



Tan Tock Seng  
HOSPITAL  
National Healthcare Group

# Reducing Nursing Home Turnaround Time (TAT) via Fast Track Referral Process



National Healthcare Group  
Adding years of healthy life

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## Mission Statement

**Mission:** Timely right-siting of nursing home applicants patients to reduce systemic healthcare utilization costs.

**Aims/ Objectives:** To develop a Nursing Home (NH) Fast-Track referral process that reduces bed wait days by:

- Shifting admin processes such as completion of Financial Assistance (FA) to post-transfer
- Omitting onsite nursing assessments by NH for medically straightforward cases

**Collaborating Partners:** Agency for Integrated Care (AIC), Kwong Wai Shiu Hospital (KWSH) and Vanguard Healthcare Nursing Homes (VH), with support from Ministry of Health (MOH).

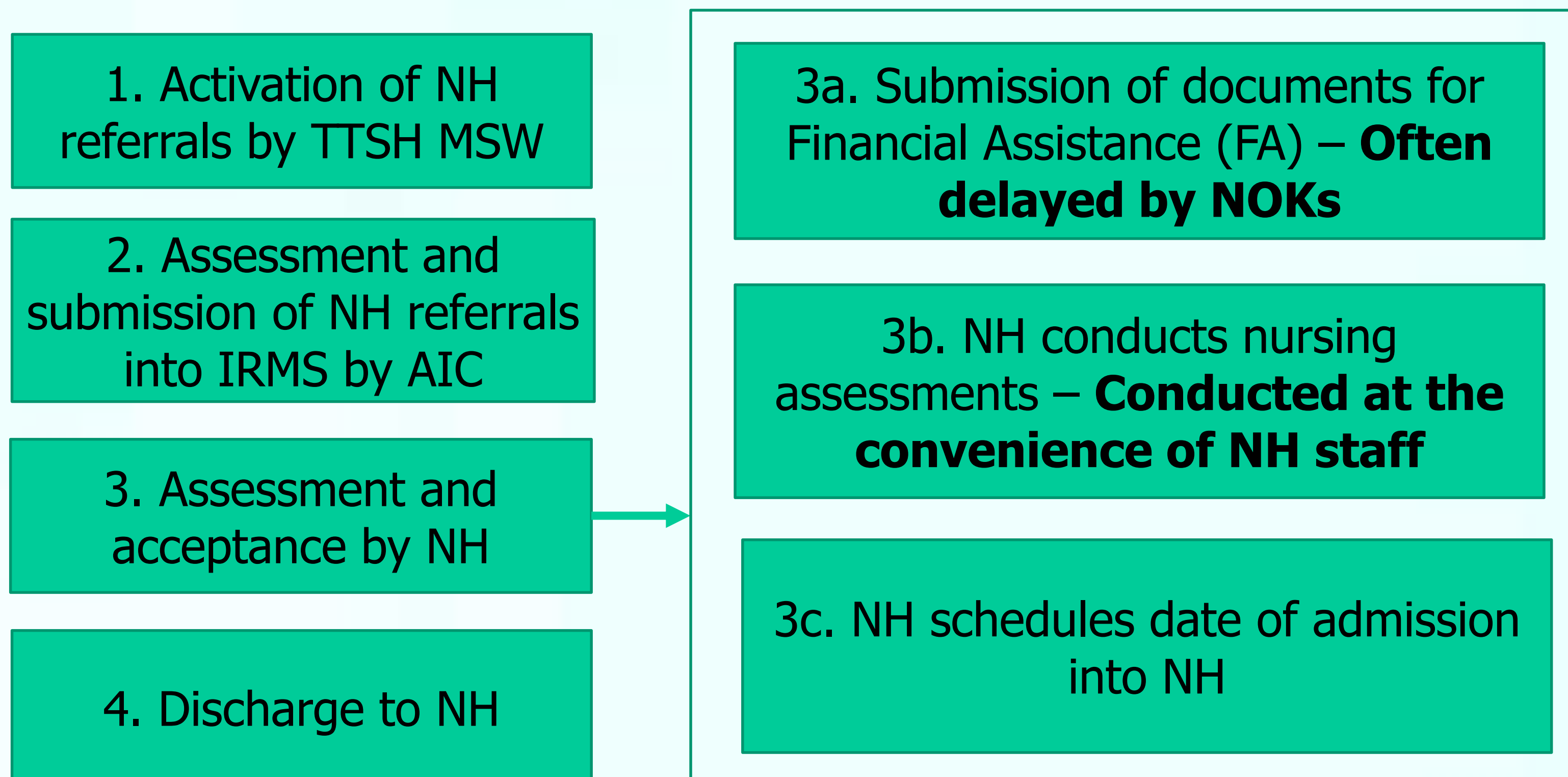
## Problem Statement

Tan Tock Seng Hospital (TTSH) has one of the highest number of medically fit for discharge longstayers (patients with length of stay more than 21 days) in Singapore. Of which, 40% were NH-bound patients.

⚠ Raising a NH referral has been an onerous and tedious process. The time taken for the collection of patient/NOKs' completed financial documents for submission and the onsite assessment by NH contributed to the long TAT from TTSH to NH (CY2017 ave TAT was 22 days).

While earlier optimization efforts had seen reductions in NH TAT days from 66 (2015) to 22 (2017), there remained a sizeable number of inflight NH applicants while the opportunity to work with newer NHs during their loading phase arose, to further reduce TAT by removing administrative requirements for straightforward cases.

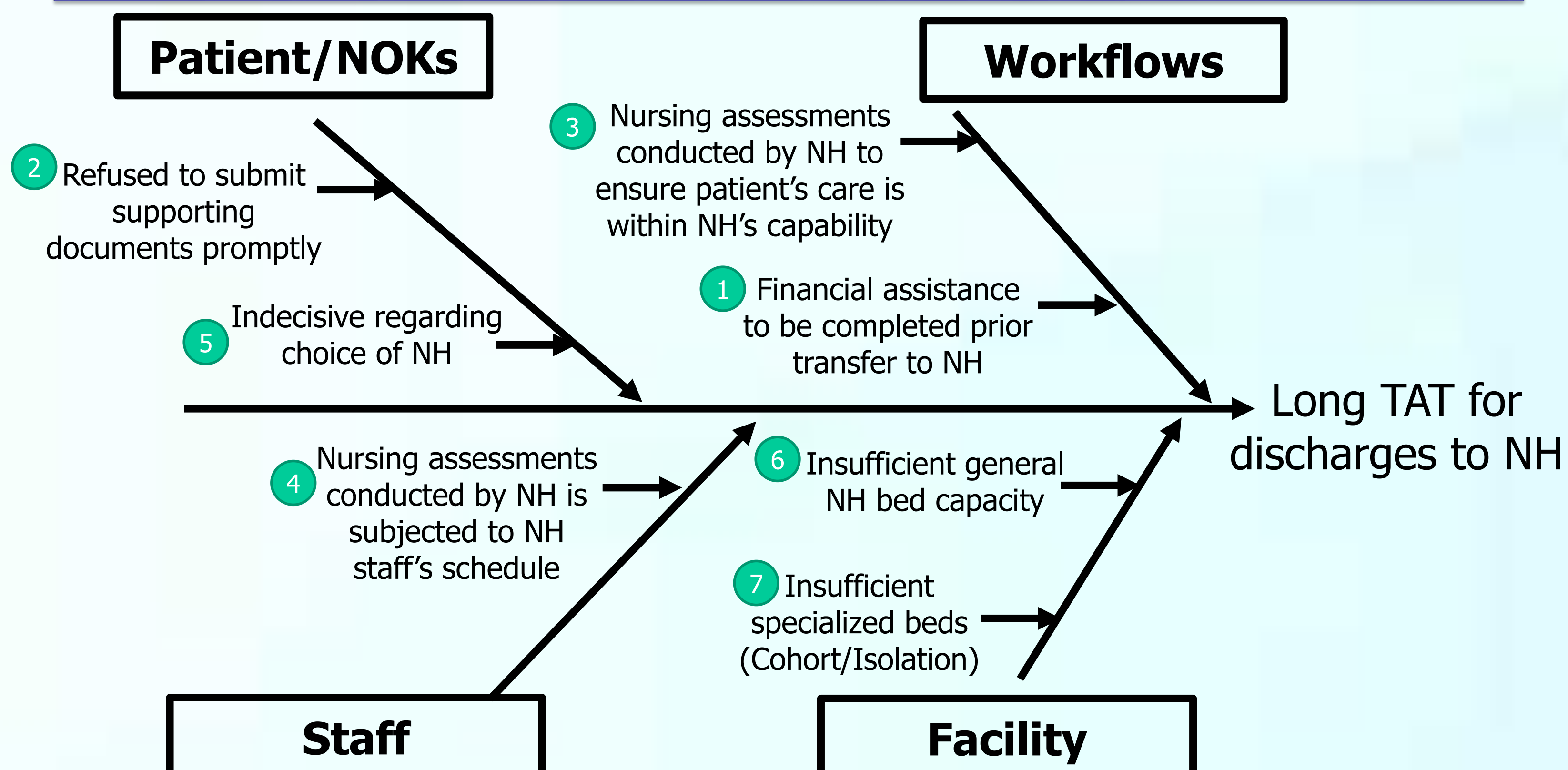
## Flow Chart of Process



Note  
MSW: Medical Social Worker  
IRMS: Integrated Referral Management System

NH: Nursing Home  
NOK: Next of Kin

## Cause and Effect Diagram



Causes were ranked based on its contribution towards longer TAT with No. 1 as the highest and No. 7 the least.

## Implementation

### 1. Shared Ownership (Causes 1 & 2)

- NHs were not keen to accept the financial risk of admitting cases earlier before they completed their financial assessments. Given the practice experience of TTSH MSWs, and past data on the needy patient profile, TTSH initiated to undertake the outstanding financial outlay of transferred patients for up to a month, should financial issues not be resolved within the stipulated period.
- This facilitated an agreement by the partner NHs to accept cases earlier even if the Financial Assessments might only be completed post-transfer.

### 2. Multi-organization collaboration (Causes 3 & 4)

- With support from MOH, TTSH with the partnering NHs as well as AIC collectively developed the NH Fast-track exclusion criteria list, in view of TTSH's needs and NH partners' capabilities, to identify medically and socially straightforward cases, so as to expedite the approval process by NHs.

### 3. Building trust

- Commitment from TTSH MSWs to continue supporting NH partners on the casework needed post-discharge. By the end of the pilot, none of the cases required TTSH to bear any financial outlay.

## Results

Pilot period: (21 May 18 to 31 Oct 18)	No. of cases (%)	TAT
Fast Track cases	72 (62%)	5.4 days
Non-Fast Track cases	43 (38%)	17.8 days

Table 1: TAT between fast track & non-fast track cases during pilot period

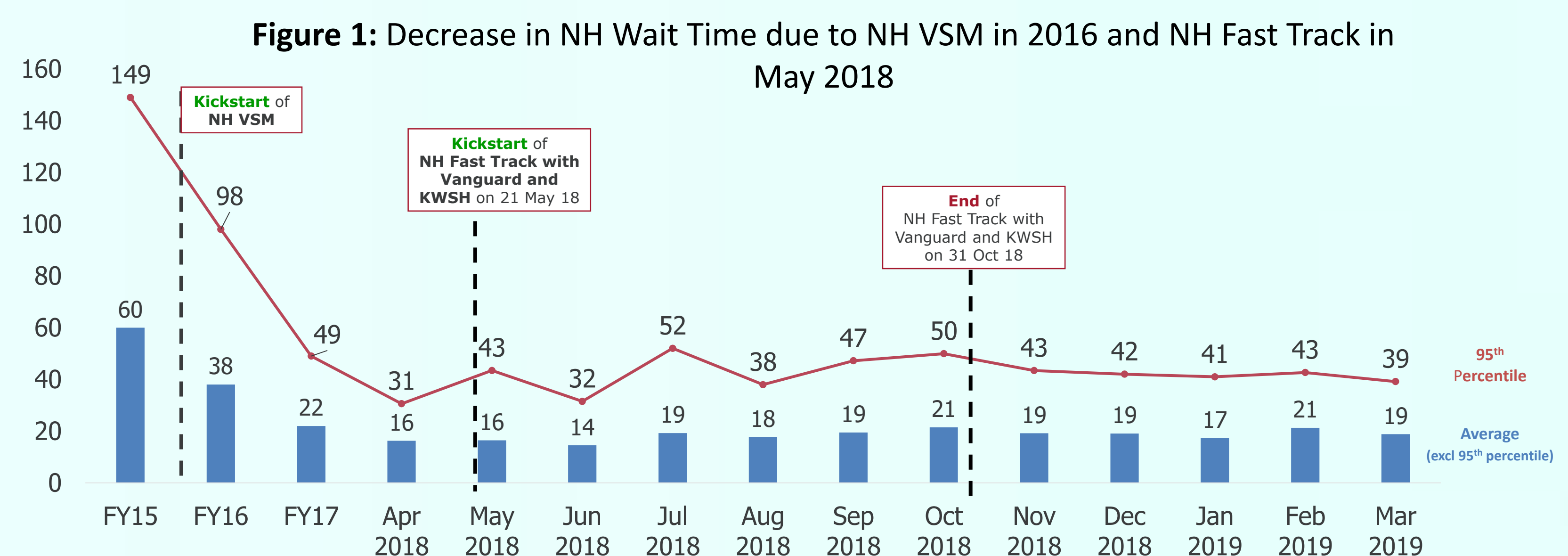


Figure 1: Decrease in NH Wait Time due to NH VSM in 2016 and NH Fast Track in May 2018

## Cost Savings

### Savings<sup>1</sup> within 23 weeks

**FT cases:** 16.6 days X 72 cases = 1195.2 bed-days (\$776,880<sup>2</sup>)

**Non-FT cases:** 4.2 days X 43 cases = 180.6 bed-days (\$117,390<sup>2</sup>)

Note:

<sup>1</sup>Baseline TAT (FY 17 Average TAT of 22 days) – pilot TAT

<sup>2</sup>Est cost per bed-day avoided = \$650

## Problems Encountered

- The pilot was conducted in tandem with the loading phase of KWSH and VH, eliminating showstoppers such as insufficient capacity. Over the months, the beds were filled, hence resulted in higher TAT by Oct 2018 as compared to May and Jun 2018.

## Strategies to Sustain

- Although capacity proved to be a crucial factor influencing TAT, the collaboration resulted in longstanding trust relationship established between TTSH, AIC and partner NHs. This facilitated the ongoing agreement for NHs to continue expedited discharges from TTSH, ensuring that the TAT remained at its optimal.

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