



An Integrated Low-cost Solution with Immediate Impact to a Long-standing Ward Visitor Problem

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BACKGROUND: Given KKH's unique patient base - paediatric and obstetric specialties - the hospital has supported an open visiting policy where visiting hours are from 9 AM to 9 PM, and does not restrict the number of visitors that each patient can have. However, this brought about a visitor and noise problem. As an automated turnstile gantry system is costly and requires time to implement, a low-cost and quick to implement alternative was preferred.

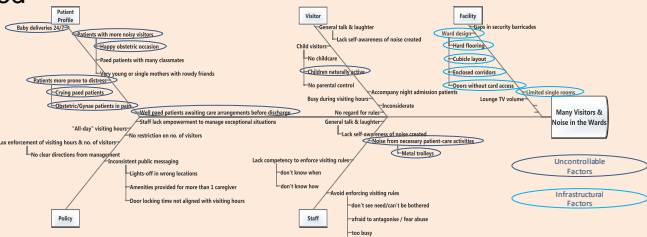
AIM: To review ward visitation policy to achieve a restful environment, ensure ward security and maintain emotional support for patients without adopting a turnstile gantry system.

METHODOLOGY

- Plan
 - Cross-department team undertook ERM review.

Issue	Current Management and Mitigation	Risk Rating with Current Controls	Changes to Controls	Change in Control Effectiveness	Risk Rating after Change to Controls	Accountable Person/Department
1. Uncontrolled number of visitors	1. Visitor policy in place 2. Chaperone and Security reinforcing compliance with the visitor policy 3. Signage on no. of visitors allowed - are in place 4. Hospital has control and gate to restrict access along corridors 5. Hospital has limited access at night and after visiting hours (eg. No access at the reception and different life and programme in warder between corridor floor only to control visitor movement)	Uncontrolled	1. Limit the number of visitors at bedside (2 visitors for restricted areas, eg. HD, ONCO, ICU, 4 visitors for non-restricted areas) 2. Staff to monitor and control visitor numbers	Significant improvement	Minimally controlled	Leslie Chia/CCO Mgt, Security, Maintenance
2. Ward safety issues	1. Visitor policy in place 2. Security conduct regular rounds in the entire hospital 3. Security reinforcement of safety zones with signposts to each ward	Potentially controlled				Nursing and SPS
3. Time spent managing PR issues	1. Visitor policy in place 2. Security conduct regular rounds in the entire hospital 3. Security reinforcement of safety zones with signposts to each ward	Potentially controlled				Nursing and SPS
4. Noise	1. Visitor policy in place 2. Security conduct regular rounds in the entire hospital 3. Security reinforcement of safety zones with signposts to each ward	Potentially uncontrolled	1. Limit the number of visitors at bedside (2 visitors for restricted areas, eg. HD, ONCO, ICU, 4 visitors for non-restricted areas) 2. Staff to monitor and control visitor numbers 3. Staff to monitor and control visitor numbers	Significant improvement	Minimally controlled	Leslie Chia/CCO Mgt
5. Change patient rest	1. Visitor policy in place 2. Security conduct regular rounds in the entire hospital 3. Security reinforcement of safety zones with signposts to each ward	Potentially uncontrolled	1. Limit the number of visitors at bedside (2 visitors for restricted areas, eg. HD, ONCO, ICU, 4 visitors for non-restricted areas) 2. Staff to monitor and control visitor numbers 3. Staff to monitor and control visitor numbers	Significant improvement	Minimally controlled	Leslie Chia/CCO Mgt

- RCA - controllable/uncontrollable/infrastructural factors identified



- Solutions generation – brainstorming, learning from other RHIs, modifying solutions to accommodate ground constraints

- Do
 - Implemented broad-ranging solutions with multi-faceted supporting initiatives by respective departments



- Integrated internal and external communications plan



- Adopted simple and cheap (\$15K) e-registration system to leverage on the familiar but expensive automated turnstile system mentality

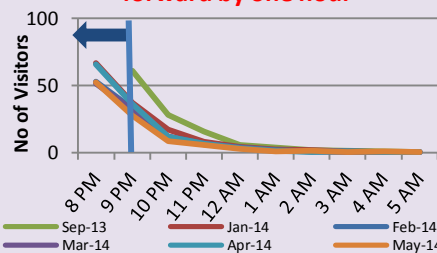
- Check
 - Data collection/analysis
 - On-site audit for staff compliance, post-implementation reviews to finetune and further standardise practices, closely monitoring daily ground reports
- Act
 - Closed gaps, rationalised and leveraged on ground practices, continued staff messaging to reinforce compliance, improved inter-department staff communication and cooperation

RESULTS

- Project aims fully achieved
 - Short implementation period - Project Start: Sep 2013; Change effected: 1 Jan 2014
 - Low-cost solution: \$15K for e-registration system and nominal communications cost
 - A more restful environment created:

- Easier to request large groups of noisy visitors to leave; standardised verbiage equipped staff to explain visiting policy with greater ease.
- Patients able to rest earlier

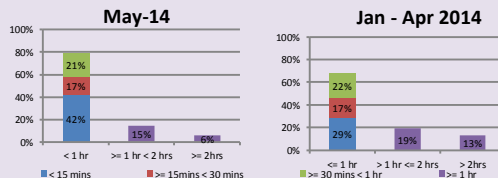
Night visitor load shifted forward by one hour



- Ward security enhanced: Wards generally clear of visitors by 9PM instead of 10PM previously

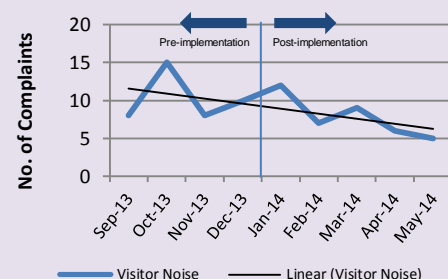


- Results exceeded expectations
 - 1 hour additional visitor load never materialised
 - Night visit duration getting shorter

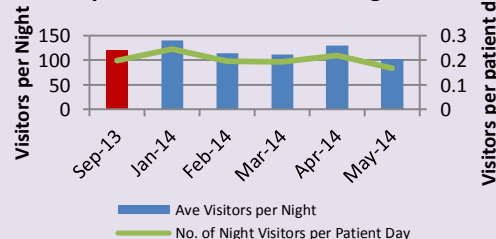


- Lights-out protocol
 - encouraged visitors to leave earlier
 - resulted in visitors and staff speaking more softly

Downtrend post-implementation

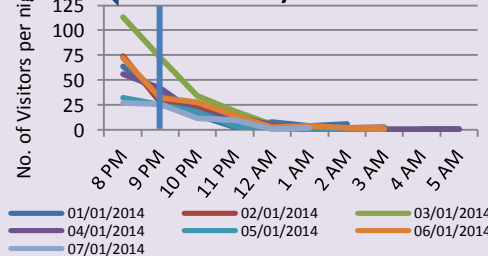


- Emotional support for patients not compromised
- Visitor numbers not immediately down despite the shortened visiting hours



- Only 6 out of 21 wards requested for earlier ward rounds to clear out visitors
- Immediate shift in visitor behaviour

Visitors arrived one hour earlier from Day 1



CONCLUSION

SingHealth core values guided the project review and implementation

- Compassion: Visitor policy used as a tool to maintain a restful environment and not as an end. Groups exceeding maximum visitor number but do not disturb other patients allowed in order to maintain the group dynamics for the patient.
- Integrity: Significant improvements achieved without resorting to high-cost solutions
- Collaboration:
 - Multi-disciplinary commitment and open conversation crucial
 - Ground staff provided invaluable input
 - Patients/Family as a powerful communication channel

Sustainability

- On-going monitoring necessary to ensure ground compliance to protocol

Learning

- Public generally compliant to hospital policy
- High ward visitor numbers do not necessarily translate to serious visitor issues