

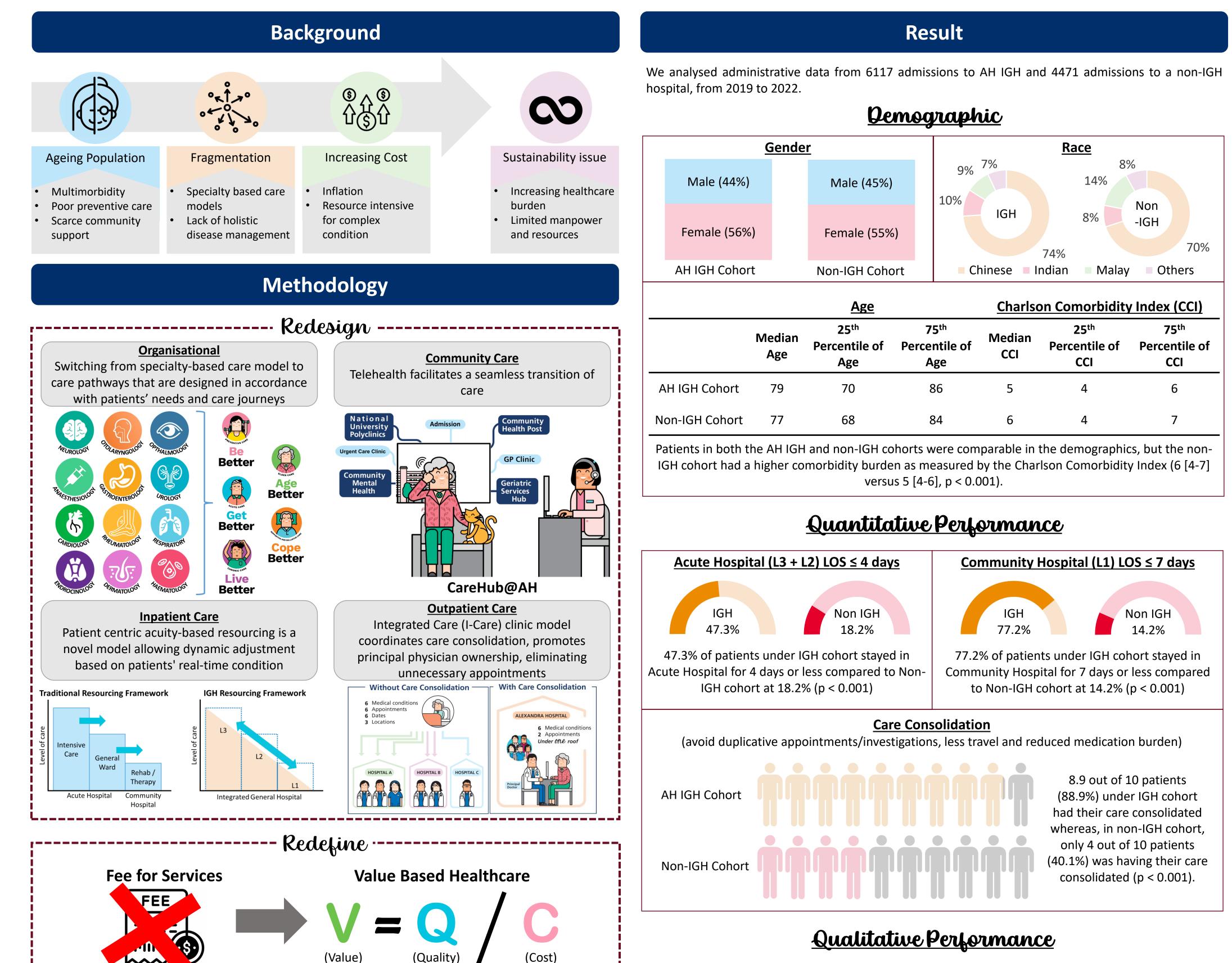




# The Integrated General Hospital:

# One Patient, One Bed, One Care Team, One Principal Doctor, and One with Community

Wei-Zhen Hong<sup>1</sup>, Shikha Kumari<sup>2</sup>, Erna Santoso<sup>2</sup>, Yee-Wei Lim<sup>1</sup>, Jennifer Sumner<sup>1</sup>, Bundele Anjali Manish<sup>1</sup>, Gim-Gee Teng<sup>1</sup>, Satya P.K. Gollamudi<sup>1</sup>, See-Meng Khoo<sup>1</sup>, Jason Phua<sup>1</sup>, Diarmuid Murphy<sup>2</sup>, Amartya Mukhopadhyay<sup>1</sup> <sup>1</sup> Alexandra Hospital, Singapore; <sup>2</sup> National University Health System, Singapore





## **Quality Outcomes**

#### 1. **Quality Indicators**

- Acute hospital length-of-stay (LOS) ≤4 days
- Community hospital length-of-stay (LOS)  $\leq$  7 days
- Care consolidation (1 physician up to a year post-discharge)
- Early rehabilitation within 2 days of admission
- No re-admission within 30 days of discharge

#### 2. <u>Patient Reported Outcome Measure</u>

- Care Transition Measure (CTM)
- Patient Assessment of Chronic Illness Care (PACIC)

#### 3. Patient Experience Score

### Cost of Care

- Room Charges
- Daily Treatment Fee
- Surgical Fee
- Treatment Services
- Consumables
- Implant
- Consultation Fee
- Investigations
- Medications

#### **Care Transition Measure**

The IGH model was rated more highly on

of the CTM domains i.e. having a written care plan, knowledge of responsibilities for one's care, awareness of one's appointments and schedule, and robust medication knowledge.



**Patient Assessment of Chronic Illness Care** 

indicating a better chronic care experience for the patients under IGH cohort when compared to non-IGH cohort.

**Corresponding Author** 

Dr. <u>Hong</u> Wei Zhen

**Alexandra Hospital** 

Consultant

Qualitative findings highlighted the system's novelty and potential to optimize manpower and reduce workload, despite concerns about missing critical events. Nurses viewed IGH as a system that offered some autonomy. Effective communication across disciplines was emphasized as crucial for optimal care. The study concluded that the system is flexible and evolving, suggesting the need for updated guidelines, and for technology to be incorporated into monitoring.

# Conclusion



- The IGH VDO framework suggests significantly improved patient care by reducing lengths of stay, enhancing care consolidation, and increasing patient satisfaction compared to non-IGH settings.
- Positive outcomes and staff feedback underscore its effectiveness in optimizing resources and interdisciplinary communication.
- IGH model is a promising strategy for addressing care fragmentation and enhancing healthcare delivery, with recommendations for ongoing evaluation, technological integration, and determining its scalability across diverse patient cohorts and healthcare settings.