

## Empowering the SKCH esTher – Health JouRnal

### Background of the problem

- Length of stay (LOS) at a Community Hospital (CH) is about 3 to 4 weeks
- Patients may not always understand the progress of their recovery and are not involved in their care and treatment plans.
- Low levels of patient engagement and involvement are causes for concern as these have been evidenced to have positive correlation to patient health status
- Longer stay in the CH compared to acute hospitals might require patients to be more engaged

### Mission Statement

We aim to empower our SKCH ESTHERs

### Analysis of problem

Through 1-on-1 interviews with ESTHERs at Bright Vision Hospital (BVH), we discovered the following challenges:

- 33.3% of them expressed that their family visit them only after office hours and thus were not able to communicate with the care team
- 67% of ESTHERs would like to have a file or a book that lists down needs, preferred options and type of treatment and medicine received in hospital

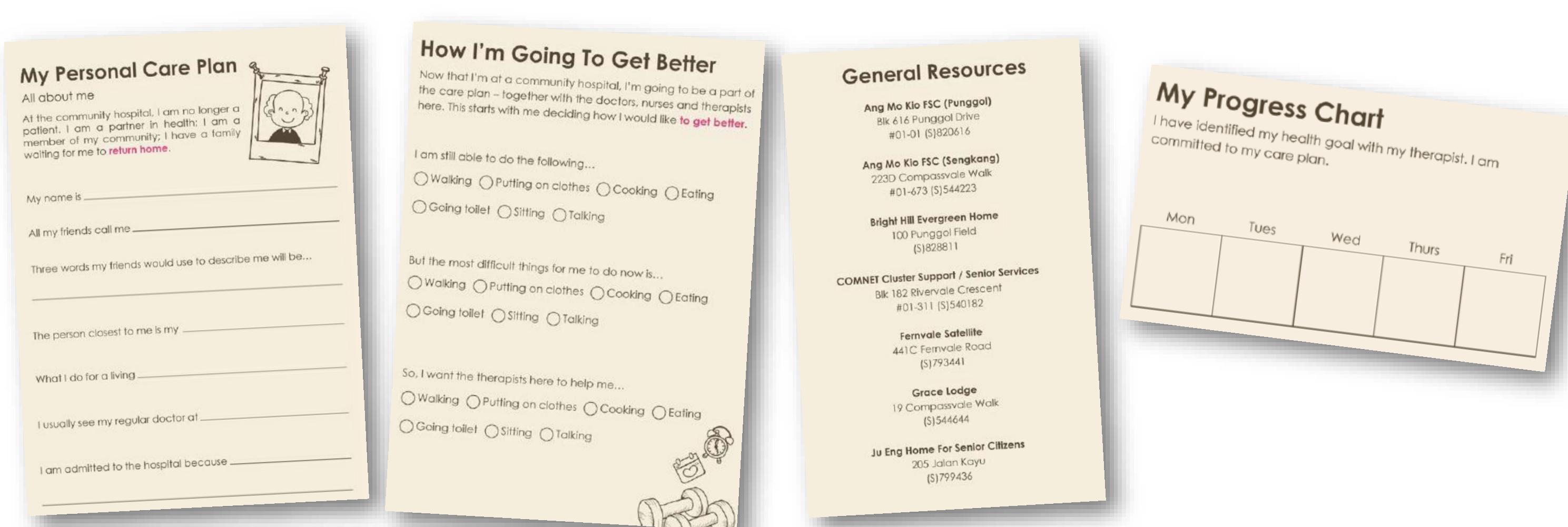


### Interventions / Initiatives

Based on ESTHERs' suggestions at BVH, we co-created a health journal that engages and encourages them to voice out their preferences and needs, so that their teams' management plans can better cater to their individual preferences and challenges.

The journal also hopes to improve ESTHERs' understanding of both their health and social goals, providing them with action plans during the stay and frontloading any social concerns that patients might have prior to discharge.

Upon discharge, the journal serves as an integrated material (together with discharge summary) to communicate care goals and progress to the community partners.



Sample pages from the Health Journal

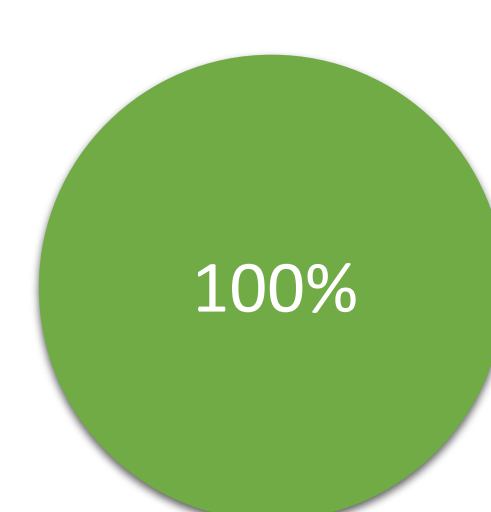
### Results / Impact

1. Sharing details on myself have helped the hospital staff in helping me.
2. I understand how to take my medications and how each of them help with my health.
3. I understand my therapy plan and my progress thus far.
4. During my stay in the hospital, I knew who to approach if I had questions on my health.
5. When I return home, I know when I do need to go to a doctor, and when I can take care of a health problem myself.
6. When I return home, I understand what I can/need to do to do the things I want to do most.
7. When I return home, I know who I can approach if I need help on my health.
8. When I return home, I know what to do if I need help on my health.
9. I show my patient journal and share details in the journal with my family caregivers when they visit me in hospital.
10. My family caregivers find the patient journal useful to help them understand my needs and care for me better.

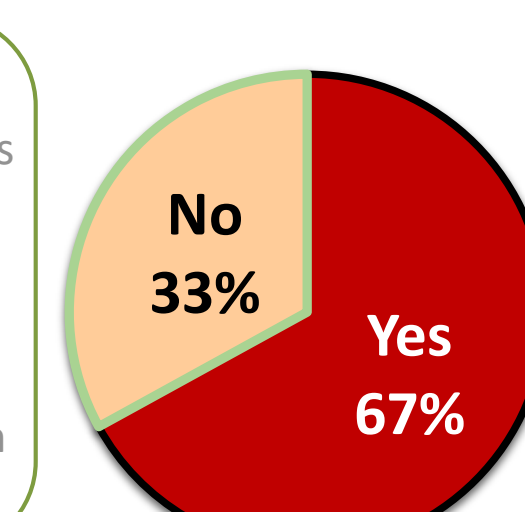
An adapted PAM-13 tool was used to gauge the effectiveness of the Health Journal. The questions target both ESTHERs (seek to understand if ESTHERs have increased in knowledge, confidence and ownership of their health through inputs in the journal) and caregivers (seek to understand caregivers' stake in the journal).

#### Finding:

Referencing interim survey results through the adapted PAM-13 tool, our ESTHERs might have gained some knowledge and ownership through the journal, but still lack confidence in managing their health. This can be seen in the pie charts below.



- 3 areas achieved 100% positive response:
- Understand my therapy plans and progress thus far [knowledge]
  - Understand what I can/need to do the things I want to do most when I return home [ownership]
  - Know who I can approach if I need help on my health [knowledge]



- 1 area that ranked the least positive and hence requiring improvement:
- Know when I need to go to a doctor, and when I can take care of health problem myself [confidence]

We went through PDSA cycles and gathered the following feedback from our ESTHERs:

- Hard copies of the journals can be misplaced
- Some are still unsure of how to fill up and require more guidance by staff
- Only English literate patients are able to use the journal effectively
- Journal and discharge summaries/memos are currently discrete documents and difficult to keep track of so many documents

Following feedback from ESTHERs and staff, these are the following refinements that we have implemented recently/intend to implement:

- Developed a Chinese version of the journal
- Changed from Likert scale to "Yes/No" responses for ease of response
- Incorporate advance care planning section into journal
- Therapists will print out exercise sheets and insert into journal
- Staff will print out discharge summary and insert into journal (single discharge journal with relevant documents inserted)
- Incorporate the journal questions into relevant sections of SCM documentation as part of daily work (no more need for hard copy journal)
- Non-clinical patient ambassadors to help patients with journal administration (improve effectiveness, reduces time needed for clinical staff to administer non-clinical portions)
- Patients who have been given the journal will have magnet sign posting at bedside and in SCM
- Work on gathering insights through focus group discussions with patients and caregivers
- May develop an app for patients to login

### Limitations

- SKCH is a new organization. Most are concerned with meeting patients' routine care needs, and may perceive administering the journal as extra work.
- Busy ramp-up of wards, coupled with rapid build-up of workload, makes it difficult to juggle time between delivering patient care and improvement work
- Unable to administer effectively for non-English literate ESTHERs
- Not sure which ESTHERs have the journal, and which do not have - to have a better system for distribution to selected patients
- Need buy-in from various stakeholders and members of the allied health team to administer the journal
- It is a very new concept for elderly ESTHERs and they are not always used to the empowerment
- Internet separation makes app development and information sharing a lot more difficult

### Moving Forward:

- We intend to try out in more wards as we open up the rest of SKCH, and in OCH as well when it is opened
- We plan to share the journal with SKH and BVH and synchronise similar efforts from these institutions