

Geripall Approach: Improving Palliative Care for Nursing Home Residents

Chia J.², Lim Y.J.², Sim L.K.^{1,2}, Wang X.L.², Magpantay G.C.², Yu C.H.², Tan Q.W.², Sheikh Abd Rahman S.Z.², Lee P.² & Tan L.^{1,2} & Low J.A.^{1,2}
¹Geriatric Medicine, ²GeriCare

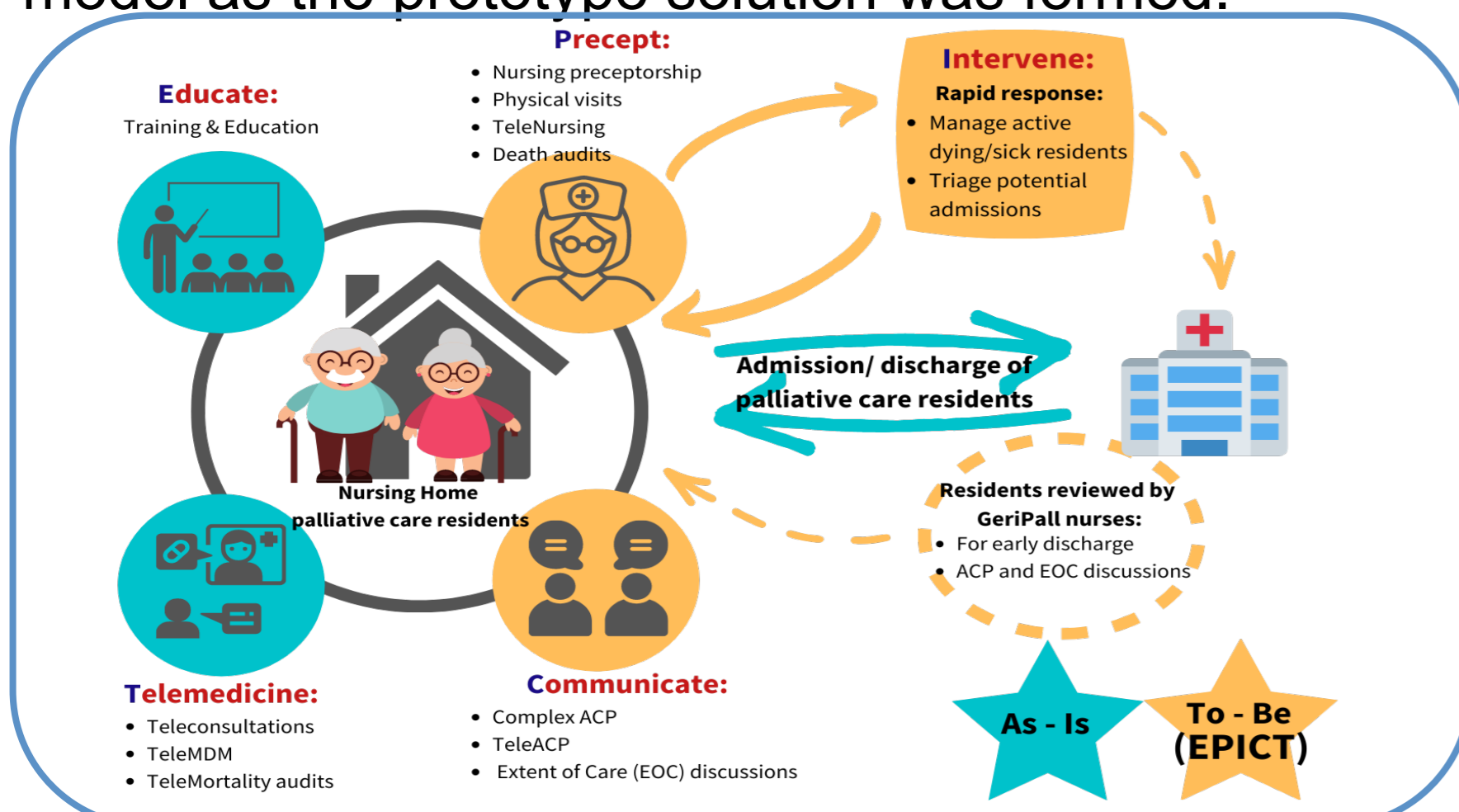
Background & Aims

There are frequent hospital admissions of palliative care residents from Nursing Homes (NHs), which result in a high utilization rate of acute care resources and poor care for the residents. The main **aims** of this project are:

- To provide quality palliative care to NH residents.
- To reduce unnecessary hospital admissions, hence, reducing acute hospital resource utilization.

Method

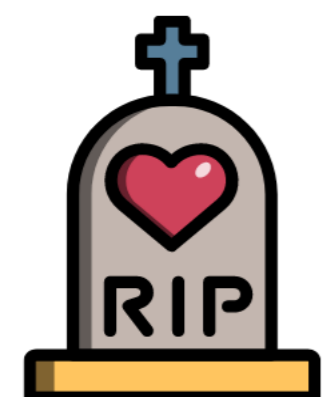
The Design Thinking approach was used to create an **EPIC** framework. In so doing, the Geripall Care model as the prototype solution was formed.



Key measures used:



1) Hospital admissions



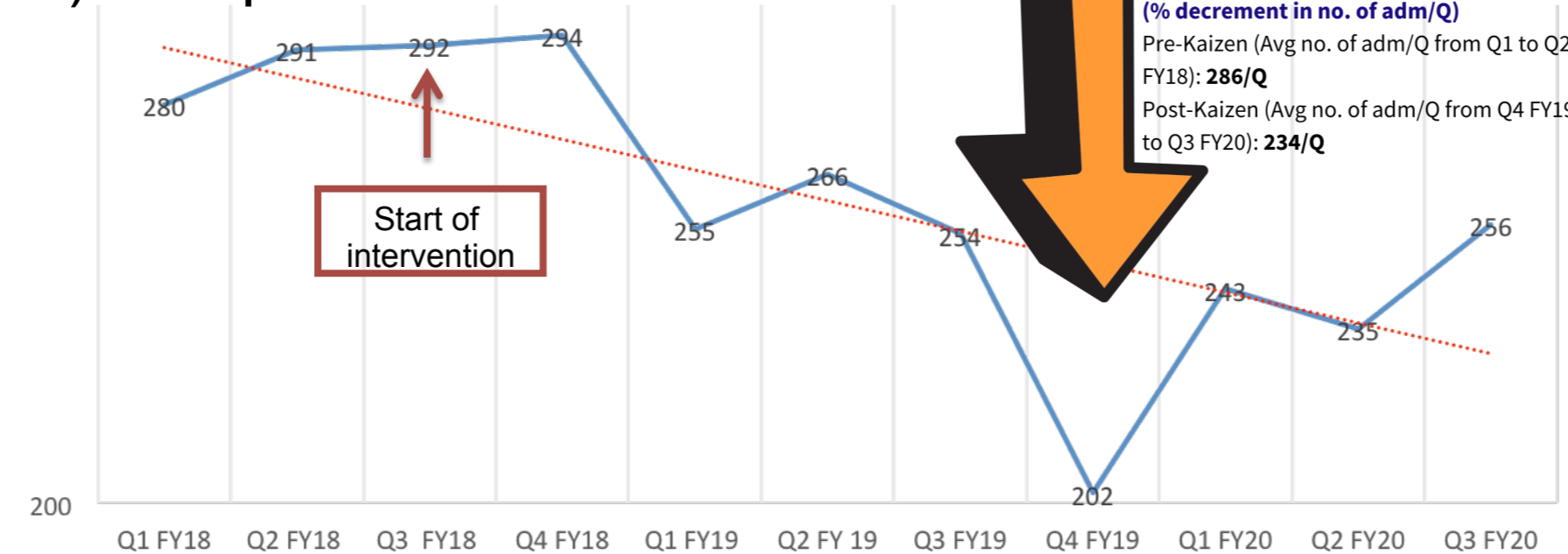
2) Death Quality Indicators (DQIs)

DQIs

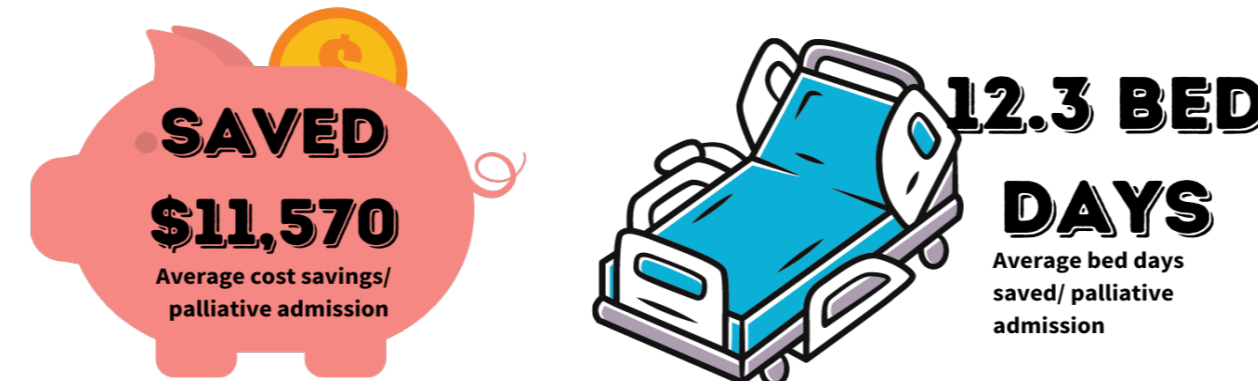
- Audit will be conducted on 5 domains of death quality, with a score of 100% in each care domain.
- Audit allows measurement of quality of care provided to residents who passed away in NHs.

Results

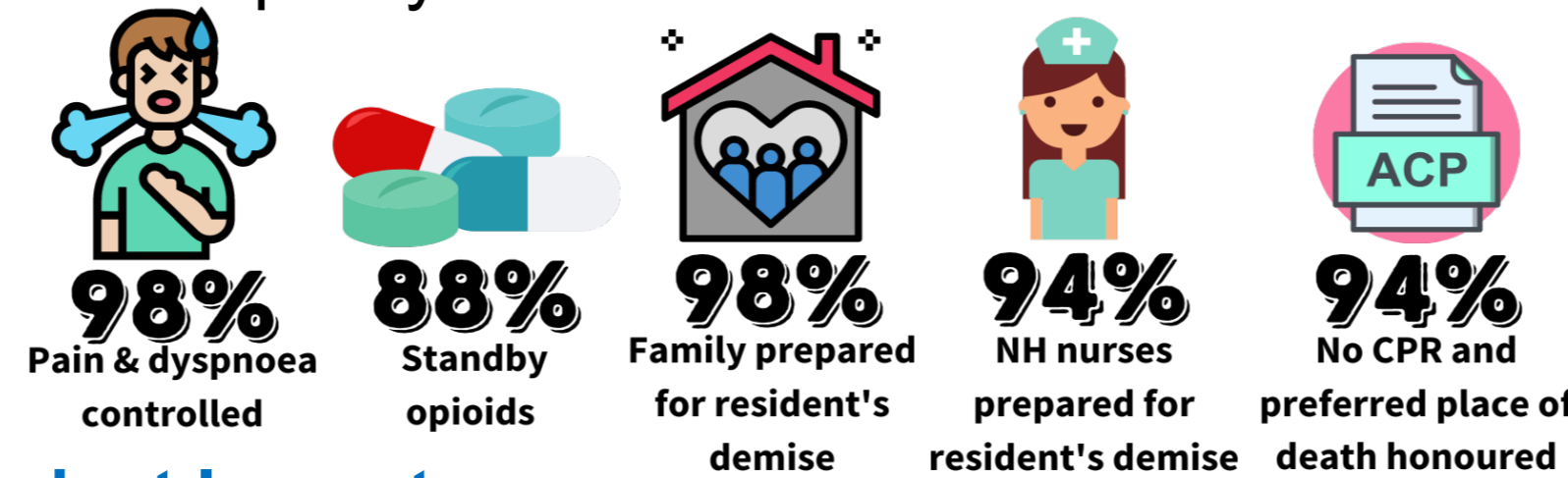
1) Hospital admissions :



2) Resource utilization: For every palliative care resident's admission averted =



3) Death quality indicators



Project Impact

Project Impact 1: Improved care to NH residents and bed day savings

Better

- 1) Each DQI achieved >88% scores = residents who passed away in NHs received quality palliative care
- 2) Annual reduction in bed days: (52 x 4Q) x 12.3 = **2559 days/ year**

Faster

Average time saved* (based on avg waiting time for admission at ED + avg transport time per ambulance trip) : 216 min + 20 min = **236 min/ resident**
 *Residents can be seen via adhoc teleconsultation for acute changes in medical conditions

Project Impact 2: Timely access to specialist care

Cheaper

- 1) Annual cost savings to acute care hospital based on reduction of 52 admissions/Q: (52 x 4Q) x \$11,570 = **\$2,406,560**
- 2) Annual cost savings to NHs based on an estimate of \$80/ambulance trip to acute hospital: (52 x 4Q) x \$80 = **\$16,640**

Project Impact 3: Cost savings

Safer

Palliative residents avoid harm from hospitalisation including nosocomial infection and unnecessary procedures.

Project Impact 4: Safer care for residents

Sustainability

1) Standardisation

- Use of protocols across all NHs.
- Use of DQIs and admissions dashboard to continually monitor quality of service.
- Engage YH and NH leaders to support Geri-Pall service.

2) Sustainability

- Engage NH leaders on a regular basis to review vision and processes.
- Care for NH staff to reduce burnout.

3) Spread

- Published in peer-reviewed journals.
- Collaborate with other institutions.
- Presented at conferences such as Singapore Health and Biomedical Congress 2019.

4) Scaling up

- Partner with YH corporate development to develop Unified Care Model.
- Engage other NHs for pilot trials of similar services (E.g. Woodlands Care Home).

Conclusion

The use of design thinking for quality improvement is fitting for healthcare transformation as the framework includes empathy which is the cornerstone of healthcare work. With clear vision and missions, committed teams and a focus on relationship building, good quality palliative care can be delivered in a timely and cost effective fashion to NH residents.