



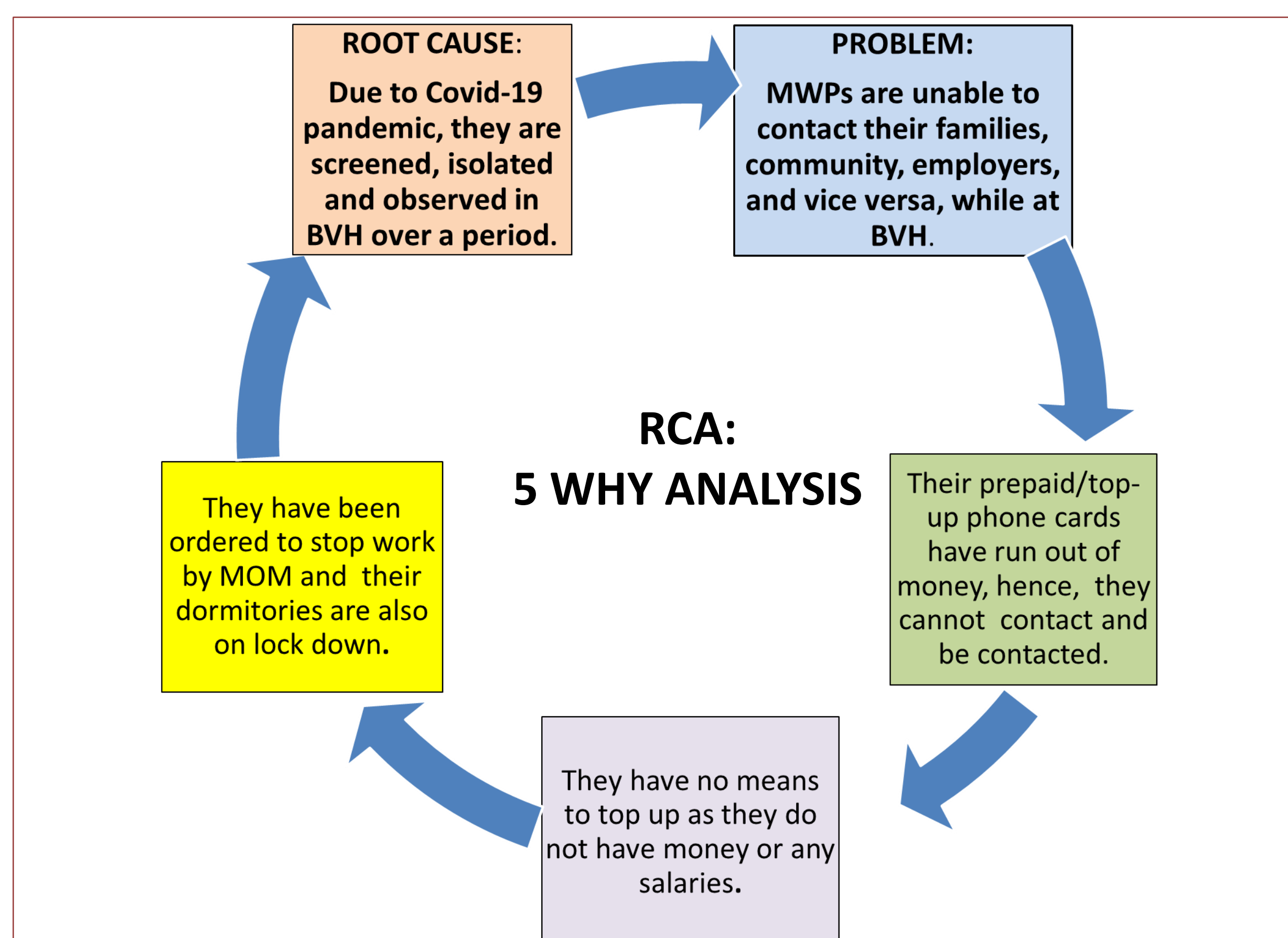
Introduction / Background of project:

- Medical Social Workers (MSWs) were unable to contact many MWPs on admission to BVH for psychosocial assessment. They reported no money to top up their top up phones, hence, they can't contact, nor can they be contacted.
- These MWPs were anxious when they cannot be emotionally and socially connected with their families and community over extended period. Many families back home lack Wi-fi access while free Wi-fi is readily available at BVH. Employers also informed they could not reach their workers to check on their status.
- Owing to strict restricted access to the wards, non-clinical BVH staff experienced problem contacting the MWPs to discuss important health, wellness and employment related matters.

Mission Statement:

- To enable MWPs with only top up phones to still stay connected with their families, the community, employers and hospital staff; meet their psychosocial-emotional needs, thereby, contribute to their health and wellness.

Fig.1 Why MWPs could not contact their families and the community

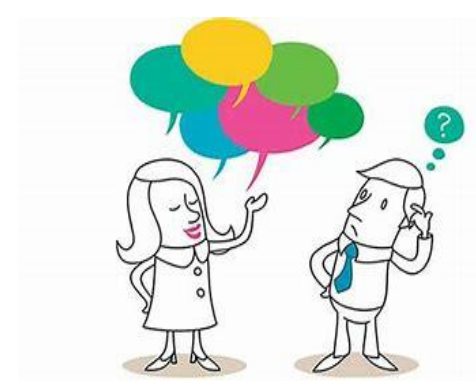


Interventions / Initiatives:

PDSA 1: Prediction: MWPs are unable to communicate with the outside world because they have no money to top up their phone cards.

- **PLAN:** To source for funds from donors who identify and empathise with the plight of MWPs. The team managed to link up with Transient Workers Count Too (TWC2) to set aside \$8,000 towards the cause.
- **DO:** From 08 May 2020, MSWs topped up \$10 in every MWP's phone card registered under the main Telcos.
- **STUDY:** Team reviewed that \$10 top up was insufficient to last for 2 week stay at BVH. Findings show that a one time \$10 top up last less than 1 week for one call per day up to 20 min. Many MWPs have also requested for subsequent top up after the initial \$10 top up.
- **ACT:** TWC2 supported the team's findings and team proceeded to top up \$20 in phone cards.

PDSA 2: Prediction: Due to language difficulty, MWPs cannot clearly understand MSWs' explanation on purpose of free phone top up, There are no readily available interpreters at BVH.



- **PLAN:** To leverage on Phase 1 Dr Covid, a multi-lingual AI virtual information dissemination platform piloted recently at BVH.



- **DO:** SCH IT Team assisted to include phone top up message in Dr Covid's regular broadcast from August 2020. Nurses and Community Relations team assisted to teach MWPs how to download Telegram app onto their phones.



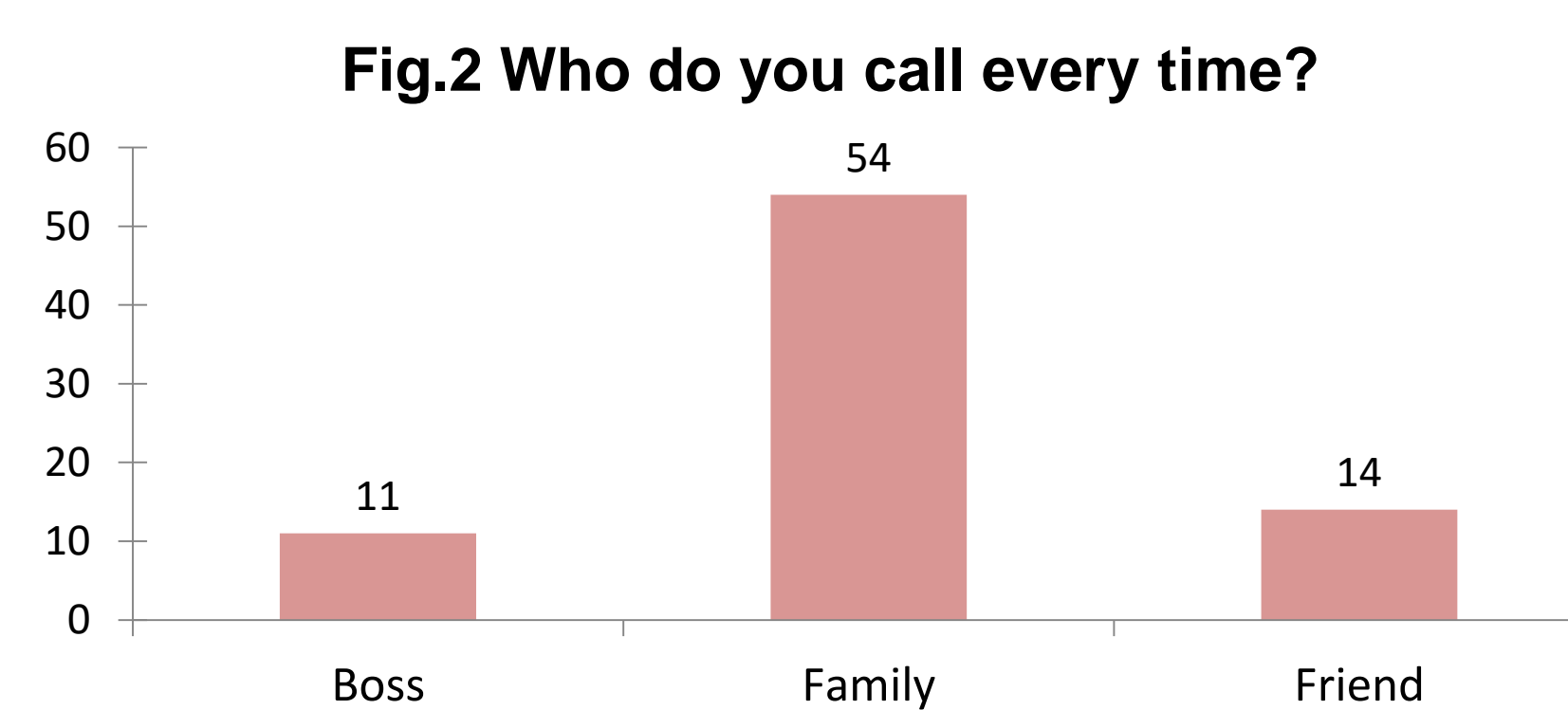
- **STUDY:** MWPs reported they can better understand the phone card top up message via Dr Covid as it is conveyed in their native languages, namely, Tamil and Bengali.



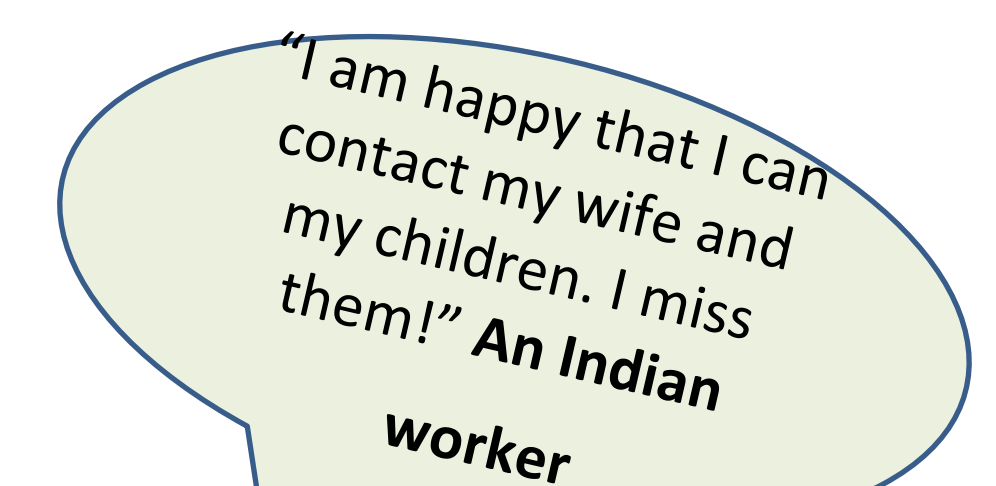
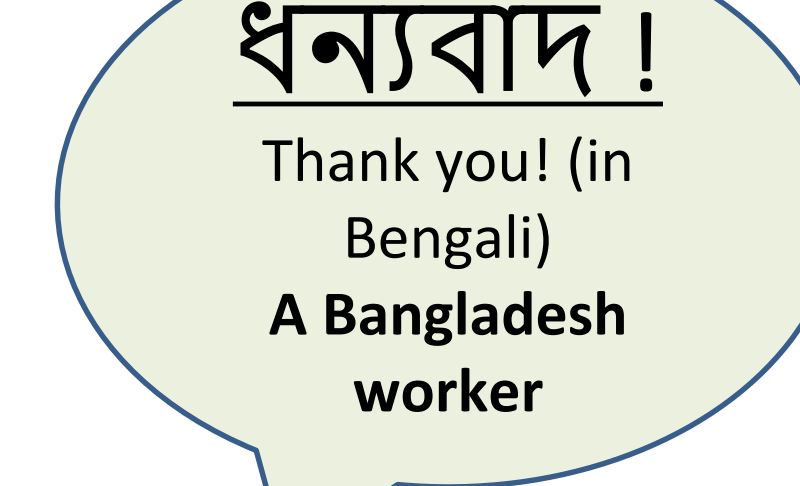
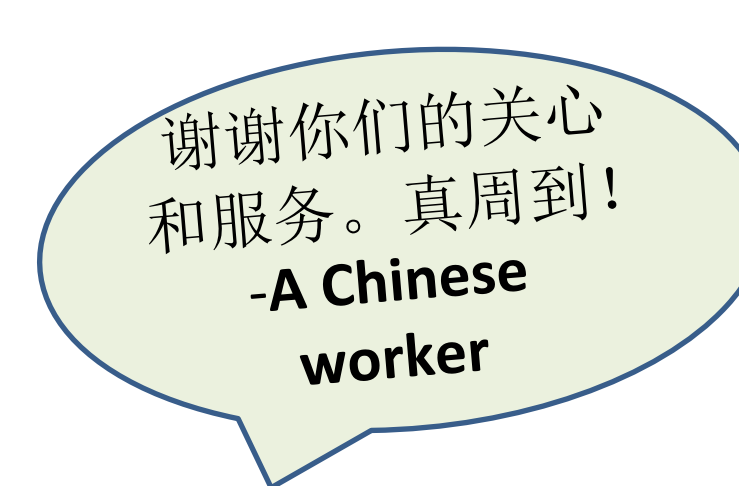
- **ACT:** To continue with Dr Covid broadcast.

Results / Impact:

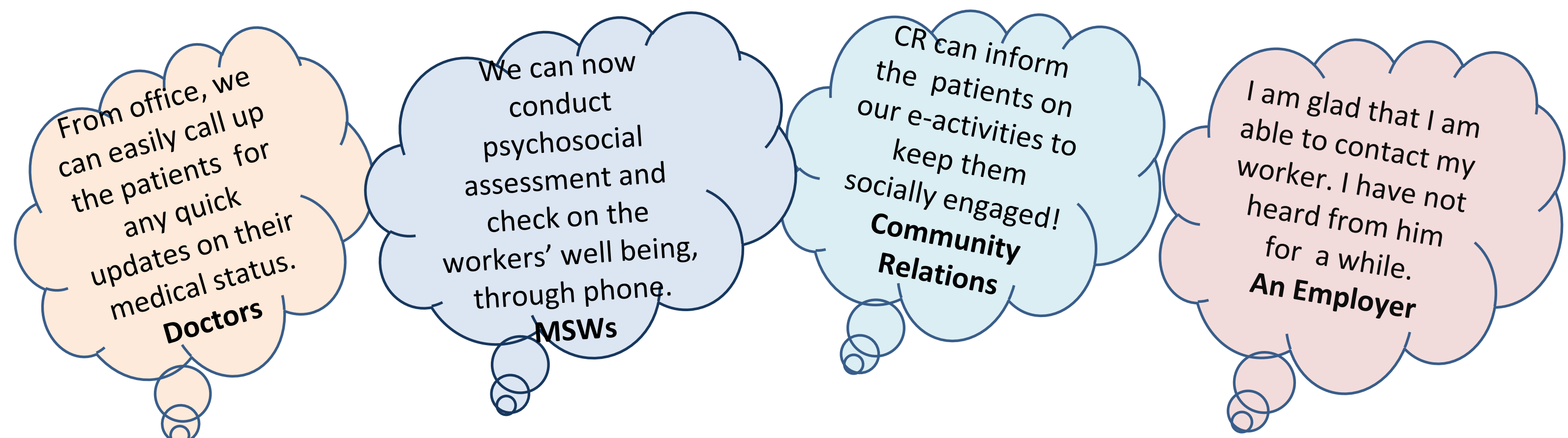
870 MWPs were admitted to BVH from 11 April 2020, and 705 (81%) have benefited from phone top up. The team surveyed 58 MWPs for feedback:



- 93% reported they are happy to be able to keep in touch with their families, who meant much to them
- 100% are thankful and pleasantly surprised for the free phone top up goodwill.



- When phone cards are topped up, it allows staff, friends, and employers to contact the MWPs without much delay and information can be disseminated one to another.



Spread and Sustainability Plans:

1. Learning from BVH, SKCH offered similar phone top up assistance to MWPs when they received MWPs in May 2020.
2. Hospitals and care facilities can consider phone card top up for financially needy MWPs, locals, even the elderly who require longer stay (due to unforeseen circumstances, e.g. a pandemic or serious illness) and feel socially disengaged.
3. This being a meaningful and inexpensive assistance, it is not difficult to get buy-in from potential donors.

Conclusion:

Meeting basic social affiliation needs (Maslow Hierarchy of Needs) of MWPs can contribute to their overall wellness and patient satisfaction experience.