

# TTSH COMMUNITY RIGHT-SITING PROGRAMME:- RIGHT SITING OF LOW COMPLEXITY (Specialist Outpatient Clinic) to GENERAL PRACTITIONERS

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## Mission Statement

### Aim:

To appropriately right site medically stable patients from Specialist Outpatient Clinics (SOCs) and ensure continued care under a Family Physician (FP) or General Practitioner (GP), Family Medicine Clinics or suitable primary care programme within the community.

### Objectives

1. Reduce the number of repeat visit attendances in SOC
2. In turn free up SOC wait time for new patients
3. Upskilling of Primary Care Physicians to manage more chronic diseases

## Team Members

	Name	Designation	Department
Team Leader	Adj A/Prof David Foo Ms Lim Sing Yong	Clinical Lead, Primary Care Assistant Director	Community Health Community Ops
Team Members	Ms Evelyn Tan Ms Teo Li Huan Ms Lynn Lee Ng Foong Ying Carol Chan Germaine Tang Ng See Yoong Ng Mei Xing	Assistant Manager Senior Executive Executive Right-Siting Officer Right-Siting Officer Right-Siting Officer Right-Siting Officer Right-Siting Officer	Community Ops
Ex-Members	Ms Yan Sui Wah Ms Jayne Tong Mr Darryl Kok Ms Ong Xue Ni	Assistant Director Senior Executive Senior Executive Right-Siting Officer	
Sponsor	A/Prof Thomas Lew	Chairman Medical Board	

## Evidence for a Problem Worth Solving

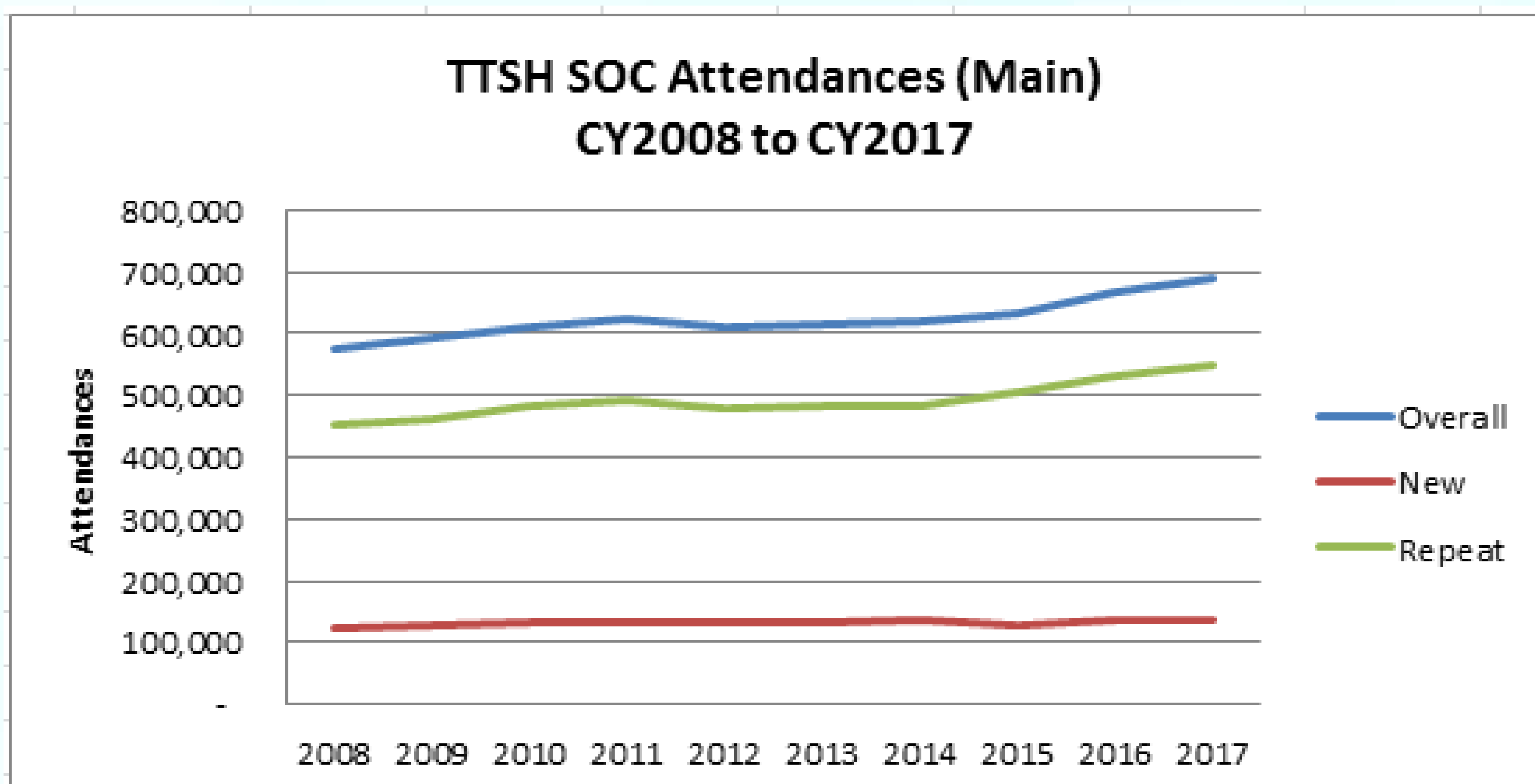
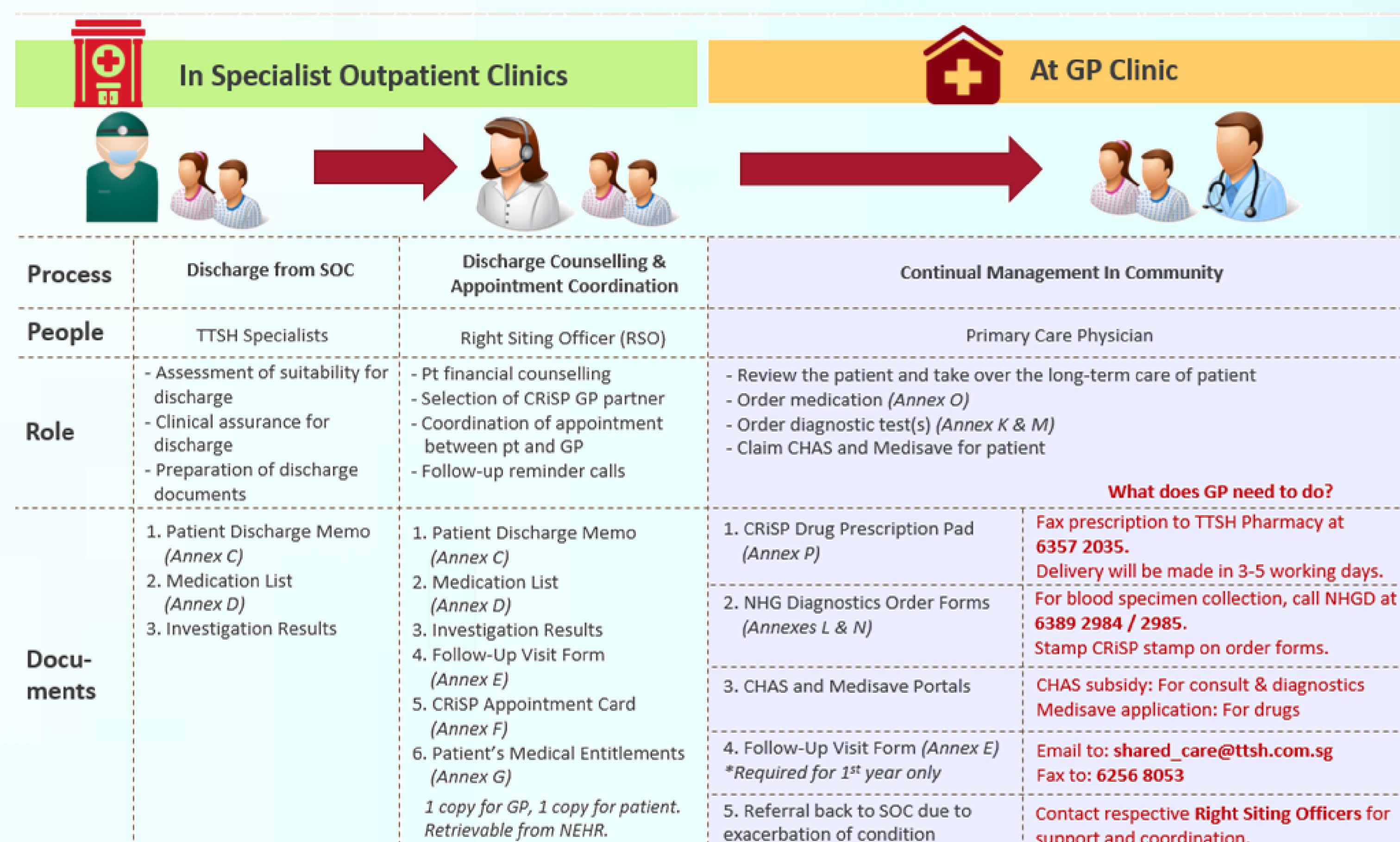


Figure 1. TTSH SOC Attendances (CY2008 – CY2017)

MOH conducted an analysis based on existing SOC utilization data: - 80% of SOC capacity was occupied by existing patients while 20% was consumed by new patients. At the same time, TTSH SOC overall attendances have been increasing over the past decade. Our SOC workload has increased by 19% in 2017 as compared to 10 years ago. It can be observed that the increasing trend of our SOC overall attendance is correlated to the increased in repeat SOC visits. New attendances have not increased significantly over the past decade. This supports MOH's claim that majority of our SOC capacity is occupied by existing patients and new patients are unable to get a slot in our system.

## Flow Chart of Process



## Implementation

To achieve successful reduction in repeat patient load in SOC, patient attendances are shifted to primary care partners through TTSH Community Right-Siting Programme (CRISP). CRISP was launched as a strategic collaboration to appropriately right-site stable chronic SOC patients from public hospital to primary care physicians for continual management.

Through this partnership, GP partners are supported with necessary clinical & administrative support and financial enablers so that they can focus on providing quality care, instead of managing non-clinical aspect of patient care.

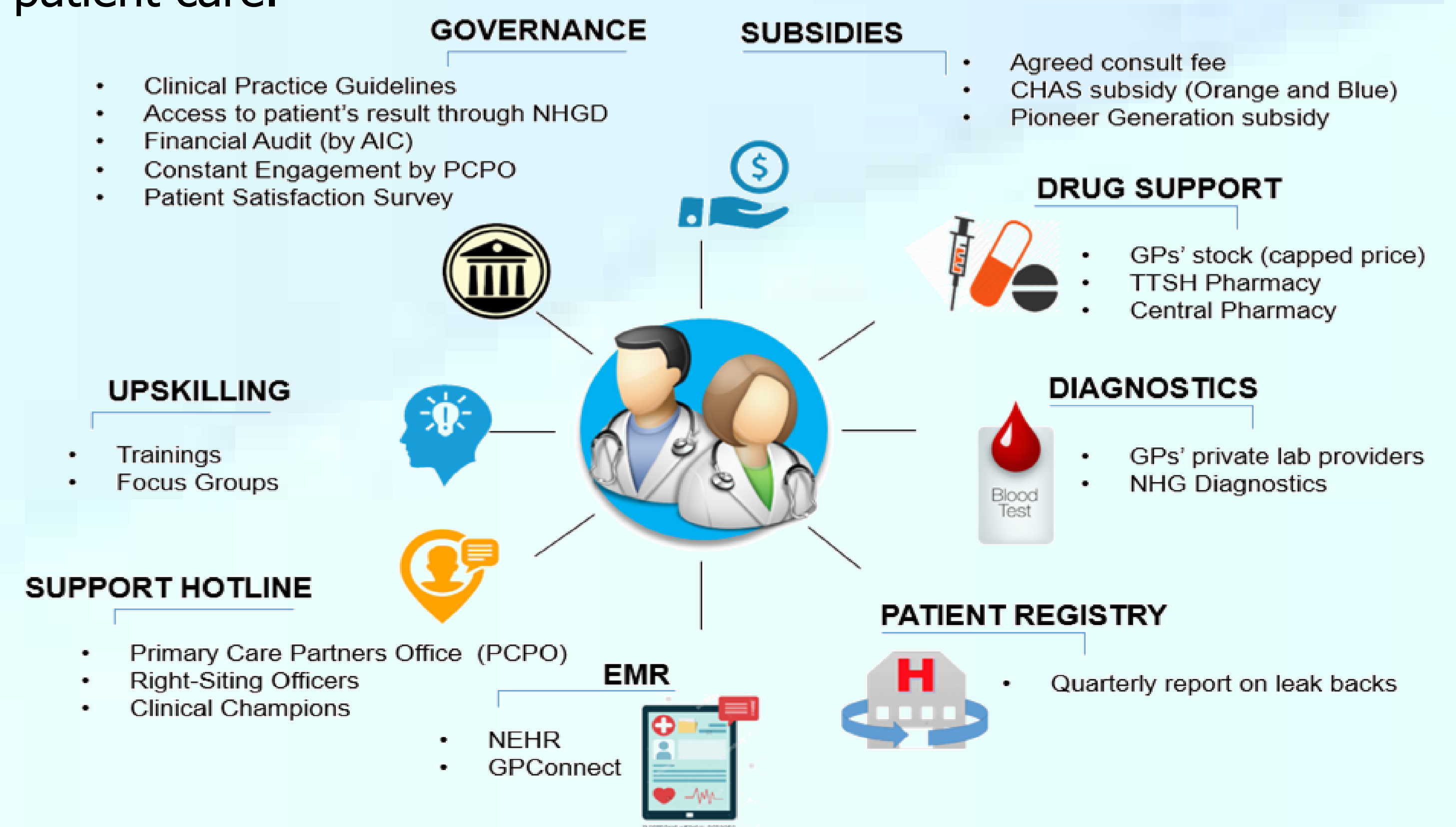
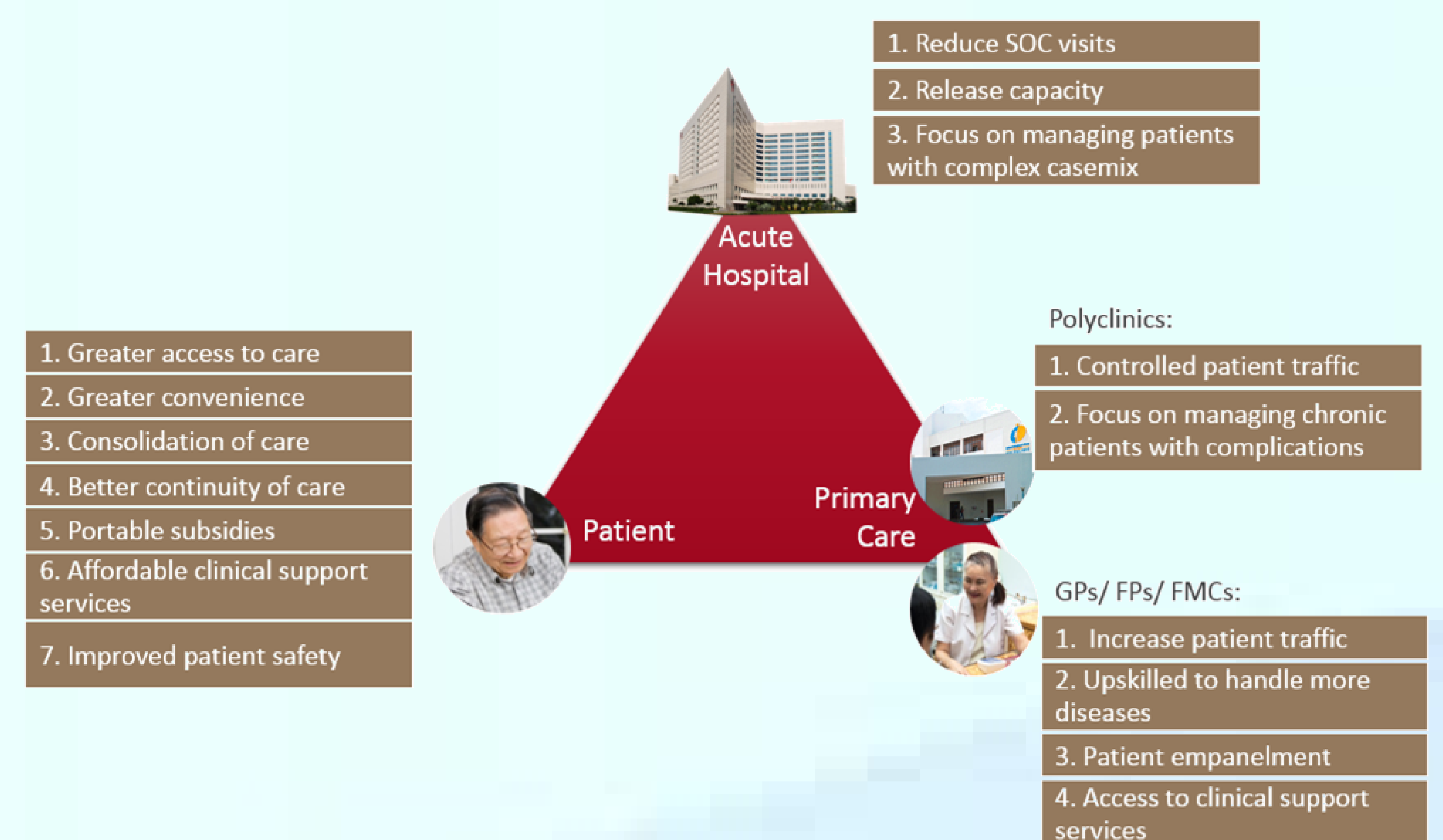


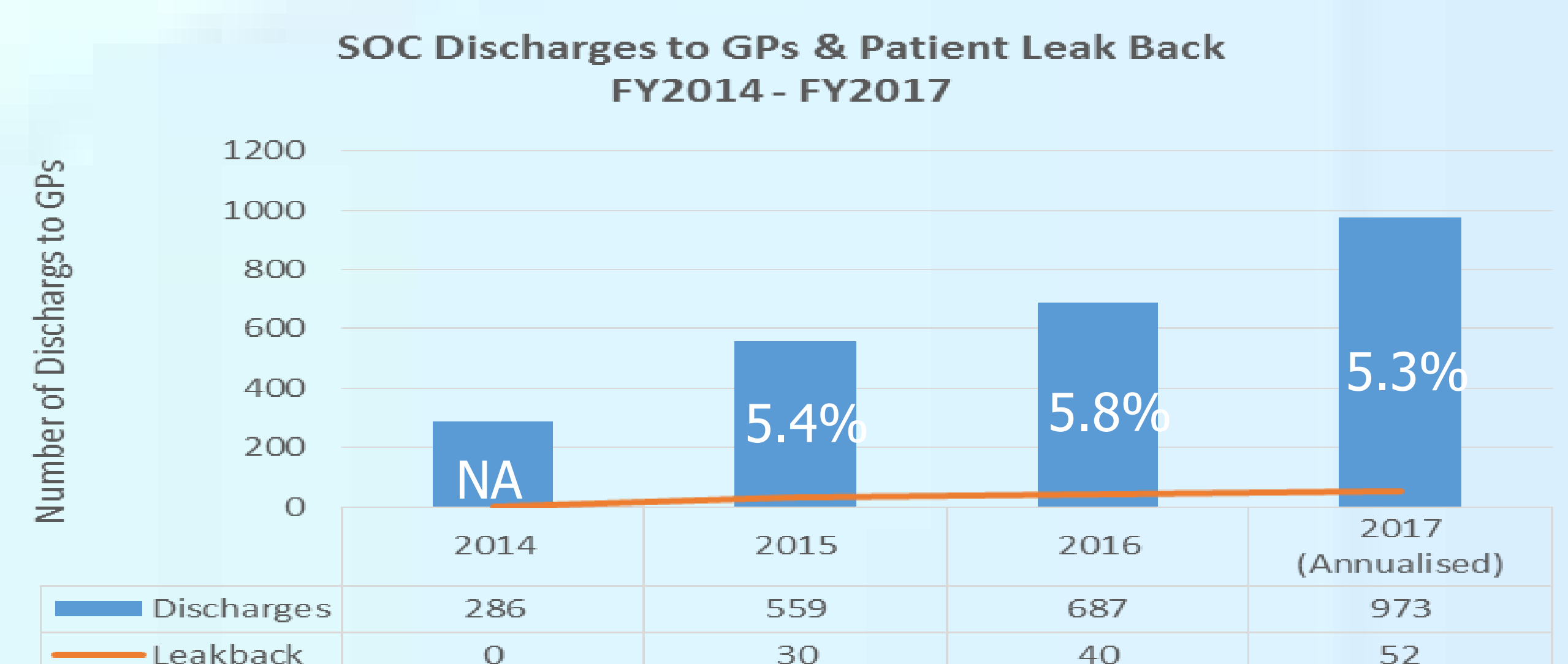
Figure 2. Clinical Support, Administrative Support & Enablers supported to GP partners through TTSH Community Right Siting Programme (CRISP)

## Benefits of Implementation

### Right-Siting Benefits Our Society



## Results



1. Increasing number of SOC patients discharged to Primary Care partners
2. Low readmission rate of 5.3%, lower than MOH's target of 10%
3. Wide network comprising 88 CHAS GP clinics as CRISP partners
4. High right siting efficiency of managing 245.6 discharges per FTE deployed
5. CRISP performed well in keeping the lowest cost per patient right sited to GPs

## Strategies to Sustain

- Introduce similar models of GP-led care to other TTSH medical disciplines
- GP engagement and recruitment of like-minded partners to expand the network