



Bright Vision • Outram • Sengkang

Show Me to Show You

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INTRODUCTION

Dementia is a progressive deterioration of cognitive function which interferes with the ability to perform activities of daily living. There is a need for a more inclusive society and to raise awareness, share knowledge and ensure continuity of care. In SingHealth Community Hospitals, we aim to build a competent multidisciplinary team (MDT) in providing holistic patient care through staff education.

PROBLEM STATEMENT

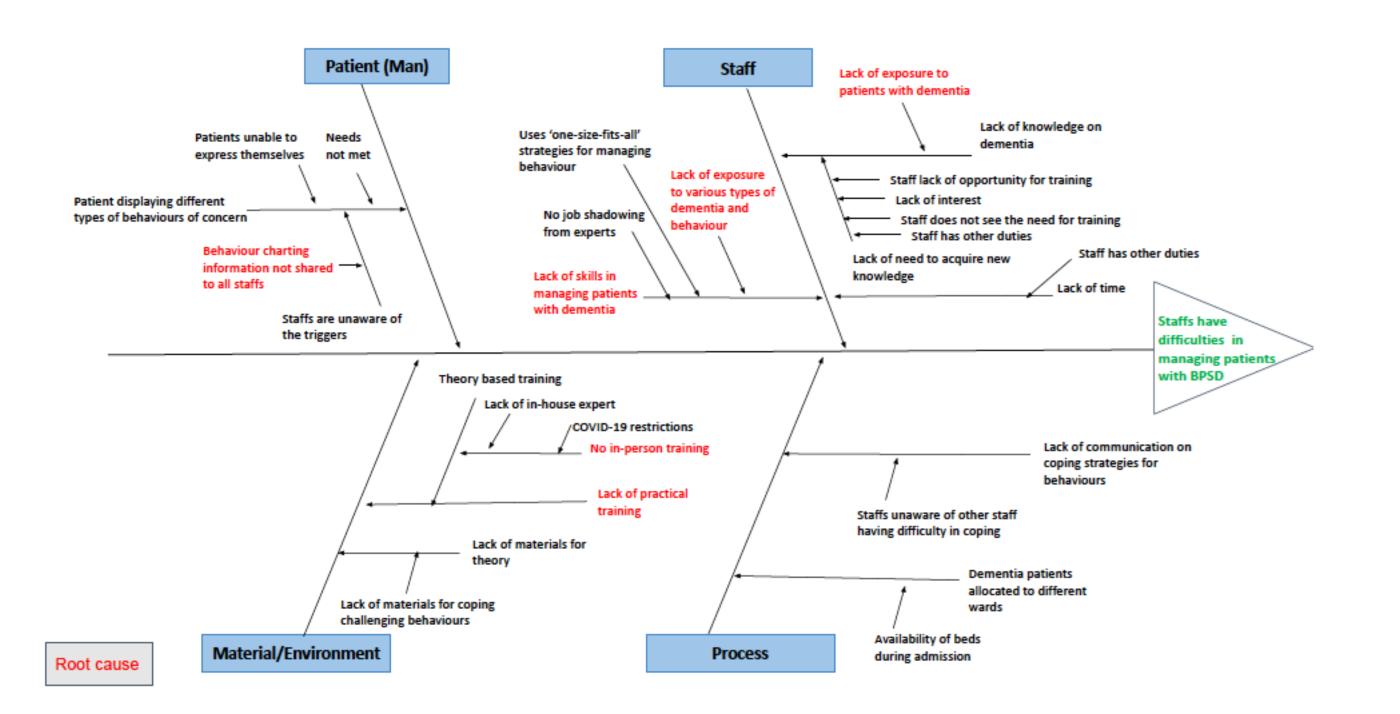
Staffs have difficulties in managing patients with Behavioural and Psychological Symptoms of Dementia.

MISSION STATEMENT

To create a simulation based competency education module on applying Patient-Centred Care (PCC) in Behavioural and Psychological Symptoms of Dementia (BPSD) Management for Allied Health therapists in SingHealth Community Hospitals in 6 months.

FISH BONE

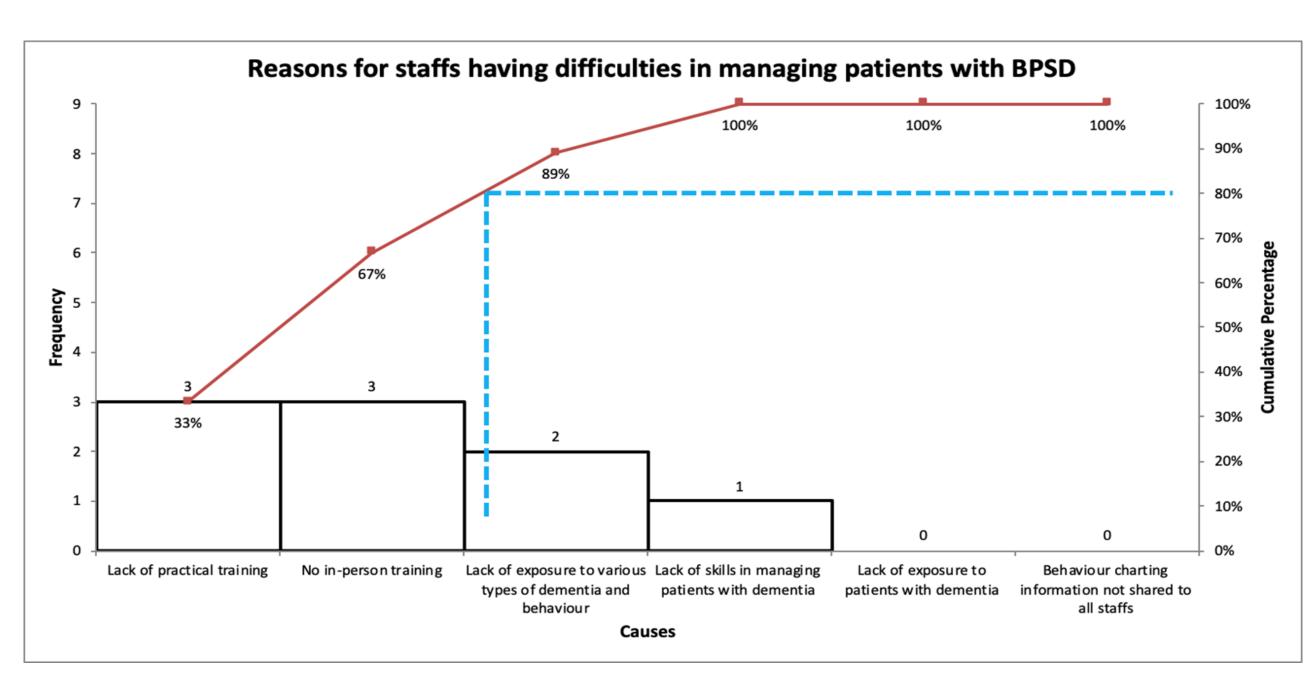
Using a cause and effect analysis, factors contributing to staffs having difficulties in managing patients with BPSD were explored.



PARETO CHART

The team used the pareto analysis and the following main causes were identified:

- Lack of practical training
- No in-person training
- Lack of exposure to various types of dementia and behaviour



METHOD / INTERVENTIONS

Intervention 1: Dementia awareness talk via Zoom

- Conducted inter-professional educational talk to raise dementia awareness
 - No of attendees: 88
- Feedback:
- Learn how to provide care and manage patients with dementia with BPSD
- Dementia Awareness Campaign to spread the awareness in SCH through Electronic Direct Mail (EDM)

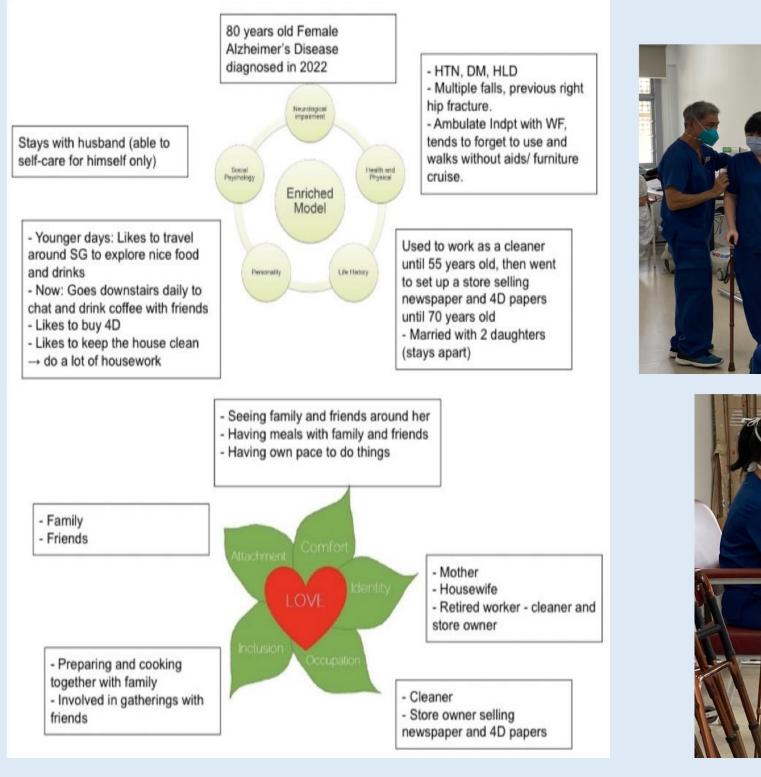
METHOD / INTERVENTIONS

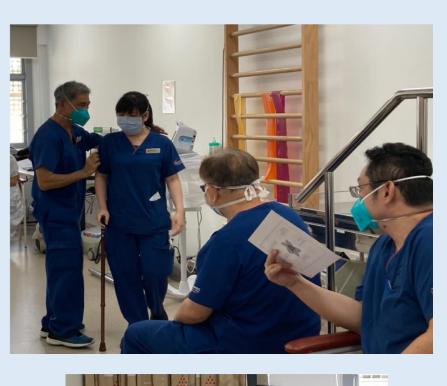
Intervention 2: Lectures

- Conducted face to face sessions to Allied Health Professionals at Sengkang Community Hospital (SKCH) and Outram Community Hospital (OCH)
- Topics focused on person-centred care (PCC), communication strategies and managing behaviours of concern
- Feedback:
 - To learn how to apply the knowledge and manage patients with BPSD

Intervention 3: Practical sessions

- Total of 4 sessions were carried out in SKCH and OCH in 6-months
- Developed personas based on common behaviours of concern seen at work
- Used Enriched Model to allow staffs to apply person-centred care
- Staffs were encouraged to use various communication and treatment strategies to engage and manage the behaviours of concern after understanding the personas





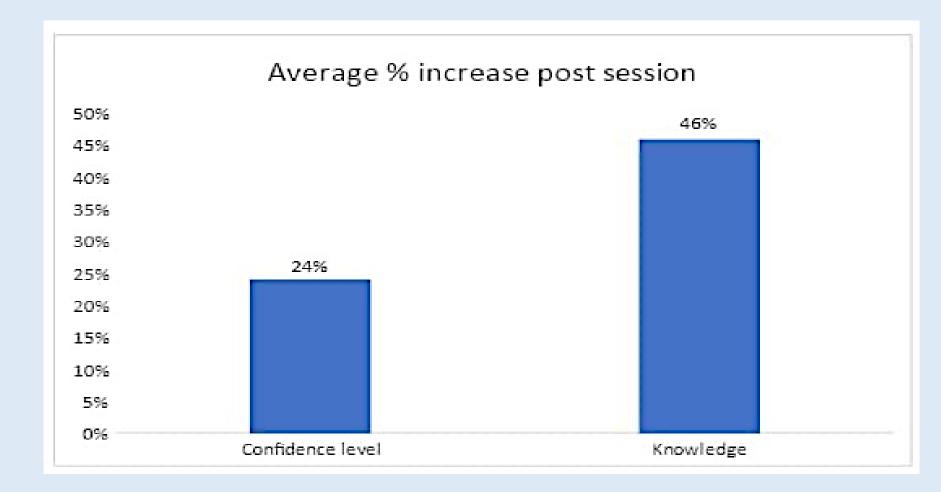




RESULTS

Pre-session and post-session survey questions using Google Forms:

- I am confident in managing patients with BPSD in the ward.
- I have some knowledge on how to manage patients with BPSD.



Qualitative feedback:

- Staffs feel that they have gained more insights and understanding on handling certain situations
- Role-playing allowed the staffs to put their skills and knowledge into practice Areas of improvement:
- Staffs hope for more hands-on practice at a regular basis
- Staffs hope to have more complex persona to practice with

CONCLUSION / FUTURE IMPROVEMENT

Spread:

- SKCH to OCH successfully.
- Aim to spread to the rest of MDT members.

Plans for further enhancement:

- Input from the learning from a course named "Care and Response Training" by Institute
 of Mental Health and a talk "Managing Abusive Situation" conducted by Office of Patient
 Experience.
- Incorporate competency assessment that will enable us to assess the effectiveness of education.

Other educational topics in dementia suggested:

- Aphasia and its management
- Medication and impact on patients
- Managing caregiver stress and education
- Other BPSD like depressed mood, poor motivation/apathy.