

Nurse-led care consolidation (NLCC) in combating care fragmentation in an Integrated General Hospital (IGH) – Alexandra Hospital (AH)



Peck Sin Yee (Nurse Clinician), Liu Huan (Nurse Clinician), Doreen Heng Gek Noi (Assistant Director of Nursing)
Alexandra Hospital, Nursing, Singapore

Background

Chronically ill patients, compounded with comorbidities and socioeconomic issues, often require multidisciplinary care and coordination. This results in highly fragmented care which may lapse care quality and incur greater healthcare cost. Furthermore, with the increasing imbalanced old-age support ratio from an ageing population; coupled with a shrinking workforce, our healthcare system is strained even more.

In **Alexandra Hospital (AH)**, a new Integrated General Hospital (IGH) concept is sandboxed where intensity of care is dynamically varied to match the acuity of patients' conditions without moving them across settings. Coordination and consolidation of care is carried out by a one-care team. Appointments are streamlined for patients from multiple disease-focused reviews with different family physicians and specialists across various hospitals and clinics to one principal doctor or nurse where possible. This project presents how the **nurse-led care consolidation** overcomes care fragmentation in AH.

Objective(s)

This project aims to present the strategy of a nurse-led care consolidation (NLCC) initiative in:

- Overcoming care fragmentation and rising healthcare cost for chronically ill patients;
- Demonstrate its impact on patient outcome;
- Review lessons learned;
- Discuss implication on clinical solutions; and
- Evolve the nursing professional role.

Methodology

The NLCC was piloted on 30% of patients, who move into the subacute, rehabilitative and community phase within the hospitalization stay, in two IGH wards since April 2019.

Role of the nurse (Primary Care Lead)

- Primary point of contact for patients
- Review and assess patients
- Initiate clinical decisions
- Facilitate consolidation and coordination of care
- Lead in a multi-disciplinary team ward round
- Lead in care transition from hospital to home

All care goals and expected discharged dates were discussed during a weekly multi-disciplinary team rounds led by the nurse lead.

Prior to the implementation, focus group discussions were held with medical team, nursing and allied health to gather ideas and feedback.

Training was conducted with all registered nurses in the two wards.

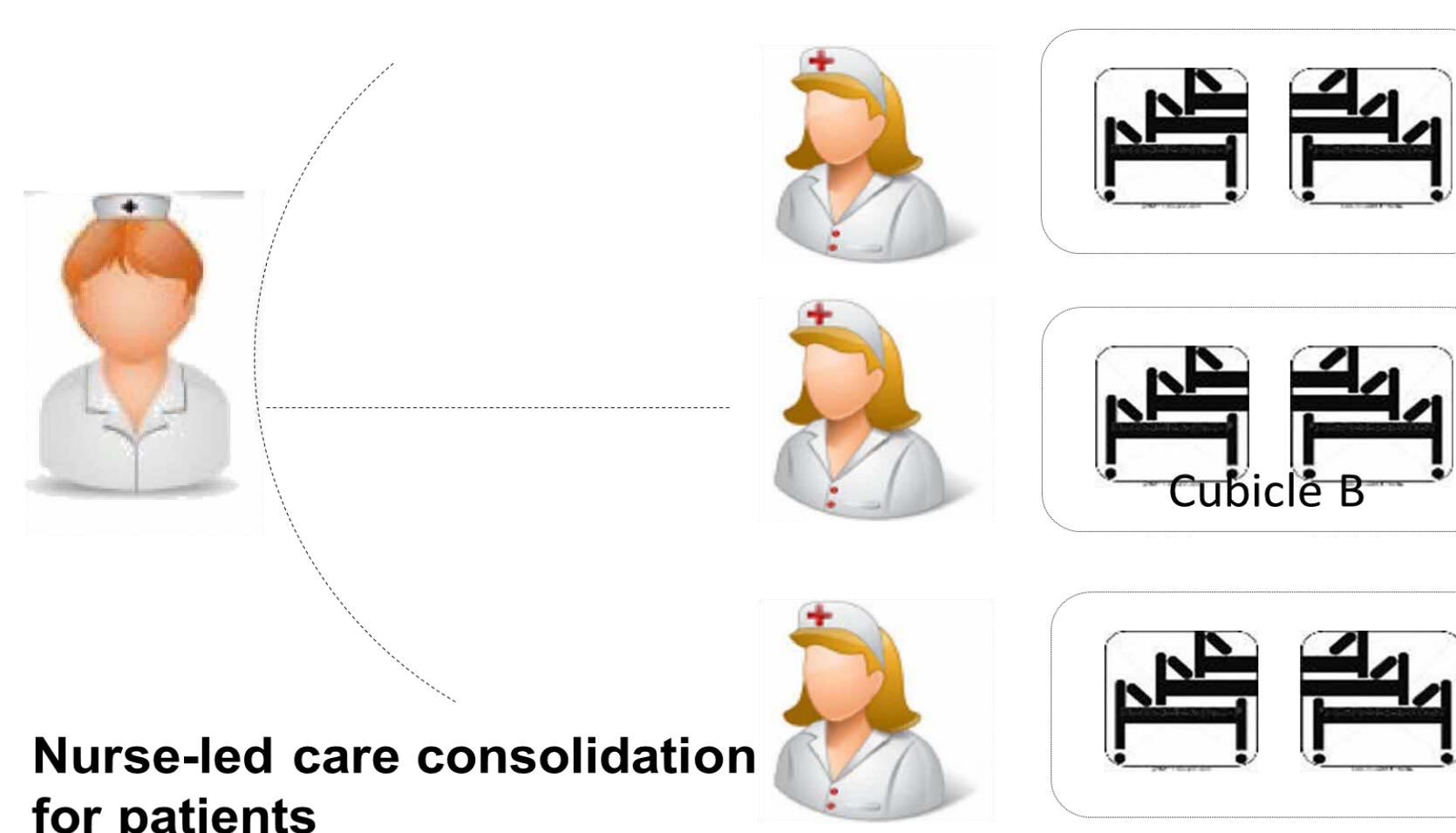
The Plan Do Check Act (PDCA) cycle was used 3 months and 6 months after implementation to study the initiatives' effectiveness and beneficial outcomes.

Results

The initiative suggests that NLCC could improve care fragmentation and impact positively in transforming the nurse' role in the clinical setting.

Key outcomes

- 40% reduction in the average length of patient's stay
- 65% nurses reported empowerment in managing patient care
- 84% nurses have reported confidence in leading and participating in ward rounds
- 85% nurses agreed that nurse-led care enhances their professionalism in nursing
- 100% physicians reported confidence in having a nurse lead in managing this group of patients



Discussion

A disparity between the demand and supply of healthcare needs contributed to the care fragmentation of today's problem.

On the demand side, the rising ageing population bringing multiple comorbidities will trigger a need for highly trained specialists. Overtime, the disease burden would also fatigue on caregiving capacity and ability.

To meet the demands, multidisciplinary specialists had to convene care which often result in multiple handover delays and issues between care teams. Prolonged length of stay (LOS); suboptimal discharge plans and system inefficiency would result. This vicious cycle will further strain the hospital occupancy rate; which present an opportunity cost in terms of lost care access to others.

By empowering nurses to manage appropriate patient profiles independently, AH is able to deescalate care safely with surmountable cost savings for these patients as evidenced by the presented results.

Conclusion

To meet the rising healthcare demands as the population ages, Boundaries need to be pushed and healthcare roles need to be redesigned.

This initiative is a game changer in evolving the nurses' role from that of a traditional bedside care team member to fronting and leading care in a multi-disciplinary team. In view of the positive impact on patients and nursing culture in the piloted wards, this project has been implemented across other wards in AH.

Acknowledgement

We would like to thank our nursing leaders, nurses and healthcare staff from the participating wards for their participation and support towards this project.