

# **Right-Siting of Care**

## to Community Partners

NC Sng Siok Yen, Melissa



Adding years of healthy life

### **Community Mental Health Team (CMHT)**

### **Mission Statement**

To increase the acceptance rate of patients with \*MORS 5 by Community Partners (CPs), for cases referred by Community Mental Health Team (CMHT), from 20% to 60% in 6 months.

\*MORS: Milestones of Recovery Scale of level 5 (Ineffective coping & engaged with healthcare provider)

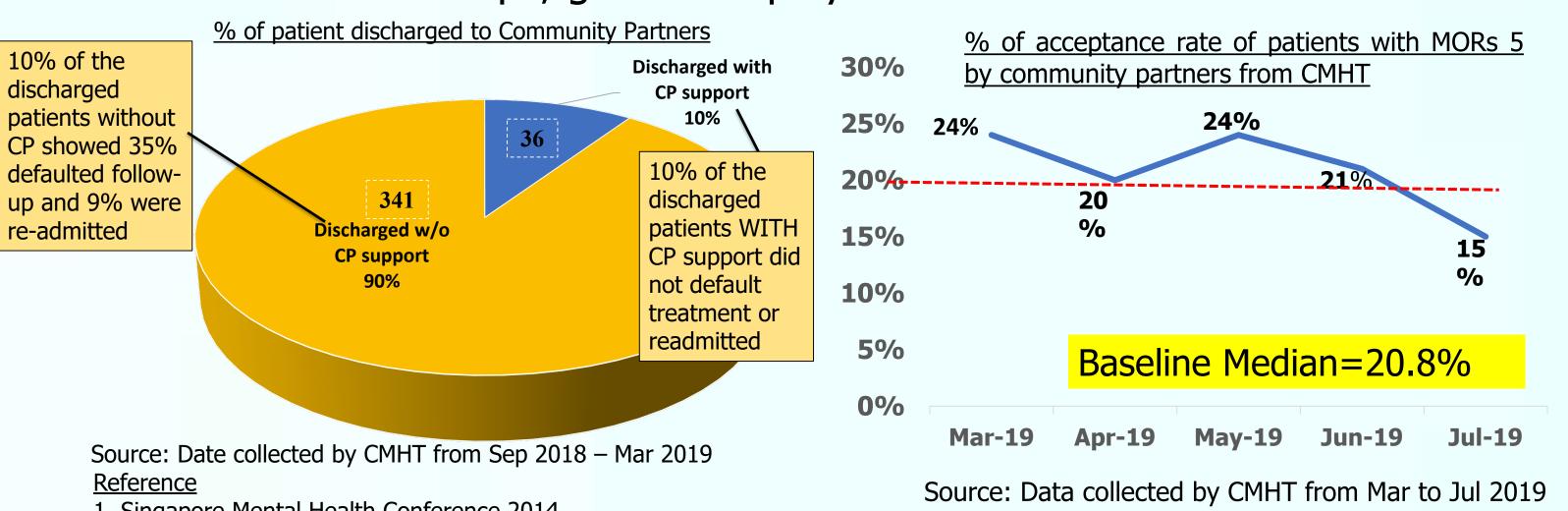
Team Members					
	Name	Designation	Department		
Team Leader	Sng Siok Yen Melissa	Nurse Clinician	CMHT East Region		
Team Members	Dr Pamela Ng Mei Yuan	Consultant	East Region		
	Wong Pei Sze Angeline	Nurse Educator	Nursing		
	Poo Kuei Poi Reena	Senior Case Manager	Case Management Unit		
	Ang Kai Yee Clare	Senior Occupational Therapist	West Region		
	Choo Lai Peng	Senior Medical Social Worker	Medical Social Work		
	Valentina	Deputy Head	Singapore Association of Mental Health		
	Sherlyn Seah	Executive	West Region		
Sponsor	Dr Wei Ker-Chiah	Head	CMHT West Region		
Facilitator	Doris Koh	Assistant Director of Nursing	Nursing		

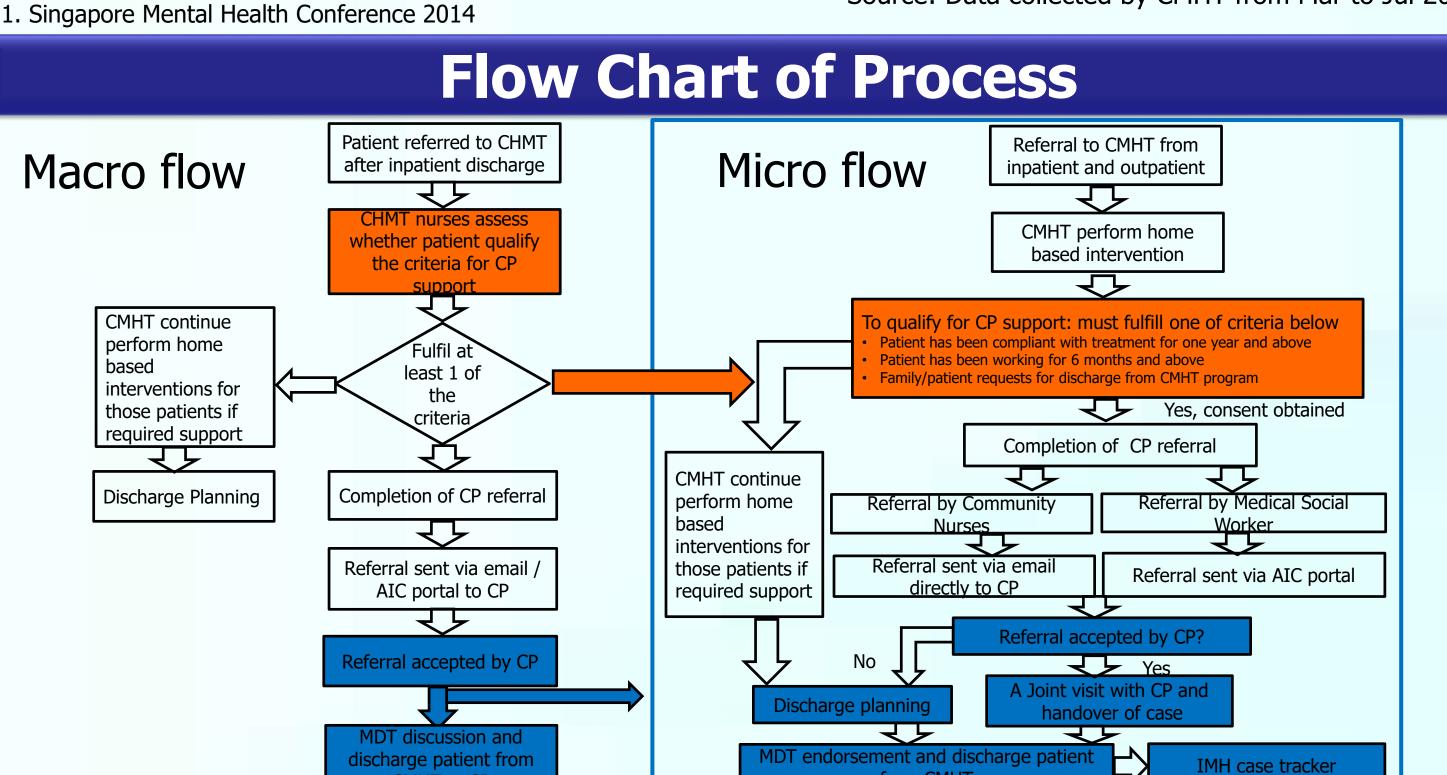
#### **Evidence for Problem Worth Solving**

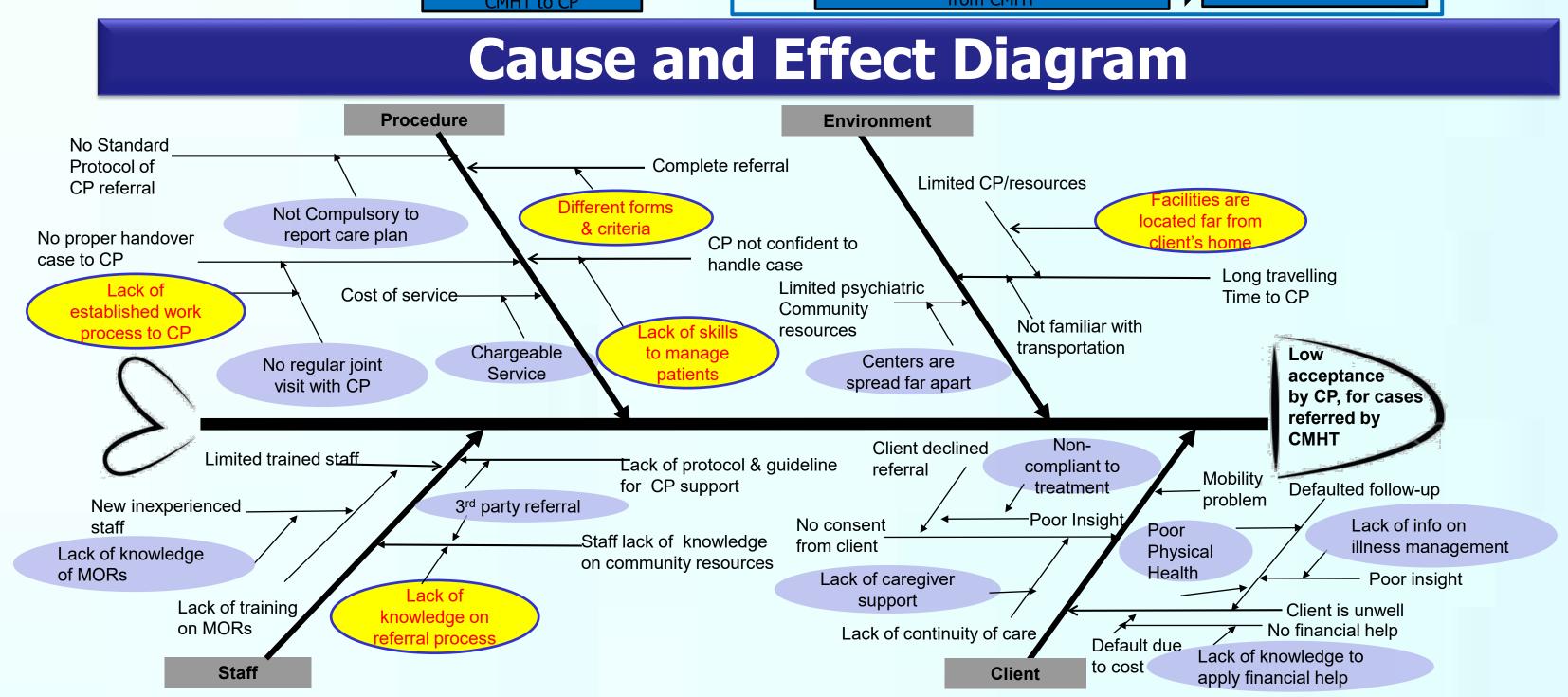
"Patients are most vulnerable to relapses after they have recovered and are discharged from hospitals".1

A survey conducted showed that 80% of the existing CMHT patients were satisfied with the services provided by Community Partners (CP). Some of the benefits were:

- Decreased symptoms
- More fulfilling lifestyle
- Positive relationships, gained employment etc.

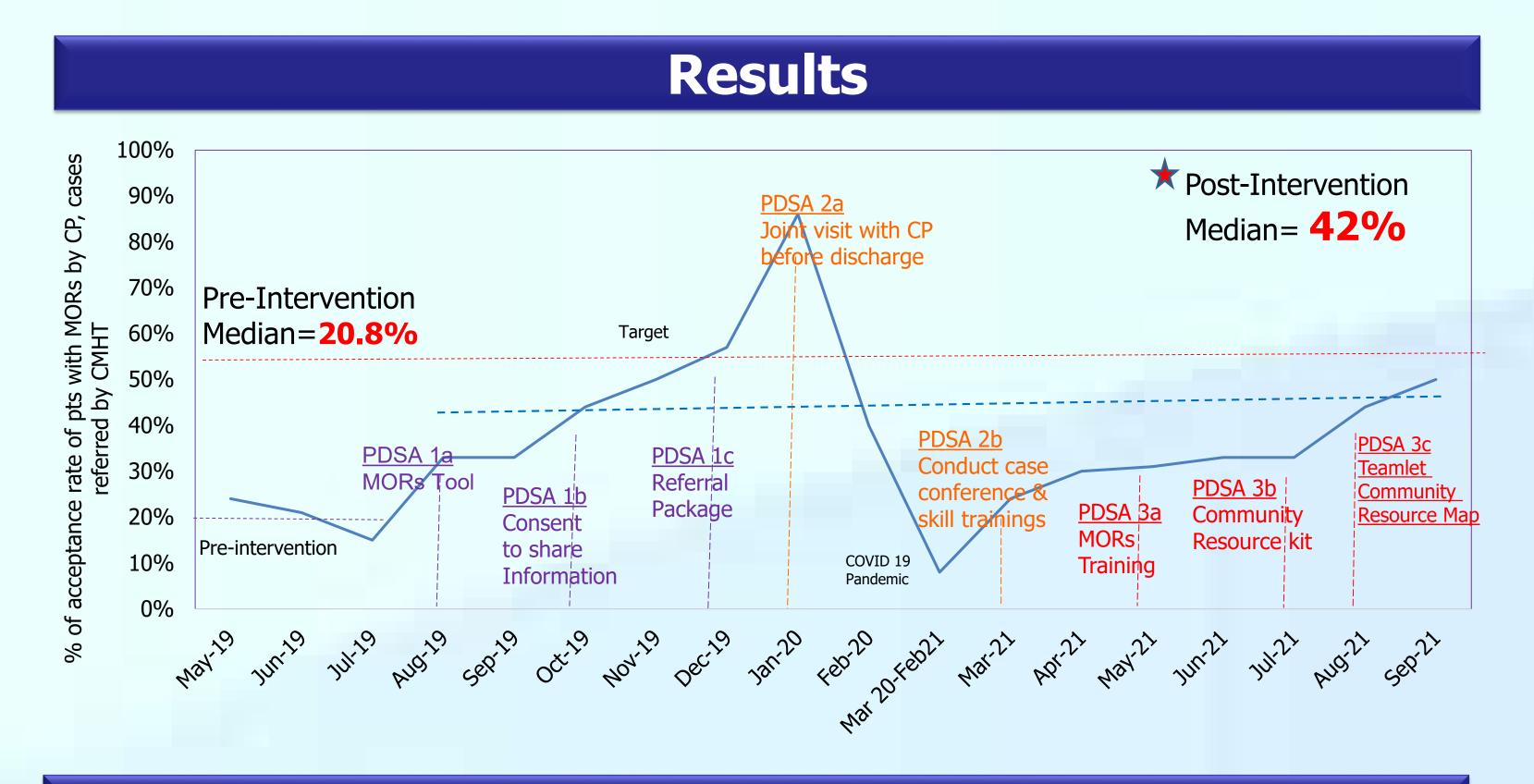






#### **Pareto Chart** 120% 25 100% **Votes** 20 **Lack of established Different forms** Comm partners Lack of knowledge **Comm partner** lack of skills to on referral process and criteria facilities are workflow process to community manage patients located far apart from patient partners

Implementation				
Root cause	Interventions	Date		
Lack of established workflow process to community partners	PDSA 1a: Set criteria and assessment tool for discharged patients eligible for CP (MORs)	5 Aug -1 Dec 2019		
	PDSA 1b: To included consent to share information in the workflow process			
	PDSA 1c: Develop referral package for clients during first visit			
CP lack of skills to manage patients				
	PDSA 2b: Conducted skills training and case conferences with CP	Mar 2021		
Lack of knowledge on referral process	PDSA 3a: Conducted MORS training with CMHT	24 May-30 Aug 2021		
	PDSA 3b: Sharing of the updated community resources to CMHT			
	PDSA 3c: Created a simple chart of community resources mapped according to			



individual regional teamlet for CMHT

Cost Savings				
Estimated cost per patient re-admitting: (incl. operating costs from CMHT, Mobile Crisis Team & Emergency Room & C-class ward expenses for 30-days)	SGD 1350			
Total number of MORS 5 patients successfully referred & accepted by CP:  Note: patients with CP support has no re-admission rate for next 6-months	42%-20.8% =21.2% (46 patients)			
Total Estimated Cost Savings:	46 patients x \$1350=\$62,100			

#### **Problems Encountered**

- 1. Difficulty in getting consent from patients to share information with community partners
- 2. Patients and caregivers declined community partners support
- 3. Limited physical joint visits with community partners during COVID pandemic
- 4. Limited staff available to support due to deployment during COVID pandemic

### **Strategies to Sustain**

- Conduct annual MORS training for CMHT
- Conduct more skills training and networking session with community partners
- Orientate and precept new staff on the referral processes
- Update the community resource kits and chart yearly and conduct sharing sessions to the team