Smooth Transitions: Enhancing Nursing Home Referrals

St. Andrew's Community Hospital

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Introduction/Background

- St. Andrew's Community Hospital (SACH) is a service under the St. Andrew's Mission Hospital group. In addition to inpatient rehabilitation, subacute and palliative care, SACH also operates home care and home palliative care, centre-based day and rehabilitative care, and outpatient and migrant worker clinics.
- The referral process for patients from SACH to Nursing Homes (NHs) involves multiple stakeholders with varying practices, differing requirements, frequent reworks and delays. These issues lead to extended Length of Stay (LOS), which affects hospital's bed occupancy and timely access of patients to the appropriate care they need.
- In 2023, a monthly average of 11 patients was discharged from SACH to NHs. The turnaround times at 50th and 95th percentiles were 52 and 103 days respectively, indicating a significant variation in the processes.

Goal/Objective

To streamline the NH referral process (Figure 1) and decrease patient LOS by approximately 20%, reducing it from 52 to 42 days at the 50th percentile and from 103 to 83 days at the 95th percentile.

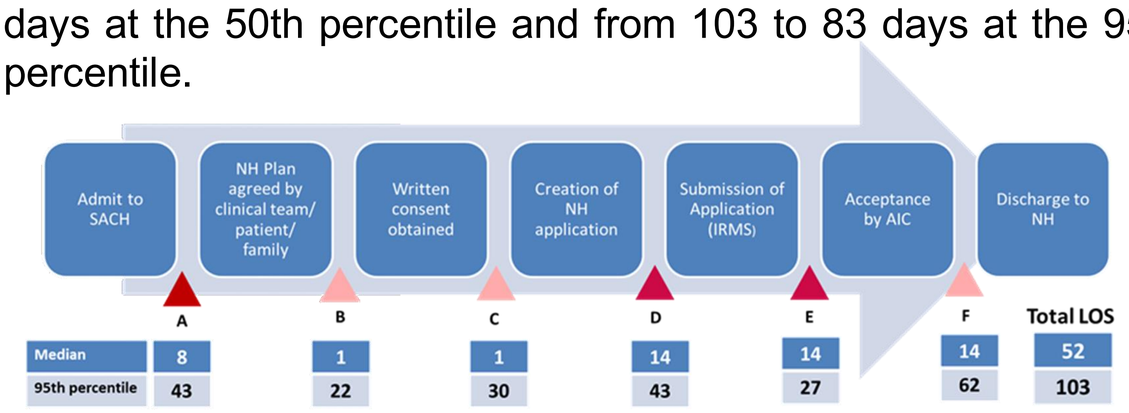

Figure 1

Problem Analysis

- A multi-disciplinary workgroup was formed in January 2024, which includes medical social workers, doctors, nurses, physiotherapists, and occupational therapists. They participated in a 2-day Rapid Improvement Event (RIE) to review and address challenges in the NH referral workflow.
- Using Value Stream Mapping and Gap Analysis, the team identified multiple hand-offs, bottlenecks, and unclear guidelines, leading to rework and increased turnaround time.

The key challenges were:

- ❑ Long wait times for psychogeriatrician assessments on placement capacity for challenging cases.
- ❑ Different understandings of assessment criteria for NH placement.
- ❑ Unclear guidelines on required information for NH applications.
- ❑ Lack of communication among team members regarding roles and timelines.

Implementation Plan

The project team implemented several interventions (Figure 2) between February and March 2024 to improve the referral process from SACH to NHs.

Standardized Guidelines
- Created guidelines with an FAQ to address common inquiries from AIC and reduce waste and rework

Gatekeeper Role
- MSWs ensure completed reports are in order before submission to minimize rework

Expedited Psychogeriatrician Assessments
- Introduced the "Blue Letter" to speed up assessments, replacing the monthly visit with a more immediate process

Timely Guidelines for NH Applications
- Set clear timelines for each step of the NH application process to reduce delays

Visual Guide
- Provided a visual tool to help patients and families make informed decisions on discharge options and associated costs

E-Consent Option
- Enabled busy family members to sign consent forms remotely for NH placement

Network Building with NHs
- MSWs developed a network and rapport with NHs in eastern Singapore for smoother placements

Figure 2

Benefits/Results

- The post-implementation results are shown in the following table and detailed dashboard (Figure 3):

LOS	Baseline (days)	Target (days)	Post-RIE (2024)	% Changed
	Jan – Dec 23 (126 cases)		**Jul 24 to Feb 25 (62 cases)**	
Median	52	42	**37**	29% ▼
95th percentile	103	83	**72**	30% ▼

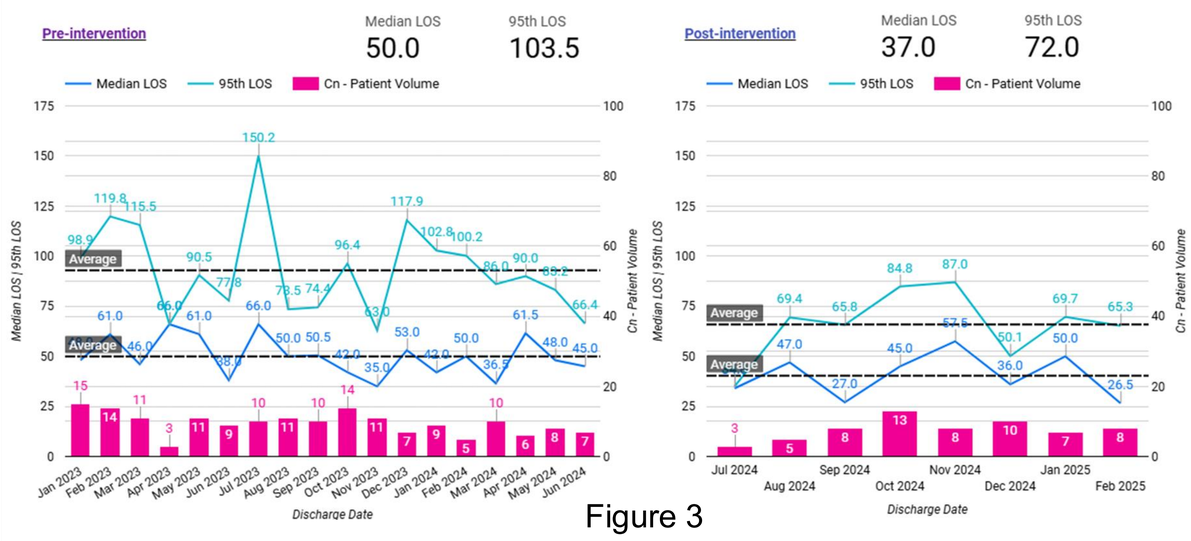

Figure 3

- Average bed days saved per patient is 8 days, with the Average LOS reduced from 50 days to 42 days, leading to a cost avoidance of S$214K per annum.

Sustainability & Reflections

- The new workflow improved stakeholder collaboration.
- The migration from IRMS to BRIGHT in February 2025 allowed the team to further streamline the referral workflow by reducing handoffs in the input process within BRIGHT. This led to a faster turnaround time between the creation and submission of referrals, resulting in a reduction in overall LOS in February 2025 (as shown in the graph in Figure 3).
- Minimising rework between SACH and AIC would yield better results if the team engages AIC during the RIE workshop for clarity on the required information and the extent of details to include in the reports. As such, achieving zero rework between SACH and AIC is still a stretch.