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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.

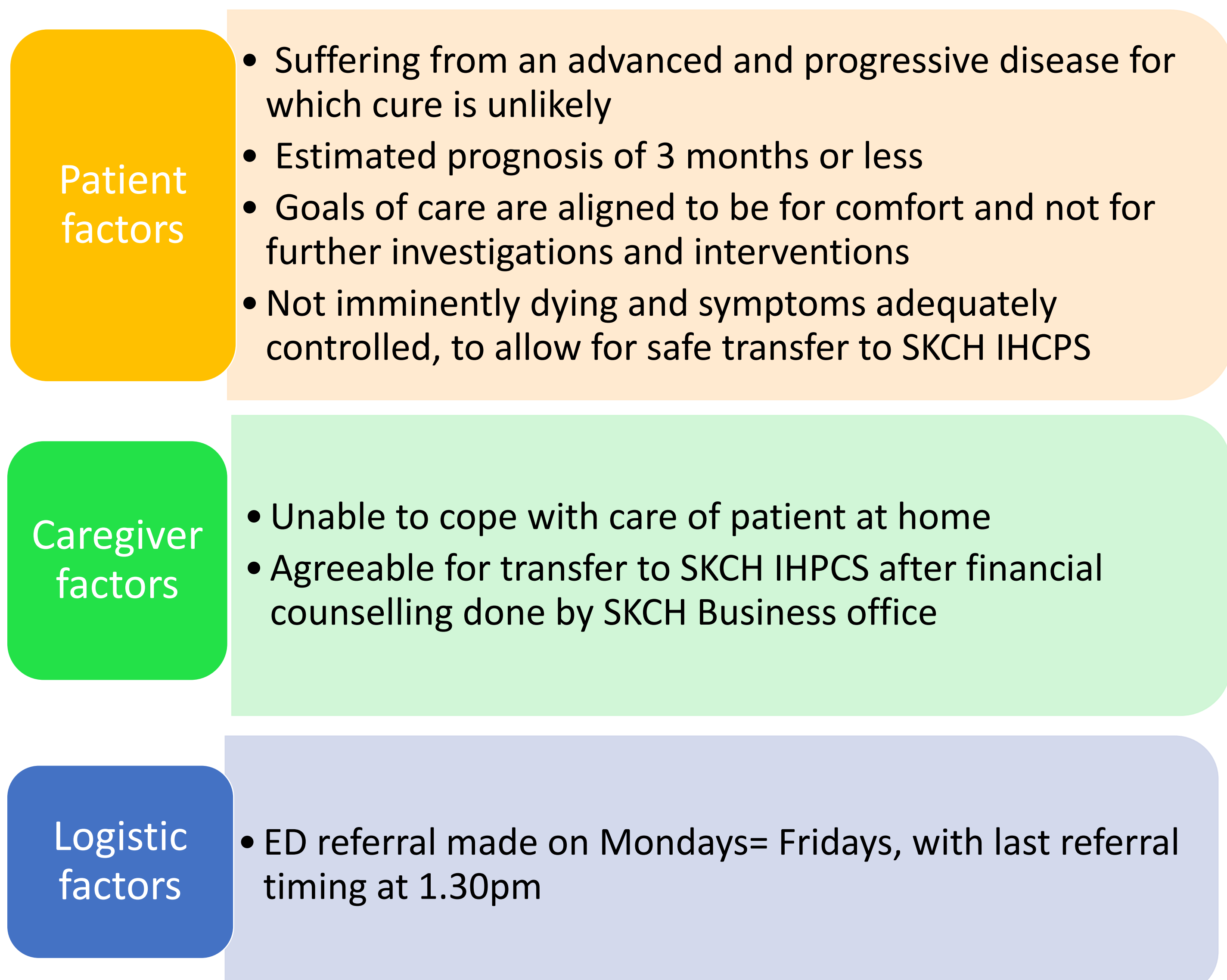
The objectives of the workflow are to allow:

- 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.

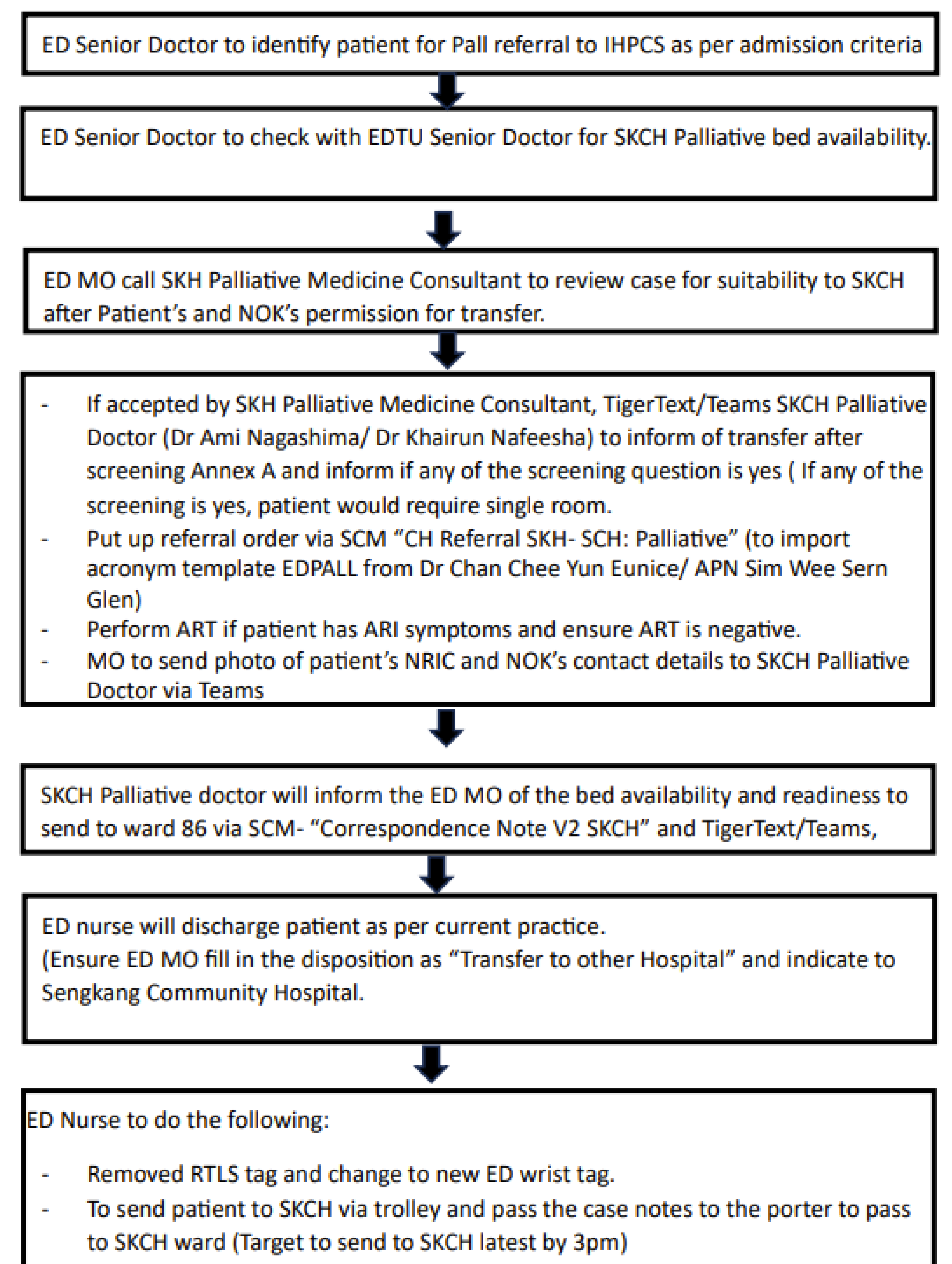
Figure 1: Screening criteria for direct admission from SKH ED to SKCH IHPCS



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



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.