

## CHI Learning & Development System (CHILD)

### **Project Title**

Improving Patients' Recovery Expectations and Satisfaction In Jurong Community Hospital (IMPRESS-JCH)

### **Project Lead and Members**

Project lead: Dr Alvin Ong

Project members: Ms Nurzahidah Md, Ms Lilian Lim, Ms Evonne Ng, Ms Patricia Lim

### **Organisation(s) Involved**

Jurong Community Hospital

### Aims\*

To increase pilot ward CO9 patients' positive ratings for "understanding of admission reason" and "satisfaction with frequency of updates" to ≥87% (average positive ratings of remaining 6 determinants) by 30 April 2019

### Background

See poster appended/below

### Methods

See poster appended/ below

### Results

See poster appended/ below

### **Lessons Learnt**

The arrangements made within the multi-disciplinary team coupled with standardised EMR communication and regular updates to the patient significantly improved patient satisfaction without compromising staff satisfaction



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### Conclusion

See poster appended/ below

### **Project Category**

Care & Process Redesign

## Keywords

Jurong Community Hospital, Service Design, Quality Improvement, Improvement Tools, Ishikawa, Plan Do Check Act, Patient Satisfaction Survey

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# IMPROVING PATIENTS' RECOVERY EXPECTATIONS AND SATISFACTION IN JURONG COMMUNITY HOSPITAL (IMPRESS-JCH)

MEMBERS: DR ALVIN ONG, MS NURZAHIDAH MD, MS LILIAN LIM , MS EVONNE NG, MS PATRICIA LIM

# ✓ PRODUCTIVITY✓ PATIENT EXPERIENCE☐ QUALITY

☐ VALUE

■ SAFETY

## **Define Problem/Set Aim**

### **Problem Statement**

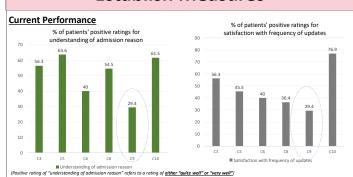
Jurong Community Hospital's (JCH) Patient Satisfaction Survey is conducted monthly by an independent survey company to measure the level of patient satisfaction using predetermined domains. Between October 2017 to February 2018, an average of 49.6% of the respondents rated JCH as having met expectation of recovery. However, determinants of satisfaction/expectations were not explicit.

A focus group was conducted with 8 patients to obtain inputs on patients' expectations/ priorities, followed by a quantitative survey of 78 inpatients across 6 wards to identify patterns. 8 determinants of patient satisfaction with recovery were established. 50% and 47% of surveyed patients rated the determinants "understanding of admission reason" and "satisfaction with frequency of updates" as positive respectively, reflecting inadequate communication in these areas.

#### Aim Statement

Our aim is to increase pilot ward C09 patients' positive ratings for "understanding of admission reason" and "satisfaction with frequency of updates" to ≥87% (average positive ratings of remaining 6 determinants) by 30 April 2019.

### **Establish Measures**



We have also developed the following measures to help us assess the interventions' effectiveness in relation to the above outcome measures:

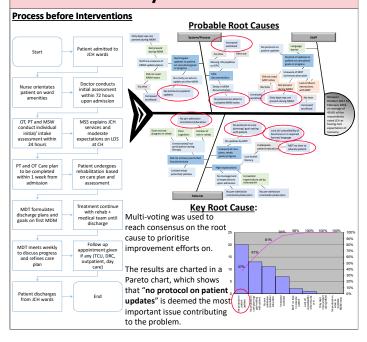
### Process measures

- % of patients being updated on care plan post-weekly multi-disciplinary meeting (MDM) within 2 working days
- % of patients given explanation on admission reason, review frequency etc. within 24 hours of admission

### **Balancing measures**

- % of patients receiving adequate explanation of rehabilitation goals/ progress
- · Staff satisfaction score

# **Analyse Problem**



#### **Select Changes** Probable Solutions **Selected Solutions** oot Cause 1 Assign multi-disciplinary team (MDT) member during protocol on weekly MDM to address relevant care issues and update patient of care plan within 2 working days patient <sup>2</sup> Appoint specific MDT members to explain admission reason, review frequency, estimated length of stay etc. within 24 hours upon admission 2 3 Regular update of communication booklet placed at 4 Standardise EMR communication templates via SmartTexts 5 Weekly family conference 6 Orientation kit 7 Therapists to update patient weekly on rehabilitation

## **Test & Implement Changes**

	<u> </u>			
#	PLAN	DO	STUDY	ACT
1	Share proposed systemic "Do First" interventions with leaders and clinical staff.  3 weeks pilot at ward CO9 starting 11 February 2019.  Start bi-weekly sampling patient survey and staff audit on improvement measures on 20 February 2019.	End of 3 weeks: Outcome measures improved significantly.	Disproportionate larger assignment of post-MDM updates were given to Occupational Therapists (OT).  Lesser negative (verbatim) feedback was received from patients during this period.	Will remind senior team members to ensure fair allocation of post- MDM updates. Repeat PDSA cycle.
2	Continue pilot for 2 weeks.  Conduct staff satisfaction survey at the end of cycle.	End of 2 weeks: Outcome measures and process measure were on a declining trend.	Staff who covered the ward temporarily were not familiar with the interventions.  Sub-optimal handover of interventions during change of team/ staff.  Most post-MDM updates were assigned to doctors during this period, and they usually update patients on Fridays.	
3	Continue pilot for 5 weeks.	End of 5 weeks: Outcome measures maintained ≥ 80%.	Positive feedback from patients and staff.	No further intervention needed.
120 100 80 60 40 20	No of patients' positive ratings for understal reason  Testion 15 to 2015; Use of standardised  EMR communication template  S3.3  - Cool  - Median  15 - Libraria 20 - Libraria 20 - March	100 100	11 Feb 2019: Use of standardised	

## **Spread Change/Learning Points**

Based on the survey results collected from patients and staff, we found that the proposed interventions significantly improve patient satisfaction without compromising staff satisfaction. The patients are appreciative of the regular updates. The staff and leaders concur with the positive effects brought by the interventions and are supportive of the measures.

For the next phase, the interventions will continue at ward CO9 (with collection of feedback from MDT members on improvement pointers/ challenges faced).

A second ward will be selected to run the PDSA cycle. The intention is to determine the feasibility and sustainability of the interventions prior to full implementation to all wards.

Ng Teng Fong General Hospital Jurong Community Hospital Jurong Medical Centre

