Project Title

Improving Enrolment of Residents to The Care Connector Service and Care Connector Morale

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Allied Health, Administration

Applicable Specialty or Discipline

Community Operations

Aims

Community Operations aims to improve the monthly enrollment rate by at least 70% by March 2022.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- It is necessary to reinvent and innovate strategies during the COVID 19 crisis.

- To engage and enroll the residents, strengthening partnership with key partners is key.

- Care Connector (CC) morale is improved by empowering and involving them in the planning process. As CC contribute to shaping the CC service, their capacity and confidence increased. Additionally, work value and meaning is important to CC.

Conclusion

See poster appended/ below

Project Category

Care Continuum

Preventive Care, Community Health

Keywords

Care Connector Service, Enrolment

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IMPROVING ENROLLMENT OF RESIDENTS TO THE CARE CONNECTOR SERVICE AND CARE CONNECTOR MORALE

MEMBERS: LEE HEE HOON, JESSLYN CHONG, ZENG HUI HUI, HO BEE HONG, CHEW TEE KIT, CHIN CHI HSIEN, DR ESTHER TAN, KATHERINE TAN, NUR SUAIBAH, NASEEMA BANU, SIM LING LING, ALVIN LEE, CHEE JIA YI, PROF LIOW CHEE HSIANG

☐ SAFETY
✓ QUALITY
☐ PATIENT EXPERIENCE
✓ PRODUCTIVITY
☐ COST

Define Problem, Set Aim

The Care Connector (CC) service aims to connect ≥40 years old residents in Bukit Batok SMC to essential care in the community. By enrolling in the CC service, residents are checked-in regularly for a year to review their needs.

To enroll the residents, CCs engage them during health fairs in the community, in the activity ageing centres (AAC) and through door-to-door outreach conducted by student volunteers. However, the engagement sessions were affected by the COVID-19 Safe Management Measures. CCs faced challenges in enrolling new residents to the service as activities were suspended and residents were encouraged to stay at home.
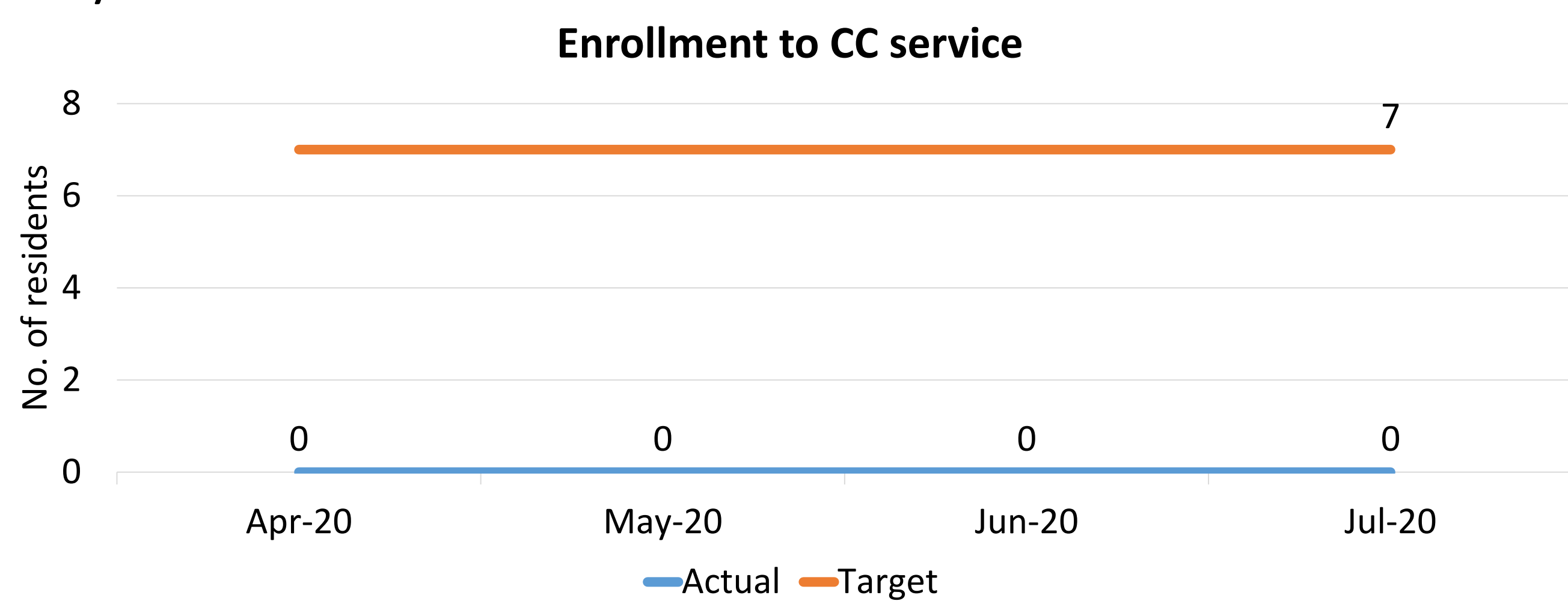
Problem
There were no residents enrolled to the CC service between April 2020 – July 2020. The low enrollment rate resulted in low team morale.

Aim
Community Operations aims to improve the monthly enrollment rate by at least 70% by March 2022.
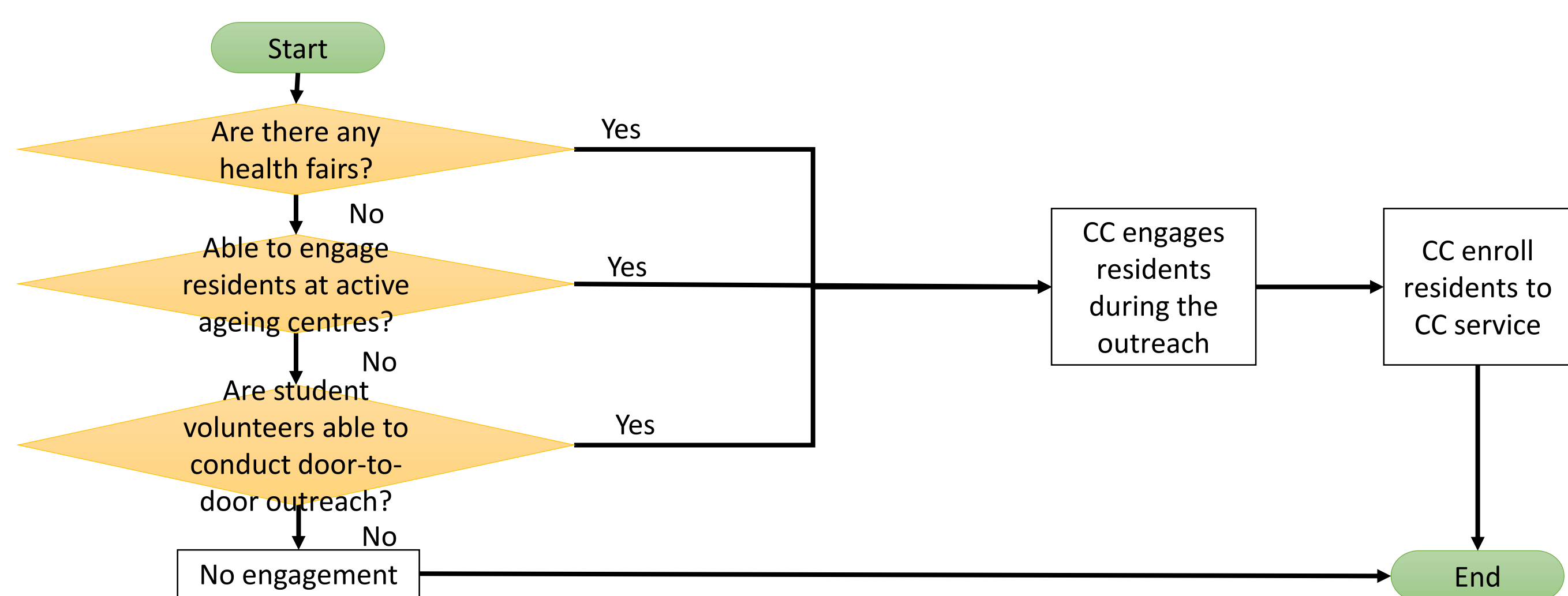
Establish Measures

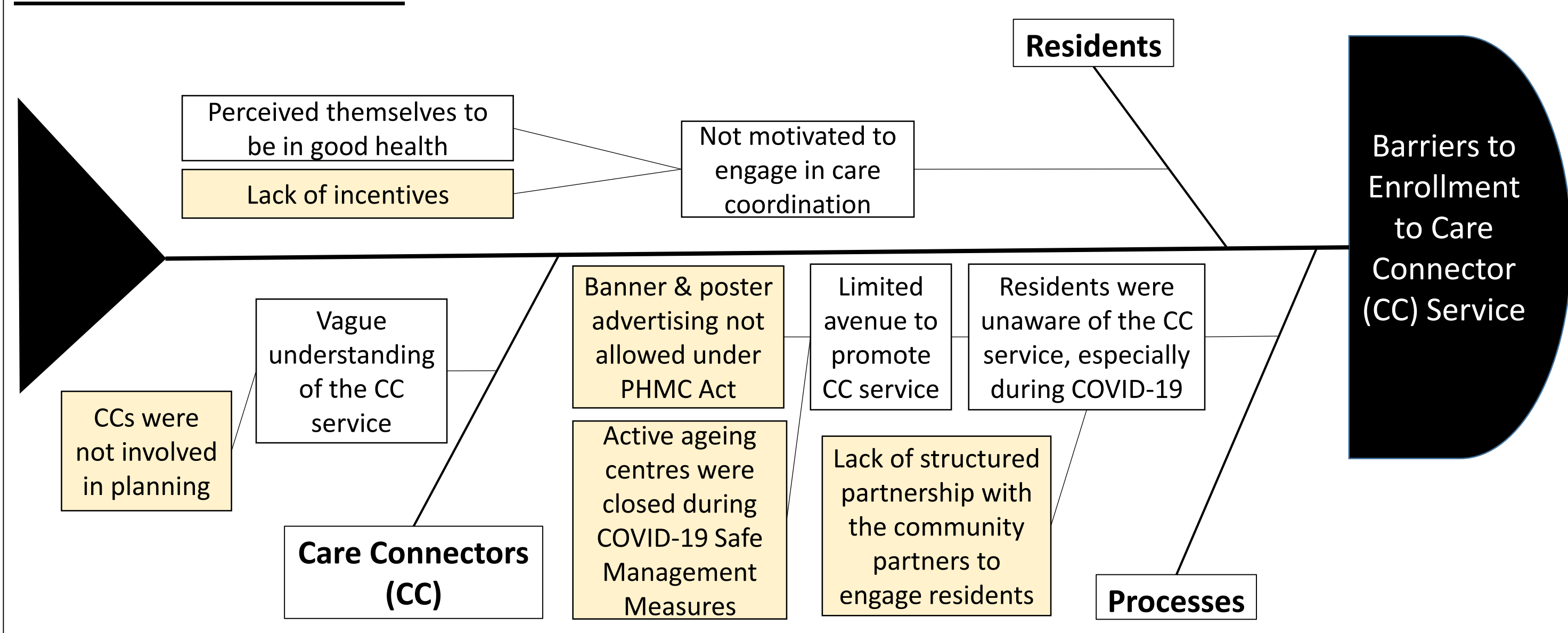Outcome measure: number of (unique) residents enrolled in the CC service monthly

Enrollment to CC service

(Line chart, "No. of residents" y-axis 0–8; Apr-20: Actual 0, Target 7; May-20: 0; Jun-20: 0; Jul-20: 0, Target line at 7. Legend: Actual, Target)

Analyse Problem

Existing process before interventions

Start → Are there any health fairs? — Yes → CC engages residents during the outreach → CC enroll residents to CC service → End
- No → Able to engage residents at active ageing centres? — Yes → (to CC engages residents during the outreach)
  - No → Are student volunteers able to conduct door-to-door outreach? — Yes → (to CC engages residents during the outreach)
    - No → No engagement → End

Residents and CCs' insights were sought via semi-structured interviews conducted in 2020

(Fishbone diagram: "Barriers to Enrollment to Care Connector (CC) Service")

Residents
- Perceived themselves to be in good health
- Lack of incentives
- Not motivated to engage in care coordination

Care Connectors (CC)
- CCs were not involved in planning
- Vague understanding of the CC service

Processes
- Banner & poster advertising not allowed under PHMC Act
- Active ageing centres were closed during COVID-19 Safe Management Measures
- Limited avenue to promote CC service
- Lack of structured partnership with the community partners to engage residents
- Residents were unaware of the CC service, especially during COVID-19

Select Changes

Root Causes	Potential solutions from residents & CCs	Ease	Impact
Residents: not motivated to enroll due to the lack of incentives	To roll out a token of participation system to encourage residents to participate	1	4
CCs: vague understanding of the CC service as they were not involved in planning stage	To engage CCs to define CC service and set a common goal	2	3
Process: lack of structured partnership with the community partners	To strengthen partnership with grassroots and community partners and to reach out to more residents systematically	4	1
Process: Active ageing centres (AAC) were closed during COVID-19 Safe Management Measures	To identify and engage residents in settings other than AAC	3	2
Process: banner & poster advertising are not allowed under PHMC Act			

1 – easiest to implement and highest impact; 4 – most difficult to implement and lowest impact

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1 (since Aug '20)	Roll out a token of participation system to encourage residents to enroll to the CC service.	Tokens were issued upon enrollment. Residents appreciated the token of participation.	The system did not increase the enrollment rate significantly; incentives may not be sufficient.	Adapt: To encourage more enrollments, participants will receive a token for referring other residents to CCs.
2.1 (Sept '20)	Conduct virtual meet-up with residents in the Active Ageing Centre (AAC) to increase enrollment.	CCs met more residents through virtual meetings.	Virtual meetings did not increase enrollment rate significantly as some AAC were still closed.	Adapt: To engage other community partners to directly engage & enroll residents.
2.2 (since Jan '21)	Share about the CC service with grassroots, AIC, ComCare & SGO and their needy residents.	Community partners found value in care coordination; needy residents were referred directly to CCs.	Number of enrolled residents increased significantly through community partners' referral.	Adopt: CCs will continue to work with community partners to engage & enroll residents.
2.3 (since Dec '21)	CCs to conduct door-to-door outreach personally to enroll the hard to reach residents.	CCs enrolled needy and hard to reach residents via the outreach.	Number of enrolled residents increased significantly & CC found value in helping the hard to reach residents.	Adopt: CCs will systematically engage all Bukit Batok residents via door-to-door outreach.
3 (since Dec '20)	Define the directions of the CC service as a team with the help of a public health expert from SSHSPH.	A theory of change and logic model illustrated how CCs' effort and future interventions leads to the goal.	By prioritizing decisions, CCs focused efforts on valuable work; CCs felt rewarded to work towards a common goal.	Adopt: CCs will provide their valuable inputs in the planning of the CC service; decisions will prioritise interventions that leads to the goal.
4 (since Nov '21)	Collaborate with Allied Health Professionals who has touch points with Bukit Batok residents to increase enrollment.	CCs worked with the Medical Social Workers (MSW) to identify and enroll residents opportunistically.	Number of enrolled residents increased significantly through MSW's referral.	Adopt: CCs will continue to work with MSWs to engage & enroll residents.

Enrollment to CC service

(Line chart of "No. of residents" Apr-20 to Mar-22, Actual vs Target. Values: Apr-20 0, May-20 0, Jun-20 0, Jul-20 0, Aug-20 1, Sep-20 7, Oct-20 4, Nov-20 6, Dec-20 11, Jan-21 32, Feb-21 9, Mar-21 6, Apr-21 7, May-21 0, Jun-21 9, Jul-21 16, Aug-21 7, Sep-21 7, Oct-21 15, Nov-21 15, Dec-21 25, Jan-22 18, Feb-22 7, Mar-22 15. Target line at 7. Annotations:)
- Cycle 1 (since Aug '20) Token of participation
- Cycle 2.1 (Sept '20) Virtual meet-ups at AAC
- Cycle 3 (since Dec '20) Defining directions of the CC service
- Cycle 2.2 (since Jan '21) Collaboration with community partners
- Cycle 4 (since Nov '21) Collaboration with MSWs
- Cycle 2.3 (since Dec '21) Door-to-door outreach
- No engagement due to COVID-19 Phase 3 Heightened Alert

Spread Changes, Learning Points

Learning points
- It is necessary to reinvent and innovate strategies during the COVID-19 crisis.
- To engage and enroll the residents, strengthening partnership with key partners is key.
- CC morale is improved by empowering and involving them in the planning process. As CC contribute to shaping the CC service, their capacity and confidence increased. Additionally, work value and meaning is important to CC.

Ng Teng Fong General Hospital

Jurong Community Hospital