Feedback reflective that ESTHER’s expectations on hospital visits to be:
Suggest that for IT savvy visitors, registration can be done:
Time taken is not long unless visitors have:
Challenging to explain MDS in detail during peak hours:
Understand that the waiting time can be long and something that:
Wants to leave hospital as fast as possible:
Decline of MDS due to:
Educating & updating staff from SOC helps in getting them to:
Preference to collect on site since they are already there:
A bit too long a wait (30-45mins):
However, feel that keeping to appointment time is still important:
Waiting time of less than an hour for consultation is “quite good:
Hard to find the way to Clinic L for 1:
Hopes that they can leave immediately after their consultation, the:
3 first visits to Clinic L:
Feel that they can handle appointment scheduling and payment:
Could be due to the first medical facility (and most) they visit are GP:
Likes the idea of medication delivery:
Promoting MDS to relevant patients increases recruitment of:
6 different visitors of Clinic L (patients/caregivers):
Do not see the need for it as they are coming back to SGH due:
Hospital trips should be more about the:
Does not know about medication delivery services SGH provides but:

Understanding ESTHERs’ Journey in SGH
Dr Tushar Gosavi, Department of Neurology, SGH
Jelvin Sim, SORH, SGH Campus, Singhealth

Starting by listening to ESTHER’s voice

ESTHER Café & patient journey
(2 different Tuesdays in Neuro SOC/Clinic L):
• 6 different visitors of Clinic L (patients/caregivers):
• 3 first visits to Clinic L:
Actually the part where ESTHERs might speak up the most. Cover areas the questions did not
Feedback on Possible Interventions, also a tool to get ESTHERs thinking so that they can share more:

Patient Journey:

Understanding the problem:
• Feedback reflective that ESTHERs expectations on hospital visits to be similar to GP visits:
• Could be due to the first medical facility (and most) they visit are GP:
• Very used to GP style of journey when it comes to medical issues:

Hence (ESTHERs):
• Wants to leave hospital as fast as possible:
• Feel that they can handle appointment scheduling and payment themselves (outside of hospital grounds):
• Hospital trips should be more about the consultation and not about payment or scheduling or medication:

Connecting ESTHER’s voice to their journey

Interventions:
1) Help promote Medication Delivery Service (MDS) by pharmacy:
2) Place medication review, reconciliation & orders taking at the clinic, while waiting for payment:
Methodology: (Nov 2018 – mid 2019)
November to December 2018:
1) Road shows on MDS to SOC clinic L staff & neurologists:
2) Promotional material at SOC & Clinic L:
3) Working on a workflow between Clinic L & Pharmacy for MDS:
Placing a Pharmacy staff at Clinic L for patients/visitors:
January 2019 onwards:
1) Data collection & analysis:

Results:
1) Educating & updating staff from SOC helps in getting them to promote MDS to relevant patients:
2) Promoting MDS to relevant patients increases recruitment of new MDS:
However, <current challenge(s)>:
1) Challenging to explain MDS in detail during peak hours:
2) Decline of MDS due to:
• Preference to collect on site since they are already there:
• Do not see the need for it as they are coming back to SGH due to multiple appointments in SGH:

Post-intervention results (Dec-18 onwards)

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<th>Month</th>
<th>Number of MDS (new recruit)</th>
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