Increasing Utilisation of SKH@Home Service by Sengkang General Hospital Emergency Department

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Background

SKH Emergency Department (ED) provides 24-hour emergency care for patients in critical need[1]. It has a high ED daily attendance and high number of boarders admitted to hospital but who remain in ED while waiting for an available inpatient bed[2].

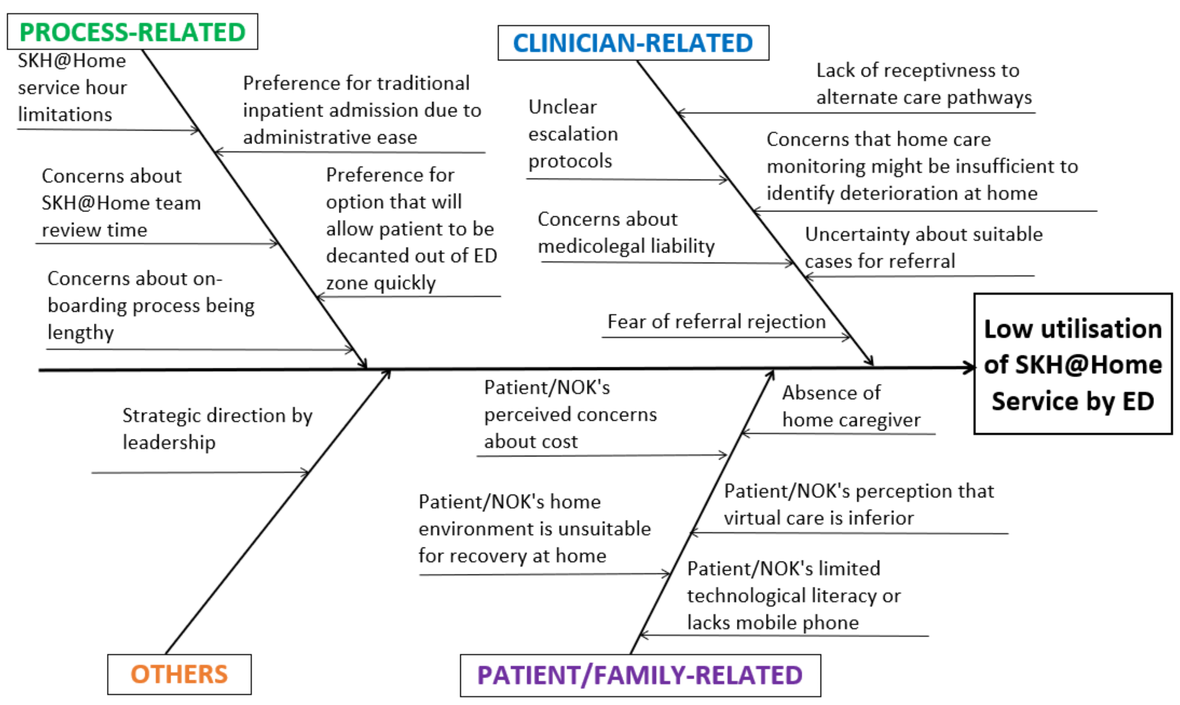
Led by Advanced Internal Medicine specialists, SKH@Home is an alternative care model that allows clinically suitable patients to receive acute inpatient care in the comfort of their homes[3]. In line with "Healthier SG" goals[4], this embeds care in the community, relieves ED overcrowding and inpatient bed-occupancy-rates, and encourages right-siting of care by ringfencing brick-and-mortar beds for higher acuity patients.

Aim / Objectives

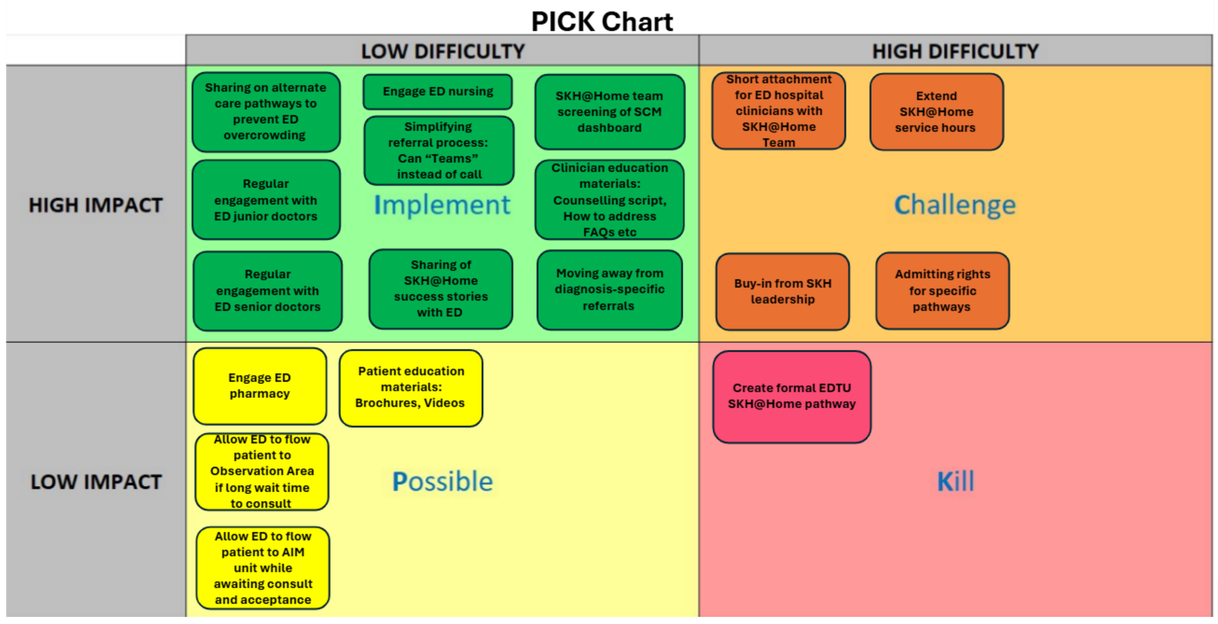
Our aim was to increase median ED admissions to SKH@Home by 50% from 11.5 (May 2024 - April 2025) to 17.3 over a 7 month duration (May - Nov 2025).

Interventions / Implementation

A survey and Ishikawa diagram elicited clinician-related, process-related and patient/family-related factors affecting willingness and ability to refer patients, and effective interventions to encourage utilisation of SKH@Home service.



The team brainstormed all potential solutions, and prioritised high impact and low difficulty interventions using a "PICK" chart.

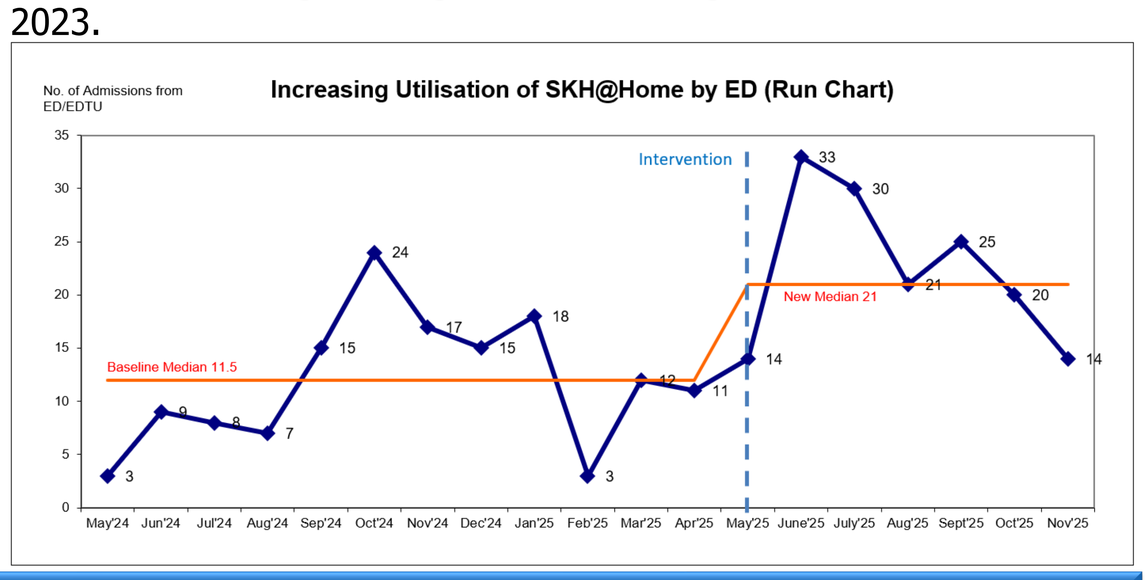


Implementation Plan		Date
Preparation	Engage stakeholders	April-May 25
	Data compilation & Confirm mission statement	
	Identify causes of problem & Brainstorm solutions	
Start of QIP	Department sharing on overseas visit of Melbourne Hospital@Home services and alternate care pathways	May 25
	Sharing of SKH@Home service with new ED MOs	
PDSA Cycle 1	Survey of all doctors in ED	May-June 25
	Engagement of ED seniors at ED Senior Staff Meeting	June 25
	Simplification of ED referral process	
	Commencement of daily electronic screening of ED in-flight patients for suitable cases for referral	
	Commencement of 2-week rotation of ED Hospital Clinicians into SKH@Home Team	July 25
PDSA Cycle 2	Sharing about SKH@Home Service with ED MOs	Aug 25
	Sharing about SKH@Home at ED Nursing Roll Calls	
PDSA Cycle 3	Engagement of ED Seniors at ED Senior Staff Meeting	Oct 25
End of QIP	Data collation and end of QIP	Nov 25

1. Engagement sessions were held amongst ED doctors and nurses to understand and address concerns raised.
2. ED staff were equipped with key communication phrases to address patient and next-of-kin concerns regarding SKH@Home service.
3. The ED to SKH@Home referral process and criteria were simplified to ease cognitive load.
4. To support ED, SKH@Home would electronically screen in-flight ED patients for suitable cases daily, prompt staff accordingly for referrals if indicated, and conduct regular briefings for new ED junior doctors.
5. To foster interdisciplinary learning, a 2-week SKH@Home rotation was included in the ED Hospital Clinicians' postings.
6. The monthly top 3 ED referees were tracked and appreciation messages conveyed.
7. Regular reminders to utilise SKH@Home service were disseminated to all ED staff throughout the QIP.

Results & Outcomes/ Discussion

1. The median ED admissions to SKH@Home **rose by 82.6%** from 11.5 to 21 monthly, exceeding our QIP goal.
2. The monthly ED admissions to SKH@Home **ranged between 14 to 33**, with 33 being the highest since inauguration of the service in 2023.



Conclusion

1. Regular interdisciplinary engagement and workflow reviews to ease cognitive load are essential to integrating utilisation of SKH@Home into ED practice, and establishing continuous improvement.
2. Future interventions may include extending SKH@Home service hours and establishing ED admitting rights for specific diagnoses.

References

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