

Project Title

Redesigning Care by Engaging Nursing Homes (NH)

Organisation(s) Involved

Tan Tock Seng Hospital, Agency for Integrated Care, Renci Nursing Home, St Theresa's Home, Thye Hua Kwan Nursing Home

Lessons Learnt

- Think Win-Win
- Importance of Open Communication
- Empathy and learning to see from others' perspective
- Allow a feedback channel for continuous on the ground feedback

Project Category

Care Redesign, Process Improvement

Keywords

Process Improvement, Workflow Redesign, Macro System Improvement, Nursing, Nursing Home, Nursing Home Placement, Nursing Home Application, Turnaround Time, Waiting Time, Efficiency, Productivity, Manpower Optimisation, Manpower Relocation, Nursing Home Referral Team, Standardizing Information, Bed Day Saving, Cutting Waste, Cost Savings, Cost Avoidance, Inter-Institution Collaboration, Tan Tock Seng Hospital, Agency for Integrated Care, Ren Ci Nursing Home, St Theresa's Home, Thye Hua Kwan Nursing Home, Value Stream Mapping, Future State, Open Communications

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Redesigning Care by Engaging Nursing Homes (NH)

Tan Tock Seng Hospital (TTSH), Agency for Integrated Care (AIC), Ren Ci Nursing Home, St Theresa's Home, Thye Hua Kwan Nursing Home

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Objective: To streamline and reduce turnaround time (TAT) of NH applications

Background:

- Long Wait Times for NH placements
- NH applications were complicated and ambiguous
- With a rapidly ageing population, the demand for NH placements would increase

Recognizing that there is a need to **bring value to our patients and also to our staff by reducing the wait time for NH**, a workgroup was formed to look into improving the NH application turnaround time and workflow.

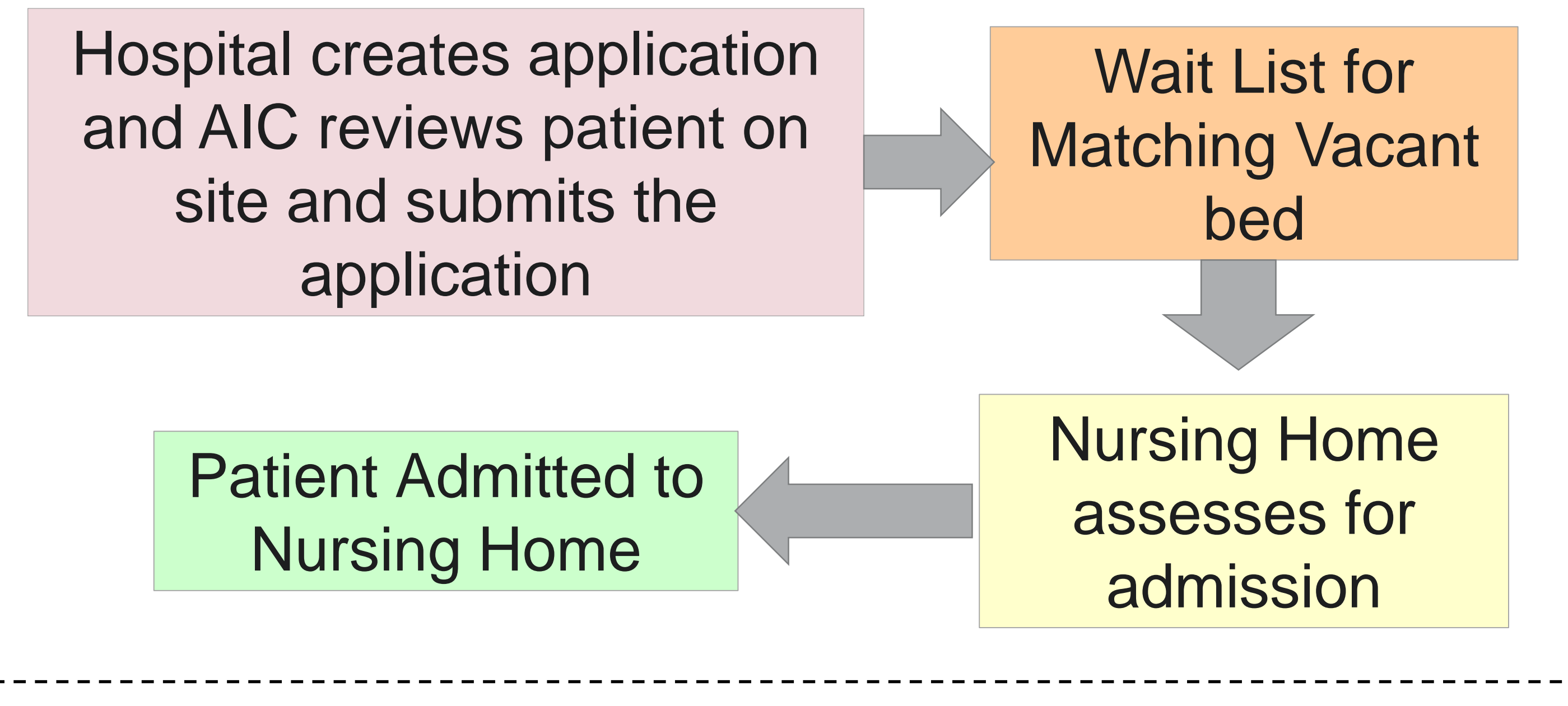
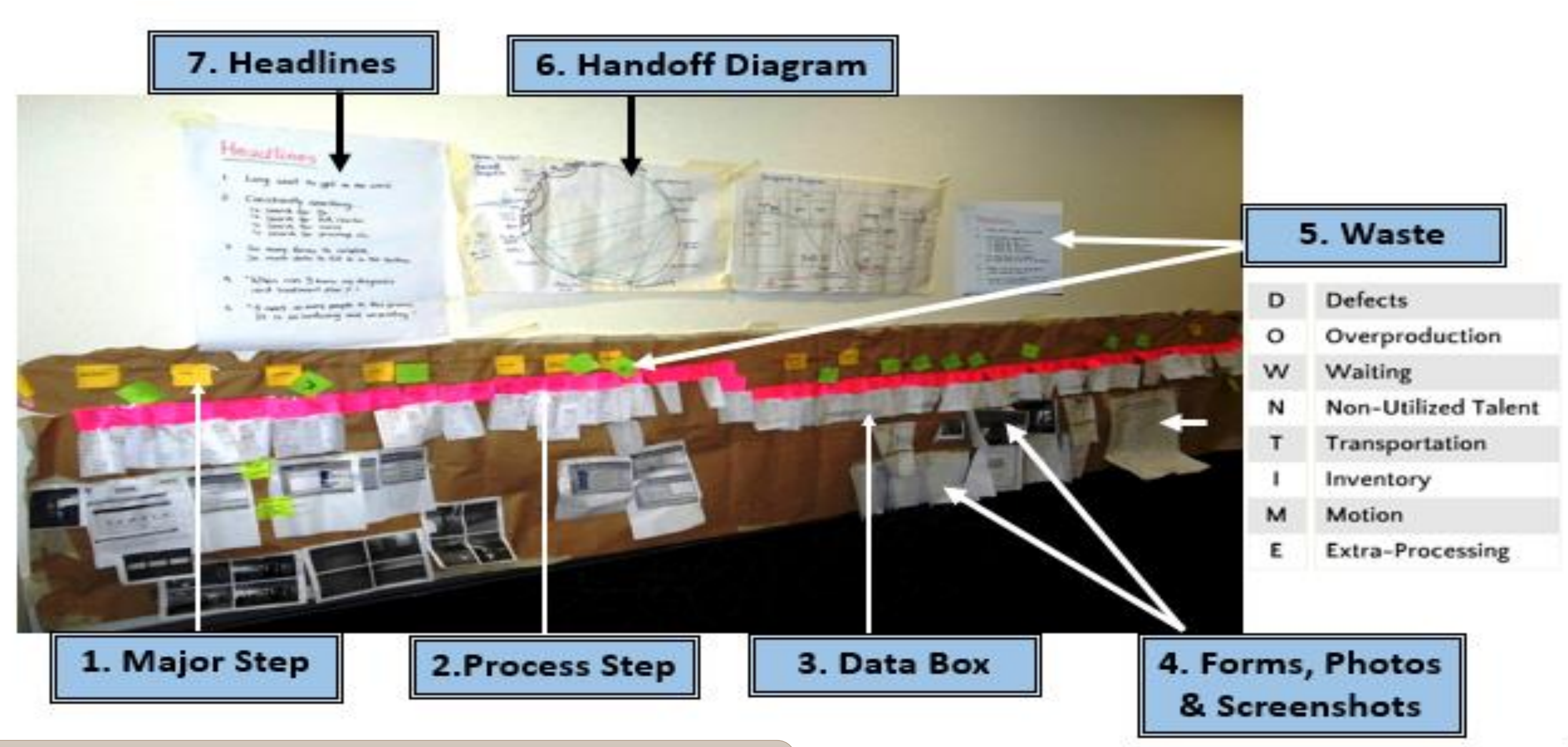
How did we do it?



A **Value Stream Mapping** approach was adopted to **map out the process steps, identify waste and co-create the future state** with the inputs of all stakeholders involved (TTSH MSWs, Nursing, TTSH Ops, AIC staff and NH staff)

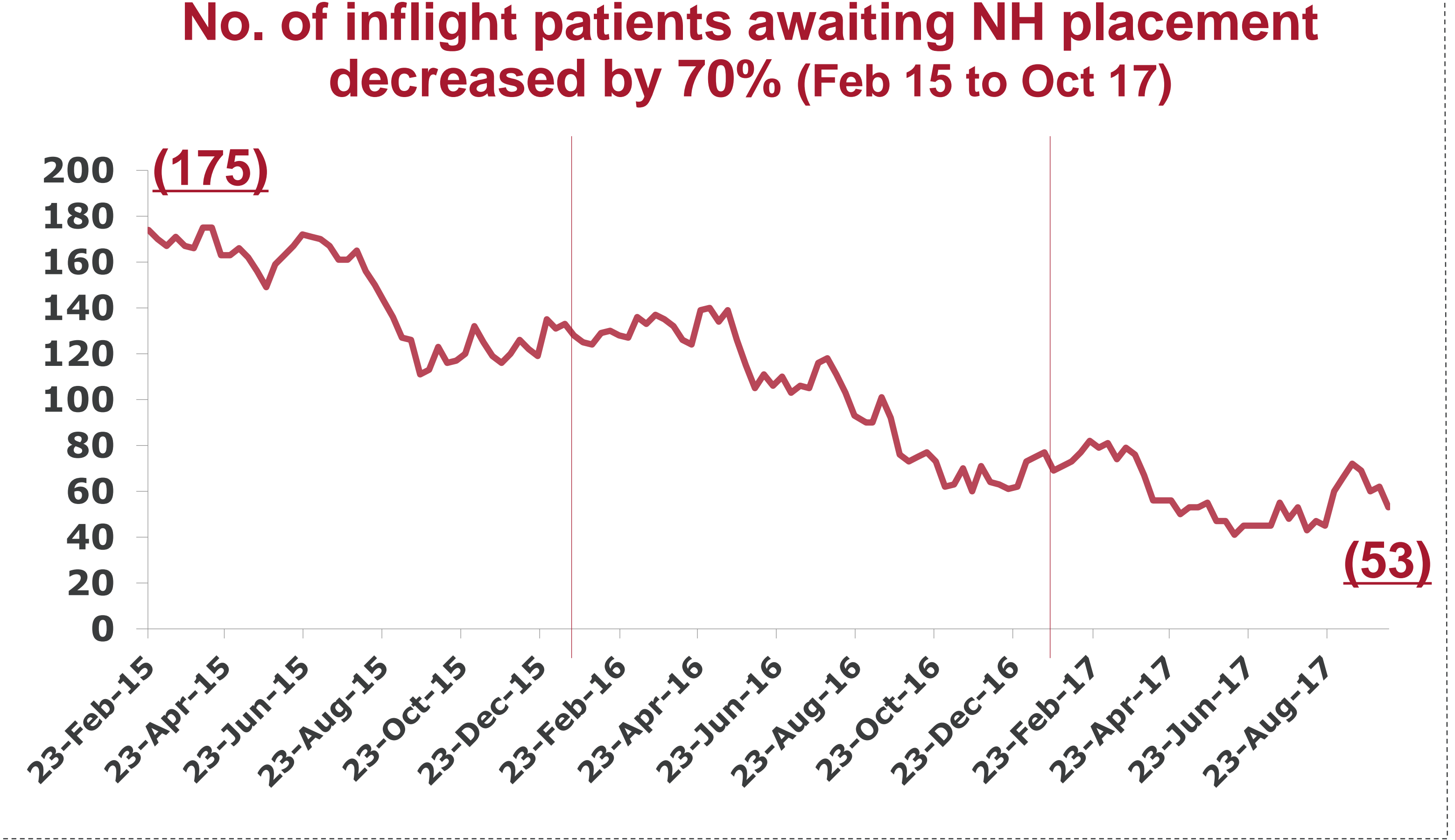
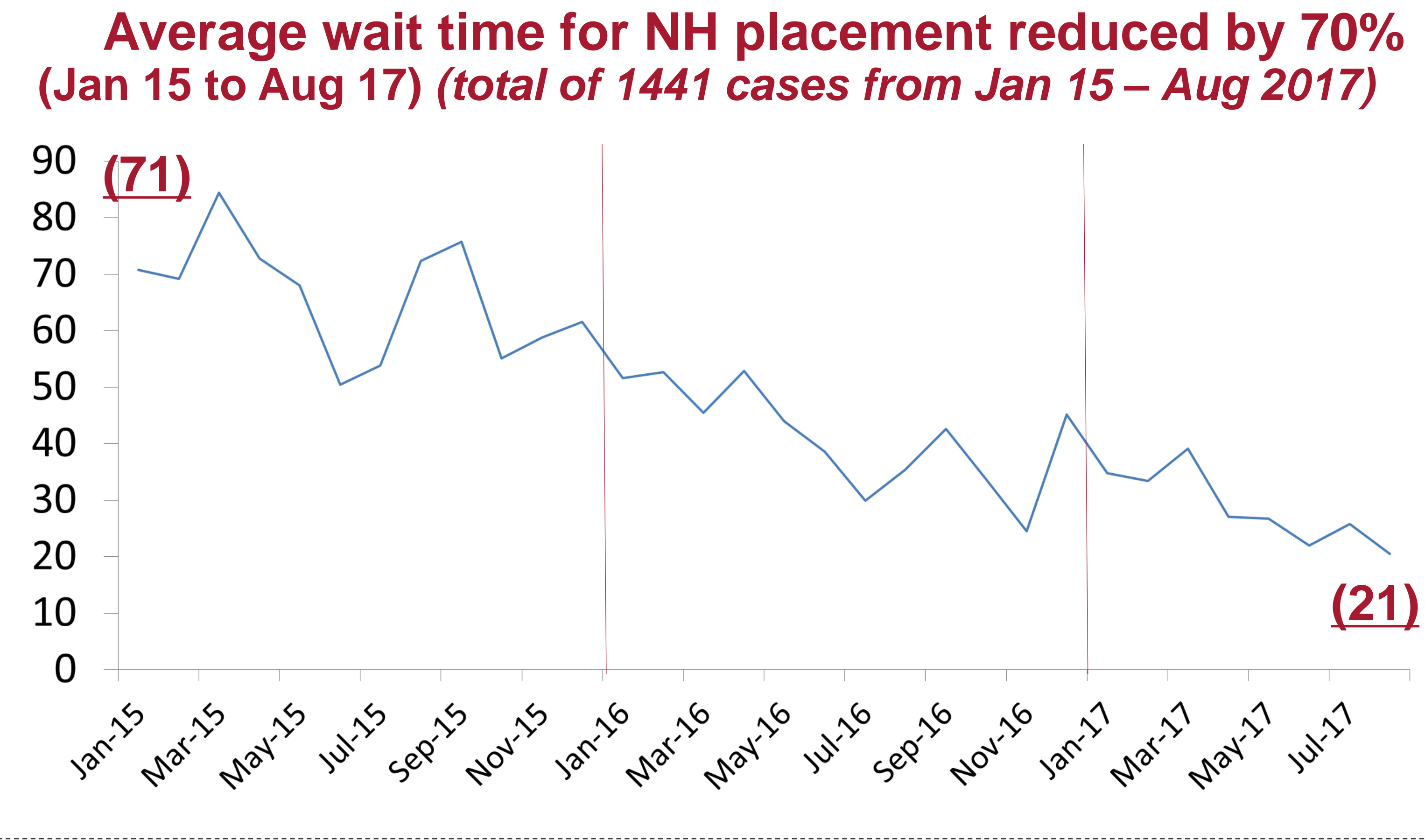
What did we implement?

A **revised NH application workflow** which included **standardizing information required for NH applications** was implemented with the inputs of all stakeholders on 1 June 2016, accompanied by the relocation of the AIC team to work onsite in TTSH, known as the **Nursing Home Referral Team (NHRT)**. **Regular huddles** were organized among the project team members to raise problems faced on the ground to ensure continuous feedback and improvement on the revised workflow.



The Result?

The number of NH applications **requiring rework fell from 95% to 2%**, reducing duplicated work, thus allowing clinical staff and MSWs to focus on clinical care. The **reduction in wait time in hospital for a NH bed** had also resulted in an **estimated savings of 25,000 bed days a year** which translated to an estimated cost avoidance of **\$25 million**. (data from 1 Jun 16 – 5 Jun 17).



What did we learn?

- Think Win-Win • Importance of Open Communication • Empathy and learning to see from others' perspective
- Allow a feedback channel for continuous on the ground feedback