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Background of the problem

Bed crisis has been a chronic issue in the in acute care hospital setting. The situation was worsen during COVID-19 period, Hospital always facing situations that need to create beds for Emergency cases. However, patients who are in stable condition but waiting for Community Hospital occupied acute hospital beds due to long process. patients often would need to wait for an average of 14.3 days to be transferred to community hospital.

Mission Statement

Our project is aimed at reducing 30% of the waiting time for Ward 58 inpatient transfer to Bright Vision Hospital (BVH).

Analysis of problem

Based on the root causes identified, the team look at the timestamp when the information are input into the AIC (AIC) system. They shortlisted 2 main root causes to work :

Complexity of referring form in Agency for Integrated Care (AIC) system (Figure 2) – Dr, Nurse, OT, PT, MSW

Time for inputs from all HCP before submission

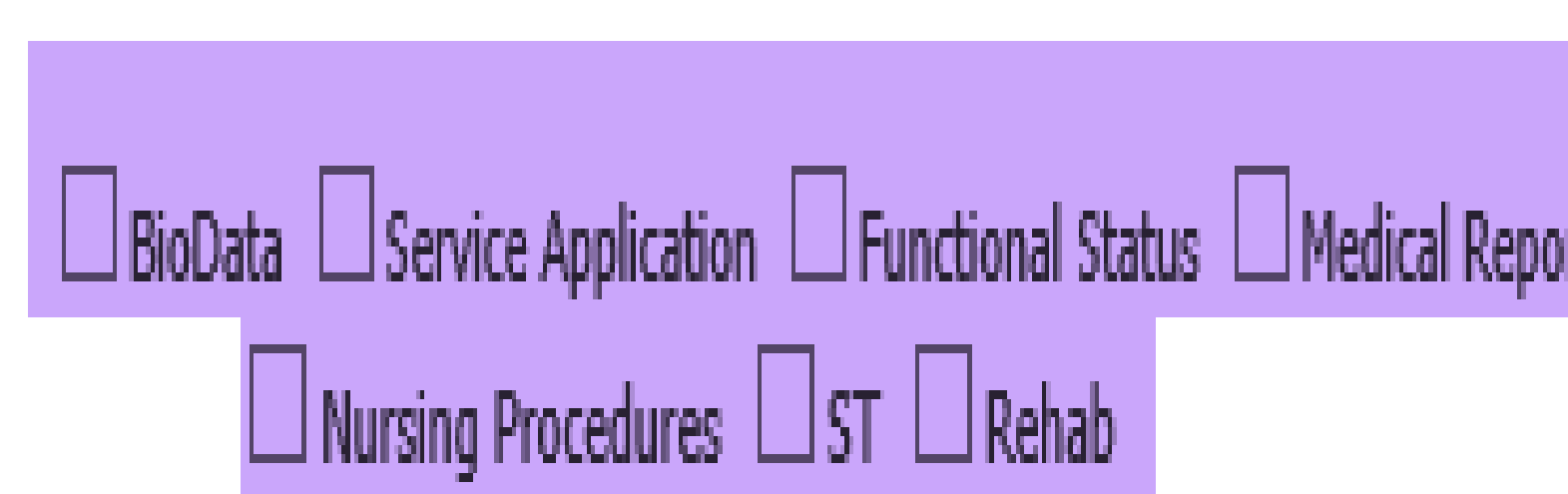


Fig 2

Interventions / Initiatives

A simplified AIC referring system was implemented, where the primary team doctor will submit a case with no Allied Health's inputs. The Community Hospital doctor (FMCC) would then be informed to review the patient from the system based on this form,

Before



FMCC Review

After

Medical Report

FMCC Review

Results

After implementing the intervention, the median waiting time for the inpatient transfer reduced from 11 days to 5 days. The waiting time for the team to submit the referral in the AIC system has been reduced from 3 days to 1 day.

Before

11 days

Safe 6 days

After

5 days

Over 5.5 months, we able to safe 9 x 12 x 6 x \$ 72 (per day for C class) = \$ 46,656/month

Conclusion

The simplified process of AIC system can be used in all inpatient wards to facilitate a smooth transfer process.

