

## **Project Title**

Streamlining Processes for Initial Clinical Assessments: Enhancing Efficiency In An Integrated Home Health and Home Hospice Service

## **Project Lead and Members**

Project lead: Shi Yun Melissa FONG

Project members: Yan Chew CHONG, Xing Li Cindy SEE, Sin Yee Violet LEONG, Annie THEN, Bin Xuan Andy LEE

## **Organisation(s) Involved**

Methodist Welfare Services

## **Healthcare Family Group(s) Involved in this Project**

Allied Health, Ancillary Care, Healthcare Administration, Medicine, Nursing

## **Applicable Specialty or Discipline**

Geriatrics Medicine, Palliative Medicine, Operations

## **Project Period**

Start date: Not mentioned

Completed date: Not mentioned

## **Aims**

1. Improve efficiency by reducing or automating the number of tasks to be done by clinical team upon a patient's admission up to the completion of the first clinical assessment by 20%
2. Decrease time spent by the clinical team during initial home visits
3. Improve staff satisfaction by reducing the number of tasks to be completed

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Conclusion**

See poster appended/ below

## **Project Category**

Technology

Digitalisation, Digitalisation

Care Continuum

Intermediate and Long Term Care & Community Care, Home Care

## **Keywords**

Process Streamlining, Automation, Initial Clinical Assessment

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To provide a seamless suite of services that is able to meet the needs of homebound patients, Methodist Welfare Services (MWS) integrated its general home health and home palliative care services into one entity known as Home Care and Home Hospice (HCHH).

However, the integration also brought about process duplication, lengthened clinical and admission processes - adding on to the team's burden. It was estimated that at least 23% of HCHH staff nurses took more than 2 hours (hrs) to complete a home health initial clinical assessment which included a Comprehensive Geriatric Assessment (CGA) and about 30% of HCHH nurses took more than 2 hrs to complete a Palliative Care Initial Assessment (PCIA) for home palliative care admissions.

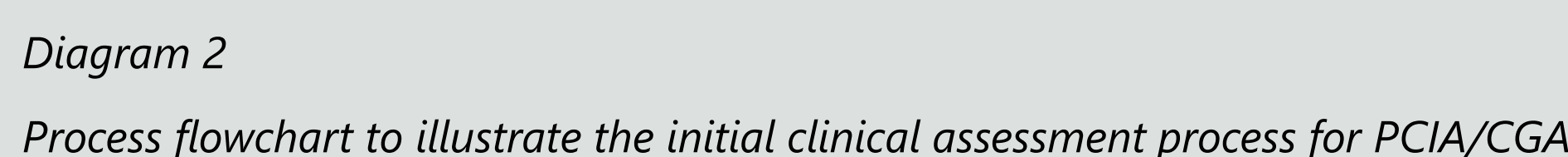
To address inefficiencies and reduce staff dissatisfaction due to laborious documentation and lengthy clinical processes, MWS HCHH embarked on an initiative to improve the team's productivity for this process.

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A project team comprising representatives from administration, nursing, medical and allied health departments was set up. A brainstorming session was initiated to identify tasks that were laborious. Ideas and feedback were organized using an affinity diagram:



The 1st visit or initial assessment visit for home health and home palliative patients was identified to be complex and laborious.



The Eisenhower Matrix was used to prioritize tasks and solutions:



1. Automate tasks and digitalise administrative forms
2. Shorten and minimise required manual hard copy documentation
3. Reduce duplication of documentation



Initially, 25% of the nurses took over 2 hrs to complete a home health assessment; but after implementing the changes, all nurses completed it within 2 hrs, with 50% taking 1 hr or less. Similarly, PCIA completion time also improved, with all nurses taking under 2 hrs.

A post implementation survey revealed that 100% of nurses agreed that changes were effective in helping them complete work. On a scale of 1-5, 69% rated their satisfaction level at 4, indicating that they were satisfied with the improvements.

From the preparation of home visit to the formulation of an individual care plan (ICP) at the first multidisciplinary meeting, 20% of the tasks had been reduced for both home health and home palliative assessment visits.

Digitalisation and automation are key resources in reducing administrative strain and improving efficiency. It was also important to continually engage the ground about the changes and review ongoing feedback.

Some of the challenges we faced included multiple rounds of clarifications and testing for each change, which led to lengthy implementation timelines. Nevertheless, the positive feedback received affirmed that we were on the right track. The next phase would be to ensure adherence to the changes, monitor for unforeseen gaps, automate and/or shorten other documentation.

Caseload is expected to increase with our ageing population. Handling an estimated 800 admissions a year, reducing the time taken for initial clinical assessment has had a huge impact on our operational efficiency. We also hope to serve as a reference for other agencies looking to implement a similar integrated approach to home care services.