



Singapore Healthcare Management 2018

Holistic Patient Evaluation through Communal Activities and Rehabilitative Engagement (HOPE & CARE)

A patient-centric intervention with a better multidisciplinary team

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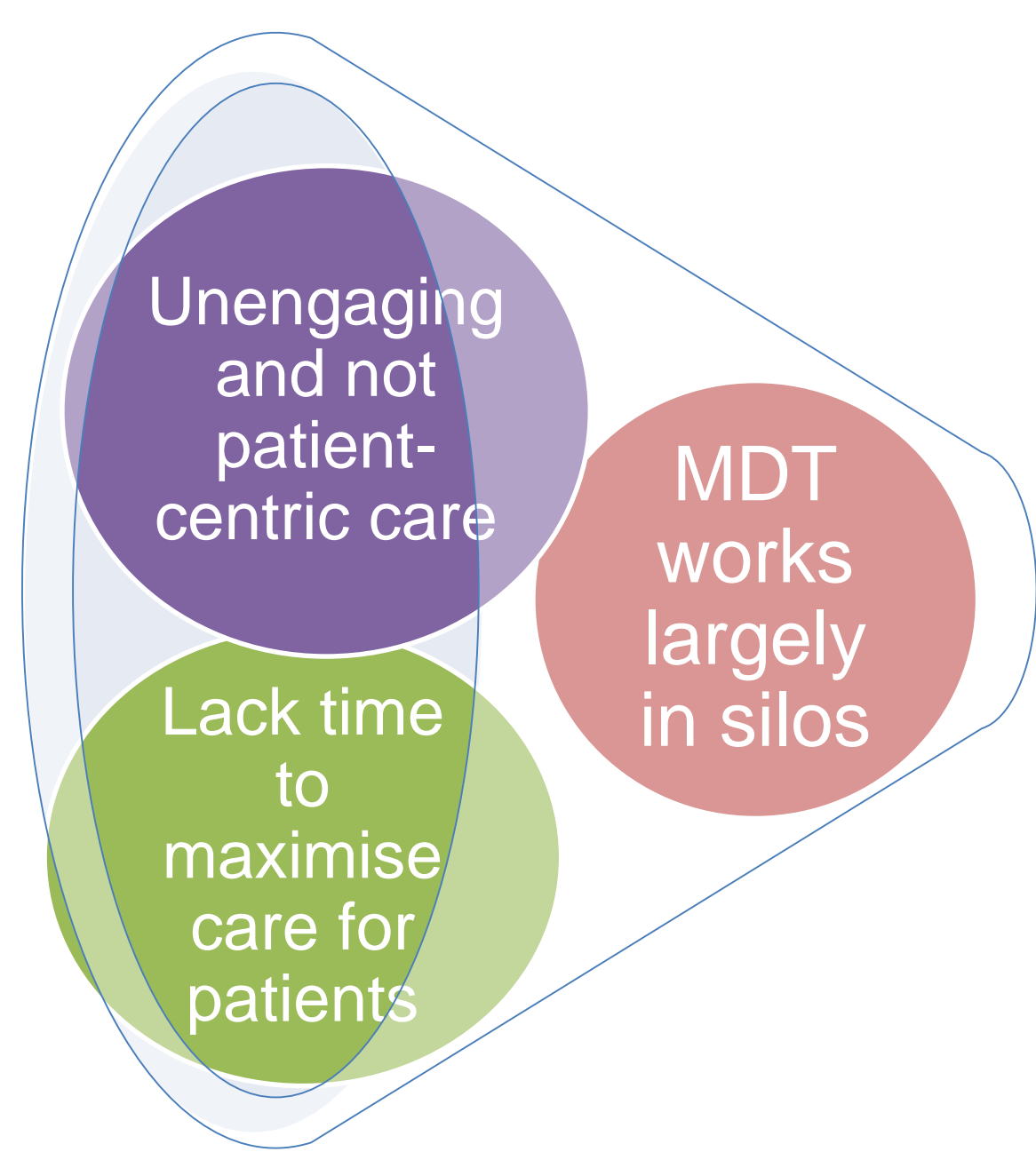


Background/Aim

The multidisciplinary team (MDT) currently lacks a common purpose and coordination, resulting in them working in inefficient silos and providing generic patient care. This initiative aims to provide a more complete, efficient and engaging patient-centric care. This is achieved through a shared vision and combined effort from all professionals in the MDT. The design of the intervention aims to promote an intentional and collaborative effort amongst the MDT, which not only builds a stronger team that works together in synergy, but also improves patient satisfaction.

Methodology

As Is – Usual Care



Solution
A redesigned MDT through "HOPE & CARE" Rounds

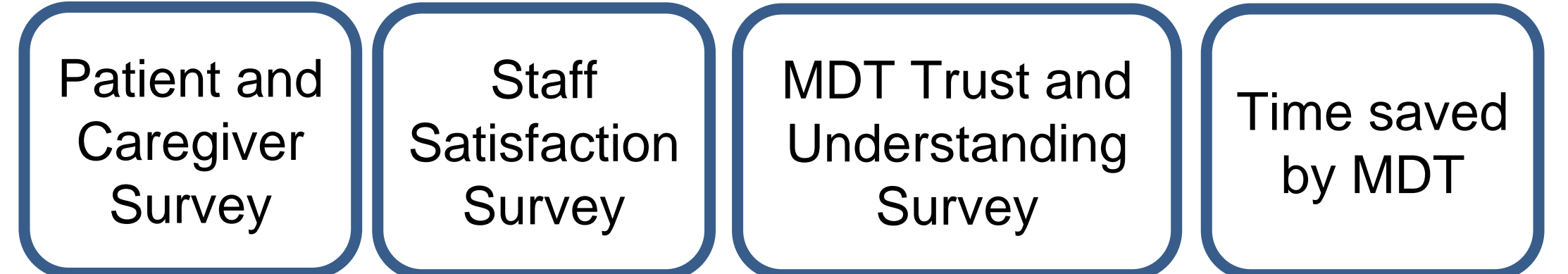
To Be – Fun, Productive and Patient-Centric



Both the MDT and patients are involved to provide engaging patient-centric care over a meal-based intervention.

Examples of Activities	Professionals involved
Group therapy	PT/OT
Mealtime assessment	Dietitian/ST
Symptom, mood assessment	Entire MDT
Table-top activity engagement	Entire MDT

Measures Used:



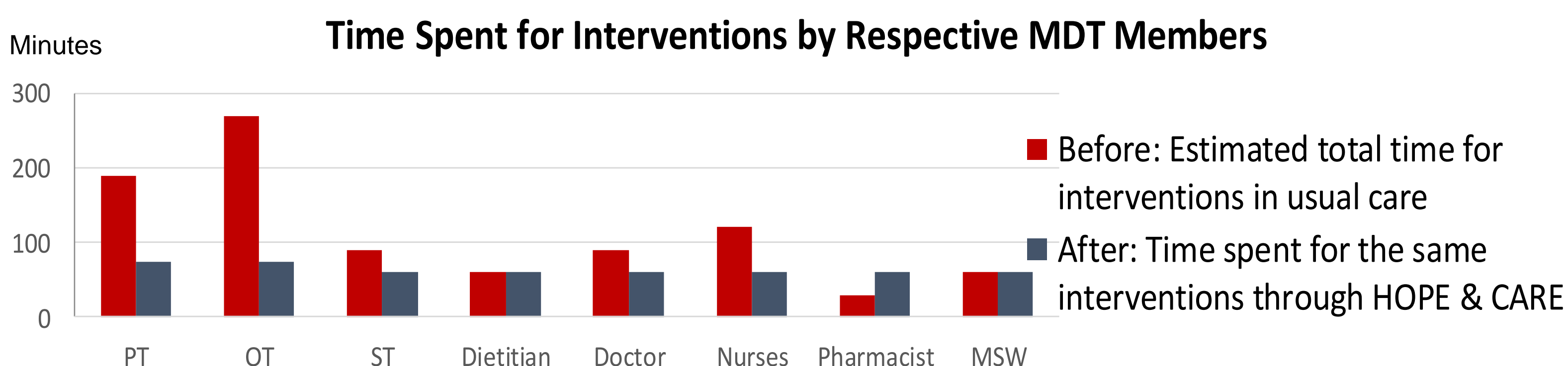
Project Impact 1 – Patient-centric and Cost Effective Care

Patient Example	AM	Timeline of day – Interventions received	PM	Remarks	Cost to Patient
Before	Miss A: Unengaged	[Nurse, Doctor]		Basic medical care with potential gaps in care needs	\$
	Mr B: High rehab needs but low tolerance	[Nurse, Doctor, PT, OT, Dietitian]	[Pharmacist, MSW]	Will benefit from more rehab, but too tired to participate	\$\$
	Mdm C: High rehab needs, good tolerance	[Nurse, Doctor, PT, OT, Dietitian]	[Pharmacist, MSW]	Insufficient care. Has capacity to participate in more	\$\$
After	Miss A: Better engaged	[Nurse, Doctor, PT, OT, Dietitian]	[Pharmacist, MSW]	Screened by entire MDT. This ensured fewer gaps in care	\$
	Mr B: Receives more and tolerates better	[Nurse, Doctor, PT, OT, Dietitian]	[Pharmacist, MSW]	Able to tolerate all the necessary interventions	\$\$
	Mdm C: Able to get sufficient care for high needs	[Nurse, Doctor, PT, OT, Dietitian]	[Pharmacist, MSW]	Receive more interventions in the same amount of time	\$\$\$

Legend: Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW. Standard Session, Brief Session, 2-way Interactions.

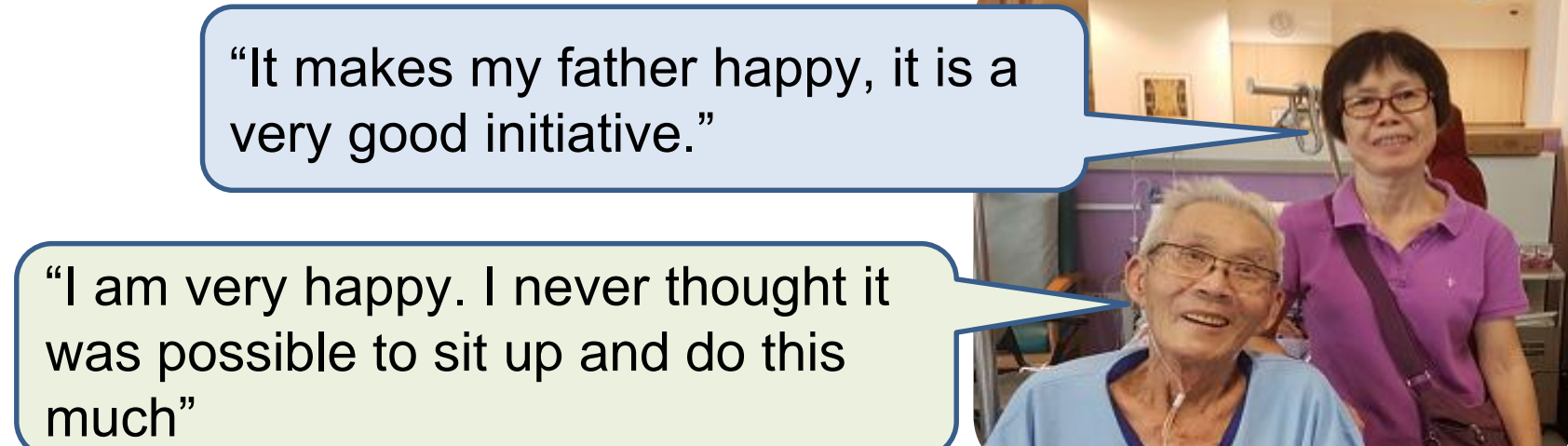
Project Impact 2: Increased Productivity

Productivity rate improved by 180%. An average total of 400 minutes was saved for the MDT each session. The MDT was able to perform more clinical interventions with the same amount of time.



Project Impact 3: Creating Happy Memories

Patients, families and the MDT have requested more of such gatherings, sharing how this small initiative has brought many happy memories.



Conclusion

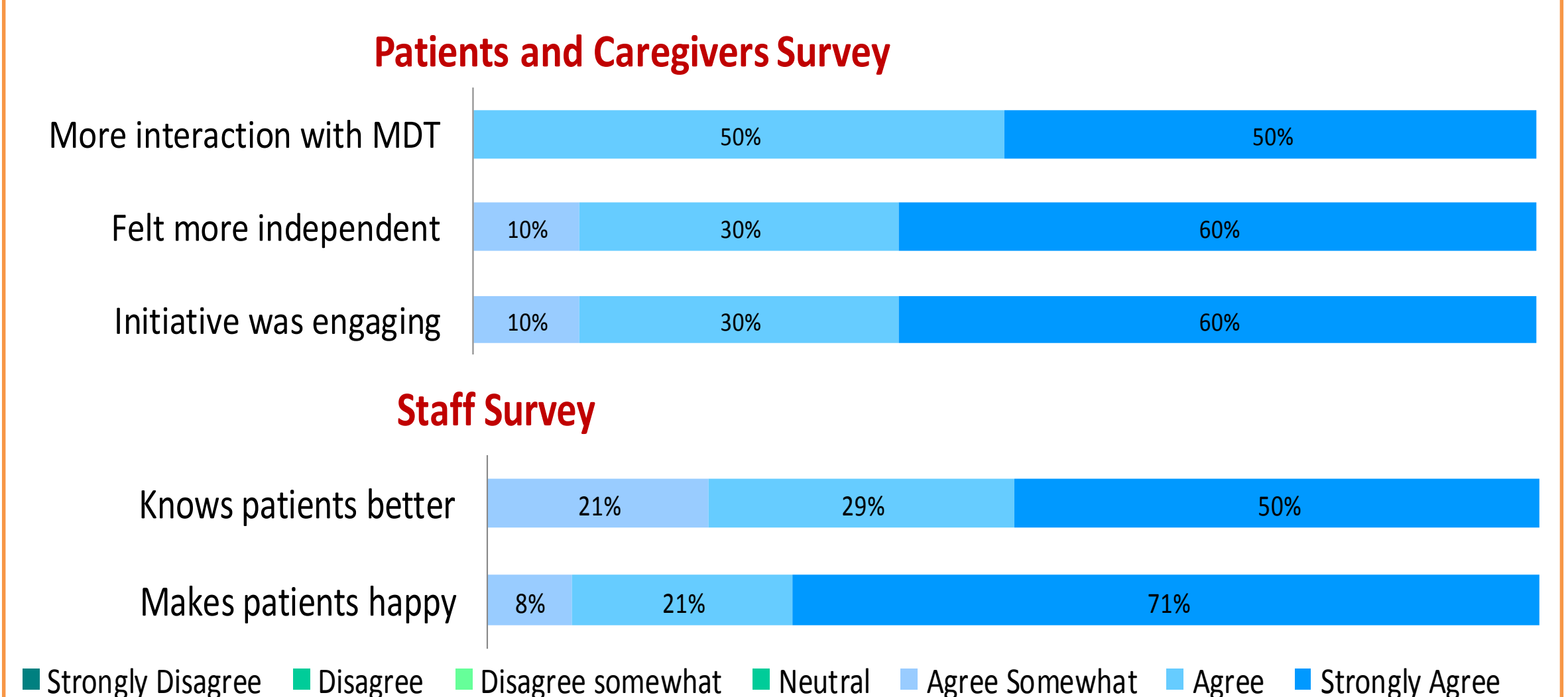
Providing patient-centric care with a clarity of purpose and an effort in doing what is meaningful together results in manpower savings, higher satisfaction and better patient care.

Result 1: Increase in MDT Trust & Understanding*

Components	Before	After	Definition
Ability	68%	90%	Trust in skills and competencies of the Partner
Benevolence	70%	91%	Trust that Partner will act positively
Integrity	82%	93%	Trust that Partner adheres to accepted principles
Working well	78%	90%	Reciprocal understanding of each other's role

* Based on NTU Business School Healthcare Trust Survey

Result 2: Satisfied Patient, Caregiver and Staff



Sustainability

Adequate resources

- Improved productivity without utilising extra resources

A clear vision

- Shared vision for both staff and patients

Champions

- Identification and training of staff who ensure sustainability

Learning from barriers

- Early communication of outcome measures to team members reduces staff resistance
- Uncertainty due to change of staff is reduced using workflow

3 Key Pillars for Continuous Change

- Institutional Change:** New established way of engaging patients
- Improved Culture:** Involving staff in developing better ways to engage patients
- Performance Reviews:** Continuous improvements through continuous assessments

Standardisation

- New clinical workflows created in place of old workflow and embedded in Ward D68

Anchoring change

- Intervention is embraced by staff in Ward D68
- Increasing frequency of interventions
- Spreading intervention to other wards

Creating awareness, sharing and learning

Initiative featured in:

- Yishun Health intranet portal
- Geriatric Medicine E-Zine newsletter 2018
- Singapore Hospice Council Hospice Link Journal 2018