

IMPROVING CARE FOR LONGSTAYERS

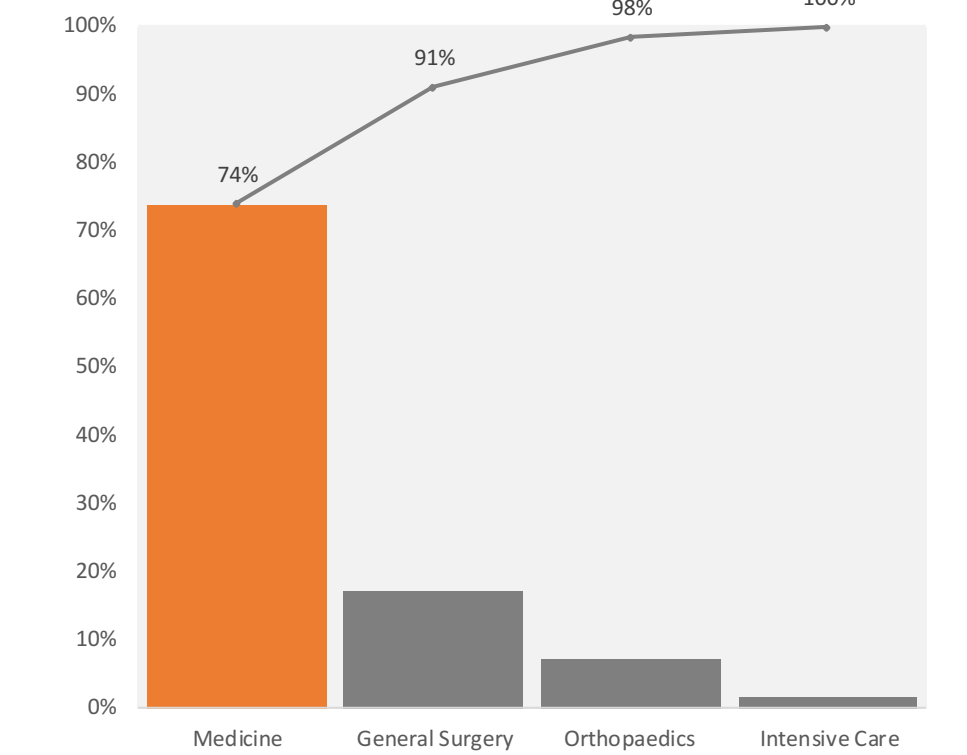
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BACKGROUND

Prolonged hospital stays are associated with poorer hospital outcomes due to an increased risk of deconditioning and hospital-acquired infections. At our hospital, longstayers (LOS>21 days) were occupying 1 in 4 beds, with 74% under the care of the Medicine department.

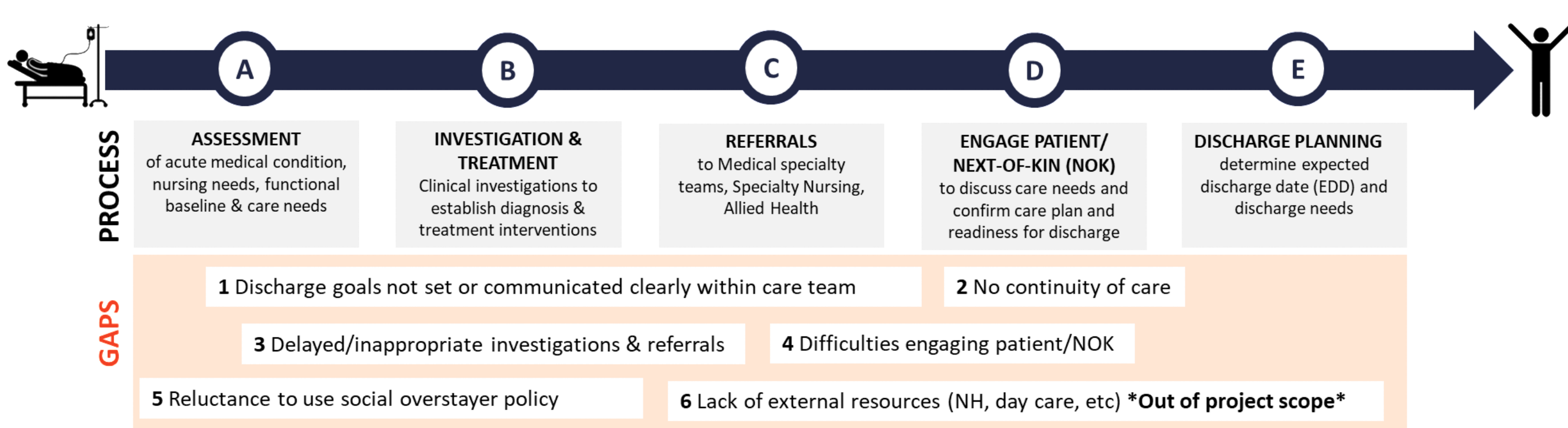
A multi-disciplinary project team was set up in 2021 to redesign the care of longstayers and to reduce unnecessary prolonged hospital stays. Our aim was a 30% reduction in total bed-days of longstayers within the Medicine department by Dec 2022. This would lead to better patient outcomes, optimize bed occupancy rate (BOR) and reduce Average length of stay (ALOS) for the hospital.



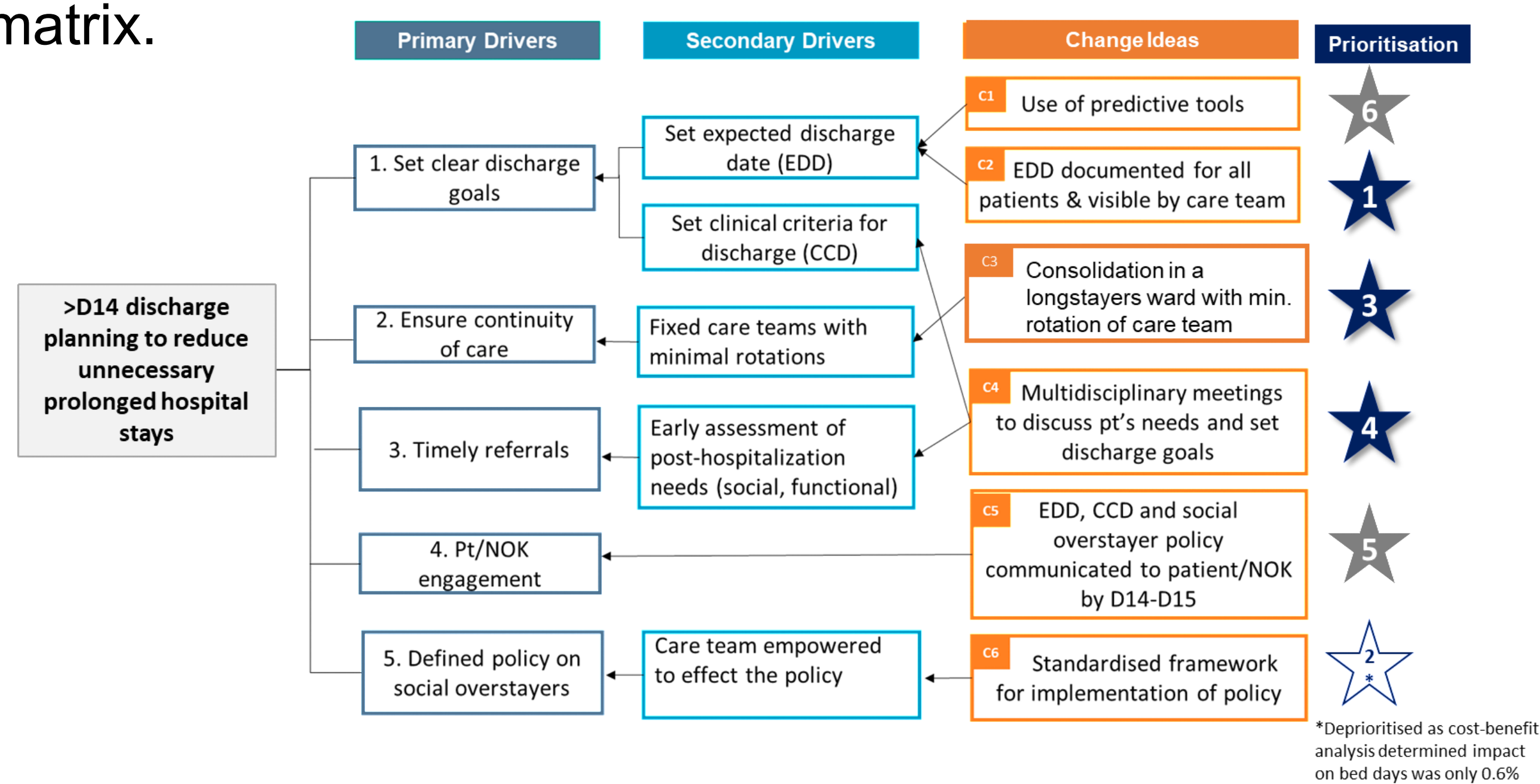
74% of our Longstayers were from the Medicine Department

REDESIGNING CARE

The project team mapped the longstayers patient journey and process gaps were identified.



Change ideas were generated to address the gaps and these ideas were prioritised using the impact vs ease of implementation matrix.



KEY INTERVENTIONS

C2. Expected Discharge Date (EDD) Documentation

- A pilot was started in 3 wards with the most longstayers.
- All doctors in these wards were asked to document EDD by Day 5 as this provides the care team with a common discharge goal.
- 70% compliance was achieved in the pilot with a demonstrated reduction in total bed days compared to other General Medicine wards (control).
- This was spread to all doctors within the Medicine department and a doctors' team bonus was used to incentivise changes in practice on the ground.

C3. Longstayers Virtual Ward

- Recognising that longstayers have more complex needs which require more focused care, a longstayers virtual ward was set up. Beds were ringfenced for longstayers in the 3 pilot wards, and the care team was rotated less frequently to ensure longstayers had more dedicated care.
- A pull workflow was used by the project team to review patients (LOS>14 days) on a weekly basis and to transfer potential longstayers to this virtual ward.
- This evolved into a push & pull workflow where all doctors could refer patients to the project team for review & transfer to the longstayers virtual ward.

C4. Multi-disciplinary Meetings (MDM)

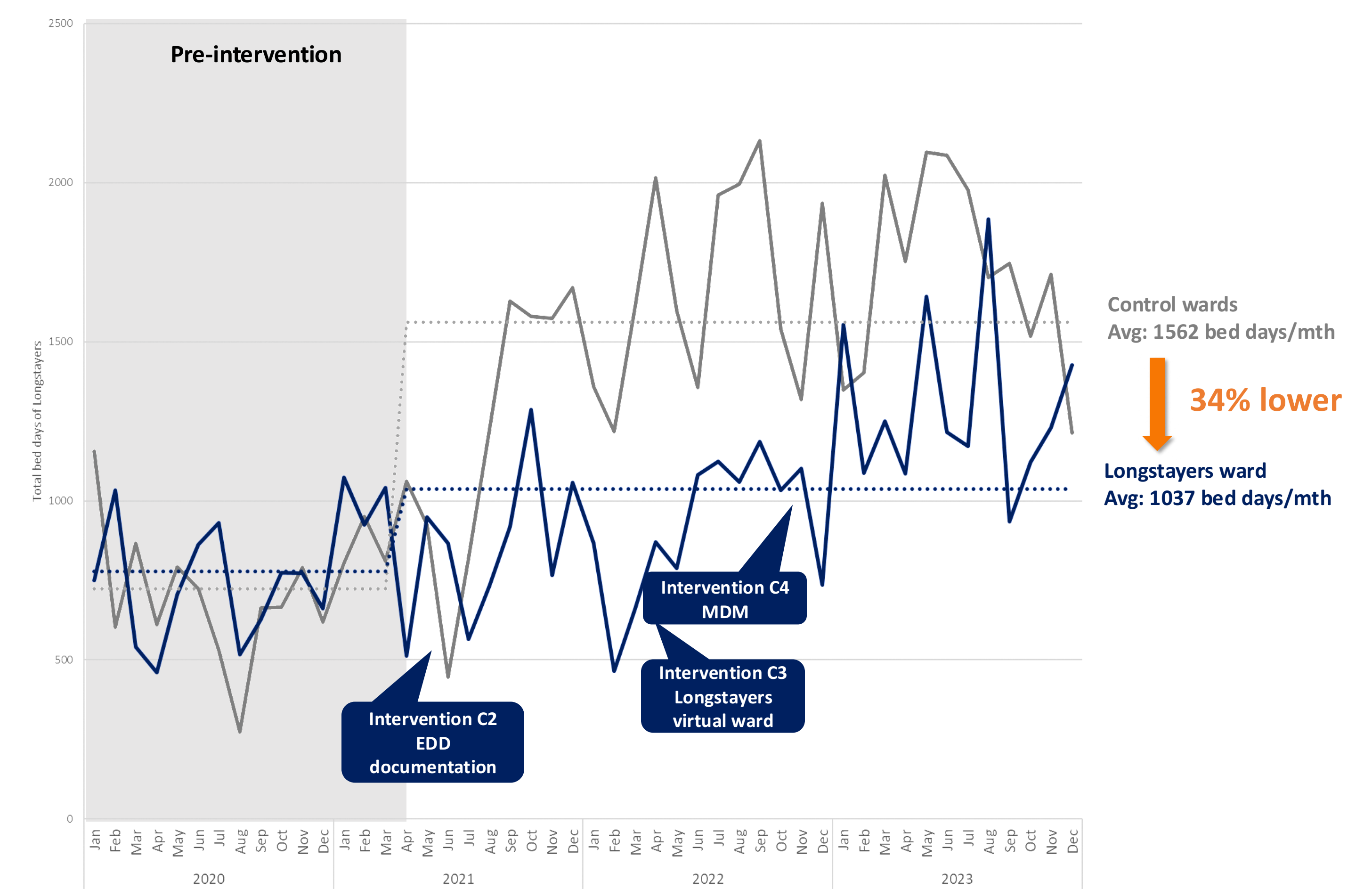
- Weekly MDMs were conducted by the care team (doctors, nurses, case managers & allied health professionals) to discuss each patient's discharge plan and to resolve any bottlenecks encountered.
- Upon carrying out case reviews, it was observed that patients who were frequent re-admitters did not readmit after discharge from the longstayers ward as the MDM helped to ensure patients' discharge needs were met.

*These 3 interventions has been scaled up and are now part of Business-as-Usual (BAU) operations within the hospital.

RESULTS

Upon successful implementation of the interventions,

- Total bed-days of patients in the longstayers ward was **34% lower** compared to all other General Medicine (control) wards.
- 525 bed-days** were saved each month as a result.
- Results continued to be **sustained** in the control phase in 2023.



LEARNING POINTS

Begin with the end in mind

The team was mindful to create **system level changes** (e.g. creation of new workflows and processes) and to mainstream these interventions to ensure long term sustainability.

Change management

Large-scale change is always difficult to achieve. However, starting with small pilots and achieving quick wins helps to convince others of the benefit of the changes.

Visual Reminders in the Wards: EDD by Day 5

Weekly Progress Reports: Charts showing patient status and EDD documentation.

Weekly Text Reminders: Messages to staff about EDD documentation.

Briefing at Medicine Doctors' Meeting: Presentation on managing longstayers.

Teamwork makes a dream team

The success of this project can be attributed to having a multi-disciplinary team who believed in the goal of the project. Team members were open and willing to share their thoughts, and often challenged the status quo which led to better solutions.

