



Singapore Healthcare
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Improvement of Care Coordination



Singapore
General Hospital
SingHealth

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BACKGROUND

With an ageing population, acute medical beds are mostly occupied with elderly patients. These patients can be vulnerable and presented with complex medical issues and multiple chronic conditions. Thus, a well-coordinated care team is required to provide seamless care, starting from admission till discharge and follow up of continuity of care in the community.

Department of Internal Medicine (DIM) comprised many sub-teams.

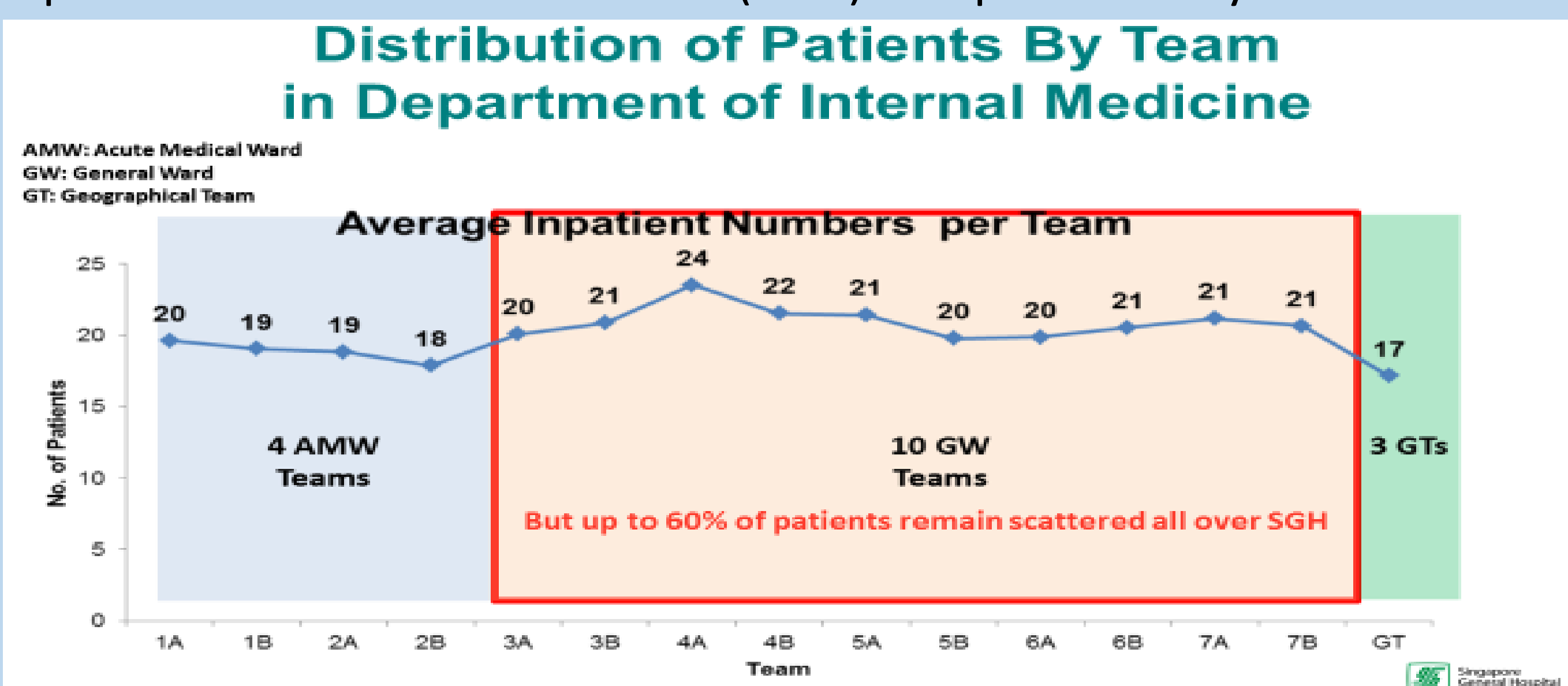


Figure 1: Distribution of Patients by Team

This distribution of patients by many sub-teams (as shown in figure 1) posed challenges to operational workflow which has an impact to timely treatment and preparation of patient care management as the individual team doctors need to move around from one ward to another to follow up changes made during the rounds. Due to too many teams making round at the same time, nurses are not able to join the ward rounds. Hence, improving care coordination for better patient care delivery in a more holistic way is deemed necessary. This would help improve patient engagement and to enhance patient experience

MISSION STATEMENT

To improve patient care coordination with multidisciplinary team from an average score of 3.7 to 4 in two acute medical wards in W53C and W54D within 6 months

RESULTS

National Database of Nursing Quality Indicators (NDNQI) Work satisfaction survey was taken from all grades of nursing staffs. The survey consisted of 5 sub-categories (1) Task, (2) Nurse-Nurse interaction, (3) Nurse- Doctor Interaction, (4) Autonomy, (5) Professional status. Evaluation was conducted at 3-month and 6-month post implementation. A similar survey was also conducted among the doctors.

Nurses	Task	Average score (pre)	Average score (post)	Average score (6 mths post)	P value
	1. Nurses are satisfied with the nursing care we provide on our unit	3.70	4.95	4.35	0.000
	2. Nurses on our unit have sufficient time for direct patient care	3.00	4.50	3.85	0.001
	3. Nurses have plenty of opportunity to discuss patient care problems with each other on our unit	3.35	4.80	3.90	0.001
	Nurse-Nurse interaction				
	1. Nurses I work with count on each other to pitch in and help when things get busy	4.35	4.95	4.60	0.022
	2. There is a good deal of teamwork among Nurses I work with	4.05	5.00	4.50	0.003
	3. Nurses I would with support each other	4.47	5.00	4.63	0.03
	Nurse-Doctor interaction				
	1. In general, doctors cooperate with nurses on our unit	3.95	5.00	4.45	0.000
	2. There is a lot teamwork between nurses and doctors on our unit	3.50	4.95	4.20	0.000
	3. Doctors in this ward generally appreciate what nurses do.	3.60	5.00	4.25	0.000
	Autonomy				
	1. As nurses, we have sufficient input into the program of care for each of our patients.	3.95	4.85	4.30	0.009
	2. Nurses on our unit have a good deal of control over our own work	3.95	4.95	4.45	0.002
	3. As nurses, we are free to adjust our daily practice to fit patient needs	3.68	4.95	4.32	0.001
	Professional Status				
	1. Nurses are satisfied with the status of nursing on our unit	3.55	4.85	4.15	0.000
	2. Nurses recommend our unit as a good place to work	3.55	4.65	4.30	0.001
	3. Work contributes a sense of personal achievement for nurses on our unit.	3.85	4.90	4.45	0.000

Figure 4: Nurses' Satisfaction survey results

Results showed statistical significant with a p value of less than 0.005 as depicted in Figure 4 with total average score of 4.3.

CONCLUSION

Improving satisfaction with patient care coordination was started in April 2018 to September 2018. With effective communication and better care coordination, staff satisfaction was achieved through re-organisation of work teams and processes.

METHODOLOGY

Intervention 1: Implementation of Geographical Team (GT)

The entire DIM department was re-organized. One Geographical Team (GT) is assigned to station in two acute general wards in W53C and W54D.

Intervention 2: Care coordination meeting (Huddle)

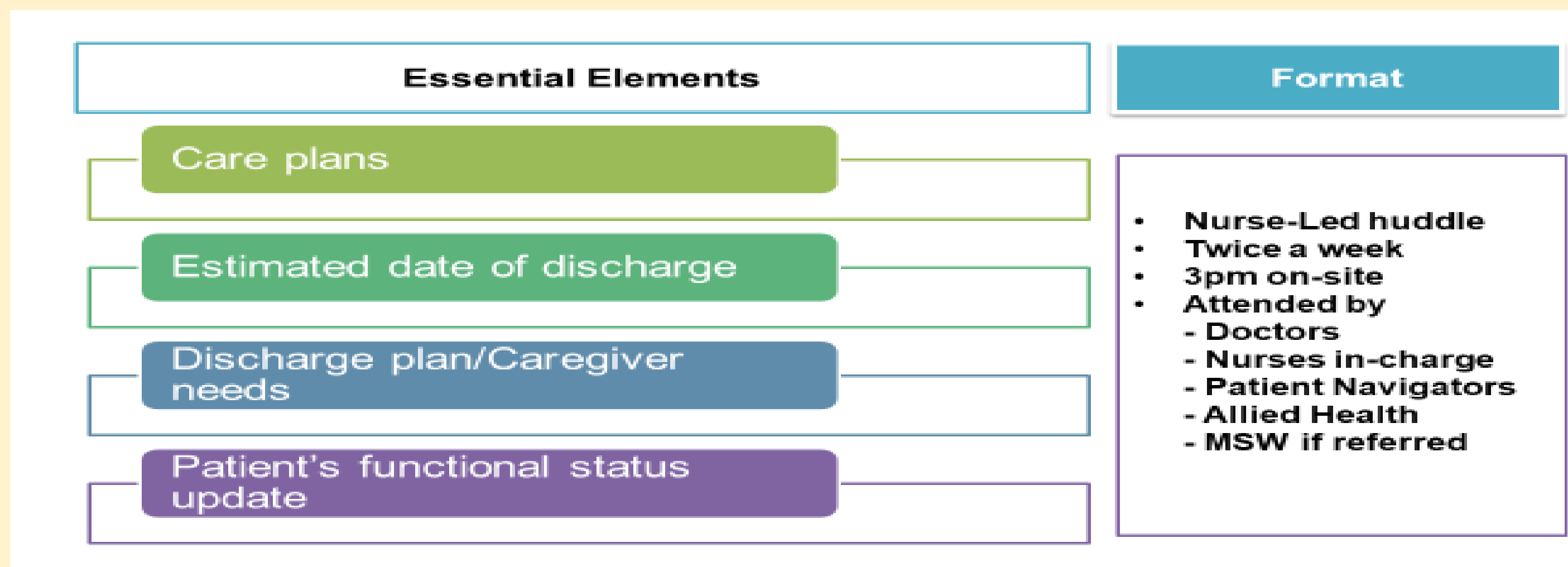


Figure 2: Content of Care coordination meeting

With this huddle, the team is able to identify the root cause for delayed discharge. Having an individualized care plan and coordinated care plan, allows the team to allocate appropriate resources for patients and work towards the planned discharge.



Figure 3: Care coordination meeting in progress

Intervention 3: Shifting of nursing activities to a later timing

Nurses are engaged in their nursing activities in the morning such as showering, bed-sponging, changing of bed linens, oral hygiene, serving of meals and medications. With this intervention, the assigned room nurse in-charge was able to contribute to patient care plan discussion by joining the medical ward rounds. Thus, improving better care coordination through engagement of one another in the process of inpatient care journey to achieve optimal patient care delivery.

Doctors

Question	Average Score
There is more communication and teamwork between doctors and nurses	4.8
There is more communication between doctors and physiotherapists and occupational therapists.	4.6
Information regarding patient care is relayed more timely and quickly.	4.6
I am able to spend more time with my patients as compared with general ward team setting.	4.6
The caseload is heavier than in a general ward setting.	4.2
The doctor: patient ratio is reasonable and manageable.	4.2
I feel safer practicing in a geographical team setting.	3.8
Patients in GT tend to be hospitalized longer than necessary.	3.6
The case mix in GT is adequate to facilitate my learning.	2.6
Having nurses, PTs, OTs join in exit rounds has improved patient care.	4.4
I feel that patient care is better with geographical team.	4.0
I have greater job satisfaction in geographical team.	3.8

Figure 5: Doctors' Satisfaction survey results

The result showed better satisfaction with work relationships among healthcare providers as shown in Figure 5.

