



BETTER PATIENT EDUCATION FOR IMPROVED ENGAGEMENT AND COMPLIANCE

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Singapore Healthcare Management 2017

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BACKGROUND

In Singapore National Eye Centre, print-based instructional and educational materials are still popular than any other medium of information delivery. However, materials are often received at various care points and a huge chunk of information is usually given to patients after surgery. The materials are either not used or do not serve the intended purposes for pre-surgery preparation.

For a printed health message to be persuasive, the patients must receive an acceptable form, read it and understand it, believe it and act on it. The messages must communicate accurate information in a clear manner with minimal technical or scientific jargon.

OBJECTIVE

To obtain a baseline assessment of utilisation and comprehension of materials and compliance to fasting guidelines, and identify the need of developing new materials for patients.

METHODOLOGY

Phase 1 Survey (50 patients)

- **Plan** – Surveyed and collected baseline statistics from May 2014; studied the need to develop pictorial instructional/educational materials to determine the most essential information for surgery
- **Do** – Developed prototype for piloting in March 2015

Phase 2 Survey (50 patients)

- **Check** – Comparison between the new instructional/educational package and the old practice

Phase 3 Survey (10-20 patients weekly)

- **Act** – Reviewed for improvement and monitored sustainability

INTERVENTION

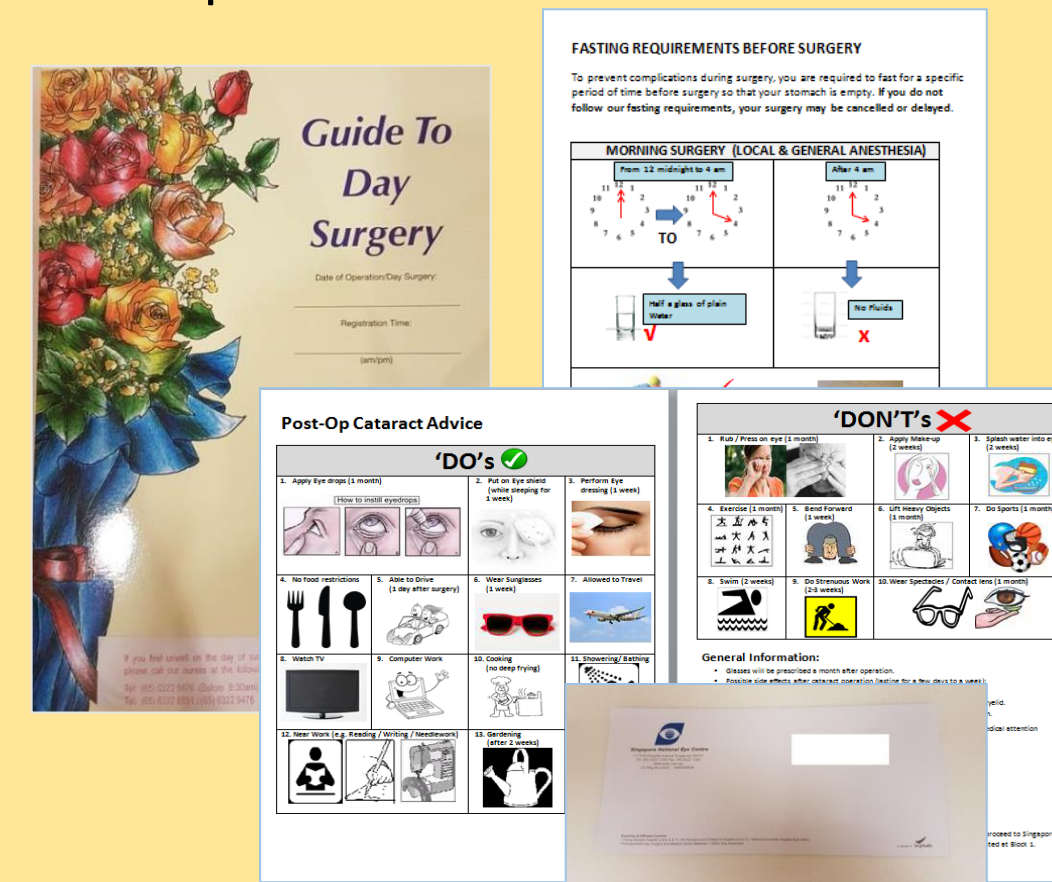
Revamped the patient folder to include different pockets to contain documents and instructional/educational materials for patients before surgery. The cataract post-surgery care instructions and fasting guidelines leaflets are also enhanced with a standard series of pictorial illustrations for ease of understanding.

Before implementation

- The old versions were visually unappealing, with cut-and-paste illustrations and less-than-ideal font size for ophthalmic patients.
- Patients and caregivers did not understand medical jargons and sometimes the information provided were not consistent and complete, resulting in repeat clarifications on surgery day.
- Materials were not properly organised with other documents (e.g. TCU card, surgery listing forms, etc.) received at different care points.

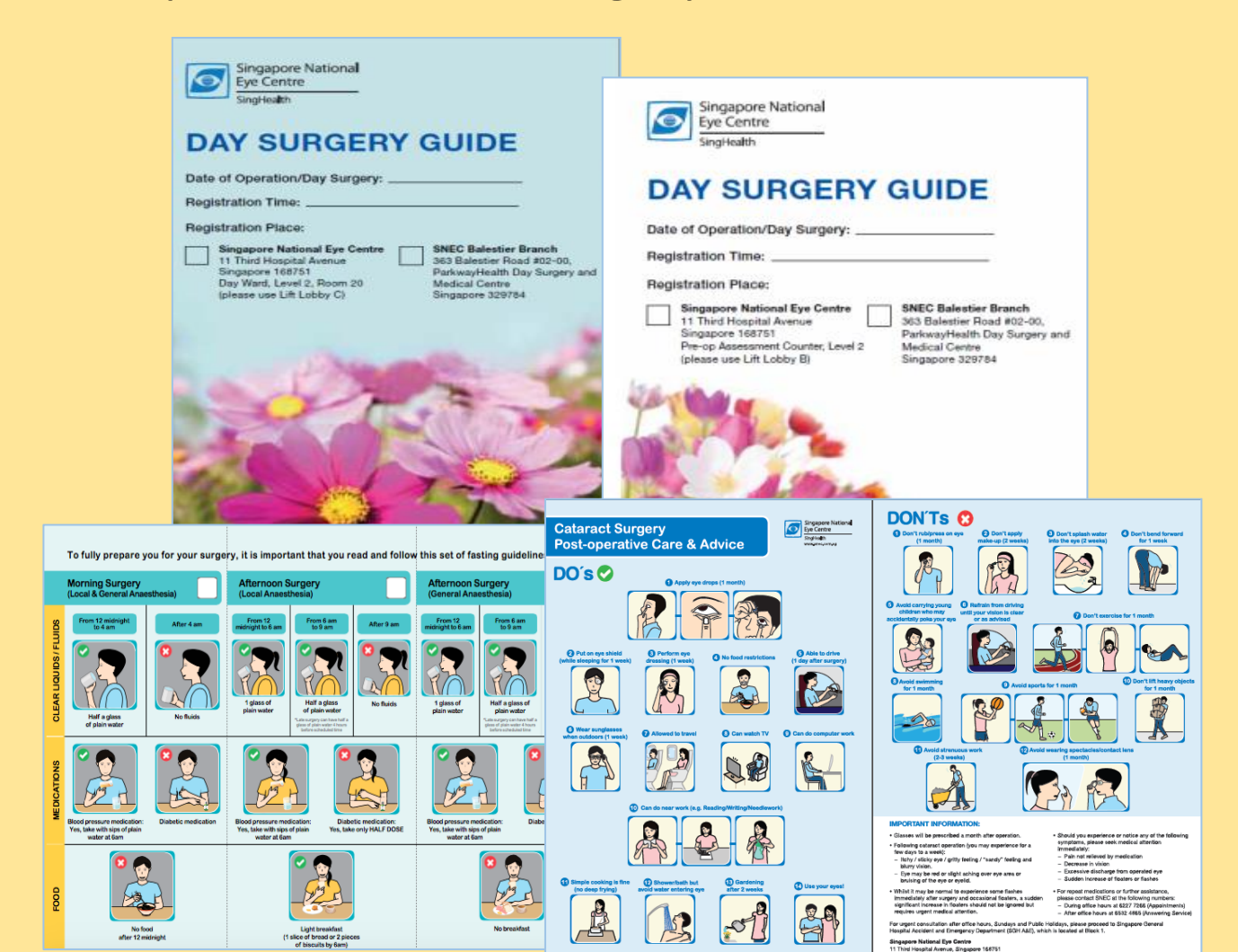
Old version of materials

Patient folder and envelope to contain documents. Fasting guidelines and post-op care advice were given at different care points



New version of materials

Patient folders with newly-designed pictorial leaflets are now given out to patients before surgery



After implementation

- Two types of folders with refreshing design and die-cut pockets for patients to better organise their relevant documents.
- A standardised series of information leaflets with consistent visual style. Prepared in layman terms, with larger font size for easy reading and understanding.
- All relevant materials are provided to patients at the right care points.

RESULTS

Phase 1 Survey (50 patients)

To get a baseline assessment of utilisation and comprehension of materials, and compliance

Phase 2 Survey (50 patients)

To compare improvement with Phase 1 on the utilisation and comprehension of materials; to improve compliance and efficiency

Phase 3 Survey: (10-20 patients weekly)

To monitor sustainability

Comprehension and compliance to fasting instructions

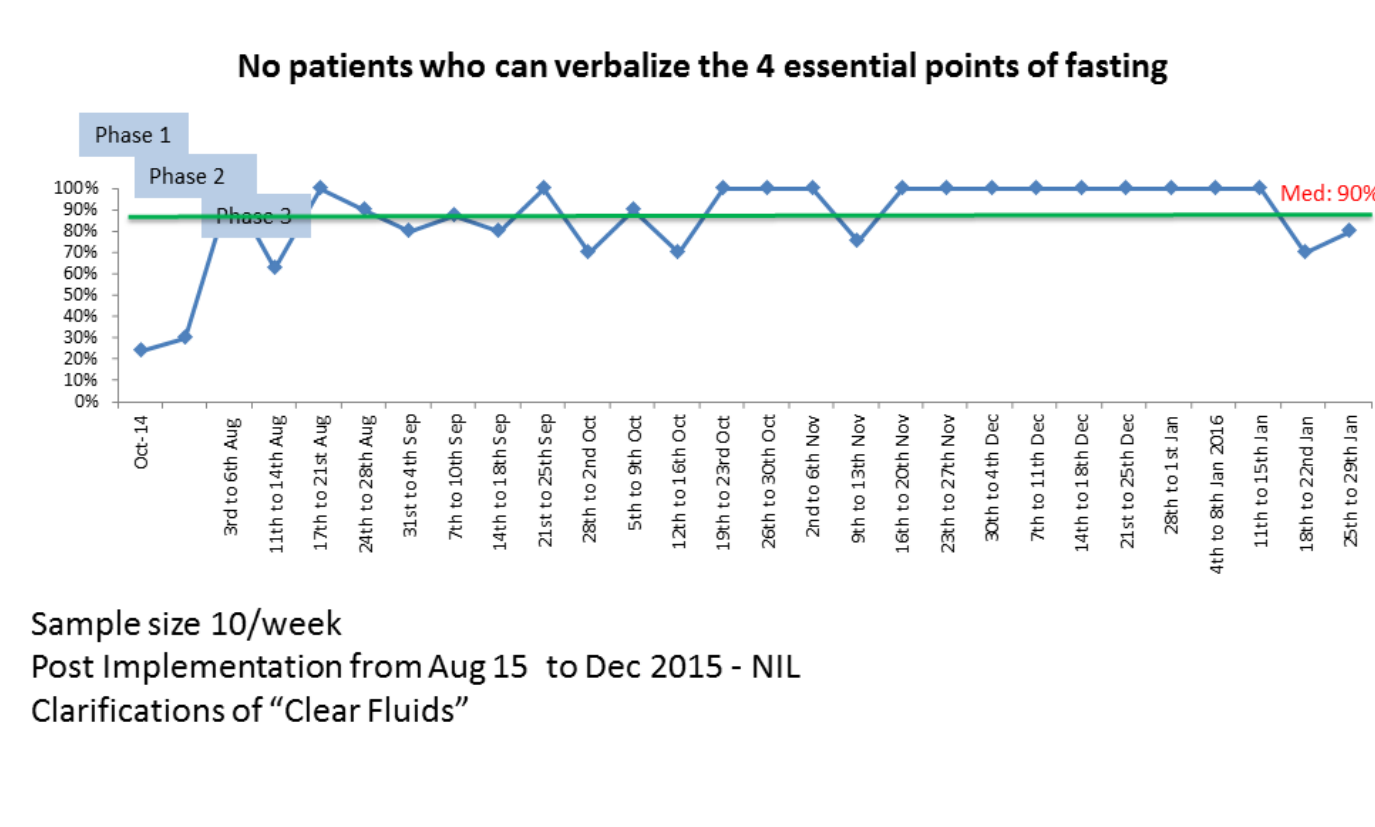


Figure 1
Fasting – improvement of 6% (from 24% to 30%) in understanding the fasting instructions. No cancellations were observed.

Comprehension

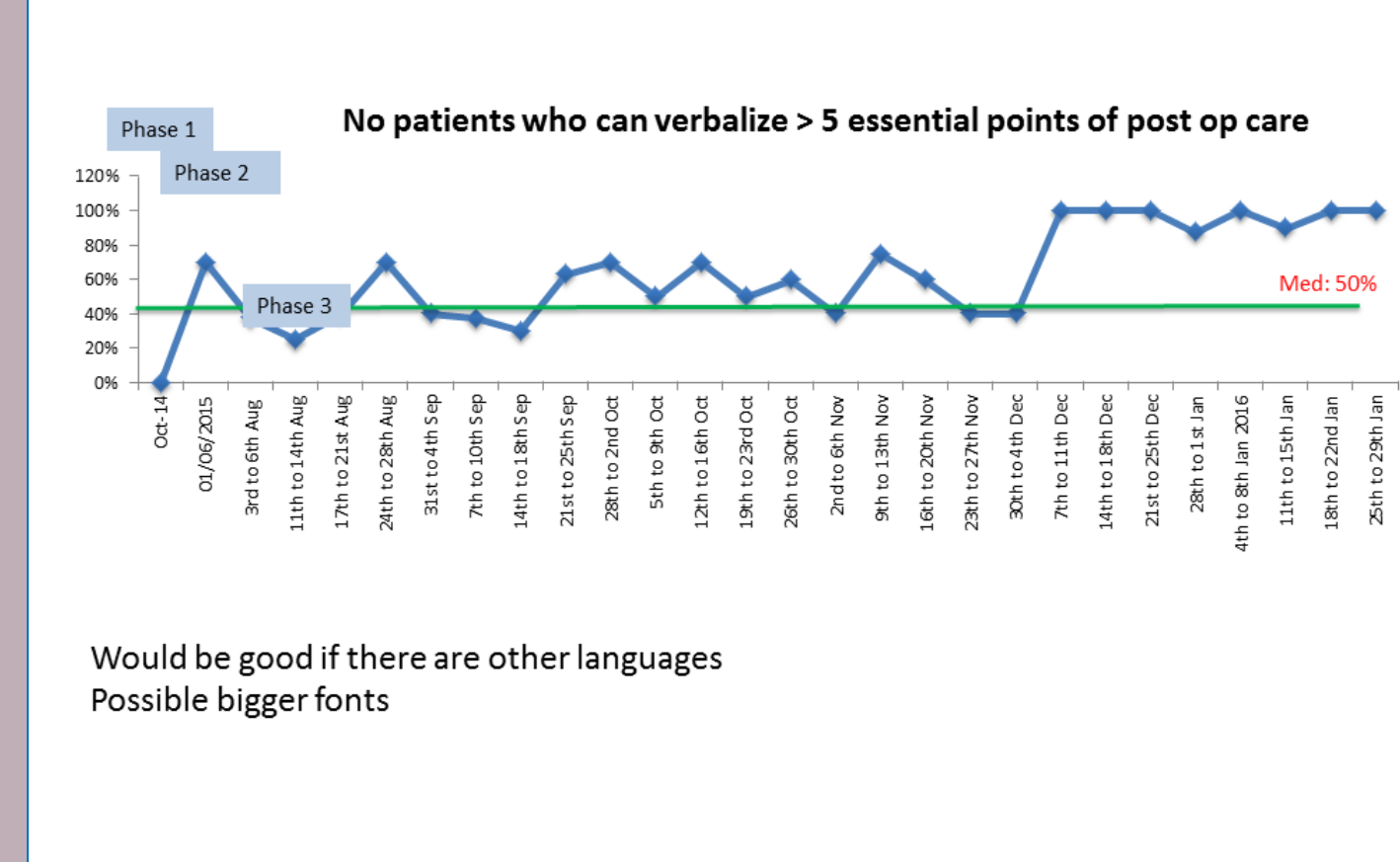


Figure 2
Identifying key Do's and Don'ts (Post-operative Care & Advice)
Phase 1 - 88% can identify up to 5 points.
Phase 2 - 70% can identify a minimum of 5 points; out of which 24% can identify 6 to 7 points.

Efficiency

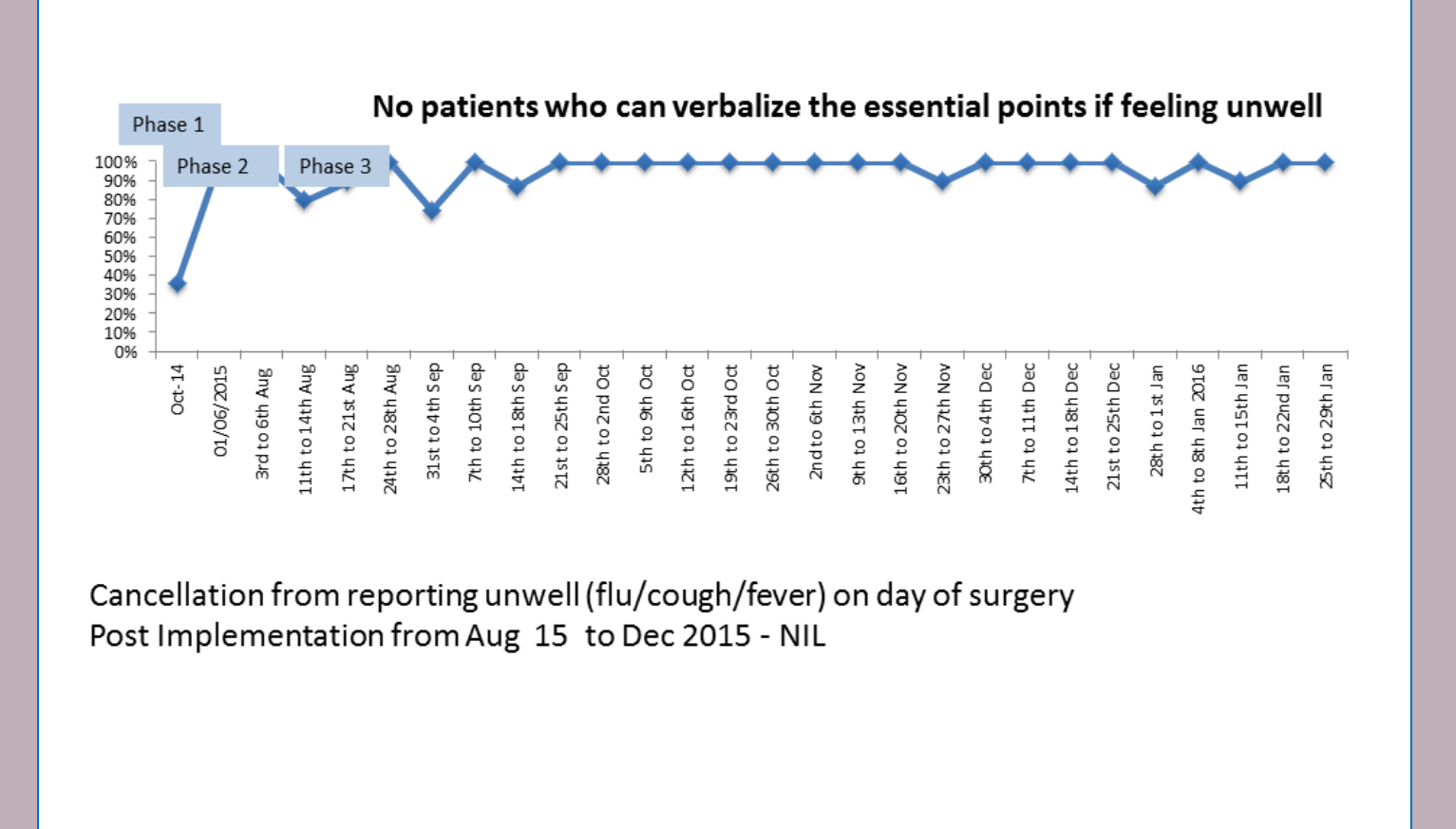


Figure 3
Patients knew what to do if they were unwell – an improvement of 57%

CONCLUSION

By transforming the print-based materials to include easy-to-understand visual and text elements, and distributing them at the right care points, patients are now able to understand the pre- and post operative instructions better. The team will continue to monitor the improved processes to obtain better baseline and observe sustainability.