

Project Title

Improving Interdisciplinary Psychological Assessment in Migrant Workers

(The IPAMS project)

Project Lead and Members

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Organisation(s) Involved

SingHealth Community Hospitals

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

Medical Social Workers

Project Period

Start date: Jul 2020

Completed date: Aug 2020

Aim(s)

- At the end of our project in 3 months, hope to increase the proportion of frontline staff who routinely assess for psychological distress, and have high self rated scores for familiarity and skill in managing psychological distress to from <70% to 90%.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Additional Information

Singapore Healthcare Management Congress 2022 – 2nd Prize (Patient Experience category)

Project Category

Care Continuum, Population Health, Mental Health, Preventive Care, Health Promotion

Care & Process Redesign, Quality Improvements, Workflow Redesign

Keywords

Mental Health, Well-being, Psychological Stress, Distress, Mental Health Assessment, Surveys, Workflow Redesign.

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Singapore Healthcare Management 2022

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Bright Vision • Outram • Sengkang

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Background of the problem

BVH is caring for large numbers of dorm-dwelling migrant workers as a Community Isolation Facility. Local research shows they are at baseline increased risk of psychological distress due to negative social determinants of health. Lockdown, social isolation, halting of work and financial difficulties arising exacerbated this.

Some patients developed psychological crises leading us to reflect and identify care gaps. Whilst Family Medicine emphasize anticipatory, patient-centred, holistic care, this was affected due to our conversion to a COVID-19 facility.

In a survey of our frontline staff (doctors, nurses and medical social workers) to identify gaps in our management of patient's psychological health, only:

- 62% routinely assess for psychological distress in the patients under their care
- 69% are familiar with what questions to ask when assessing for psychological distress in their patients
- 65% feel they are skilled in the management of patients with psychological distress

Mission Statement

At the end of our project in 3 months, we hope to increase the proportion of frontline staff who routinely assess for psychological distress, and have high self-rated scores for familiarity and skill in managing psychological distress to from <70% to 90%.

Analysis of problem

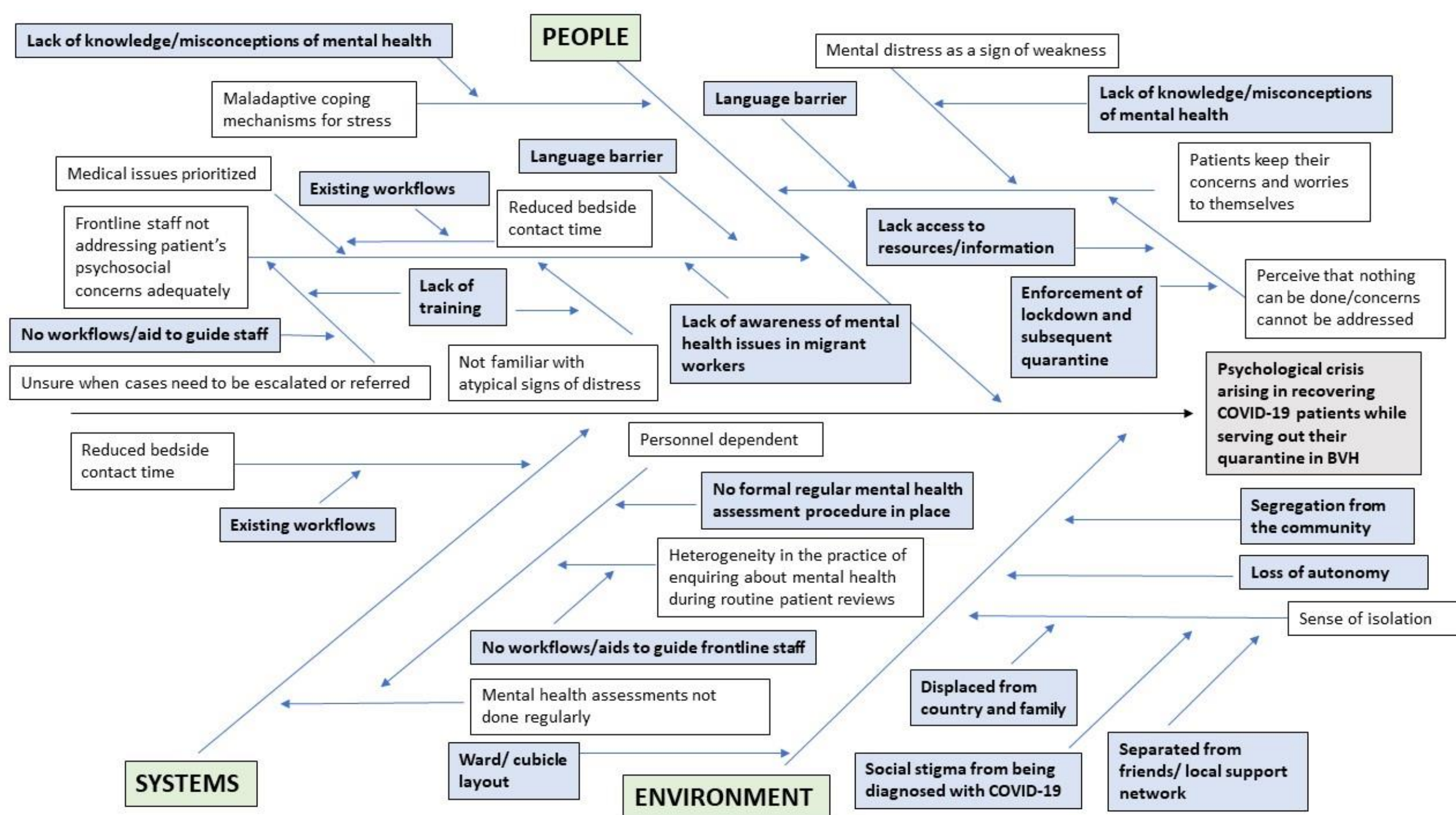


Figure 1

Using the Ishikawa diagram as an aid for root cause analysis, we listed 15 root causes for the problem of psychological distress arising in recovering COVID-19 patients serving quarantine in BVH.

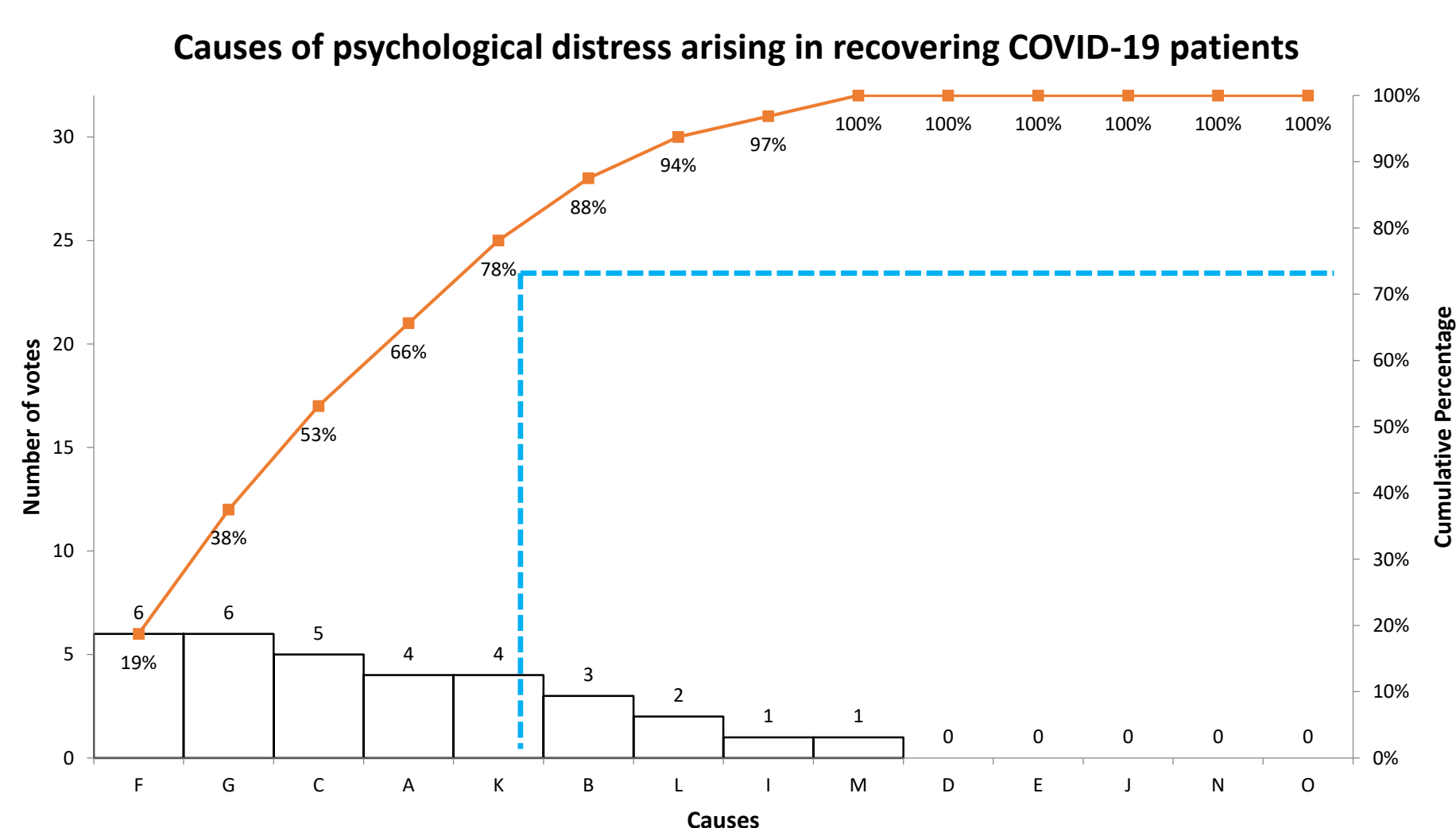


Figure 2

After 2 rounds of pareto voting, we identified 4 main causes that we felt contribute significantly to the problem and which we can potentially intervene to improve:

1. No formal regular mental health assessment procedure in place
2. No workflows/aids to guide frontline staff in timely assessments, interventions and referrals
3. Patient's lack of knowledge/misconceptions of mental health
4. Language barrier

Figure 3: Migrant brothers filling up the questionnaire while a staff nurse looks on to assist in clarifying any questions they might have.

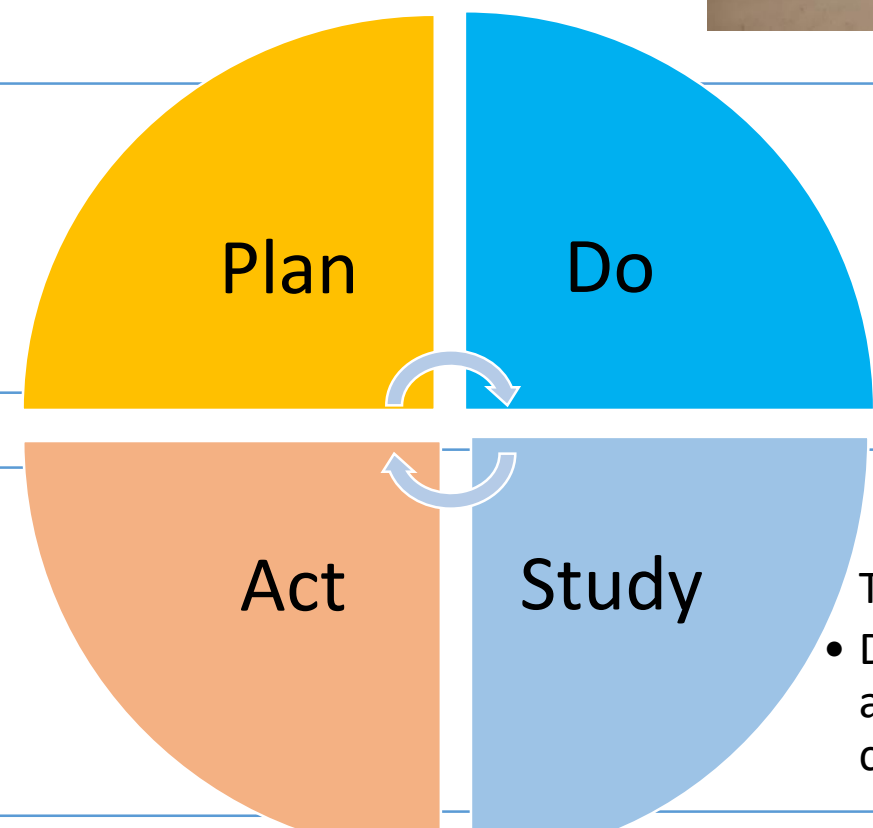


Interventions/Initiatives

1) Mental health assessment workflow and mental health history taking aid

1st cycle:

- Introduced a multi-lingual questionnaire to facilitate history taking of patient's mental health and psychosocial stressors in the wards (Fig. 5)
- Introduced new workflow (Fig. 4)



- Pilot exercise on 16th July 2020 involving 1 cubicle of existing patients in Respect ward, Bright Vision Hospital
- Feedback from interdisciplinary team collected

- Modification to workflow and questionnaire
- Training sessions organized
- Second PDSA cycle

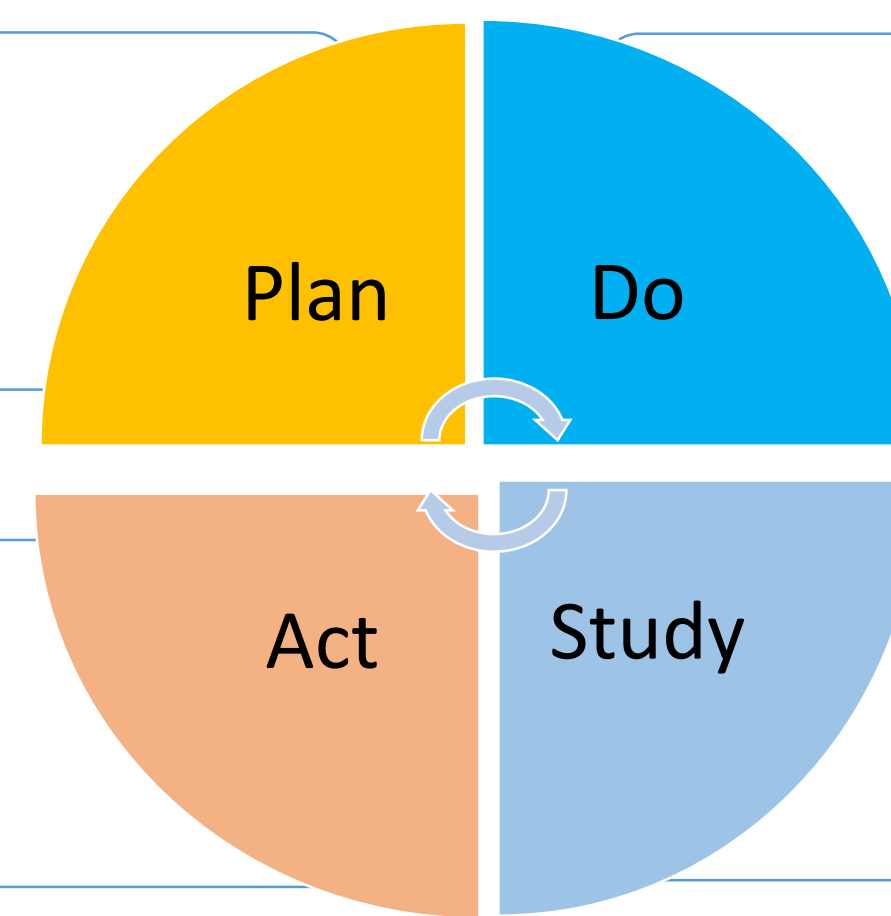
- Time spent in cubicle by staff increased.
- Differences in interpretation of questionnaire answers and following steps of escalating cases recommended by workflow

Figure 4

Figure 5

2nd cycle

- Modified process of collecting and documenting questionnaire answers (Fig 5)
- Teaching and familiarization session for frontline staff involved

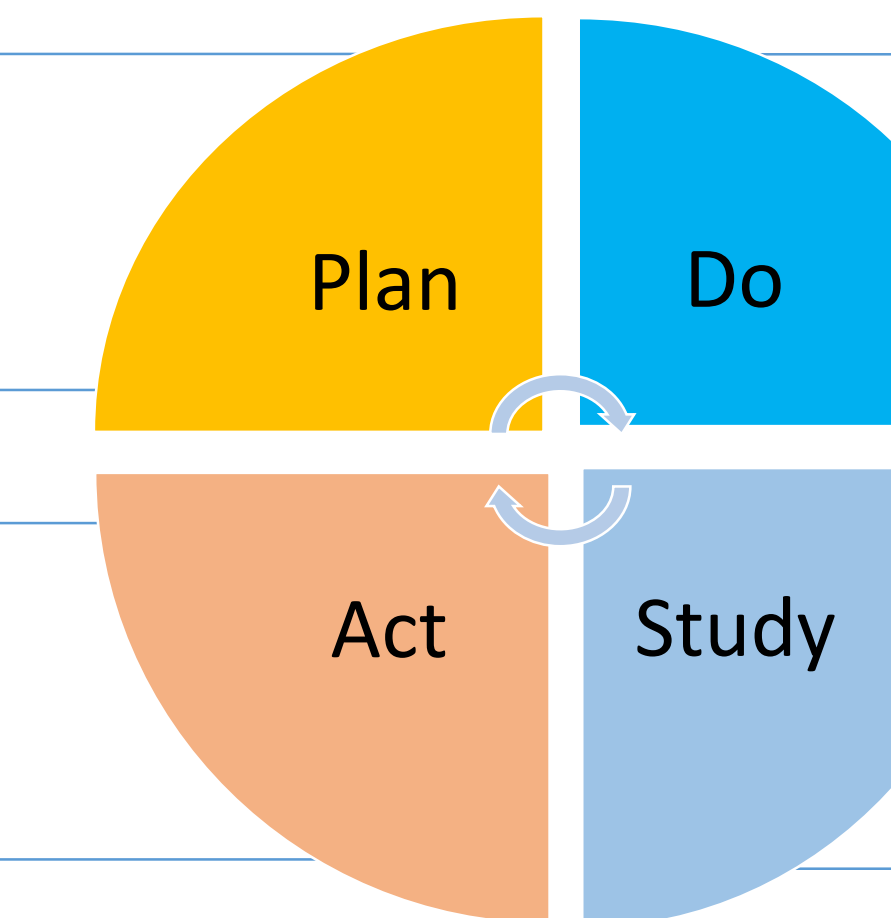


- Second cycle from 27th to 2nd August 2020
- Questionnaire given to all new admissions in Respect ward on day of admission to fill up.

- Modification to workflow done.
- Another teaching session planned for junior doctors
- Third PDSA cycle

3rd cycle

- New workflow change – first assessment done in the morning of the second day of admission (Fig. 4)
- Teaching session to junior doctors on suicide risk assessment



- Third cycle from 3rd August to 16th August 2020
- Change in workflow informed to multidisciplinary team in Respect Ward

- Individual training with junior doctors – well-received
- No further PDSA cycles needed
- Plan to share and spread to other wards

- New workflow well-received by staff with no adverse outcomes
- Noted heterogeneity in questionnaire interpretation and assessment amongst junior doctors

Results / Impact

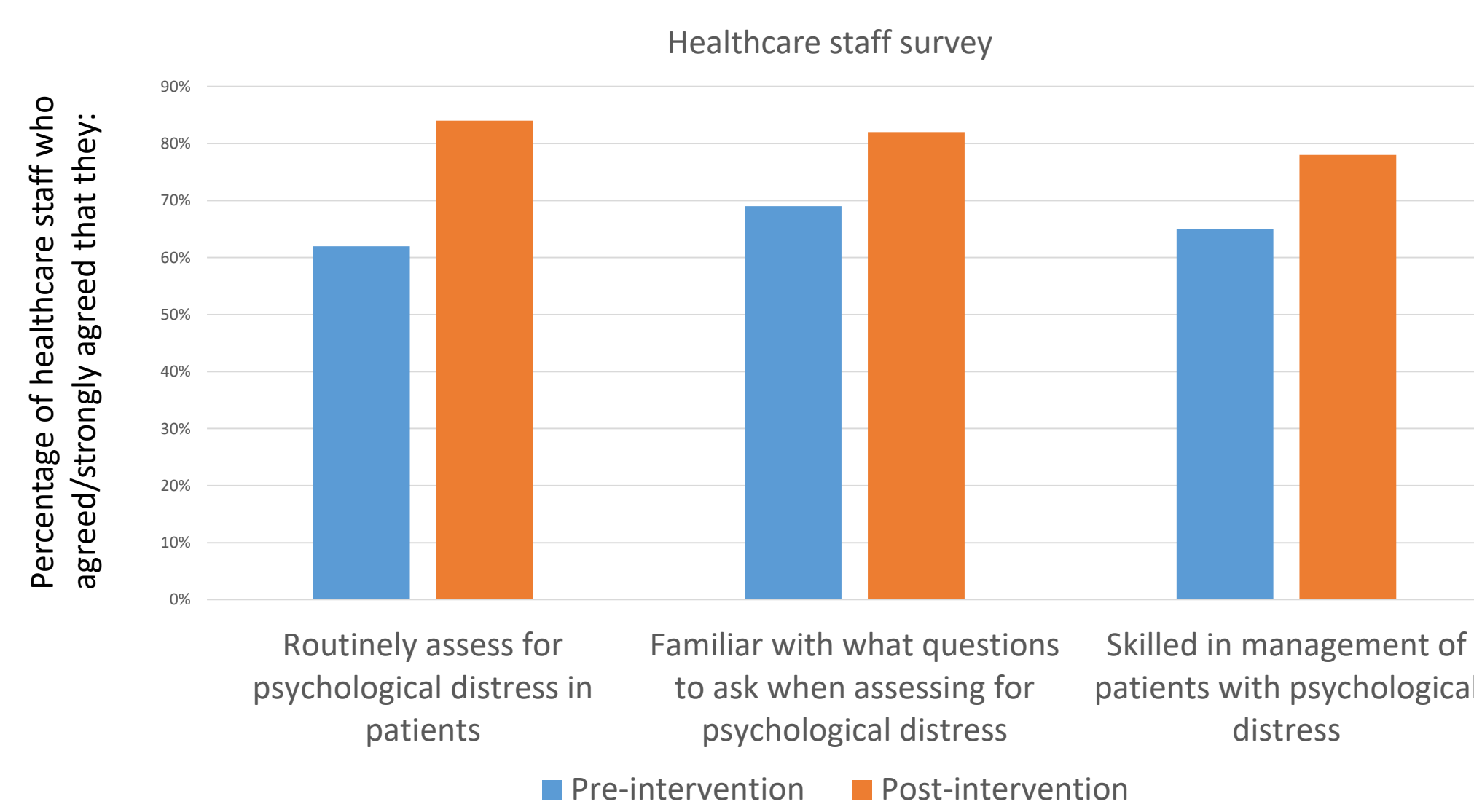
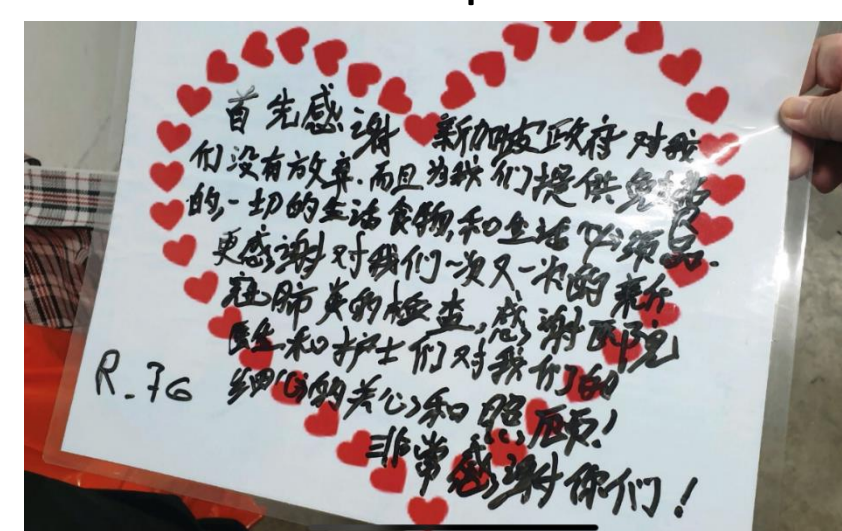


Figure 6

Repeat staff survey on the same group of frontline healthcare staff was done. Results (Fig 6) showed improvement in performing routine mental health assessment, staff self-rated familiarity and skill in managing psychological distress to 84%, 82% and 78% respectively after 2 months.

Results from mental health questionnaire: From 27th July to 16th August 2020, 95 questionnaires were done for 47 patients, 10 of whom had higher mood and stress scores requiring further assessment. With interdisciplinary intervention, 8 of them improved in mood and coping by second review. The remaining 2 had persistent mild anxiety over external stressors and were linked up with appropriate resources. There were no psychological crises during the period of time the questionnaire was introduced. Qualitatively, all patients were satisfied with the team's efforts in eliciting and addressing their concerns and queries.

Some feedback from patients:



"To all BVH management, doctors, nurses, medical social workers, thank you all for your caring, kindness, hardworking and excellent full moral support to the patient like me. I salute you all!"
- Ex-Respect Ward Patient



Spread and Sustainability Plans

- The workflow and questionnaire was spread to other wards in Bright Vision Hospital
- The intervention is sustainable as it is relatively low cost, the workflow and questionnaires are readily available to all and onsite staff training in using the questionnaire and following the work flow can be completed in a short time.
- As new junior medical staff rotating in are not in large numbers, individualized teaching on how to do a proper mental health assessment can be carried out by their personal supervisor.