



WHILE there are many successful quality improvement projects which have benefited patients and helped to improve processes within departments or units, they often face challenges when spreading and scaling up.

According to the UK's National Health Service, scaling up is the process by which new working methods are tested by an increased number of teams, to increase the degree of belief that they work, and hence overcoming system and infrastructure issues.

Spread is when best practice is disseminated consistently and reliably across a whole system and involves implementing proven interventions in each applicable setting.

But projects often have trou-

ble spreading because of the lack of infrastructure to support change or the unwillingness or inability of others to try



new ideas. Furthermore, during the planning stage many projects do not plan for spreading.

As a result, opportunities to

standardise processes, reduce work duplication and benefit patients are lost.

Last year, NHG developed a programme to help improvement teams spread and scale up their projects throughout the system. The Spread and Scale programme includes a toolkit to help teams design their spread plan from the project's inception.

What are the elements of a successful spread project?

Leadership: Good leadership is an important ingredient for a successful spread project. Leaders at institutions are responsible for identifying and prioritising projects that should be spread. It is also the role of leaders to engage and appoint suitable improvement teams,

and support them with the necessary resources and infrastructure for implementing the project.

Plan from the get-go: The NHG Spread and Scale Toolkit aims to help teams plan for scale-up and spread activity from the beginning. Having a spread plan enables teams to identify the gaps which have to be addressed before spread and scale. These include training and new skill development or even infrastructure changes (e.g. roll-out of a new computer system).

Establish an aim for spread: A spread aim addresses the “who, what and where” of spread. According to IHI, it includes the following components:

- Specific goals that are expected to be achieved
- Target population for the spread activities
- Time frame
- Specific improvements that will be made in the target population

How will the NHG Spread and Scale programme help teams?

The NHG Spread-and-Scale Framework and toolkit supports institution leaders and improvement teams to scale up and spread their projects by outlining a step-by-step approach to achieve improvement throughout the organisation.

A coaching clinic has also been set up to help teams spread their projects effectively. The clinic is held twice a month at NHG HQ where spread teams meet for consultations with mentors. Those who are interested can work with their institution Quality Directors to evaluate if their projects are suitable.

One team that has attended

the coaching clinic is a Spread and Scale workgroup led by Ms Jolina Chua and Ms Joanne Sng from the Institute of Mental Health (IMH). Currently, the workgroup is trying to spread and scale a project which aims to reduce the number of patients with bipolar disorder, schizophrenia and schizoaffective disorder that have to take two or more antipsychotic medications (polypharmacy).

Reducing this number lowers the risk of adverse side effects, drug interactions, and patients taking their medications wrongly.

The decision to spread the project was made after encouraging results of a pilot by a CPIP team from October 2017 to April 2018 conducted in long-stay ward 53A. Through a rigorous deprescribing process - the supervised reduction or stopping of medication that is no longer beneficial or may be harmful - half of the patients recruited for the project reduced

their number and/or dosage of antipsychotics within six months. “This generated interest and increased belief that the proven interventions can benefit more patients in long-stay settings,” said Ms Chua, IMH Deputy Director, Operations (Medical Care and Long Stay).

Her workgroup – comprising a diverse team of pharmacists, Advanced Practice Nurses, doctors and operations staff – was thus formed to implement the proven interventions across long-stay wards, with support from project sponsor, Dr Alex Su, VCMB, Clinical Quality.

However, efforts to spread the project had limited success. As part of the project, pharmacists would first identify a list of patients who were suitable to undergo deprescribing, which would be handed over to the doctors. Doctors would follow up by developing an interventions plan for reduction in either drug dosage or intake frequency. For each interven-



Team photo taken at the Spread and Scale consultation with A/Prof Wong Moh Sim (Deputy Group Chief Quality Officer, NHG). These 5 members are part of a bigger team consisting of 16 members.

“Now, we are constantly looking at ways to make this project more sustainable.”

Ms Jolina Chua, team lead of Spread and Scale project workgroup at IMH

tion, staff would also need to manually record details of the drug titration orders and monitor patients closely to look out for any changes in behaviour, in addition to their usual work. Soon, the project started to take a heavy toll on the ward’s resources.

In September last year (2018), the workgroup met Deputy Group Chief Quality Officer Wong Moh Sim for its first coaching clinic session. They learnt key factors which aid sustainability in spread and scale practices (see sidebar), such as embedding interventions in routine tasks.

With this realisation, the workgroup subsequently reviewed processes to see how they could better support the implementation of their project across other wards. One thing the group did to share workload was to foster closer collaboration between pharmacists and doctors on assessing a patient’s suitability for deprescribing,

KEY TAKEAWAYS



- A. Establish an aim for spread
- B. Design, implement interventions and embed them as part of routine tasks rather than a new process to sustain positive change
- C. It is easier to start the implementation of improvements with small scale demonstrations
- D. Interventions should withstand challenges and variation overtime, through a process of continuous improvement

and developing a deprescribing plan.

The team is still in the process of implementing their spread initiative. The eventual goal is to ensure that all patients across 21 long-stay wards undergo initial screening for anti-psychotic polypharmacy by end of this year (2019).

“Now, we are constantly looking at ways to make this project more sustainable,” said Ms Chua. “Our team is also in the midst of developing a simple guide for other new wards. Hopefully through this guide, they can kick start this project themselves in future.”



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Pitching our voices

TO help long-stay patients with rehabilitation potential reintegrate into society and regain independence, IMH piloted a Slow Stream Rehabilitation (SSR) programme in Ward 53AB.

Under this, a “Self-Check Out” programme allows all patients who are mentally and physically stable to check-in and check-out of the ward by themselves from 9am to 8pm daily. However, after the programme started, the self-checkout outings made it difficult for staff to track patient movement. Sometimes after patients check out, they did not return in time for their scheduled rehabilitation programmes.

To tackle this issue, the ward nurses brainstormed and

came up with individualised time tables for patients and a self-checkout record sheet to monitor patients’ movements.

Since then, patients have become more aware of their schedule and there has been no disruption to scheduled ward rehabilitation programmes. Staff also reported increased work satisfaction from providing an effective solution which improved outcomes.

The improvement to the Self-Check Out programme – made in September 2018 – was one of numerous initiatives enabled in IMH through the formation of Unit-Based Councils (UBCs) – the theme for this year’s IMH Nursing Quality Day, held on 1

February at IMH Lecture Hall.

Underpinned by the Nursing Shared Governance (NSG) principles, UBCs break out of the traditional formal hierarchical structure for nurses and allows frontline clinical nurses and other staff to collaborate and share power, control and responsibility in their work areas. Ideas and recommendations are generated at the unit level and ward staff takes ownership of their unit’s outcomes.

In April 2018, the IMH Nursing Department piloted six Unit-Based Councils (UBCs) in six areas – Emergency Services, wards 24B, 35A, 53AB, 60A, 74AB – for six months. Upon the successful pilot, it was rolled out to all in-



Waves of laughter filled the IMH lecture hall (above) as audience participated in the interactive game segment (left) which emphasised the importance of effective communication, unity and team cohesion.

patient wards and Ambulatory Services in December 2018.

During his keynote address to the 130 attendees, IMH CEO Prof Chua Hong Choon commended the good work and said that he was happy to see the nurses being empowered to take the initiative and lead at all levels.

IMH Chief Nurse Samantha Ong praised the active participation from the nurses and ancillary staff in driving cultural change for patient excellence. She then unveiled the NSG mascot 'PITCH', a massive lips-shaped figure who got its name from the idea of empowering all nurses to 'pitch their voices', together with a logo which symbolises partnership, accountability, ownership and equity.

IMH's nurses further illustrated the transformational power of UBC through a skit, which demonstrated how it has enabled nurses to have a voice in decision-making, and improved patient care and nursing prac-

tices within their units.

The event also included an interactive and entertaining game segment which emphasised the importance of effective communication, unity and team cohe-

sion.

PITCH and the organising committee closed the event on a high note, getting the audience to join them in an adrenaline pumping dance. ☺



PITCH and the organising committee inviting the audience to join them in for an adrenaline pumping dance.