

Holistic Patient Evaluation through Communal Activities and Rehabilitative Engagement (HOPE & CARE)

A patient-centric intervention with a better multidisciplinary team

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Mission Statement

The Palliative Care Team aims to provide patient-centric care that improves the quality of lives of our patients through a cohesive and productive multidisciplinary team (MDT).

Evidence for a Problem Worth Solving

Fragmentation of care and ineffective silos

- Professionals work in individual silos, with lack of communication, multiple handovers and avoidable repetitions in care provision.

Spending time away from patients

- Multi-disciplinary meetings (MDMs) unfortunately does not involve patients.
- MDMs also take away precious patient contact time every week.

The **Wall** between us and our patients



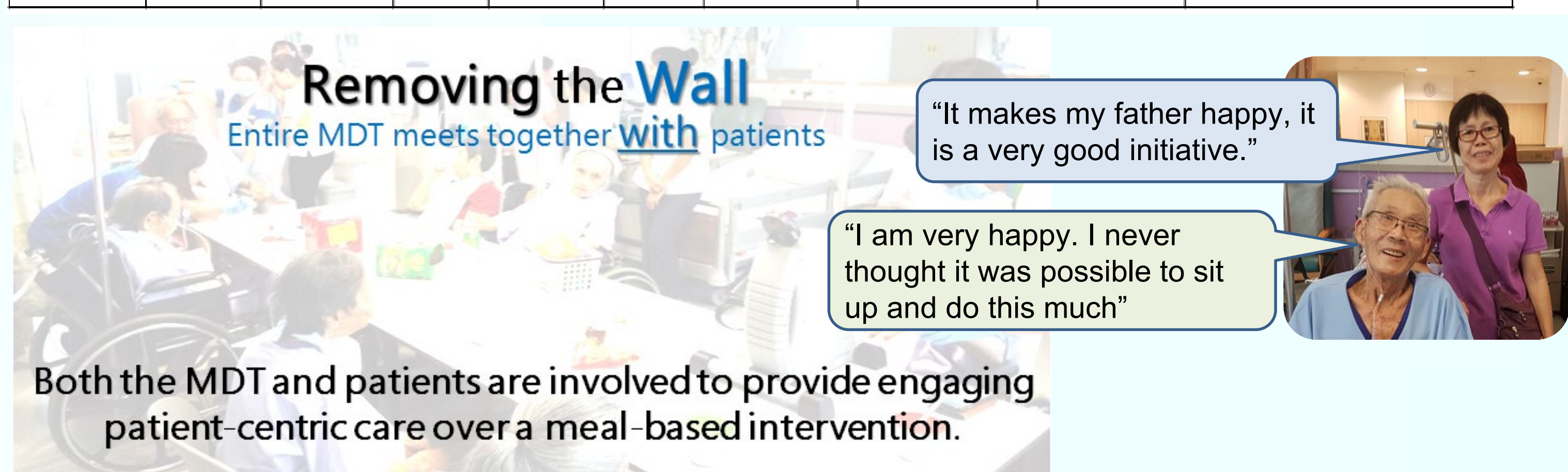
MDT lacks understanding & trust

- MDT usually only gathers once a week for a MDM and does not review patients together.
- Within the MDT, understanding of what each profession does is not well understood.
- Overall, the team lacked a common purpose and coordination.

Current vs Changed Process

Patient-centric and Cost effective care

Patient Example	AM	Timeline of day – Interventions received	PM	Remarks	Cost to Patient
Before	Miss A: Unengaged	[Nurse, Doctor]		Basic medical care with potential gaps in care needs	\$
	Mr B: High rehab needs but low tolerance	[Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW]	[Nurse, Doctor]	Will benefit from more rehab, but too tired to participate	\$\$
	Mdm C: High rehab needs, good tolerance	[Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW]	[Nurse, Doctor]	Insufficient care. Has capacity to participate in more	\$\$
After	Miss A: Better engaged	[Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW]	[Nurse, Doctor]	Screened by entire MDT. This ensured fewer gaps in care	\$
	Mr B: Receives more and tolerates better	[Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW]	[Nurse, Doctor]	Able to tolerate all the necessary interventions	\$\$
	Mdm C: Able to get sufficient care for high needs	[Nurse, Doctor, PT, OT, ST, Dietitian, Pharmacist, MSW]	[Nurse, Doctor]	Receive more interventions in the same amount of time	\$\$\$

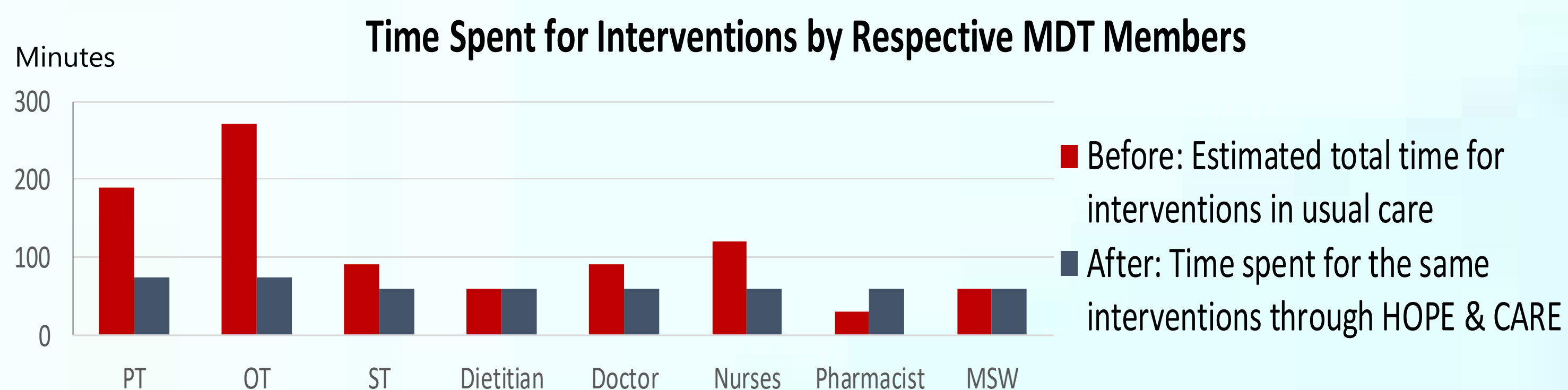


Removing the Wall
Entire MDT meets together **with** patients

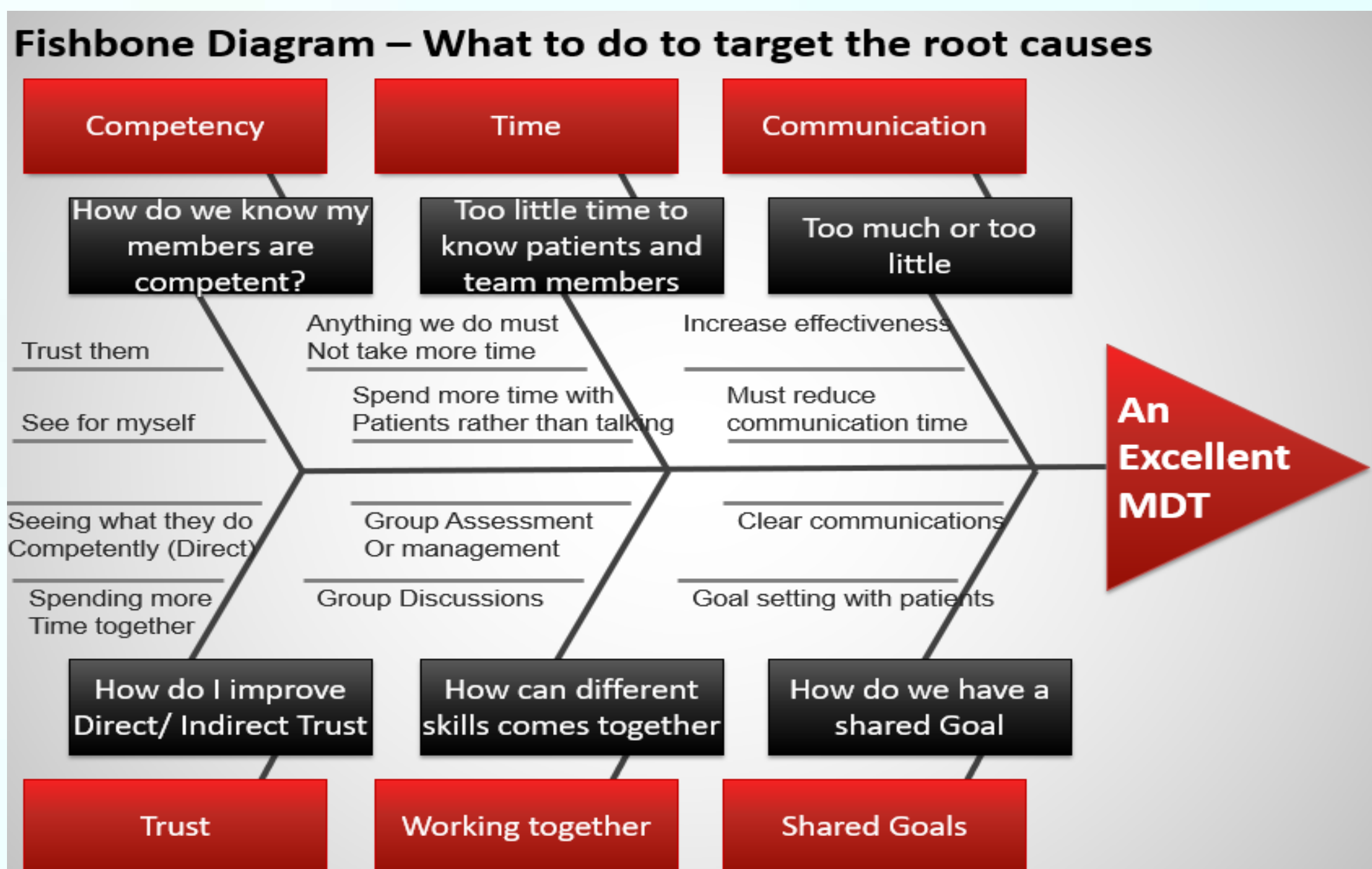
Both the MDT and patients are involved to provide engaging patient-centric care over a meal-based intervention.

Improved productivity of MDT

Productivity rate improved by 180%. An average total of 400 minutes was saved for the MDT each session. The MDT performed more clinical interventions in the same amount of time.



Cause and Effect Diagram



We addressed all six key root causes by using a single intervention – HOPE & CARE.

Results

Measures Used:

Patient and Caregiver Survey	Staff Satisfaction Survey	MDT Trust and Understanding Survey	Time saved by MDT
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Result 1: Increase in MDT Trust & Understanding*

Components	Before	After	Definition
Ability	68%	90%	Trust in skills and competencies of the Partner
Benevolence	70%	91%	Trust that Partner will act positively
Integrity	82%	93%	Trust that Partner adheres to accepted principles
Working well	78%	90%	Reciprocal understanding of each other's role

* Based on NTU Business School Healthcare Trust Survey

Result 2: Satisfied Patient, Caregiver and Staff

Patients and Caregivers Survey

More interaction with MDT	50%	50%
Felt more independent	10%	60%
Initiative was engaging	10%	60%

Staff Survey

Knows patients better	21%	29%	50%
Makes patients happy	8%	21%	71%

■ Strongly Disagree ■ Disagree ■ Disagree somewhat ■ Neutral ■ Agree Somewhat ■ Agree ■ Strongly Agree

Benefits to our Patients and MDT

- Spending time with patients
- Patients reassured & gaps in care minimised
 - Patients see the MDT working in synergy and communicating
 - Professionals can immediately cross-assess/consult with colleagues
 - Patients, caregivers and families get updates from entire team
- MDT work together, learn and grow stronger
 - Better understanding of what each professional does
 - Cross functional roles – Tap onto each others' expertise better
 - Coordinated care – Opportunities to learn and complement one another

Problems Encountered

Following each H&C session, an after-action review (AAR) is done to gather feedback from staff, patients and their family.

Example of problem	Solution
No designated role during H&C for each team member	A structured work flow devised by each team member to facilitate better flow of the session. Even when various championing team members are away, colleagues who replace them would be able to undertake the task with ease.
Lack of variety of snacks provided	We liaised with YCH kitchen and dietitian to have healthy snacks for H&C. Additionally, the Soup Spoon sponsored some sessions with soup.
Participants were bored	For example, we included music and singing in some sessions and brought in more interactive table-top games such as 'pop-up pirate' and 'Bingo'.

Strategies to Sustain

Standardisation

- New clinical workflows created in place of old workflow and embedded in Ward D68
- Intervention is embraced by staff in Ward D68

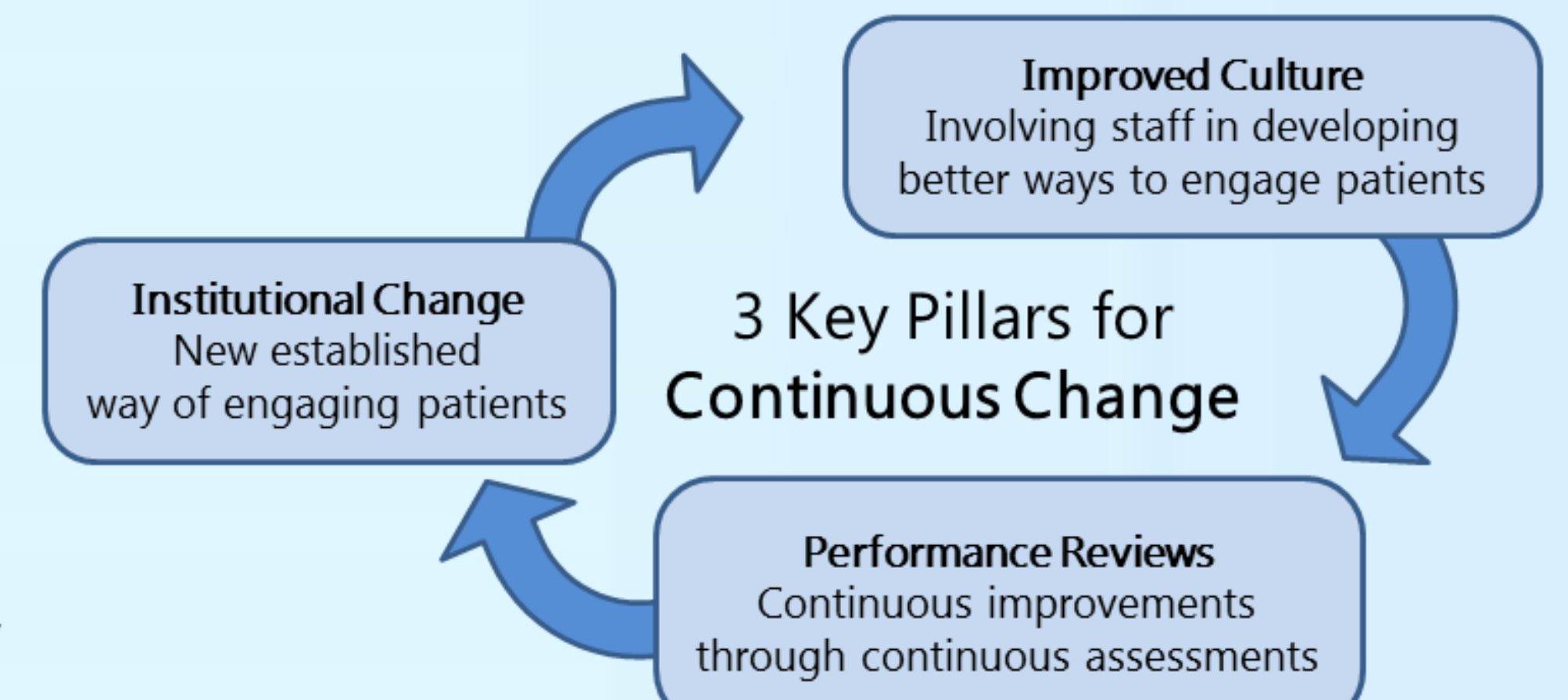
Creating awareness, sharing and learning

- Initiative featured in:
 - Grand winner in 'Better, Faster, Cheaper, Safer' category in annual Yishun Health Campus Kaizen Festival 2018
 - KTPH aha magazine 2018 (July-August Issue)
 - Singapore Hospice Council *Hospice Link* Journal 2018

Improved productivity without utilising extra resources

Learning from barriers

- Early communication of outcome measures to team members reduces staff resistance
- Uncertainty due to change of staff is reduced using workflow



Team Members

	Name	Designation	Department
Team Leader	Mr Clement Liew Qiu Bo	Physiotherapist	Rehabilitation Services
Assistant Leader	Ms Choo Wan Ling	Speech Therapist	Rehabilitation Services
Team Members	Ms Nurashikin Bte Sidek	Nurse Manager	Ward D68
	Ms Chan Sue Mei	Principal Dietitian	Nutrition & Dietetics
	Ms Ang Hwee Yee	Occupational Therapist	Rehabilitation Services
	Dr Caroline Lim Huey Wen	Senior Staff Physician	Medical Services
	Ms Han Peishan Mina	Senior Occupational Therapist	Rehabilitation Services
	Ms Mabel Ong Pei Yu	Speech Therapist	Allied Health Services
	Ms Lim Siao Ee	Senior Medical Social Worker	Medical Social Service
	Ms Tan Li Ting	Senior Pharmacist	Pharmacy Inpatient
Advisor	Dr Laurence Tan Lean Chin	Consultant	Geriatric Medicine