

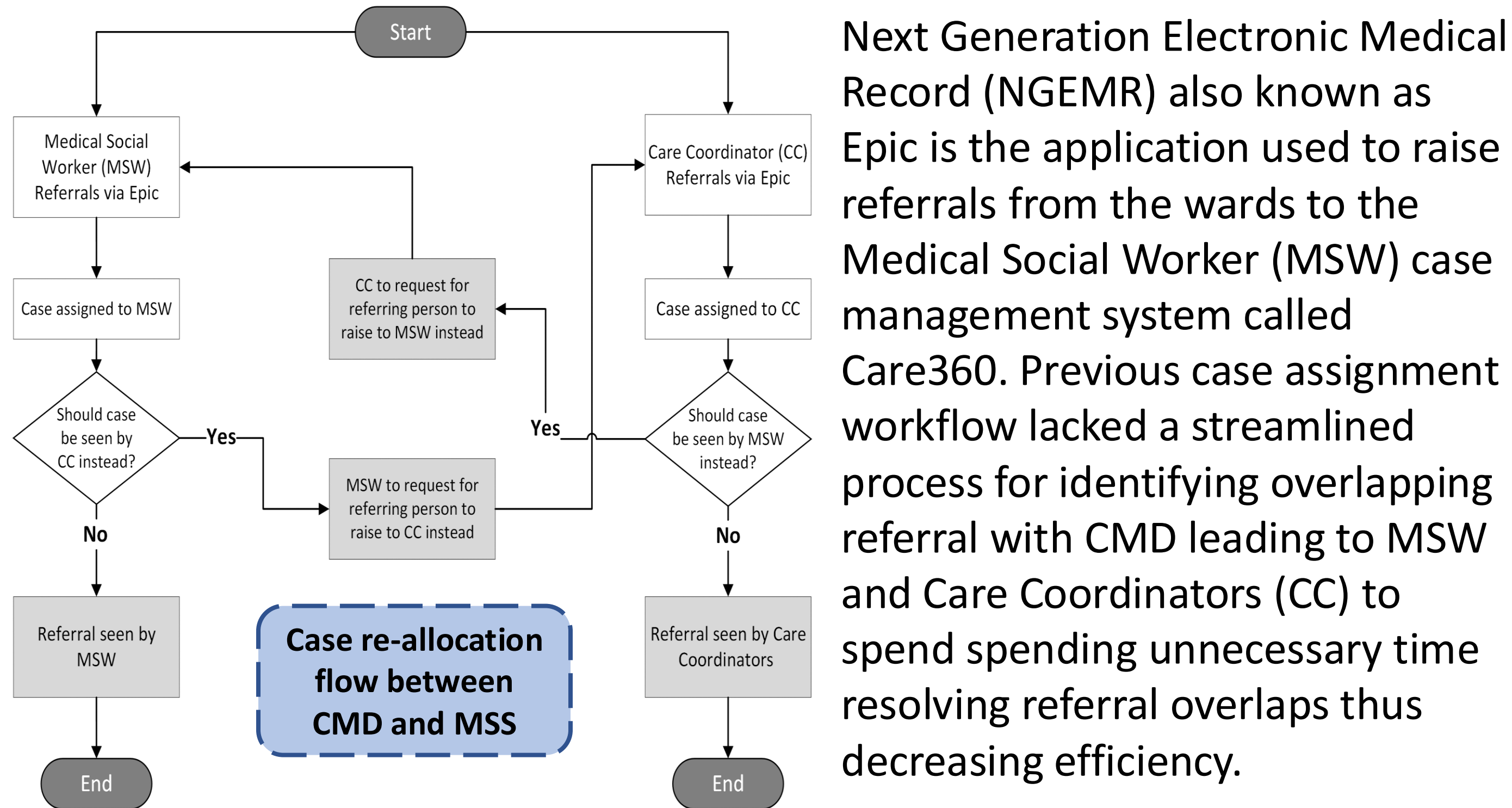
One Triage Point – Streamlining Referrals, Maximizing Care Provider Efficiency

Chua E.C., Koh E.H.C., Ismawanty A.R. (who else to add?)

Medical Social Services, Khoo Teck Puat Hospital

Background and Problem

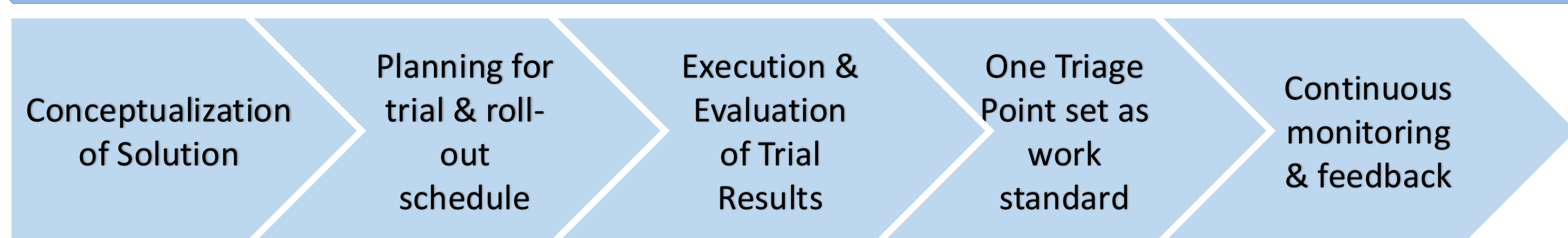
Referrals to Case Management Department (CMD) and Medical Social Services (MSS) were often duplicated (30.1%) or inappropriate based on patients' needs. Reason behind such referrals exist due to overlapping job roles of care providers in both departments.



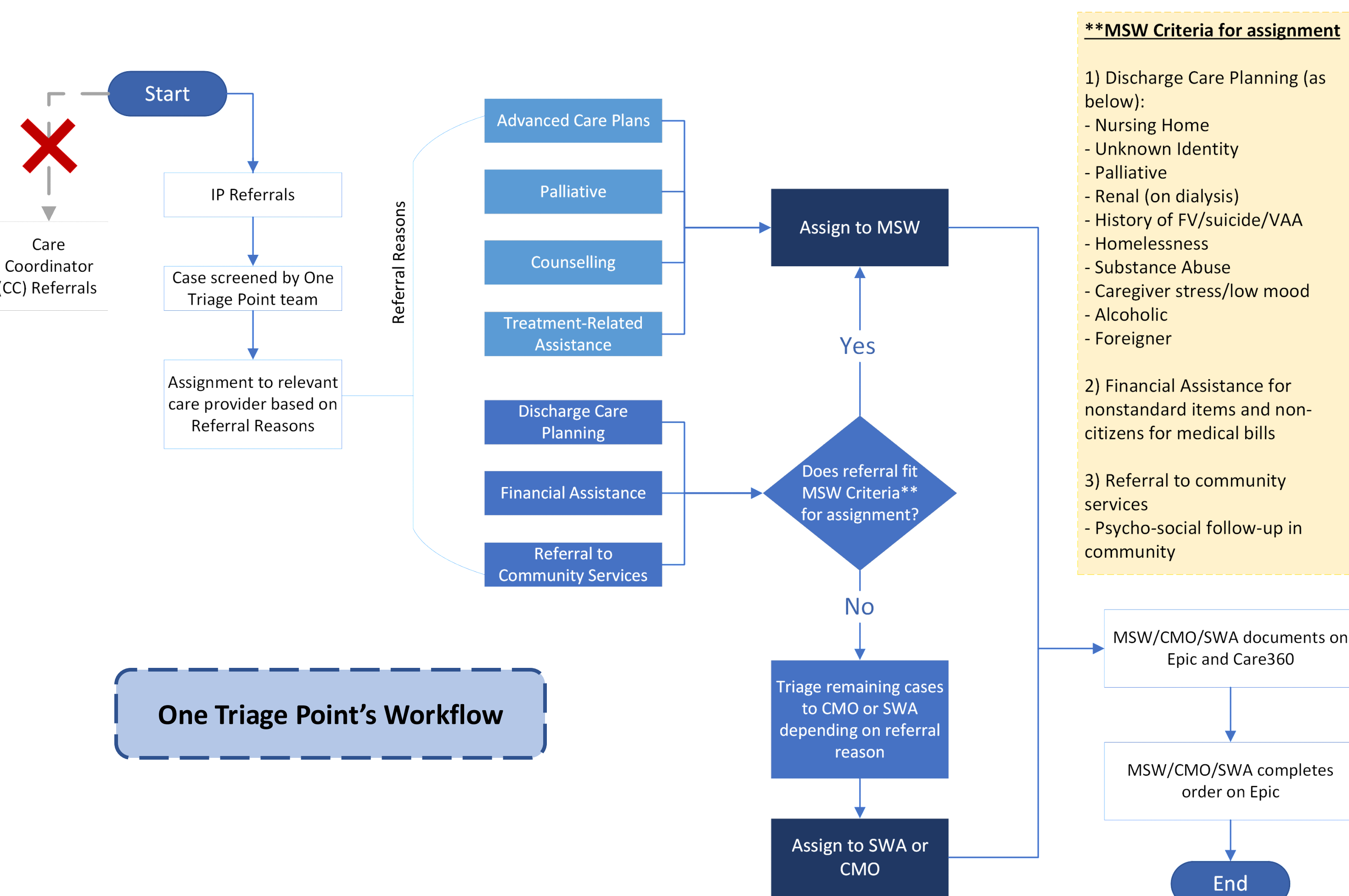
Next Generation Electronic Medical Record (NGEMR) also known as Epic is the application used to raise referrals from the wards to the Medical Social Worker (MSW) case management system called Care360. Previous case assignment workflow lacked a streamlined process for identifying overlapping referral with CMD leading to MSW and Care Coordinators (CC) to spend unnecessary time resolving referral overlaps thus decreasing efficiency.

With the CMD subsumed under MSS, a new workflow was created to optimize the process of case assignment thus ensuring each patient is directed to the right care provider. This would allow MSW to focus on more socially complex cases, and the Case Management Officers (CMOs – previously known as CC) to coordinate care services for other patients. As a result, our staff roles are maximized, leading to increased accuracy in referral assignments.

Solution



- Trial begun with 4 wards in Aug 2023. 107 cases triaged in the selected wards, with only 2.8% (3 referrals) requiring reassignment to the MSWs. This was considered a positive outcome which encouraged for trial to extend to more wards and eventual full implementation by November 2023.
- Removal of referral option to CMD in the Epic system which directed all referrals to the MSS department only.
- Doctors and nurses were informed of the changes and new triaging method tested.
- Training for Triage Team on new method to triage and right siting case-types to appropriate care provider based on referral reason.
- Department-wide upskilling concurrently completed with the roll-out of One Triage Point to equip staff with the necessary skills and knowledge to provide appropriate interventions for patients.
- Full implementation of One Triage Point guidelines to all inpatient wards from Nov 2023 onwards as it was set a work standard. Continuous monitoring and receiving feedback from case providers as One Triage Point continues to be used.



Results of One Triage Point

Data from Feb 2023 - Jul 2023 tracked to understand the extent of duplicated referrals between the two departments as seen below.

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Average
% Referred to MSW at the same admission (Based on CM-General Referral for the month)	27.1%	36.7%	25.9%	34.6%	29.1%	28.2%	30.1%

- Following good results of trial period, a random sample of 164 cases was screened out of 1642 inpatient cases from November 2023 to January 2024 to further validate the success of One Triage Point and its accuracy.

Months	Accuracy of initial triage (by percentage)	Percentage of cases <u>not</u> reassigned to other care providers after initial triage (by percentage)
Nov-23	100%	89%
Dec-23	95%	89%
Jan-24	91%	86%

Results

- About 91% of cases each month were assigned to right care provider at point of initial triage following the workflow logic. Over 86% of the cases stayed with the initial care provider. An average of 6 cases each month in the sample were reassigned. Main reason was due to an increased in case complexity following initial contact with case.

High percentage of accuracy justified continuous usage of the workflow.

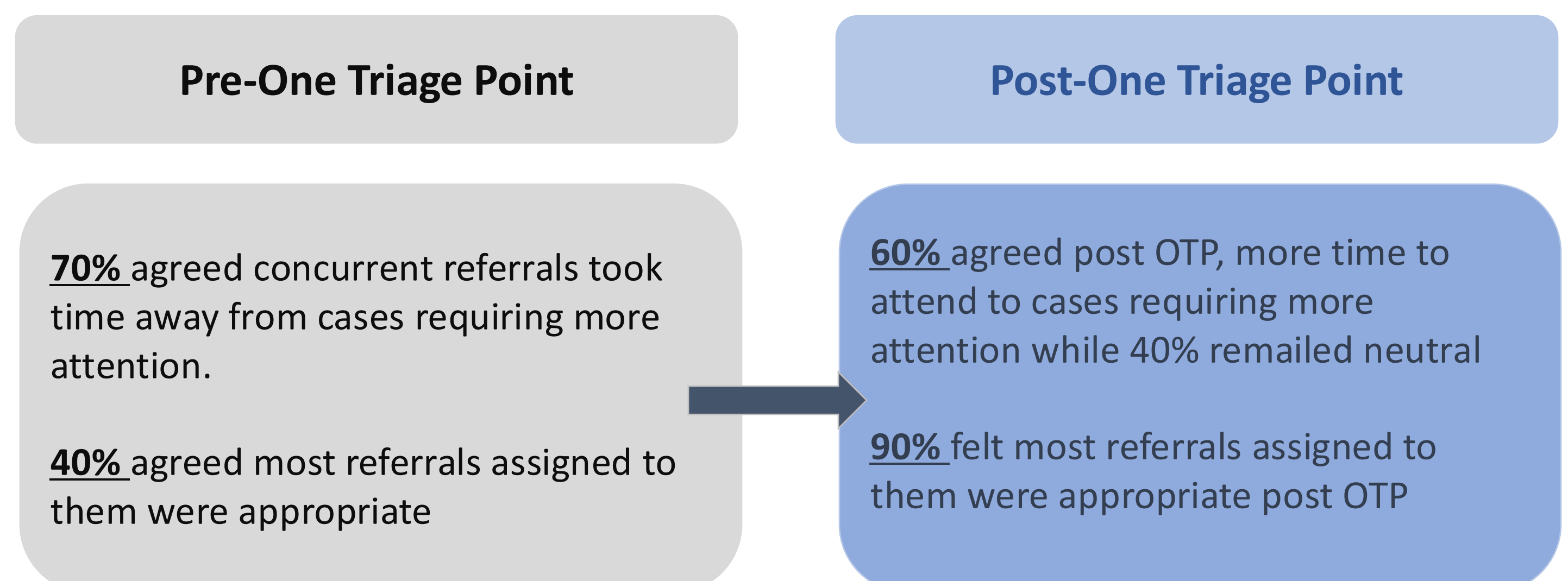
Impact of One Triage Point

Key Improvements

- 1) **Enhanced Patient Clarity and Engagement:** Patients no longer experience confusion regarding their care as they are assigned a single dedicated care provider.
- 2) **Right Siting of Care based on Patient Care Needs:** Accurate allocation of patients to the most suitable care provider based on specific care requirements leading to healthcare resources are optimized and improved efficiency in care delivery and patient outcomes.
- 3) **Optimization of Manpower Resources:** This strategic allocation ensures that each care provider operates within their expertise, maximizing the quality of care delivered to patients while enhancing overall operational efficiency.

Key Feedback Points

A short survey to MSW (n=10) whom are assigned cases from wards was done in Feb 2024. The aim was to gather information from a care provider directly impacted by One Triage Point. This group was surveyed as they had always been in MSS compared to the new CMO.



Overall, impression of post-One Triage Points were mostly positive and respondents observed better case assignment and perceived more time gained for cases with the reduction of duplicate referrals.

Conclusion

The implementation of One Triage Point has revolutionized the way our department handles referrals. By utilizing a set of guidelines, the most appropriate care provider for each case can be determined therefore, eliminating inappropriate or duplicate referrals.