

## MOK KWANG HOW CARDIOLOGY VASCULAR MEDICINE (CVM)

### Mission Statement

To improve the rate of successful transfer\* of stable patients from the Cardiology Medical Officer (MO) clinic to primary care, from 60% to 80% in the next 6 months.

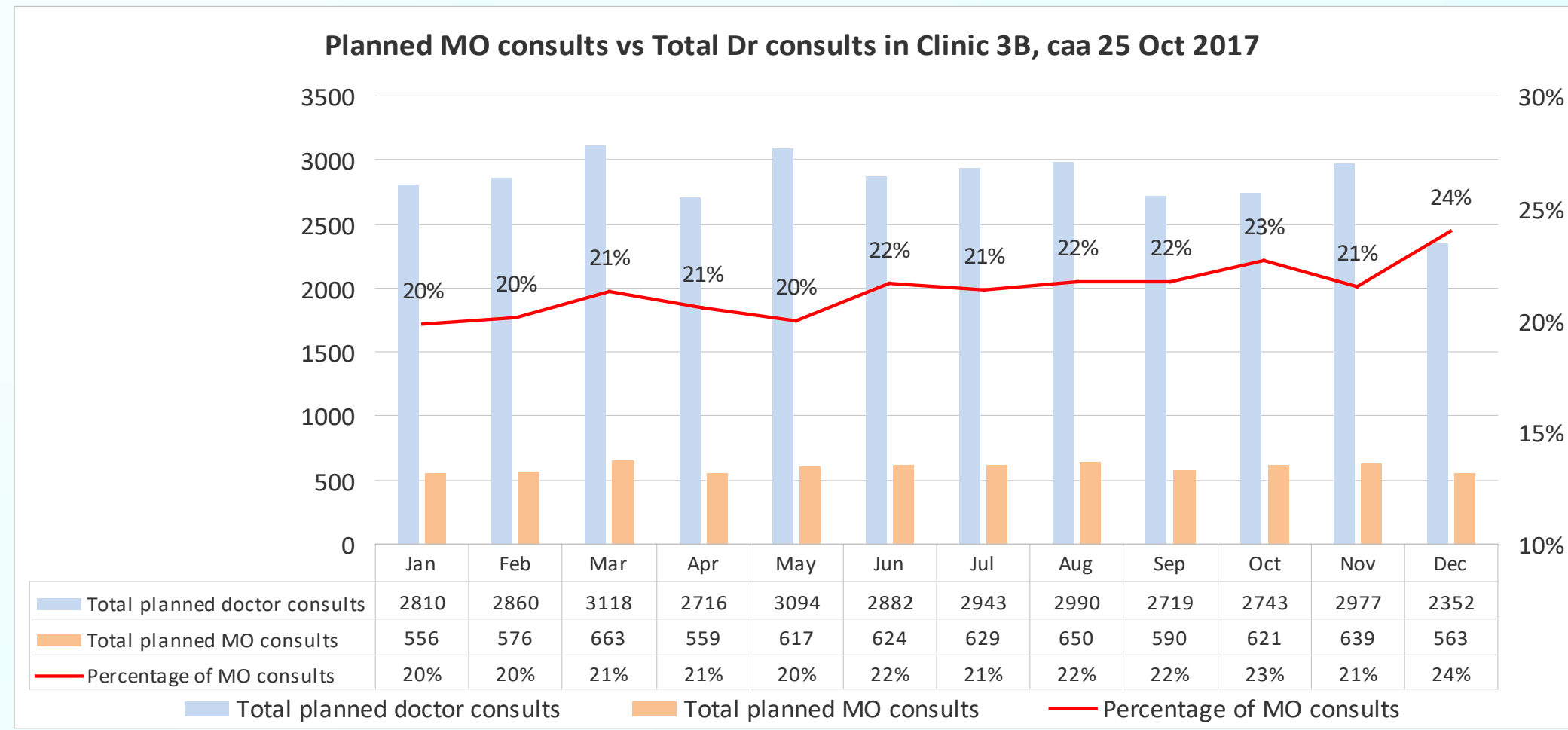
\*successful transfer here defined as acceptance of discharge to primary care

Balance Measure: Rate of re-admission of patients

### Team Members

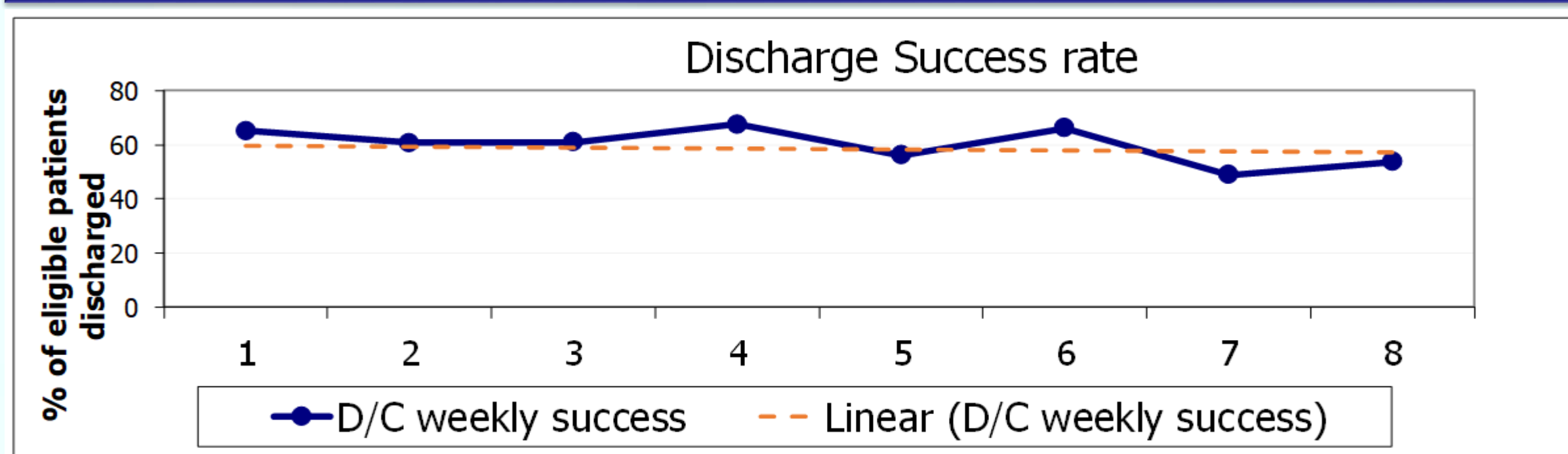
	Name	Designation	Department
Team Leader	Dr Mok Kwang How	Associate Consultant	CVM
Team Members	Dr Shonda Ng	Senior Resident	CVM
	Dr Jonathan Ong	Junior Resident	Int Med Resident
	Cecelia Katrina Foong	Pharmacist	CVM
	Johnsten Wee	Operations Staff / Manager	CVM
	Siok Ling	PSA	CVM
	Liang Min	Nurse / RSO	CVM
	Yen Ko-Fen	Medical Social Worker	Allied Health
	Chia Liang Yoong	Primary Care Physician	NHG Polyclinic
Sponsor	Dr David Foo	Head of Department	CVM

### Evidence for a Problem Worth Solving



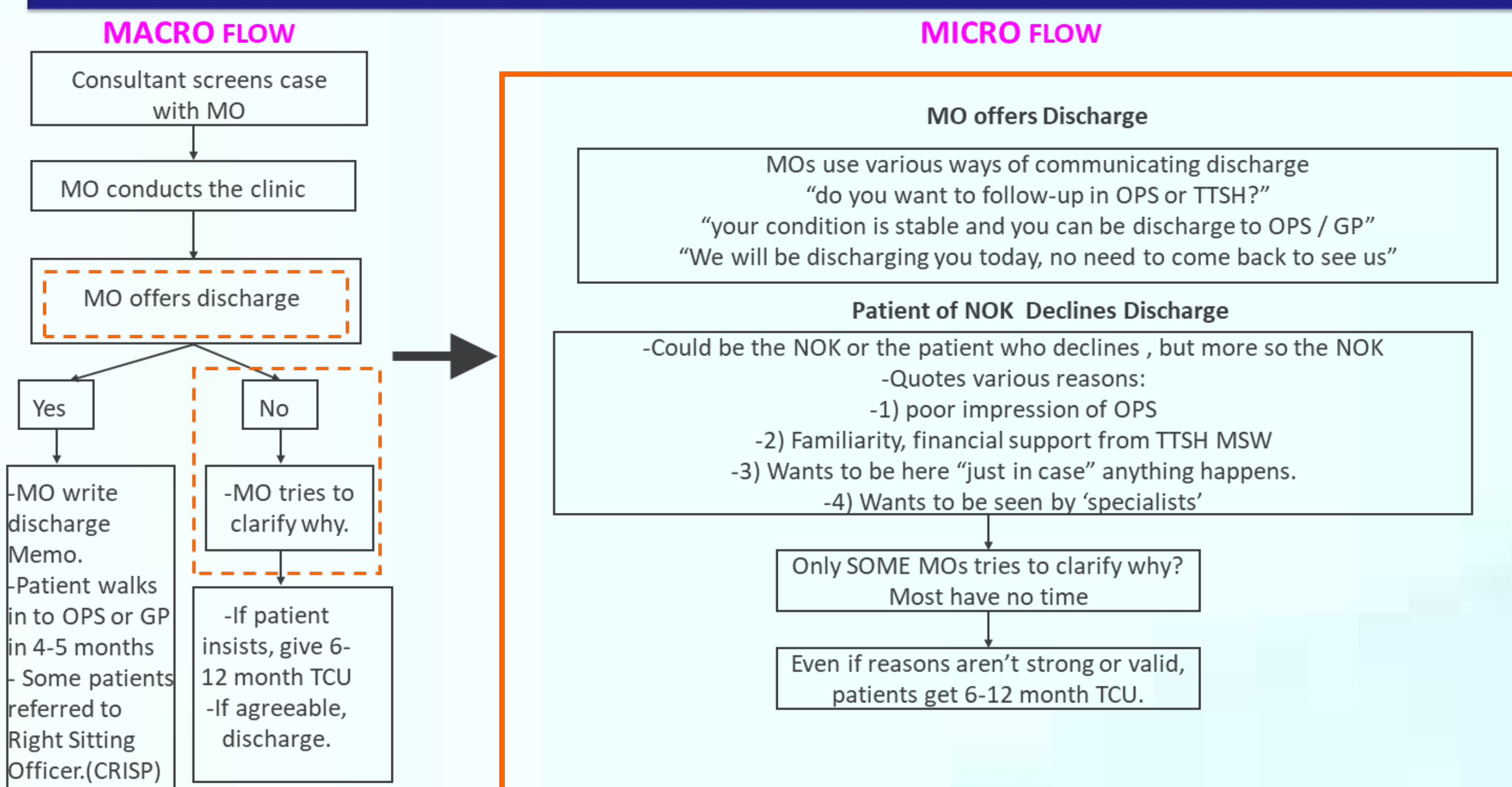
- Numbers in CVM MO clinic ranging from 550-600 patients a month and still increasing
- Waiting time nearing 4-6 months
- Will eventually require more manpower and clinic space

### Current Performance of a Process

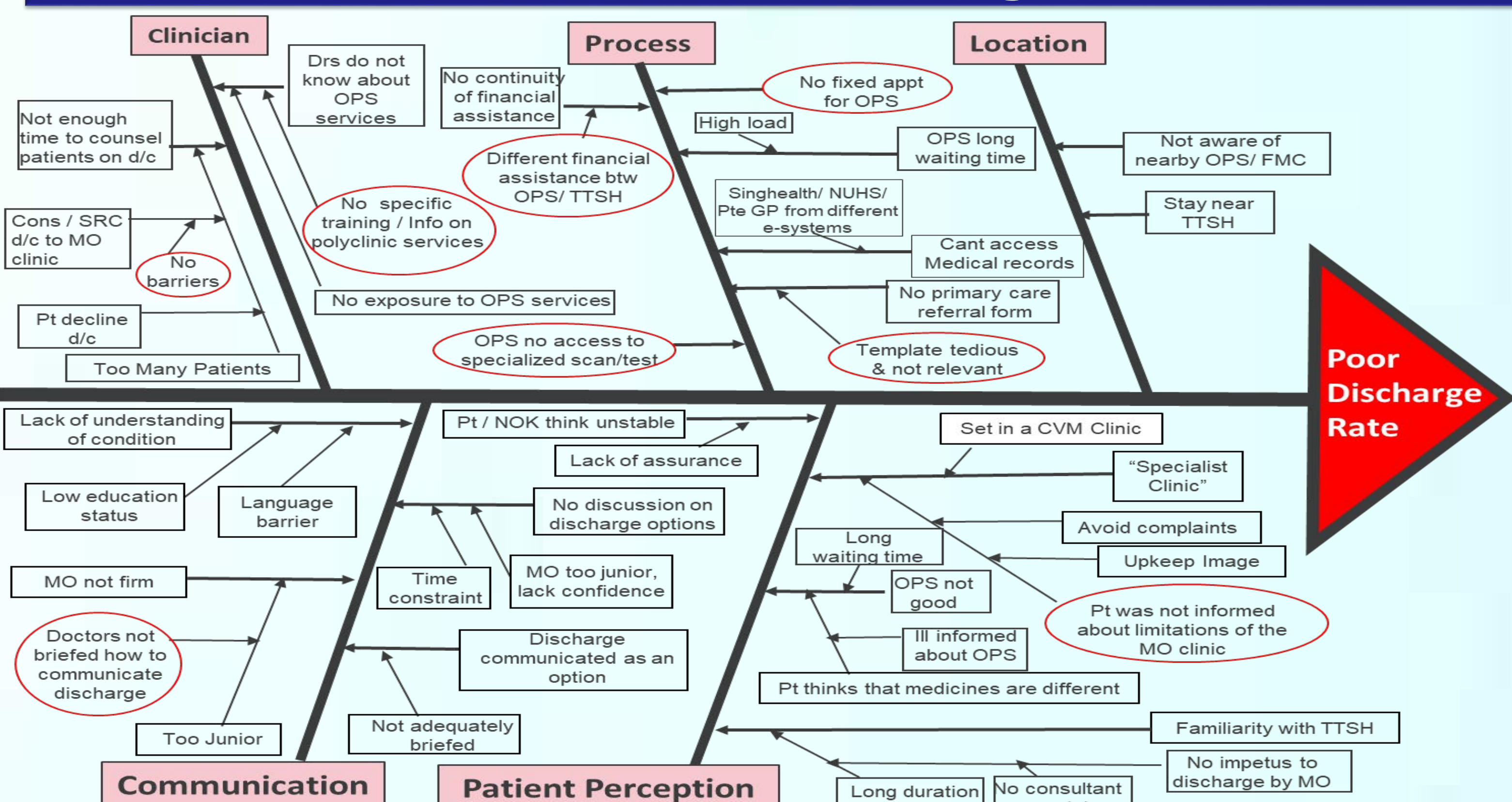


On average **40%** of eligible patients declined discharge

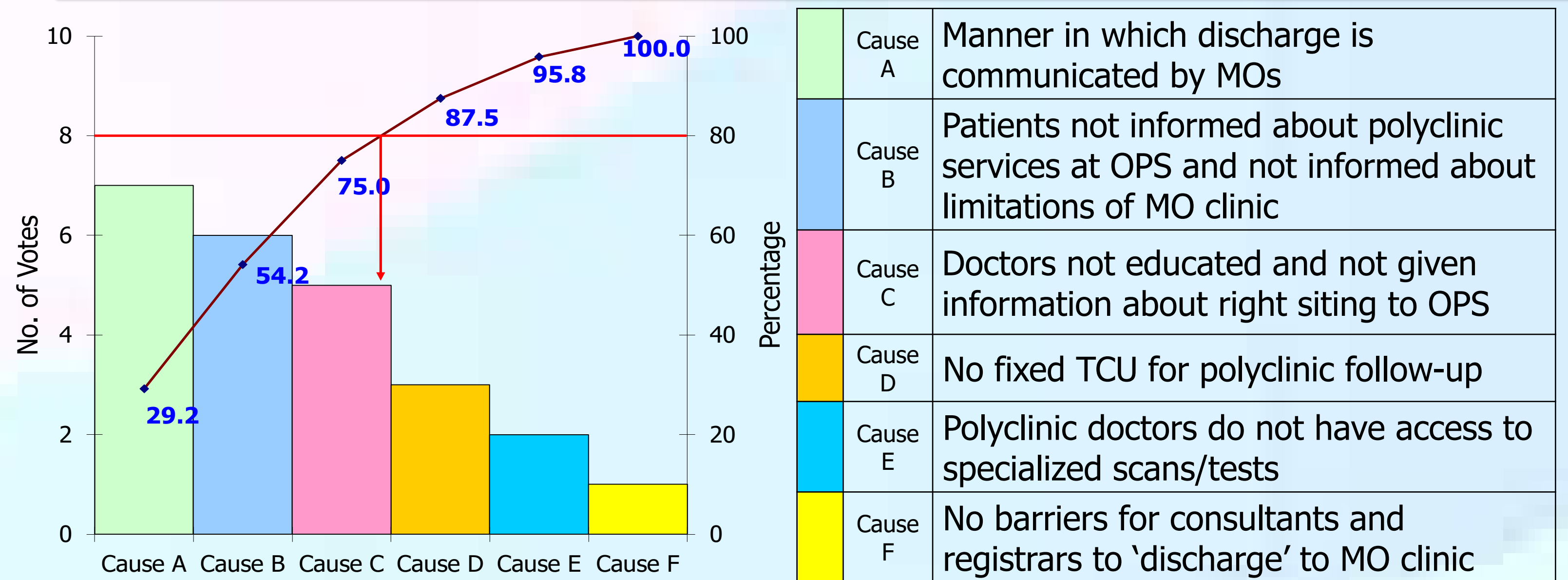
### Flow Chart of Process



### Cause and Effect Diagram



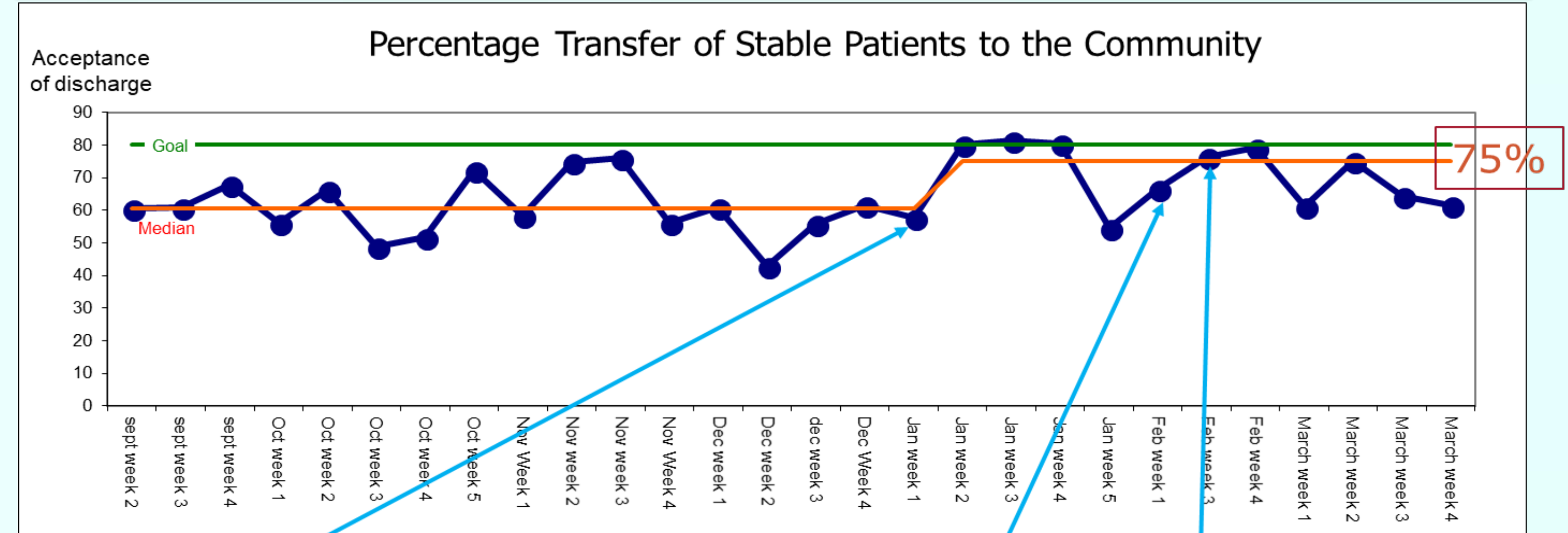
### Pareto Chart



### Implementation

CAUSE / PROBLEM	INTERVENTION	DATE OF IMPLEMENTATION
Manner in which discharge is communicated by MOs	Guidelines and partial script incorporated in monthly clinic MO briefing	8 <sup>th</sup> Jan 2018
Patients not informed about polyclinic services at OPS and not informed about limitations of MO clinic	Right Siting officer given the responsibility of counselling patients on services at OPS	20 <sup>th</sup> Feb 2018 (1 <sup>st</sup> Trial)
Doctors not educated and not given information about right siting to OPS	Booklet on available discharge options put in MO clinic	Pending

### Results



**PDSA 1.1:** Guidelines and partial script incorporated in monthly clinic MO briefing

**PDSA 1.2:** Modified script incorporated into MO briefing

**PDSA 2.1:** Patients sent to RSO for discharge counselling

### Cost Savings

	Pre-Intervention	Post-Intervention	Outcome
Cost of Treatment (for 6 monthly follow-up)	\$80	\$28	\$28-\$80 = <b>-\$52</b> (Treatment Cost Saved)
Average No. of Patients seen in Clinic 3B (in a year)	509.5 x 12 = 6,114	461.7 x 12 = 5,540	5,540 - 6,114 = <b>- 574</b> (Clinic Slots Freed Up)

### Problems Encountered

- Transfer of care to the community needs to be done early, i.e within 12-16 months, after which discharge becomes difficult.
- Many patients believe in the institution like a 'brand' more than the individual doctor that they're seeing.
- Services that we take for granted are actually not available in the community (i.e same day blood tests, single stop for blood tests, consult and pharmacy).
- Many patients, up to 47%, are not convinced that their condition is stable even when we think so. Therefore more reassurance needs to be provided before patients accept discharge.

### Strategies to Sustain

- Standardised briefings for clinic MOs can be carried out consistently even with change of clinic consultant.
- Continued monitoring of discharge rates - But with reduced sampling (i.e 1-2 x a week to improve sustainability).
- Future collaboration with primary care to enhance patient education about primary care services.