

Project Title

The Integrated General Hospital (IGH) – A Whole-of-Hospital Healthcare Redesign Journey

Project Lead and Members

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Organisation(s) Involved

Alexandra Hospital

Healthcare Family Group(s) Involved in this Project

Medical; Nursing; Healthcare Administration

Applicable Specialty or Discipline

Integrated General Hospital (IGH)

Project Period

Start date: June 2018

Aim(s)

To transform healthcare, providing integrated inpatient and outpatient generalist care

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

The IGH care model requires much collaboration and co-ordination amongst staff, given that multi-disciplinary care teams form the basis of AH's care model. Engagement of staff, patients and caregivers is imperative for successful adoption of a different model of care delivery, be it the IGH approach or tele-services like the vCare and VCC.

Conclusion

See poster appended/ below

Additional Information

AH's IGH care model has been adopted since its commencement in June 2018 for four years. For vCare and VCC, they were implemented in February 2020 and August 2020 for 2.3 years and 1.8 years respectively.

With the mandate from MOH and NUHS, AH was tasked as the first IGH to address care fragmentation in Singapore's healthcare system. Care delivery processes were designed from the start to align with the IGH care model through its Fast inpatient and

Chronic outpatient programmes. MOs are introduced to the IGH care concepts and processes through AH's MO orientation programme.

NUHS is exploring replicating IGH care model elements that promote care consolidation, such as One Bed and One Principal Doctor, beyond AH to its other hospitals. The vCare program has already been adopted by NUH. AH is looking at extending the benefits of its tele-health services to more patients through expansion of its VCC programmes. As for VCC, future expansion plans include extending the program to eventually all AH discharged patients and Queenstown residents, and collaborating with community care partners like the primary care network and National University Polyclinics for escalation of cases to AH VCC.

Project Category

Care & Process Redesign

Quality Improvement, Workflow Re-design, Value Based Care, Patient Reported Outcome Measures

Workforce Transformation, Job Redesign, Multi-Disciplinary

Technology, Digital Health, Telehealth

Keywords

Integrated Healthcare Transformation

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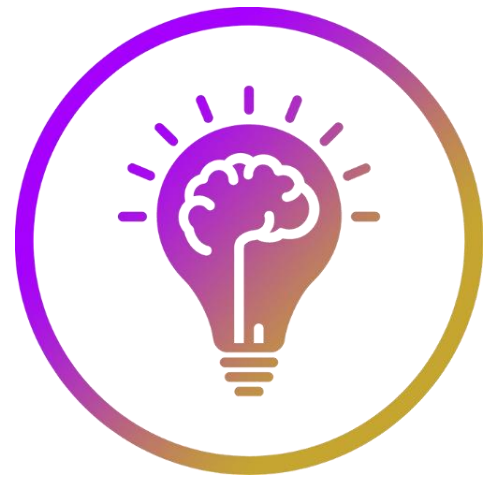


THE PROBLEM



Singapore's healthcare system has traditionally been specialty driven, where patients with multiple conditions are usually seen by different specialists across various healthcare institutions. Patients with acute conditions receive high intensity care in acute hospitals, and are transferred to step-down facilities for subacute and rehabilitative care when their acuity levels drop. These lead to care fragmentation, raising costs and render patients' access to healthcare challenging.

THE SOLUTION APPROACH



AH was set up to be the first IGH to transform healthcare, providing integrated inpatient and outpatient generalist care, with **One Care Team**, **One Bed** and **One Principal Doctor** as its key features.

Inpatient receives acute, subacute and rehabilitative care in **One Bed** from **One Care Team** without the need for intra- or inter-institution transfers. Care intensity is stepped up or reduced according to acuity level and care needs. Outpatient appointments are consolidated under **One Principal Doctor**, reducing the number of appointments required for multiple medical conditions. Nurse-led care consolidation (NLCC) empowered nurses to practice at the top of their license by leading a patient's care. Teleconsultation and the Virtual Care Center (VCC) was set up to provide continuous access to care by patients.



IGH

Admitted patients are allocated to one of three acuity tiers (L3 - acute, L2 - subacute or L1 - rehabilitation) according to their clinical risk. Patients transit through these phases of care in **One Bed** cared for by a multi-disciplinary **One Care Team**. Medical appointments are rationalised to AH's Integrated Care Clinic under **One Principal Doctor** to reduce multiple visits.

vCare

vCare tele-consultation via the OneNUHS app brings about greater convenience to patients by allowing them to be reviewed from the comfort of their home, eliminating the hassle of making physical trips.

Nurse-Led Care Consolidation (NLCC)

Nurses take on the multi-disciplinary care team lead role instead of a doctor, where they are empowered to lead ward rounds, develop management plans and make medical decisions for L1 patients.

Virtual Care Centre

The VCC provides post-discharge patient support through tele-triaging and right-siting of care. Patients/caregivers are able to have their concerns addressed without the need for a physical trip, freeing up hospital capacity and resources.

THE IMPACT

IGH

91%

Patients seen by One principal doctor saving up to 2.1 consults annually per patient

45%

Inpatients down-triaged to receive correct level of care

40%

Inpatients avoided transfers to step-down facilities for sub-acute and rehabilitative care

NLCC

65%

Nurses felt empowered to manage patient care

80%

Clinicians confident in having a nurse lead in managing patients

81%

Patients had an established Estimated Discharge Date

vCare

155%

increase in adoption between 2020-2022

424

physical trips to hospital saved per month

600

Hours saved per month for patients

VCC

161

Avoided UCC visits

1,047

Inpatient bed-days saved

\$893,091

Total cost saved