Efficient and Seamless Transition of Care for Patient at the End of Life

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INTRODUCTION

Patients receiving end-of-life care in the community may require admission into an institution due to reasons such as caregiver stress or poorly controlled symptoms. Typically, these patients will present to the acute hospital EDs, where they will be evaluated by the ED physician, and wait in the ED for a general ward bed. The wait time in ED can take up to a day, depending on hospital bed occupancy rate (BOR). Upon admission to the ward, the patient will be re-evaluated by the ward medical team, and may undergo unnecessary blood and radiological investigations before their goals of care are reestablished. Eventually a referral is made to IHPCS and a transfer is planned. This whole process can take up to a week, which can be distressing for both the patients and their caregivers.

OBJECTIVE

SKCH IHPCS worked with SKH ED and SKH inpatient palliative medicine team (PLM), to come up with a workflow to facilitate the direct admission of suitable palliative patients from SKH ED to SKCH IHPCS.

The objectives of the workflow are to allow:

- patients to have early access to inpatient palliative care, reducing their waiting times for a ward bed
- right-siting of patients, thus reducing the bed occupancy of acute hospitals, and reducing unnecessary investigations
- a seamless transition of care of patients from SKH ED to SKCH IHPCS

METHODOLOGY

In this collaboration, SKCH IHPCS including Business Office staff, worked with SKH ED and PLM to first develop a set of eligibility criteria (Figure 1) to determine a patient's suitability for direct admission to SKCH IHPCS from SKH ED.

Figure 1: Screening criteria for direct admission from SKH ED to SKCH IHPCS

Patient factors

- Suffering from an advanced and progressive disease for which cure is unlikely
- Estimated prognosis of 3 months or less
- Goals of care are aligned to be for comfort and not for further investigations and interventions
- Not imminently dying and symptoms adequately controlled, to allow for safe transfer to SKCH IHCPS

Caregiver factors

- Unable to cope with care of patient at home
- Agreeable for transfer to SKCH IHPCS after financial counselling done by SKCH Business office

Logistic factors

 ED referral made on Mondays= Fridays, with last referral timing at 1.30pm Considerations included patient factors such as their hemodynamic stability for transfer, and logistic factors such as a suitable cut-off time for referral and transfer. While we wanted to allow for a longer time frame for more patients to benefit from this, we had to ensure there was ample time for a handover and preparation for admission of the patient during office hours.

The teams then crafted a workflow (Figure 2) that details the referral process, involving SKH ED, SKH PLM and SKCH IHPCS.

Figure 2: Workflow for direct admission from SKH ED to SKCH IHPCS

ED Senior Doctor to identify patient for Pall referral to IHPCS as per admission criteria

ED Senior Doctor to check with EDTU Senior Doctor for SKCH Palliative bed availability.

ED MO call SKH Palliative Medicine Consultant to review case for suitability to SKCH

after Patient's and NOK's permission for transfer.

- If accepted by SKH Palliative Medicine Consultant, TigerText/Teams SKCH Palliative
 Doctor (Dr Ami Nagashima/ Dr Khairun Nafeesha) to inform of transfer after
 screening Annex A and inform if any of the screening question is yes (If any of the
 screening is yes, patient would require single room.
- Put up referral order via SCM "CH Referral SKH- SCH: Palliative" (to import acronym template EDPALL from Dr Chan Chee Yun Eunice/ APN Sim Wee Sern Glen)
- Perform ART if patient has ARI symptoms and ensure ART is negative.
- MO to send photo of patient's NRIC and NOK's contact details to SKCH Palliative Doctor via Teams

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SKCH Palliative doctor will inform the ED MO of the bed availability and readiness to send to ward 86 via SCM- "Correspondence Note V2 SKCH" and TigerText/Teams,

ED nurse will discharge patient as per current practice.

(Ensure ED MO fill in the disposition as "Transfer to other Hospital" and indicate to Sengkang Community Hospital.

ED Nurse to do the following:

- Removed RTLS tag and change to new ED wrist tag.
- To send patient to SKCH via trolley and pass the case notes to the porter to pass to SKCH ward (Target to send to SKCH latest by 3pm)

RESULTS

Since the implementation of the workflow 4 months ago, we have facilitated 1 transfer for direct admission from SKH ED to SKCH IHPCS within 2 hours of review by SKH PLM in the ED. Additionally, there was a patient who was reviewed by SKH PLM in the afternoon in SKH ED, but in view of the cut-off time, the patient was planned for admission to SKH General ward. However, in view of lack of bed availability, she waited in the ED overnight, and was then directly transferred to IHPCS the next morning.

CONCLUSION

This collaboration has demonstrated its value in early access to inpatient palliative care service. There is potential for reducing the need for unnecessary laboratory or radiological investigations and cost savings from shorter hospital stay. The workflow allows a seamless transition of care for palliative patients from SKH ED to SKCH IHPCS, thus improving patient's quality of life and allow for more efficient use of resources in the acute hospitals.





