



Tan Tock Seng HOSPITAL
National Healthcare Group

Tan Tock Seng Hospital GPNext:- Creating a Sustainable Delivery of Care through Right-Siting of Low Complexity and Ambulatory Cases to Community Primary Care

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Adding years of healthy life

Mission Statement

Aim:

To reduce unnecessary referrals from the Emergency Department (ED) to Specialist Outpatient Clinics. GPNext is a partnership between the hospital and primary care physicians (PCPs), focused on right-siting of stable ambulatory care from the hospital's ED to PCPs.

Objectives:

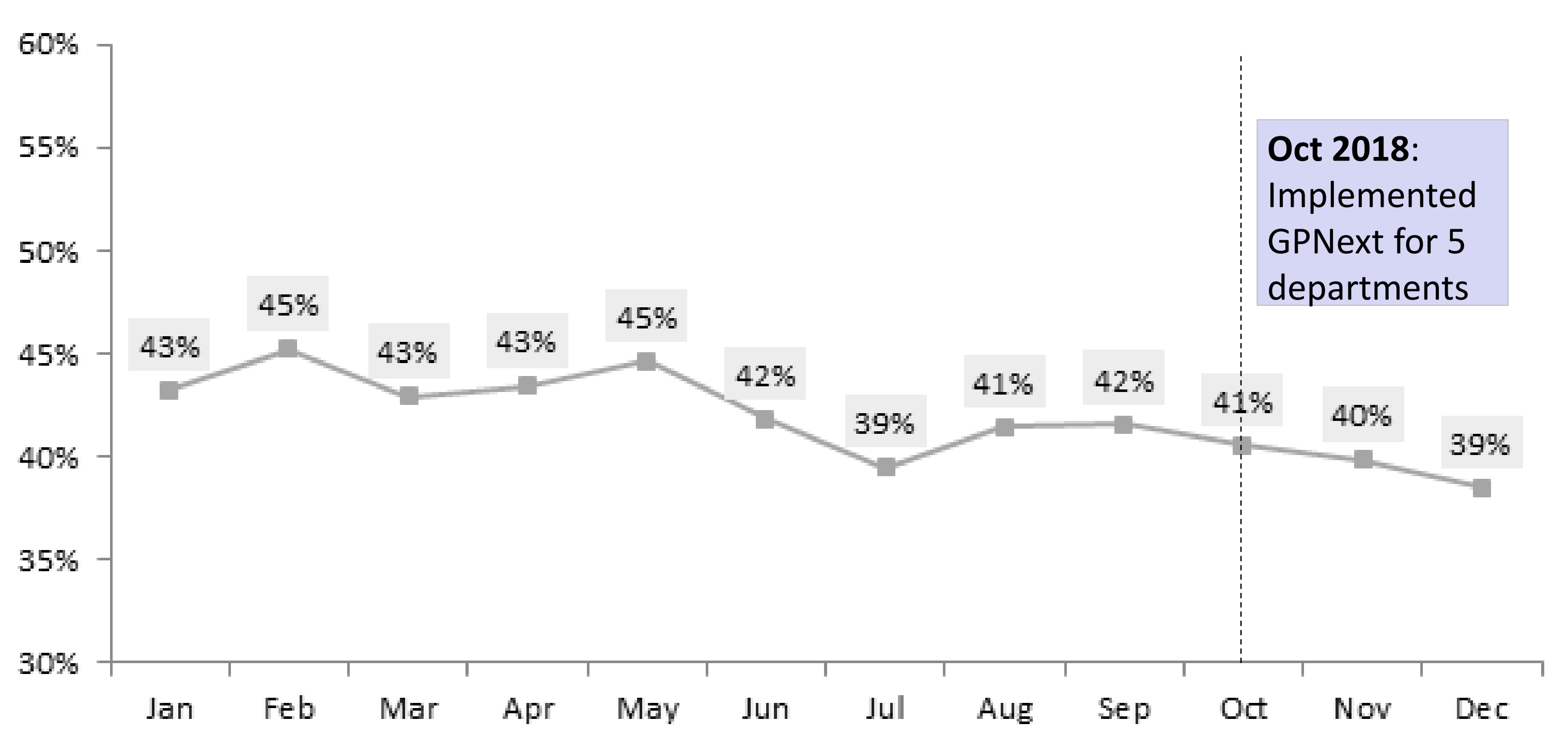
1. To increase the management of specific minor/low complexity conditions by GPs in the community.
2. Reduce unnecessary referrals from ED to SOCs for conditions/ symptoms that can be managed by GPs under this collaboration.
3. Decrease number of ED defaulter referrals to SOCs.

Team Members

	Name	Designation	Department
Team Leaders	Adj A/Prof David Foo Dr Ang Hou Ms. Evelyn Tan	Clinical Lead, Primary Care Head of Department Manager	Community Health Emergency Department Community Health
Team Members	Adj Assoc Prof Lee Keng Thiam Clinical Assoc Prof John A. Adj Assoc Prof Sharon Yeo Adj Asst Prof Glenn Tan Dr. Teoh Hui Hwang Dr. John Chua Ms. Ethel Kan Ms. Rebecca Banu Clinic Managers Operations Manager	Head of Department Head of Department Head of Department Senior Consultant Associate Consultant Senior Manager	Orthopaedic Respiratory & Critical Care Urology General Surgery General Medicine Emergency Department Emergency Department Contact Centre Clinic B1A, 2A, 4A, 5A Clinic B1A, 2A, 4A, 5A
Ex-Members	Ms. Vionna Foong Ms. Hong Qiao En Ms. Xu Mei Shan	Management Associate Management Associate Right-Siting Officer	

Evidence for a Problem Worth Solving

No-Show % for Intra-Dept Referral A&E



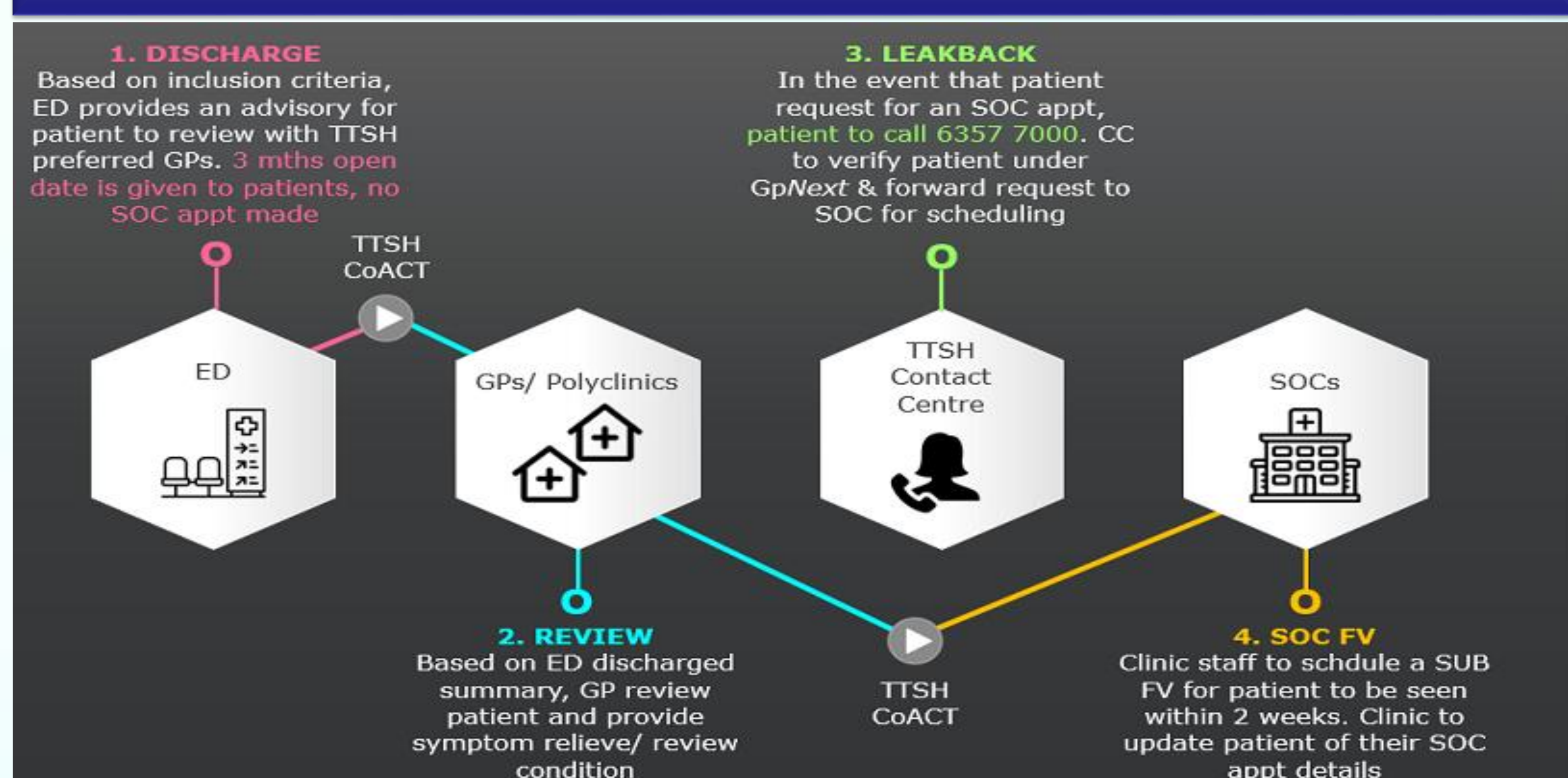
High Defaulter Rate from ED Referrals:

TTSH ED is one of the main sources of intra-hospital referral to our hospital's new outpatient appointments. A significant percentage, in fact, close to 50% of ED referrals has contributed to first visit no-show for our clinical departments.

Patients with minor acuity or low complexity medical issue is considered discretionary to the function of SOCs. A substantial portion of these referrals are asymptomatic, hence patients may not turn up for their SOC appointment because their symptom(s) have subsided.

The consequences of this are first visit appointment slots for SOCs not being effectively utilised, leading to longer waiting time for other patients to be seen in SOCs, this ultimately resulted in wastages. Wastes include our hospital resources, physicians and other healthcare practitioners' time. It also includes the opportunity cost for our hospital to treat another patient when one does not turn up for their appointment.

Flow Chart of Process



Implementation

GPNext began with targeted approach for ED to collaborate with clinical departments that account for the highest first visit no-show rate:- Urology, General Surgery, Orthopaedic, General Medicine and Respiratory Medicine.

An ideal solution would be transiting stable ambulatory post ED patients that require review to a PCP. In the event that transited patients experience serious complications, our solution should provide an escalation channel for them to get specialists attention as soon as possible. Additionally, PCPs should be provided with timely access to clinical communication with specialist when they have difficulty managing the patient.

A) Market Research and GP Engagement:

A focus group was first conducted to solicit GPs' opinions and guiding principles for future actions

B) Clinical Decision Guide:

Clinical indicators for ED discharge to primary care and recommended disease management guidelines for primary care were developed by ED and the five clinical departments. 13 clinical pathways were designed.

C) Communication Enablers:

TTSH convened the Coordinating Advisory Care Team to support GPs with patient-related case discussion via secured instant communication platform (Annex E). Clinical advisories and patient support system were enhanced so that it forms a safety net for patients should their condition deteriorates. Lastly, the initiative must be clearly elaborated for proper roll out across ED to primary care, and ultimately SOC for managing returned patients.

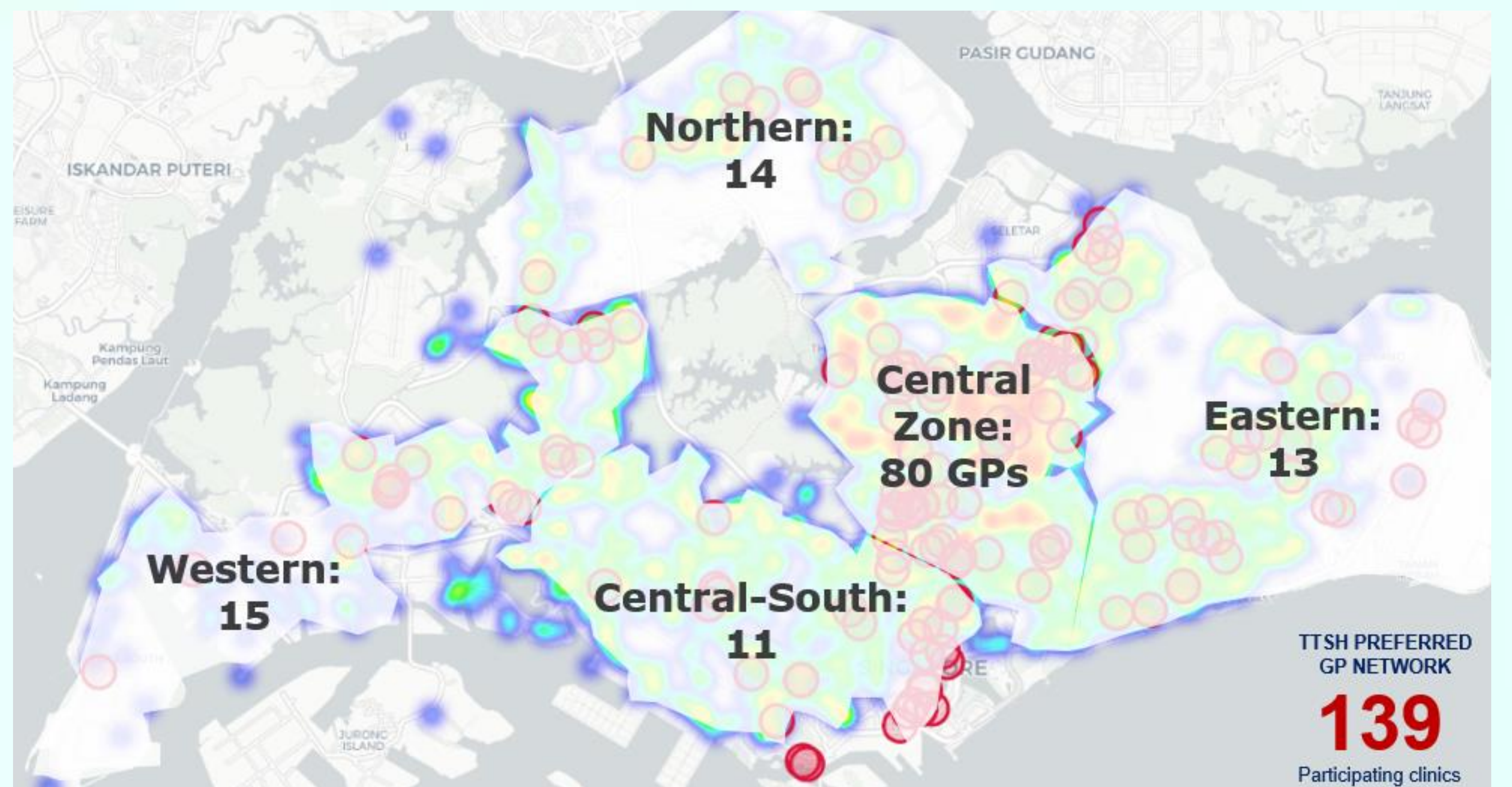
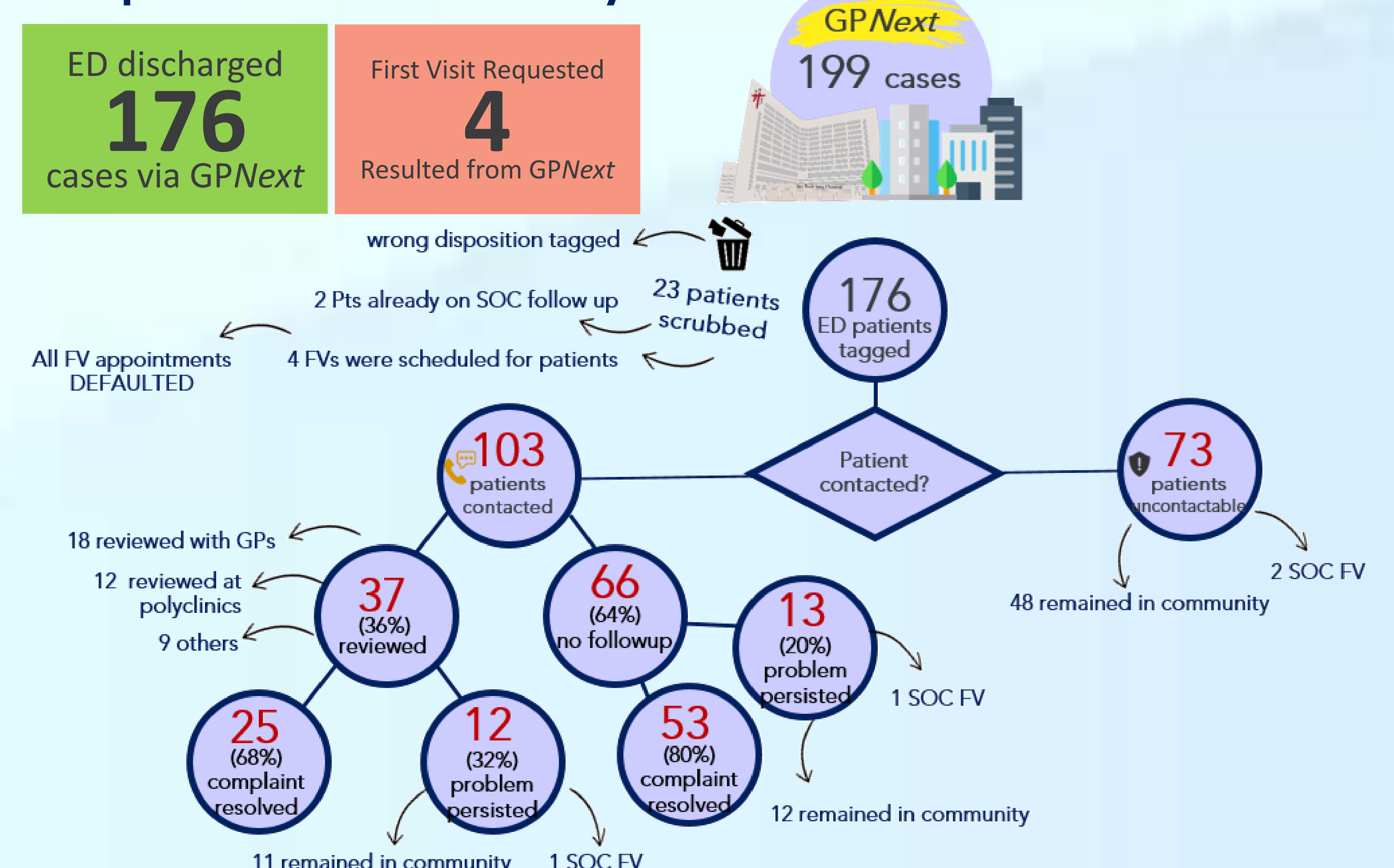


Image B: Geographical Spread of TTSH Preferred GP Network when GPNext Diverted Patients may review their condition with a primary care physician post ED visit.

Results (from Acute Hospital to Community Level)

Data period: Oct 18 to February 2019



Conclusion

1. GPNext has shown high efficacy.
 - 1/3 of GPNext patients reviewed with Primary Care partners or other community providers
 - 2/3 of GPNext patients do not require follow up due to their complaint were eventually resolved
2. GPNext is safe.
 - Identified low risk symptoms did not deteriorated after patients' ED visit
3. GPNext is an effective collaboration between Emergency Department, SOCs, and Primary Care in reducing wastages and promote system savings for the hospital.



172 First visits saved
\$23,392 to \$33,712¹ Estimated cost savings from reduction of no-show rates
Gradual decline of no-show rates by 1% to 3%²

¹Calculation derived: \$196 SOC norm cost per first visit x 172 first visits saved = \$33,712. \$136 (variable cost) x 172 = \$23,392
²Data source: SOCU, Oct 2018 to Dec 2018.