

Project Title

Improving Staff Confidence and Communication with Family Members

Project Lead and Members

Project lead: SSN Lee Hong Wei

Project members: SSN Nuruljannah Binte Mohd Tahar, SSN Angelin Chin Chye Chien,

Ag ADON Ms Ng Wei Wei, NC Rajaletchumi D/O Raja Singam

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing

Applicable Specialty or Discipline

Inpatient Ward B9 (Private)

Project Period

Start date: September 2021

Completed date: February 2022

Aims

To cultivate the habit of updating patient's family in the department, and in the process alleviating the anxiety which may be felt by family.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

In times of an ongoing pandemic where visitation policies are ever changing, regular updates from the ward nurse may be able to alleviate the anxiety felt by family.

Conclusion

See poster appended/ below

Project Category

Care Continuum

Inpatient care

Care & Process Redesign

Quality Improvement, Workflow Redesign

Keywords

Communication Update Template /Checklist

Name and Email of Project Contact Person(s)

Name: Rajaletchumi D/O Raja Singam

Email: Rajaletchumi_Raja_Singam@nuhs.edu.sg

IMPROVING STAFF CONFIDENCE AND COMMUNICATION WITH FAMILY MEMBERS

- SAFETY
- PRODUCTIVITY
- QUALITY
- COST
- PATIENT EXPERIENCE
- TEAMWORK
- COMMUNICATION

Project leader :SSN Lee Hong Wei,
 Project members: SSN Nuruljannah Binte Mohd Tahar
 SSN Angelin Chin Chye Chien
 Project Sponsors: Ag ADN Ms Ng Wei Wei, NC Rajaletchumi D/O Raja Singam

Define Problem, Set Aim

Problem/Opportunity for Improvement

Patient's family members express frustration as lack of updates and being unable to visit family due to extended Covid-19 pandemic restrictions.

Quantify the problem:

Staff confidence in communicating or updating family on patient's condition was inadequate

Define the scope of the problem:

Ward Nurses, Ward B9 private, period from September 2021 to February 2022

Explain the cost of the problem:

Patient's family members verbally complaint during first call of updates saying they have been waiting since admission for an update. Patient's family write in to service quality to complaint that no updates on patient's condition were given.

Aim

To cultivate the habit of updating patient's family in the department, and in the process alleviating the anxiety which may be felt by family.

Establish Measures

Outcome measure

Reduce number of complaints from family pertaining to not receiving updates after patient have arrived in ward 9 private.

Process measure

Nurse in charge must update the patient family in a timely manner.

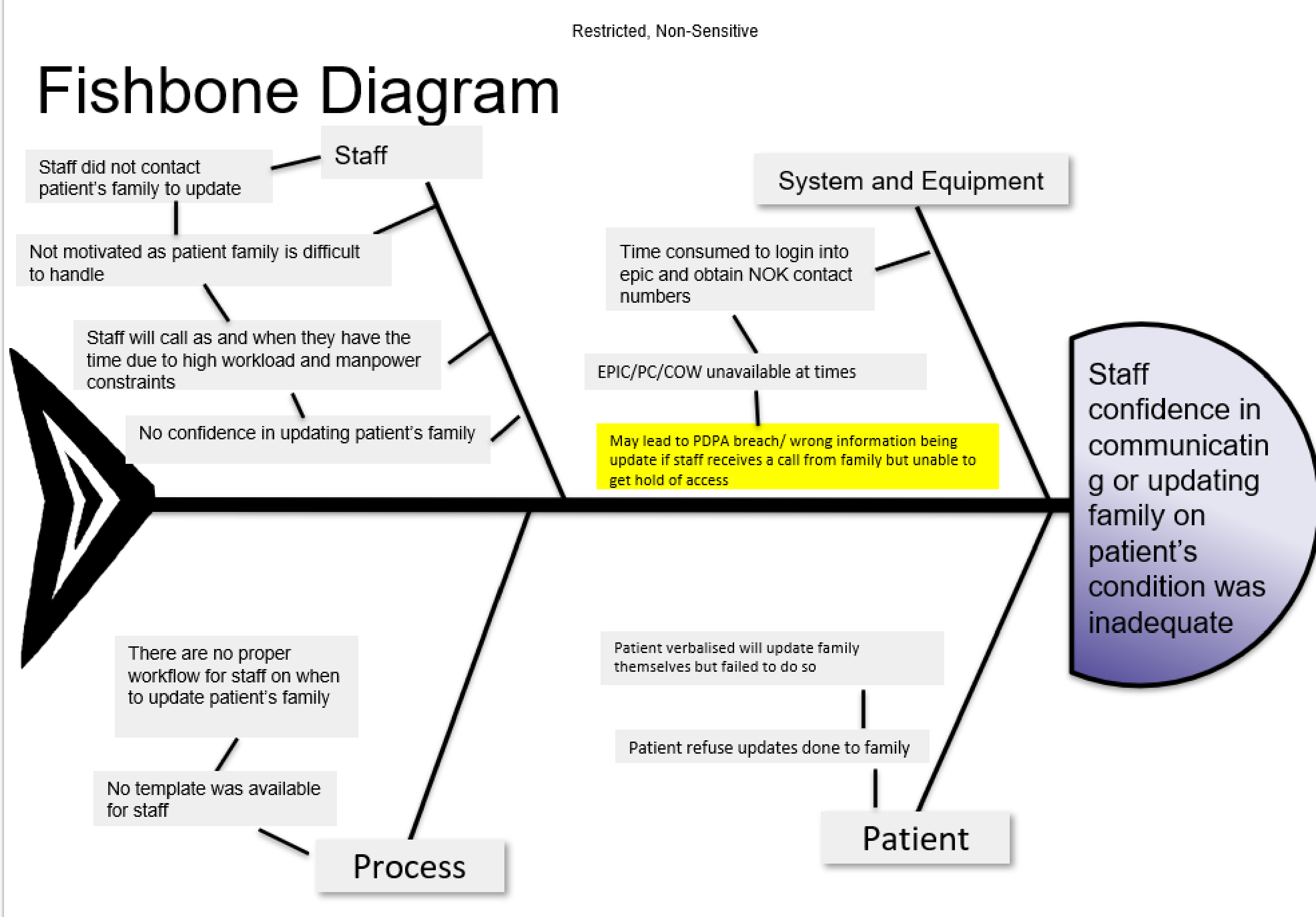
Balancing measure

Staff nurse in charge to patient ratio did not change 1 RN : 7 patients

Analyse Problem

What is your process before interventions?

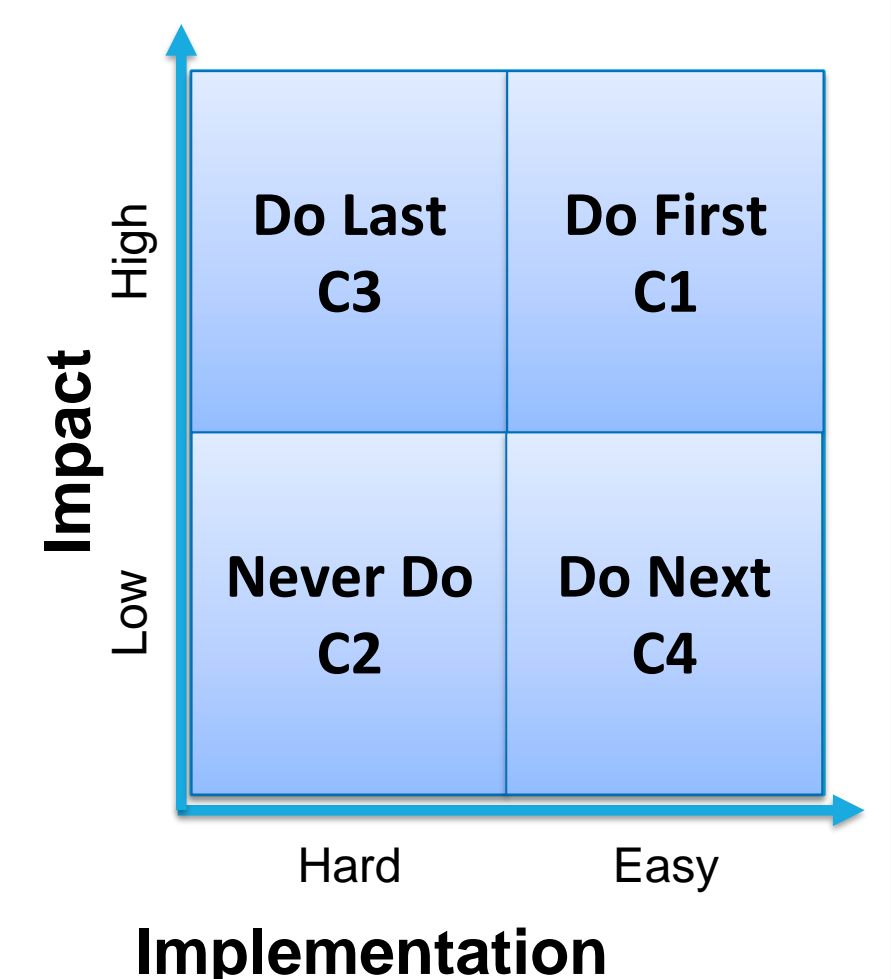
Draw the process steps in a flow chart



Select Changes

What are all the probable solutions? Which ones are selected for testing?

Main cause	Possible Solutions	
Information	C1	Creating a common guided checklist on list of things to update family on
	C2	Provide communication skills module to boost up staff confidence level
	C3	Provide standard time frame to update family
	C4	Daily check of patients notes to ensure family have been updated if not done so



Test & Implement Changes

How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
	What is the aim of this cycle? What do you need to do before you execute the test change? (Who, What, Where, When)	Was the test change carried out as planned? What are the feedback & observations from participants?	What are the results? Use run charts to illustrate. What did you learn from this cycle?	What is the conclusion from "Study"? What is your plan for the next cycle (adopt / adapt / abandon)?
1	On 3rd October 2021, the nursing team carried out changes C1 and C4 in Ward 9 Private.	Test change was carried out as planned. Audits was carried out weekly by our team to check compliance rate. Survey was also done to get feedback from our ward nurses. Suggestion to include verification of 2 patient 's identifier and visitation policy into the checklist. Positive feedback received regarding easy usage and standardized template for all nurses.	Over 90% of staff responded positively to the implementation and compliance to the use of the template to update family. Providing RN an update using smart phrases ; help nurses by reducing time spent to type out a long communication notes. A standardized template makes the staff more confident to update family as they can easily refer to the points in the template to discuss with family.	Part of the ward nurse personal practices already included updating family but no standardized template available.
2	On 10th October 2021, the nursing team carried out changes C3 in Ward 9 Private.	Provide a standardised time frame to update family, to be performed within 24 hours of admission and every 72 hours there after.	As standardized time frame was given to nurses to update family, The number of complaints from patient and family not getting timely update had reduced.	Introduced updated checklist to staff in roll call. And implement use of checklist in other wards

Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

Implementation of the template will be applicable to general wards. Management will be involved in disseminating information of the implementation to be adopted by other wards.

What are the key learnings from this project?

In times of an ongoing pandemic where visitation policies are ever changing, regular updates from the ward nurse may be able to alleviate the anxiety felt by family.

A challenge faced is that the Nurse in charge will spend some time in ensuring the chart is updated timely and require some time to update patient's family.