



Singapore Healthcare Management 2017

“WHY AM I STILL HERE?”

Enhancing patients' experience for admitted patients lodged in Emergency Department (ED) Changi General Hospital (CGH)

Stephanie Ng | Noor Hidayah Binte Selamat | Jason Lee, CGH

1 INTRODUCTION

During **bed crunch situation**, patients may be temporarily lodged in Emergency Department (ED) while waiting for discharges in the wards. Admitted patients may not know how long they have to wait (typically, the wait lasts for hours), or the status of their beds. They may approach our nurses and operations staff asking for an update. By then, patients are already frustrated and extremely unhappy with their situation.

2 AIMS

1. Actively establishing relationships (providing a point of contact) and “Chit-Chatting” with admitted patients lodged in the ED
2. Informing patients the status of their beds
3. Obtaining feedback on the treatment of patients in the ED

3 METHOD

Root cause analysis was conducted on the complaints and feedbacks received on bed waiting time.

The root cause identified is the lack of a system to actively communicate with our admitted patients lodged in the ED.

Through a PICK Chart, “*morning walkabout*” (going to the bedside of admitted patients lodged in the observation ward to update them on the bed situation etc in the morning, in conjunction with morning doctors' rounds.) was selected.

PDSA cycles was done to ensure operation-ability

INDICATORS

STRUCTURAL

- S1:** Accurately locating patients location in the ED 75% of the time ✓
- S2:** Creating patient list in the morning before 10am on weekdays 100% of the time for the past 6 months ✓
- S3:** Able to perform “Walkabouts” 80% of the time for the past 6 months ✓

PROCESS

- P1:** Touched base with at least 80% of admitting patients resting in Obs ward ✓
- P2:** Reduction of complaint cases (relating to bed waiting time) from admitted patients by 50% ✓
- P3:** Written summary of unique conversations with at least 2 patients per weekday ✓

OUTCOME

O1: Increased patient satisfaction of admitted patients

TESTIMONIAL 4

PI was watching a movie on his phone when I approached him. I apologized to him for interrupting his movie. After explaining to him about our bed crunch, he asked whether he can go home first to take a few things. I told him he can't of course but he insisted that he had to wait for a bed in observation. I told him I'll let that. On my way out, I told the nurse of his request. Besides that, he feels uncomfortable in obs. I assured him that his problems are made known and that we'll

TESTIMONIAL 3

Patient is very well versed. Upon approaching him, he looks calm and slightly restless. He came to CGH due to the opposite bed. He really enjoyed a terrible patient in of the situation. He spoke about his family and how he lost his father was murdered in those olden days. His father was a shoemaker when he decided to be a barber due to income flow. Back on history, he recapped on the “Malay” roots and how the British “traded” the island. It was a very pleasant chat with him. A humble and pleasant patient. He keeps on saying “there's water flowing under the bridge” and told me whatever is past will still remain close to his heart. He thanked me repeatedly, took down my name and appreciate on the updates of his bed status and a small chat that goes a long way. He told me the doctors were slightly rude towards his fellow team mates, he do not want to intrude and the walkabout was something new to him. Despite the negative conversation by the doctor he witnessed, he feels that the small chats are the little that means a lot to patients. He also stressed on

TESTIMONIAL 1

Patient was alert and already dived by the doctor. She complains on how professional our staffs are and despite staying in upper level ward, she still prefers to come back for treatment in the hospital. She was discharged yesterday 22/03/17 but had to come back due to the pain. A very smiley and pleasant lady. The feedback that I got should be the first hospital in line with the rest. I see how the hospital grows since so many years ago. She appreciates on how we handle patients and update them on the bed status. Such a heart-warming feedback. ops a by - Interacted with Ruzayah S/O Obs bed 43 on 23rd March 2017

TESTIMONIAL 2

This patient's story very long long. IN SHORT, He seems to be upset over everything. I think he is just irritated that he has not taken his shower and sleep since yesterday and he said he asked for rice but the nurses gave him “wet” bee hoon and it is super lousy, he was given biscuit instead of bread. He complained that the nurses here not pretty all vary “yava” (action) and all poking him with the injections and it is very painful. He even cursed the nurses saying that all these “yava” people will sure be a patient 1 day. He asked for a bed up in the ward asap because it is very noisy, very uncomfortable and he looks like “bodoh” in OBS lying down for so long. Firstly I told him that the rice will be available for lunch and usually we only have biscuits and not breads. I told him to get his family members to cook or get him something nice when they are here to visit him. He said his family members don't even know that he is admitted because all the children are not talking to each other over 1 small issue, he even cursed all of his children to go and die. I think this uncle may be too upset and sad deep down inside. Maybe he is not given attention that he is complaining over everything. But anyways, I have already let him know the tight bed situation and we can only get a bed for him when there are discharges from the ward. He seems to be ok. [VINO] - Interacted with Hua Hoo SXXXX129A | 03.03.17

4 RESULTS

Most of the indicators (as above) are met which increases patient's satisfaction of admitted patients lodged within ED. On the right are some of the qualitative data of the morning walkabout as narrated by our Staff.



5 CONCLUSION

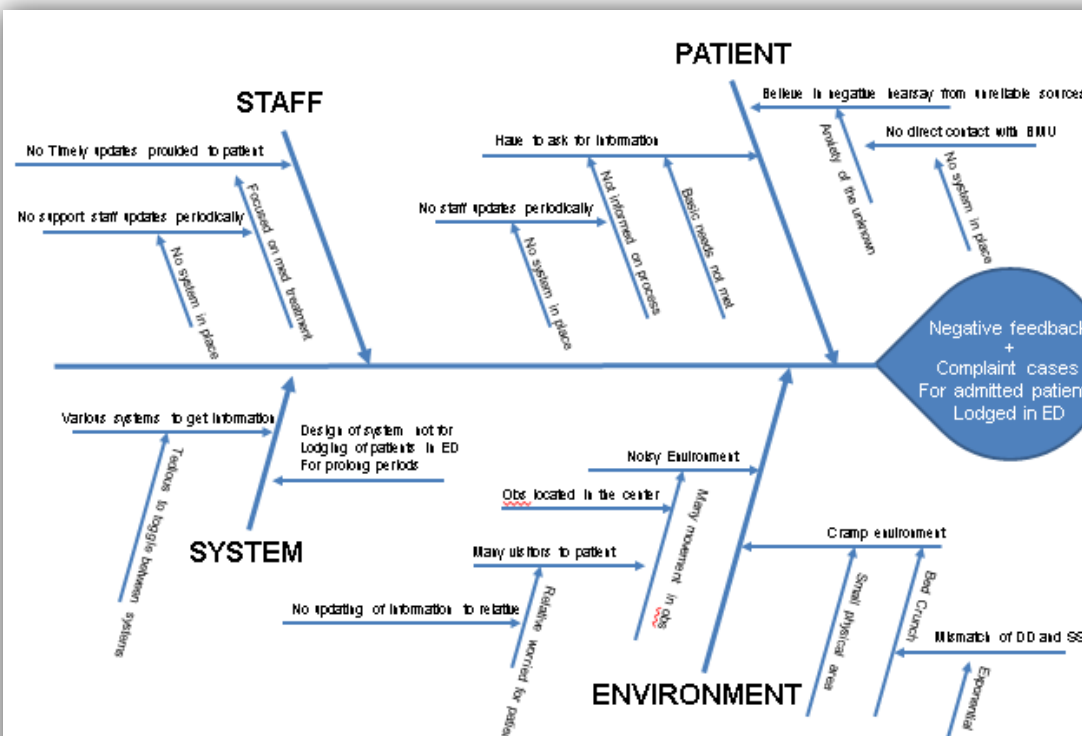
The morning walkabouts initiated by Bed Management Unit (BMU) had undoubtedly closed the communication gap. Complaint cases with regards to beds had reduced significantly after implementation. Testimonials of our patients showed that they are pleased with the chit-chats. They felt “appreciated” by the human touch rendered by our staff.

1 INTRODUCTION

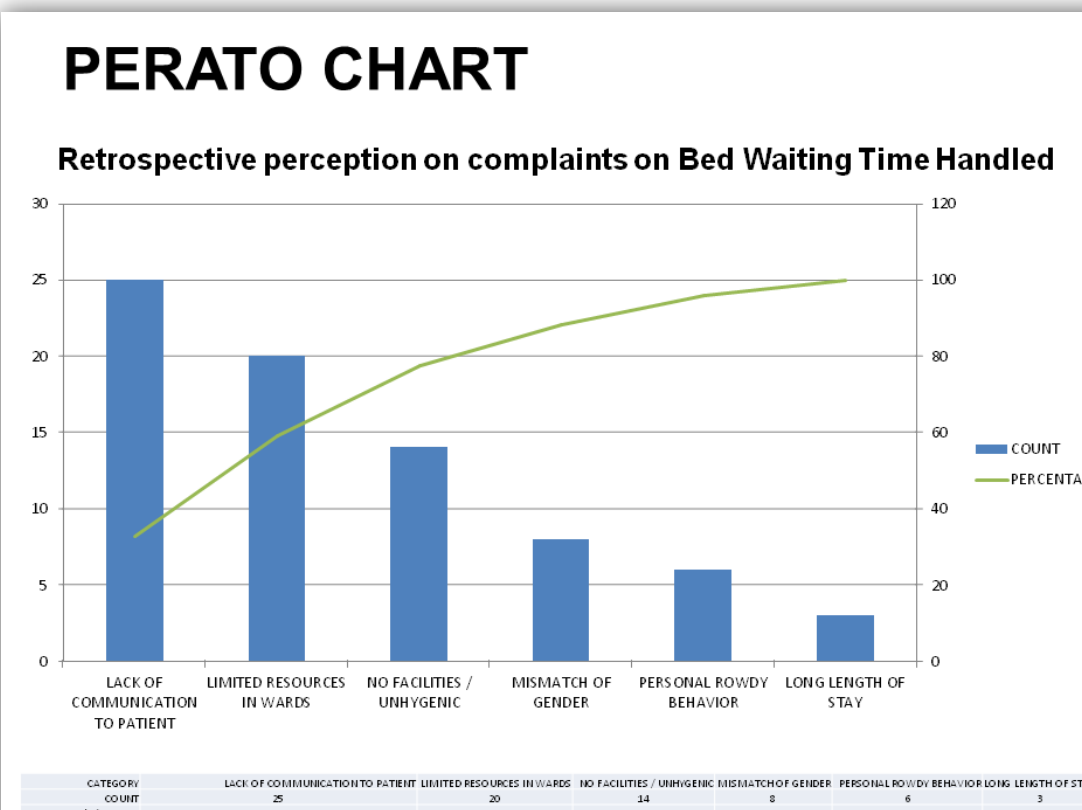
During **bed crunch situation**, patients may be temporarily lodged in Emergency Department (ED) while waiting for discharges in the wards. Admitted patients may not know how long they have to wait (typically, the wait lasts for hours), or the status of their beds. They may approach our nurses and operations staff asking for an update. By then, patients are already frustrated and extremely unhappy with their situation.

2 AIMS

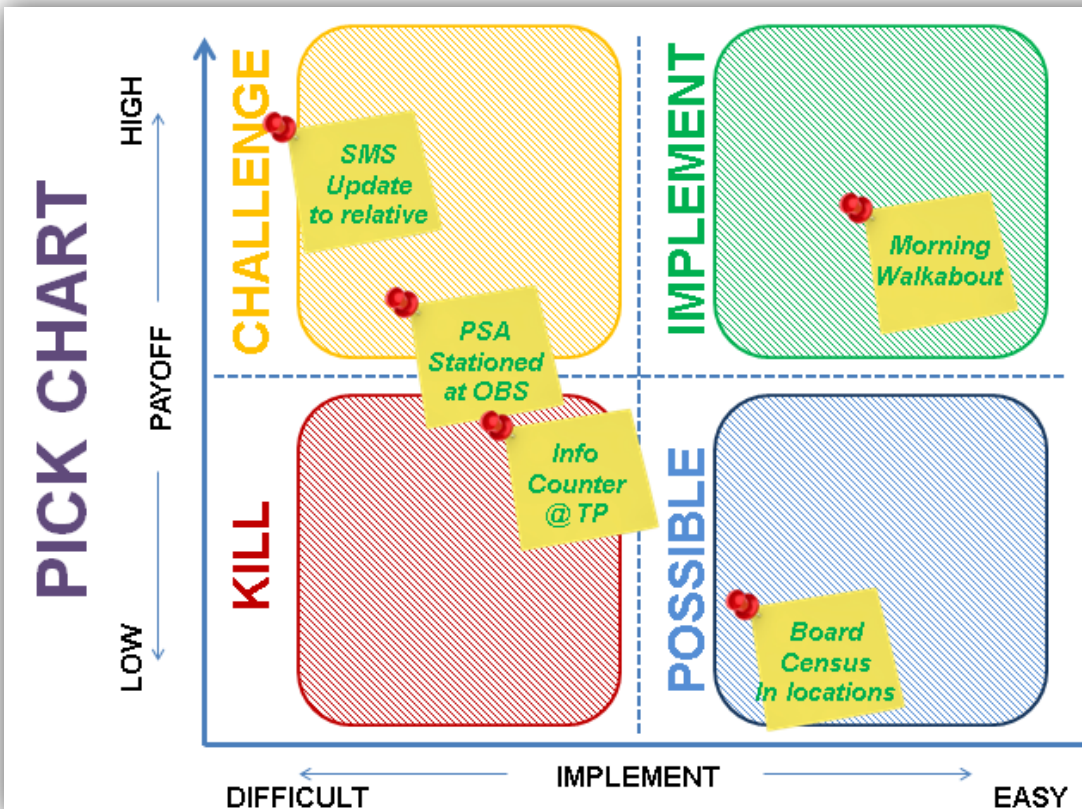
1. Actively establishing relationships (providing a point of contact) and “Chit-Chatting” with admitted patients lodged in the ED
2. Informing patients the status of their beds
3. Obtaining feedback on the treatment of patients in the ED



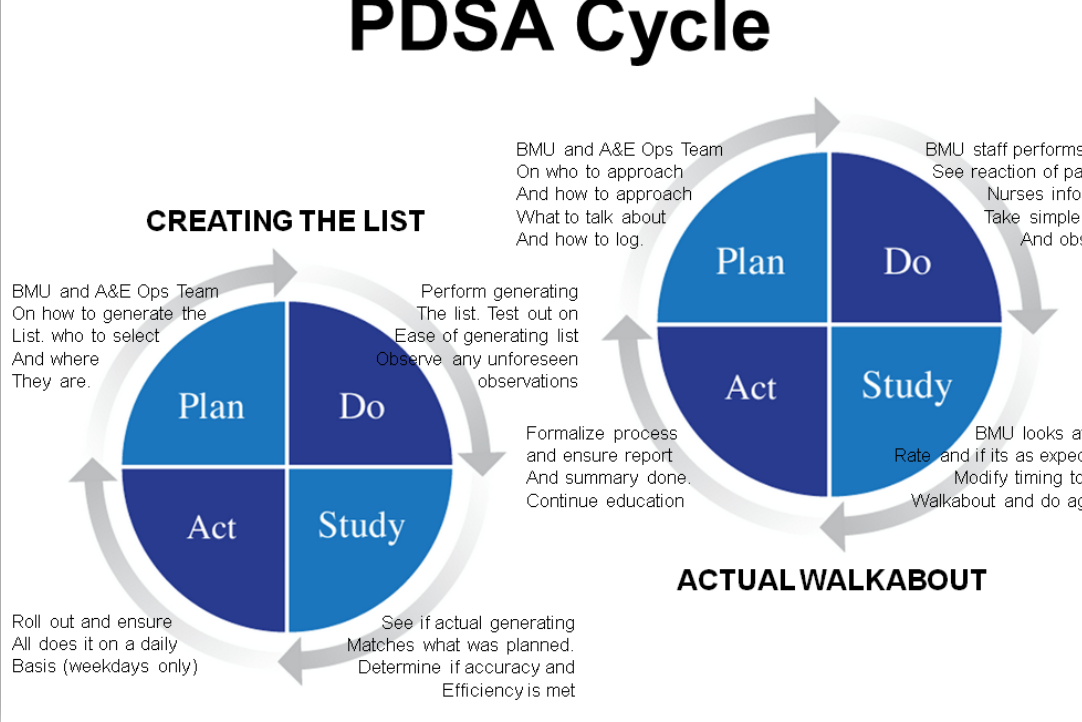
Stage 1: RCA



Stage 2: Perato Chart



Stage 3: PICK Chart



Stage 4: Upward PDSA cycles