

IMPROVING ACCESSIBILITY OF PALLIATIVE CARE PATIENTS FROM TAN TOCK SENG HOSPITAL TO DOVER PARK HOSPICE

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Mission Statement

- To reduce waiting time of Tan Tock Seng Hospital Palliative Medicine (Ward 83) patients, who do not require isolation, to Dover Park Hospice (DPH) from current 6 working days to 3 working days within 6 months.
- Patient who not require isolation are those who are non MRSA, CRE or VRE.
- The aim is to help increase palliative care patients' accessibility of hospice care during the last months of life.

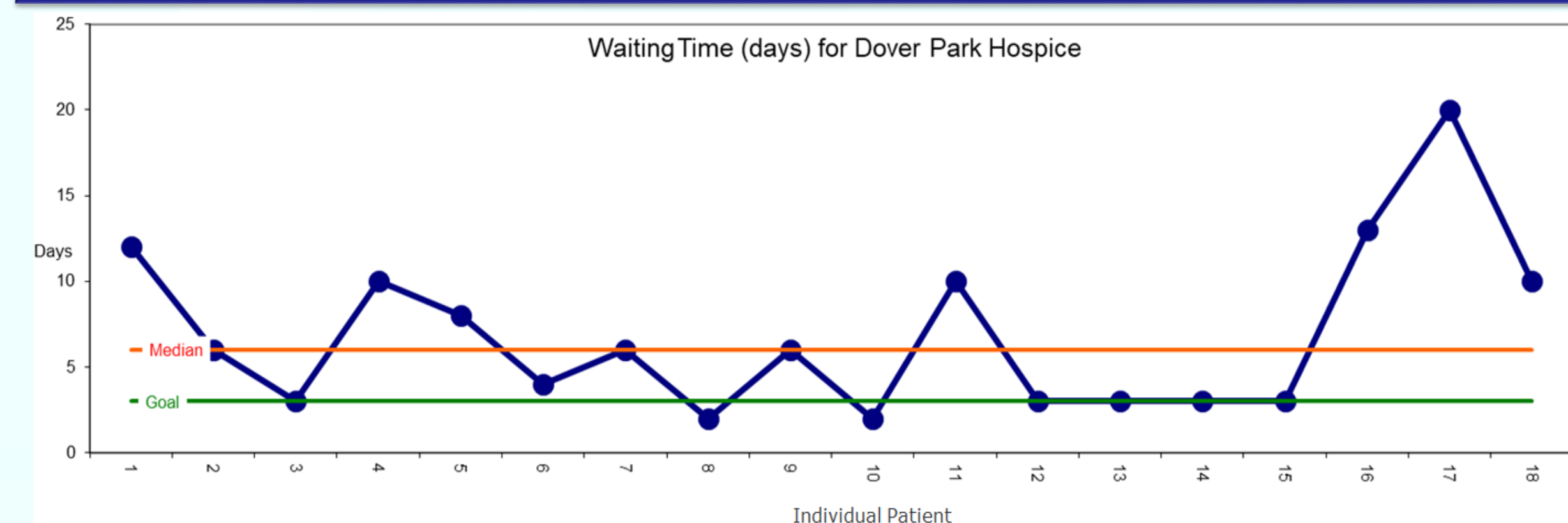
Team Members

	Name	Designation	Department
Team Leaders	Dr Yung Sek Hwee Tricia Chia GerK Sin	Associate Consultant Advanced Practice Nurse	Pall Med/DPH Pall Med/Nursing Service
Team Members	Yang Xiu Yu	Assistant Nurse Clinician	Ward 83 (Pall Med)
	Dr Marysol Iglesias Dalisay- Gallardo	Medical Officer	Pall Med
	Jade Wong Jade Fui	Pharmacist	TTSH Pharmacy (Ward 83)
	Ho Hui Lin	Medical Social Worker	TTSH Care & Counselling (Pall Med)
	Amanda Guo Chuanzi	Operation Executive	TTSH
	Pamela Koh	Senior Staff Nurse	DPH
	Edna Lim	Admin Executive	DPH

Evidence for a Problem Worth Solving

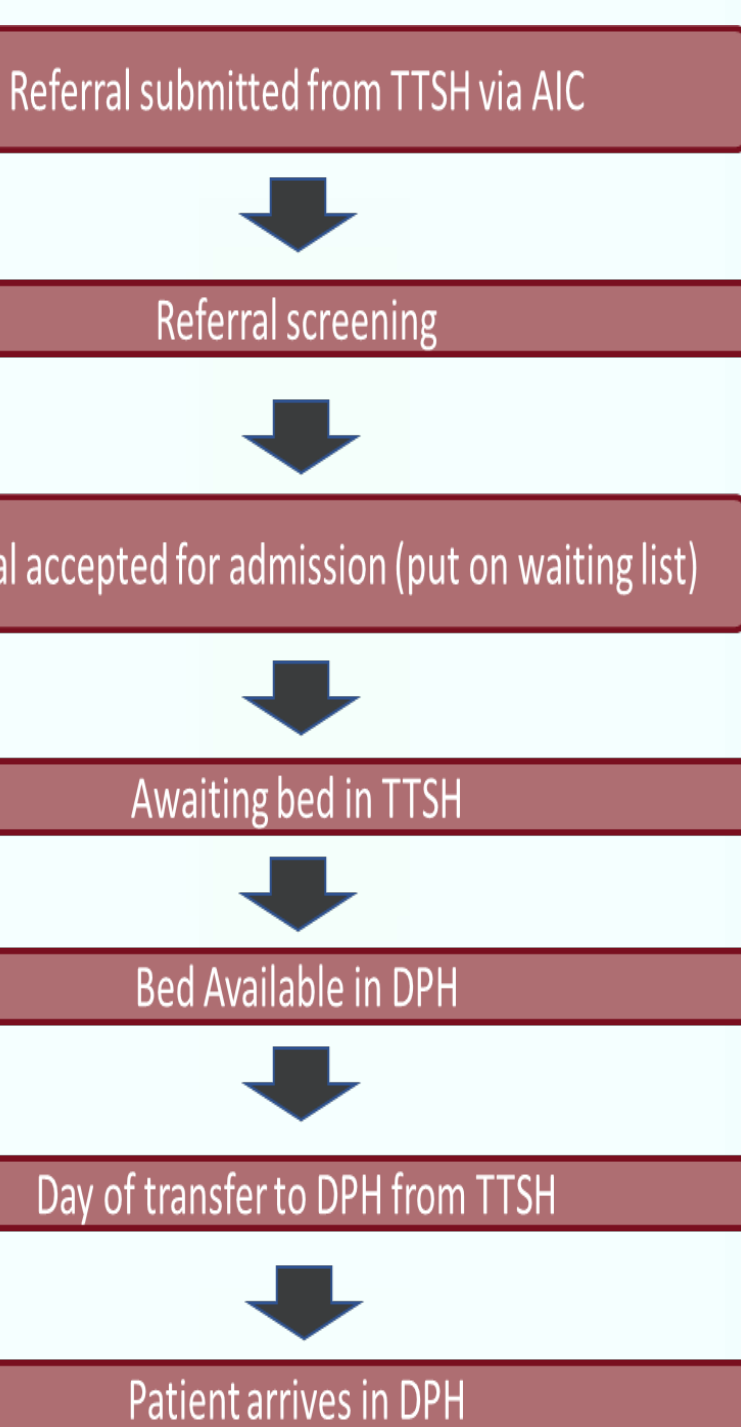
- Patient-centered care in a holistic manner by providing right siting of care
- Improve quality of end of life care by increasing accessibility hospice care to palliative care patients in acute hospital
- Caregiver's support for grief and bereavement
- Implementation of MOH healthcare master plan "Beyond 2020" with key shifts in moving hospital care to community facilities as well as translating quality to value

Current Performance of a Process

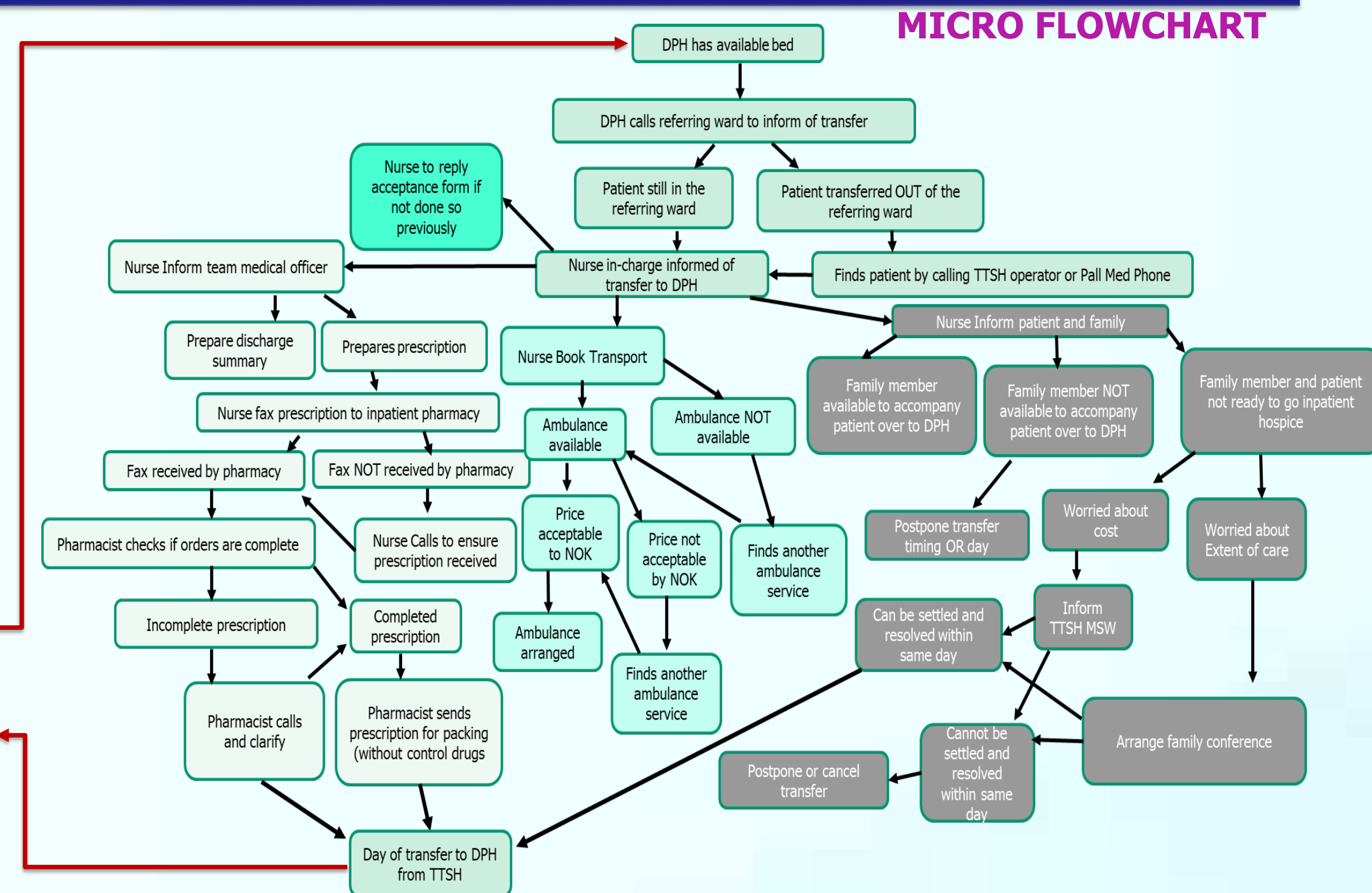


Flow Chart of Process

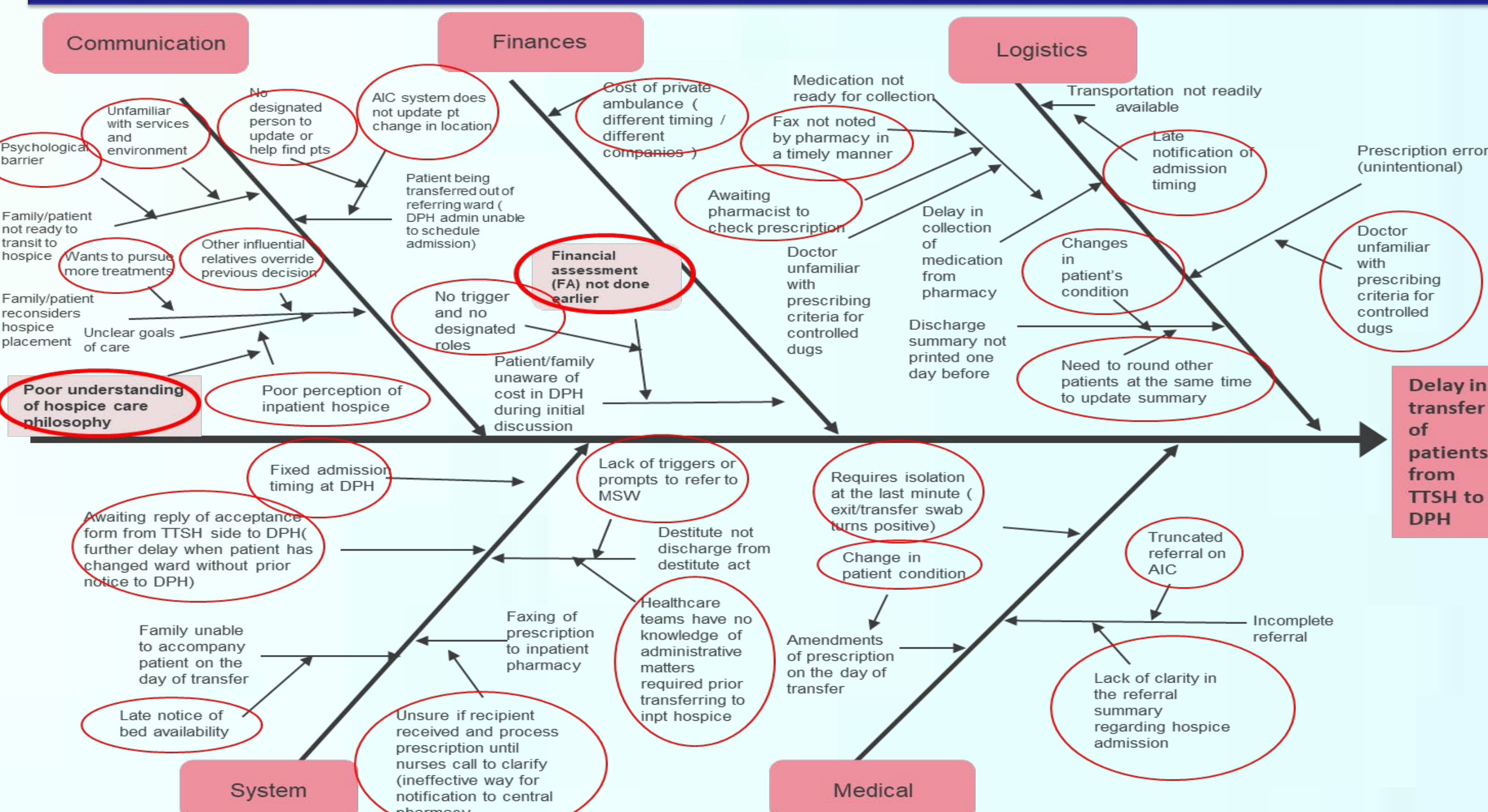
MACRO FLOWCHART



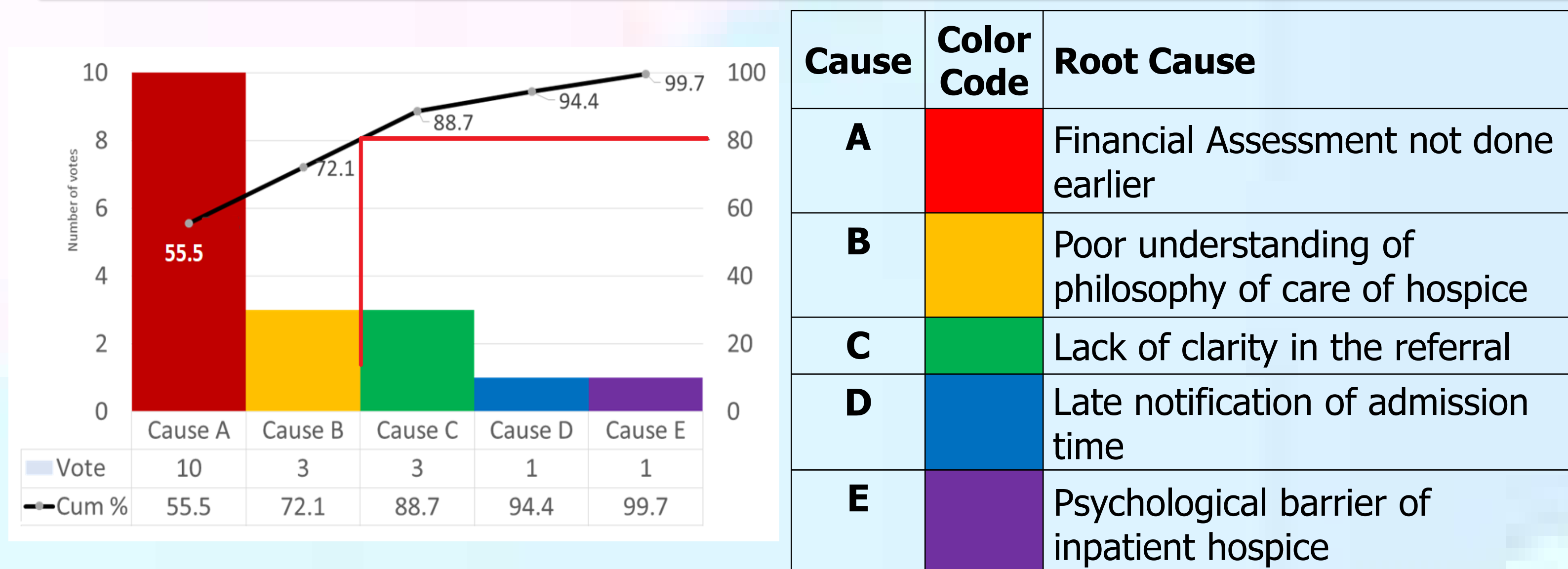
MICRO FLOWCHART



Cause and Effect Diagram



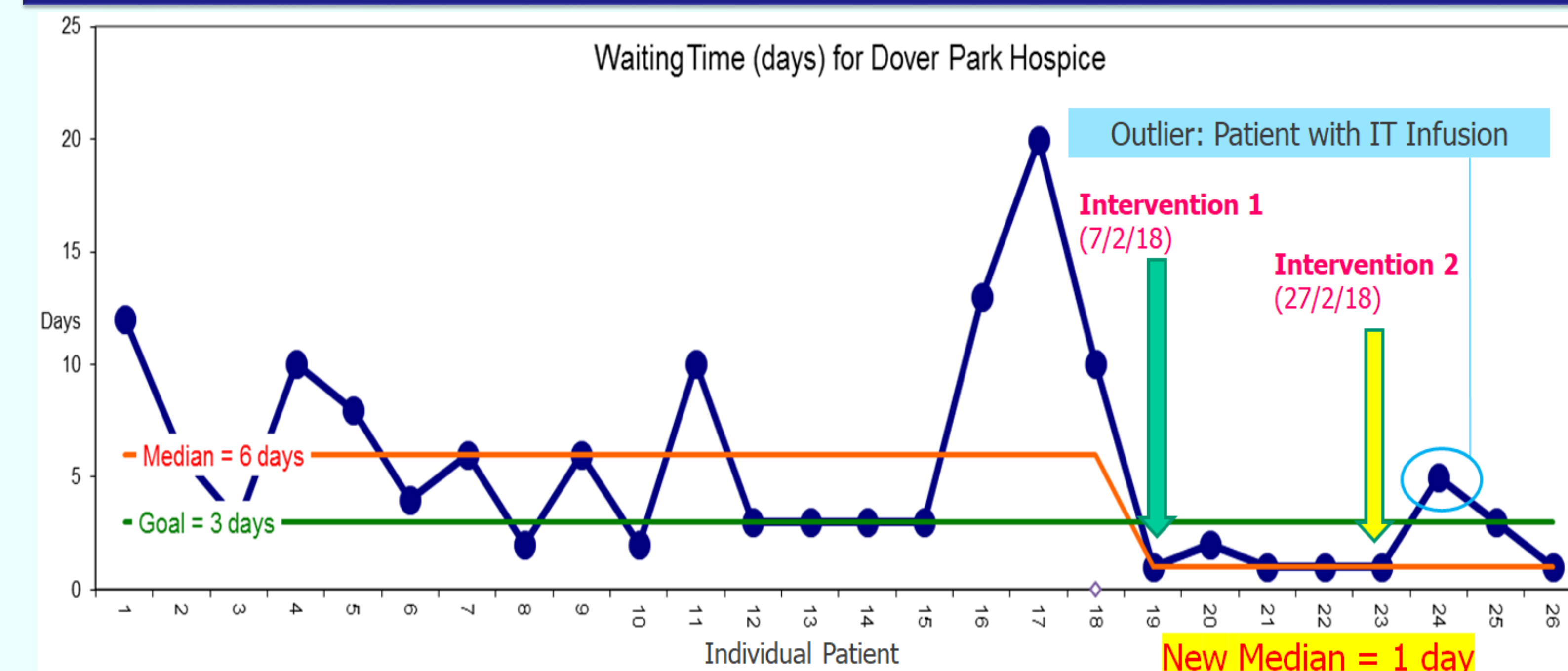
Pareto Chart



Implementation

Problem	Interventions	Implementation Date
Financial Assessment not done earlier	<ul style="list-style-type: none"> Start financial counseling by <ul style="list-style-type: none"> i. Educating MO on cost of inpatient hospice and the subsidy schemes available in hospices ii. MO to check with Palliative MSW on the level of subsidy and to revert to patient and family iii. Refer case to MSW if family still has questions on inpatient hospice cost while proceeding to initiate inpatient hospice referral on AIC portal 	12 Jan 2018
Poor understanding of philosophy of care of hospice	<ul style="list-style-type: none"> Improve understanding of hospice philosophy of care by <ul style="list-style-type: none"> i. Educate and provide easy access of checklist for MO/Resident on areas of topics to cover when speaking to family/patient ii. Provide pamphlets of inpatient hospice service providers to family/patient 	20 Feb 2018

Results



The new median wait time for Dover Park Hospice placement is **1 day**.

Cost Savings

For TTSH

Item	Pre-Intervention	Post-Intervention	Difference
No. of bed days saved	6 days	3 days	-3 days
Total Cost of Bed Days Saved	6 days x \$1,114 = \$6,684	3 days x \$1,114 = \$3,342	-\$3,342 (in monetary terms)

For Patients who are transferred to Hospice

Item	Pre-Intervention	Post-Intervention	Difference
Average wait time for inpatient hospice	6 days	3 days	-3 days
Total Cost of Care Saved (Annualized)	128 patients x 6 days x \$614 = \$471,552	128 patients x 3 days x \$614 = \$235,776	-\$235,776

Note:

- Cost of Care per patient = \$1114 (TTSH) - \$500 (Hospice) = \$614
- Projected no. of patients admitted to Hospice (Annualized) = 128

Problems Encountered

Change over of Medical Officers and Resident doctors on a 3 monthly basis to ensure that there is continuity of interventions during change overs.

Strategies to Sustain

- Continual engagement of interdisciplinary team at all levels.
- Regular feedbacks and education to the junior doctors and referring team to ensure continual communications & feedbacks (incorporating checklist for juniors through orientation, intranet and tutorials).
- Spread to patients outside ward 83, under blue letter consultation, isolation beds (new measure on decolonization, testing new workflow while waiting to increase capacity), or even other hospices!