICS service providers by receiving daily updates from the POCs via WhatsApp. This resulted in 93.3% time saved (Figure 13).
- 4. The information sheet on ICS, enhanced communication related to ICS details to family by 75.4% (Figure 14) and also prevented wrong ICS referrals.
- 5. With early discharge, we are able to save hospital bed days and increased staff and patient's satisfaction. This project also created a better workflow for ward nurses in processing ICS referrals. It is also in tandem with SGH's statement of patient centric care in providing seamless transfer in patient care delivery.

Sustainability Plans

The project has established a new and recommended workflow for the process of ICS referrals. The improved workflow saved time and improved productivity and efficiency. Moving forward, the team aims to enhance scalability by collaborating with other Restructure Hospitals (RHs) and Community Hospitals (CHs) nation-wide, by streamlining the referral process and promoting the extensive utilization of ICS resources throughout the country.