

Mission Statement

To improve the elderly mobility scale (EMS) scores of at least 30% in six months and 50% in nine months of the deconditioned* patients having an EMS score below 10 in Ward 63AB (Long stay Psychogeriatric ward) to a minimum EMS score of 10-13

Team Members

S/N	Name	Designation	Department	Role in this project
1	Venigalla Sumanth Kumar	Head & Principal Physiotherapist	Physiotherapy	Leader
2	Brnth	Activity Nurse	Ward 63A	Member
3	Xu Changqing	APN	Ward 63A&B	Member
4	Neeta Sharma	Senior Physiotherapist	Physiotherapy	Member
5	Doris SH Koh	Assistant Director Nursing	Nursing	Mentor

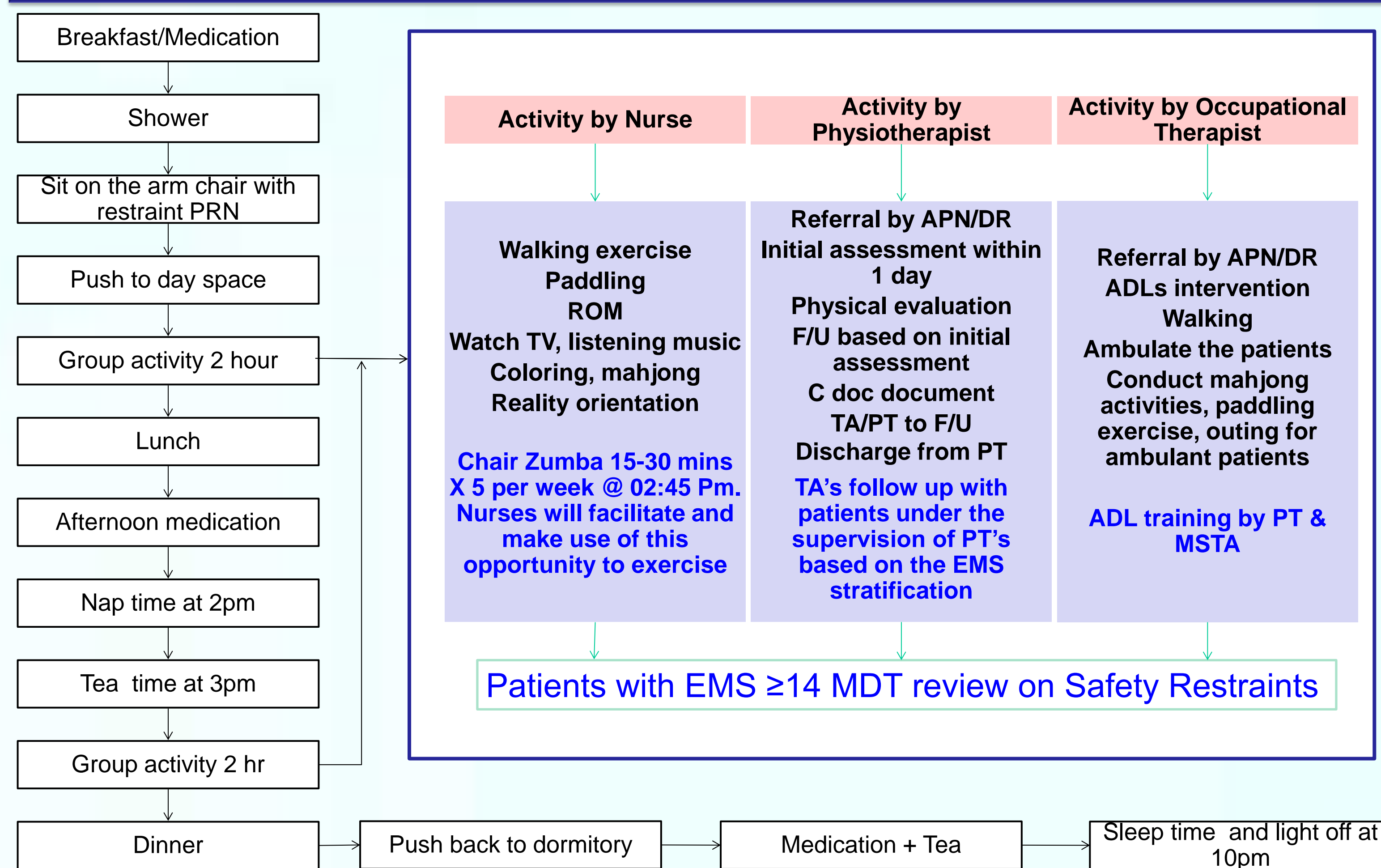
Evidence for a Problem Worth Solving

- 180 Long Stay patients (1000 patients) found to be/having deconditioning
- 27% of the patients in Ward 63A&B have elder mobility scale score of < 10
- Deconditioning can lead to deterioration in functional status with contractures leading to Activities of Daily Living (ADL) dependency and poor quality of life
- Deconditioning and functional decline from baseline was found to occur by Day 2 of hospitalization in elderly patients

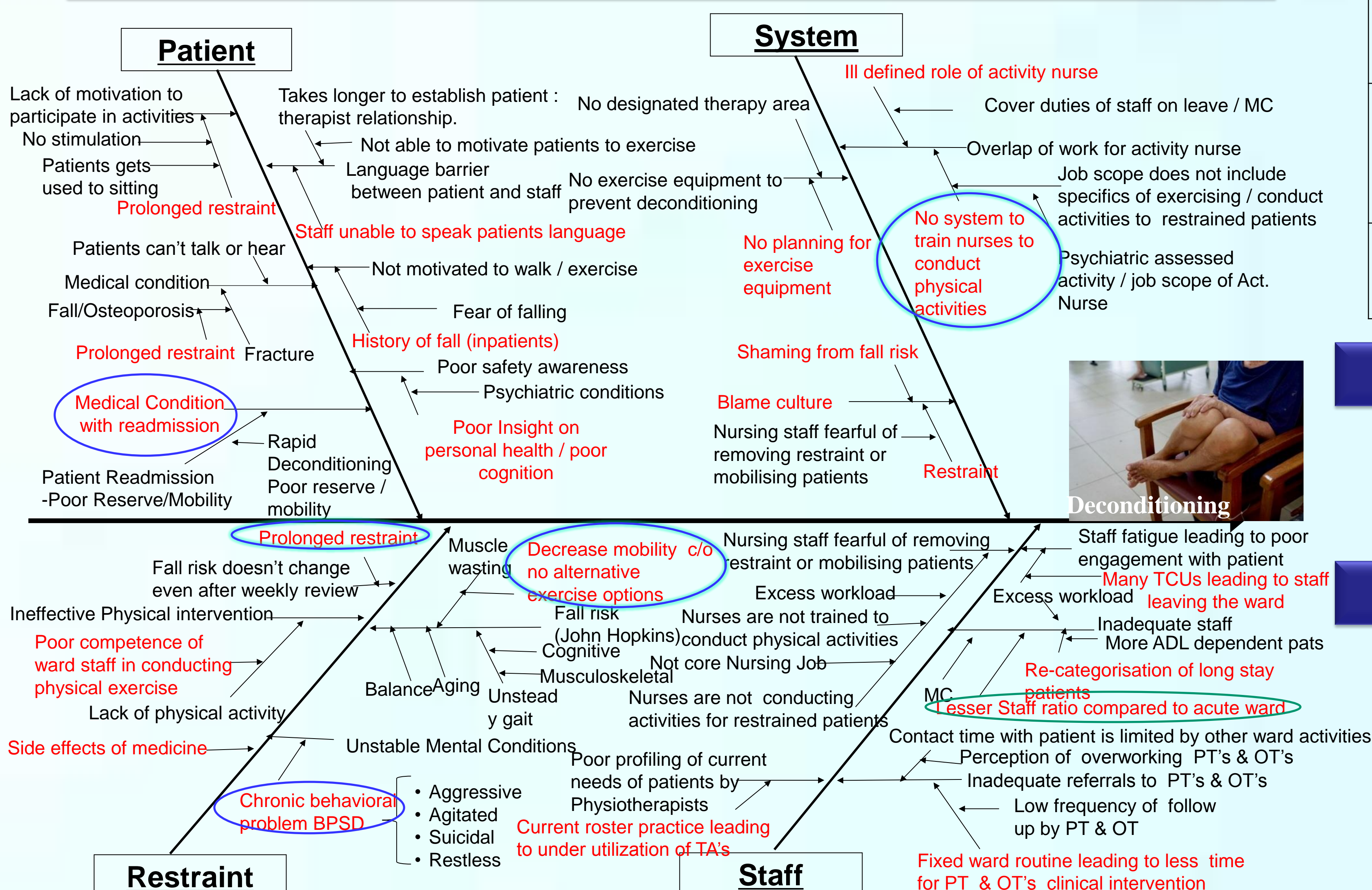
Current Performance of a Process

- Clinical Outcomes - 19% of the patients under this project were off restraints and are allowed to walk independently
- Roll out to 4 other wards with frail and elderly patients from May 2017.
- Fall prevention awareness for ward staff and patients

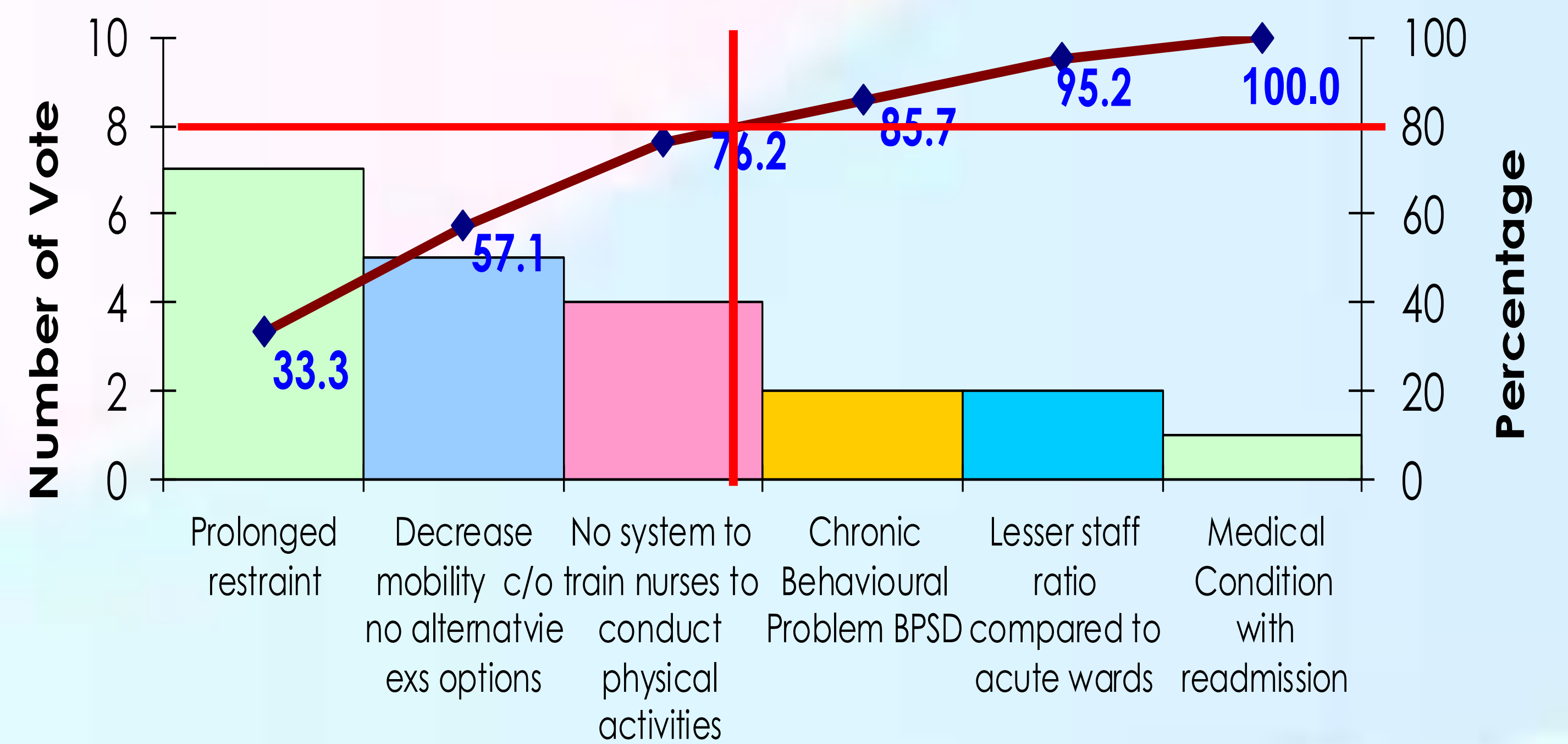
Flow Chart of Process



Cause and Effect Diagram



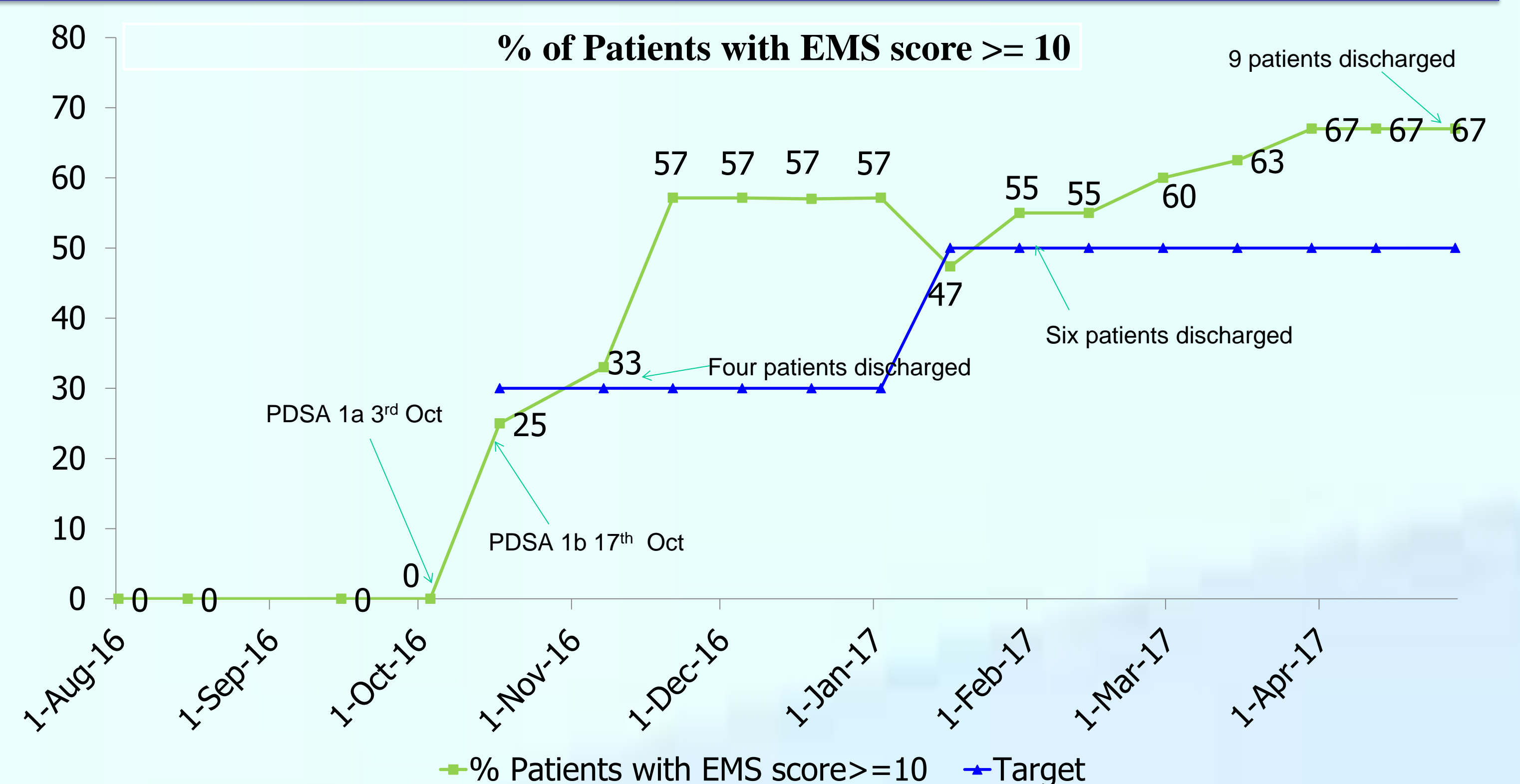
Pareto Chart



Implementation

CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	DATE OF IMPLEMENTATION
No system to train nurses to conduct physical activities	• Competency training in Chair Zumba (In House DVD) • Dedicated time (245pm) to conduct Chair Zumba • Group Chair Zumba 15-30mins X 2 per week) (Charting)	15 Sept 2016
Decrease mobility c/o no alternative exercise options	• Patients Stratification according to EMS scores. • Determine intervention visits according to stratified group requirement by PT, MSTA, Nursing.	24 Oct 2016
Prolonged restraint	• Physiotherapists' to assess if patient is physically at fall risk. • MDT to review pts with EMS ≥ 14 every 2/52 • Decide if patient should continue to be on safety restraint	27 Oct 2016

Results



Cost Savings

Cost Details	
Avg annual manpower cost* of entry level Physiotherapist (PT)	\$41,600
Avg annual manpower cost* of Therapy Assistant (TA)	\$26,400
Annual cost savings of hiring a TA vs PT	\$15,200 (\$42,600 - \$26,400)

Problems Encountered

- ✓ Had technical issues playing Exercise DVD with the ward player.
- ✓ DVD player had to be replaced.

Strategies to Sustain

- ✓ Therapy Assistants were trained and certified competent to perform EMS score independently.
- ✓ Quality KPI tied to individual Physiotherapists performance indicators.
- ✓ Roll out to 4 other wards with frail and elderly patients from May 2017.