

Project Title

Improving Enrolment of Inpatient Residents in My Health Map

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

Medical Social Work

Project Period

Start date: December 2021

Completed date: August 2022

Aims

This project intends to improve MHM's inpatient enrolment rate from 0% to 30% by end August 2022.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

1. Openness to try new ways of working (e.g. engaging residents in the wards instead of in the community) was crucial in success of project.
2. Teamwork between the CCs and MSWs helped during the PDSA cycles.

Conclusion

See poster appended/ below

Project Category

Care Continuum

Population Health, Physical Health

Keywords

My Health Map, Bukit Batok, Inpatient

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IMPROVING ENROLMENT OF INPATIENT RESIDENTS IN MY HEALTH MAP

MEMBERS: LEE HEE HOON, CHIN CHI HSIEN, POH SIJIE, NUR SUAIBAH BINTE NGAIMAN, KATHERINE TAN, HO BEE HONG, CHEW TEE KIT, SIM LING LING, & ALVIN LEE

Define Problem, Set Aim

Opportunity for Improvement

My Health Map (MHM) is a health promotion programme for residents living in Bukit Batok (BB) SMC. It seeks to enable a healthier community by promoting wellbeing across 5 domains (screening, vaccinations, regular chronic disease follow-up with primary care, lifestyle interventions, and social and environmental support).

In 2021, we expanded efforts to reach BB residents who are admitted into NTFGH. We observed that from December 2021 to January 2022, we did not manage to enrol residents whom we engaged in the wards. This indicated the opportunity to improve on the effectiveness of our engagement and enrolment efforts as residents were missing out on the opportunity to be empowered to improve their wellbeing through MHM.

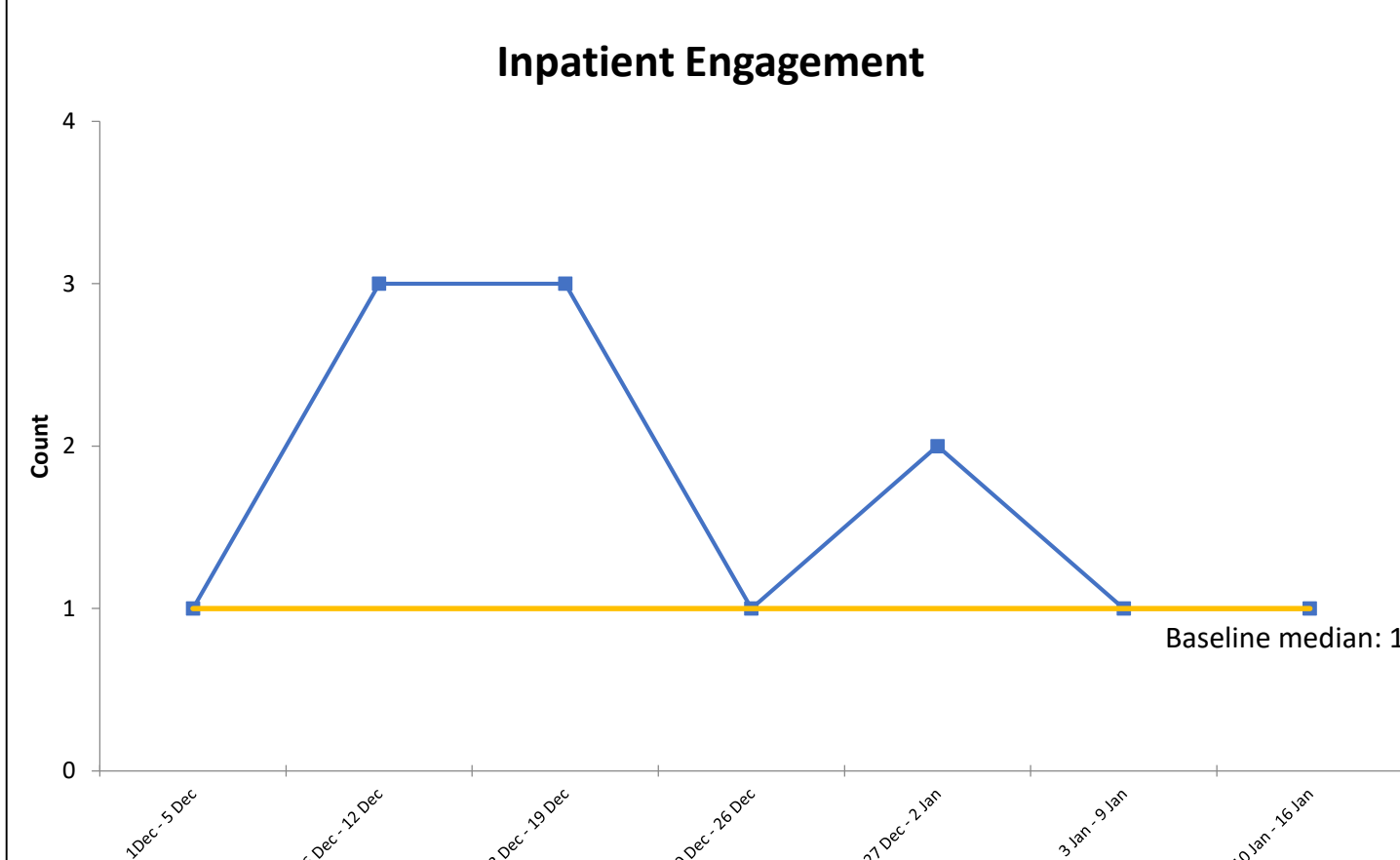
Aim

This project intends to improve MHM's inpatient enrolment rate from 0% to 30% by end August 2022.

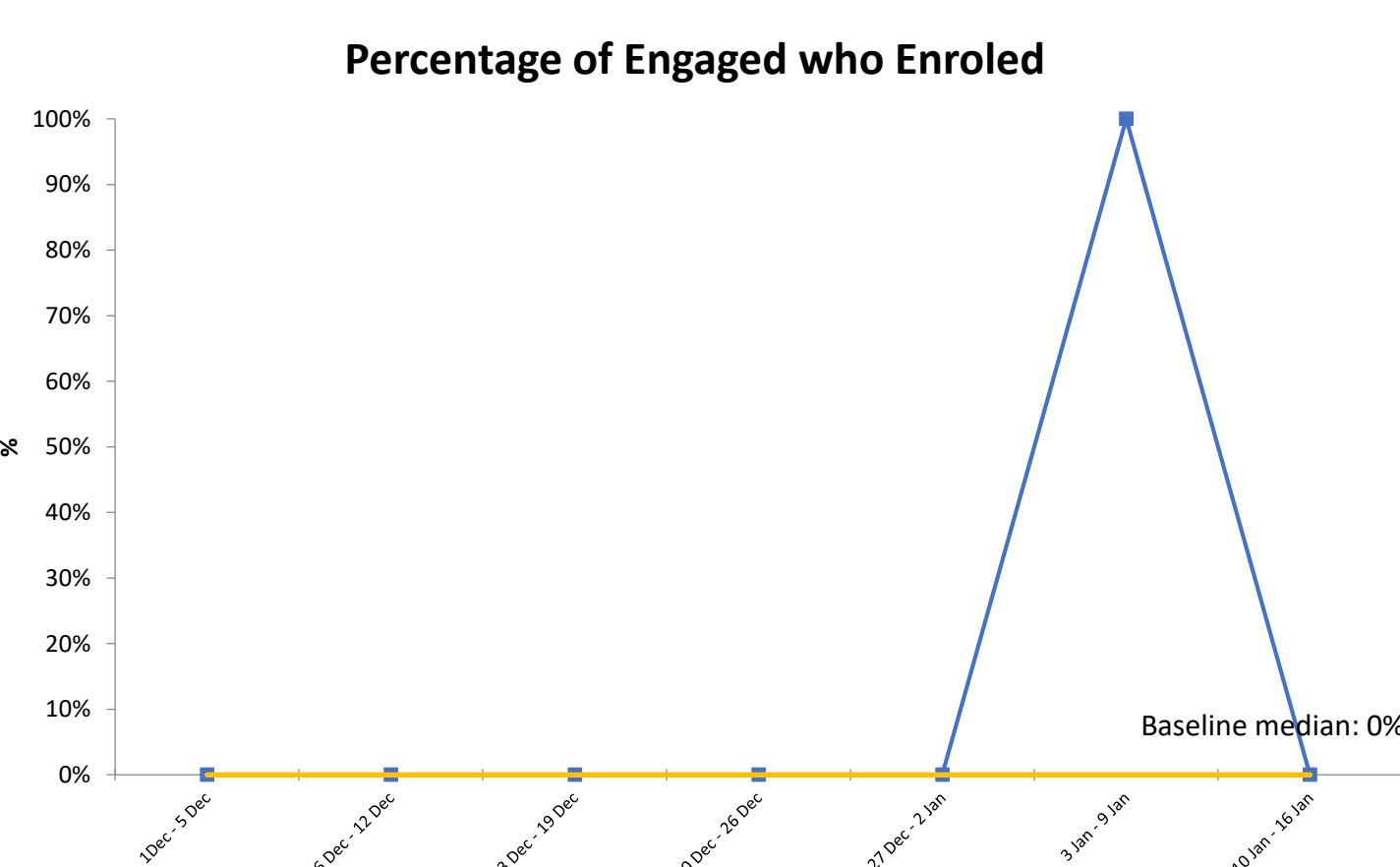
Establish Measures

Performance before interventions

Process Measure: Number of Inpatient Bukit Batok Residents Engaged

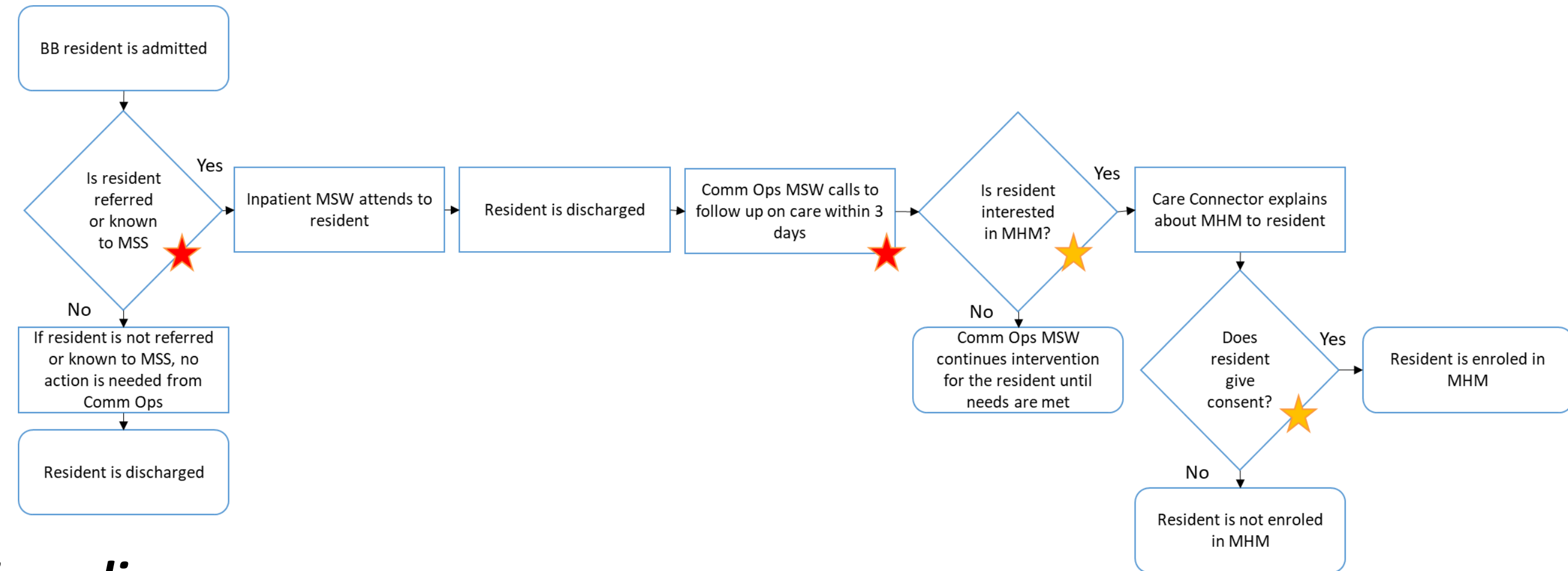


Outcome Measure: Percentage of Engaged Residents who Enrolled in MHM

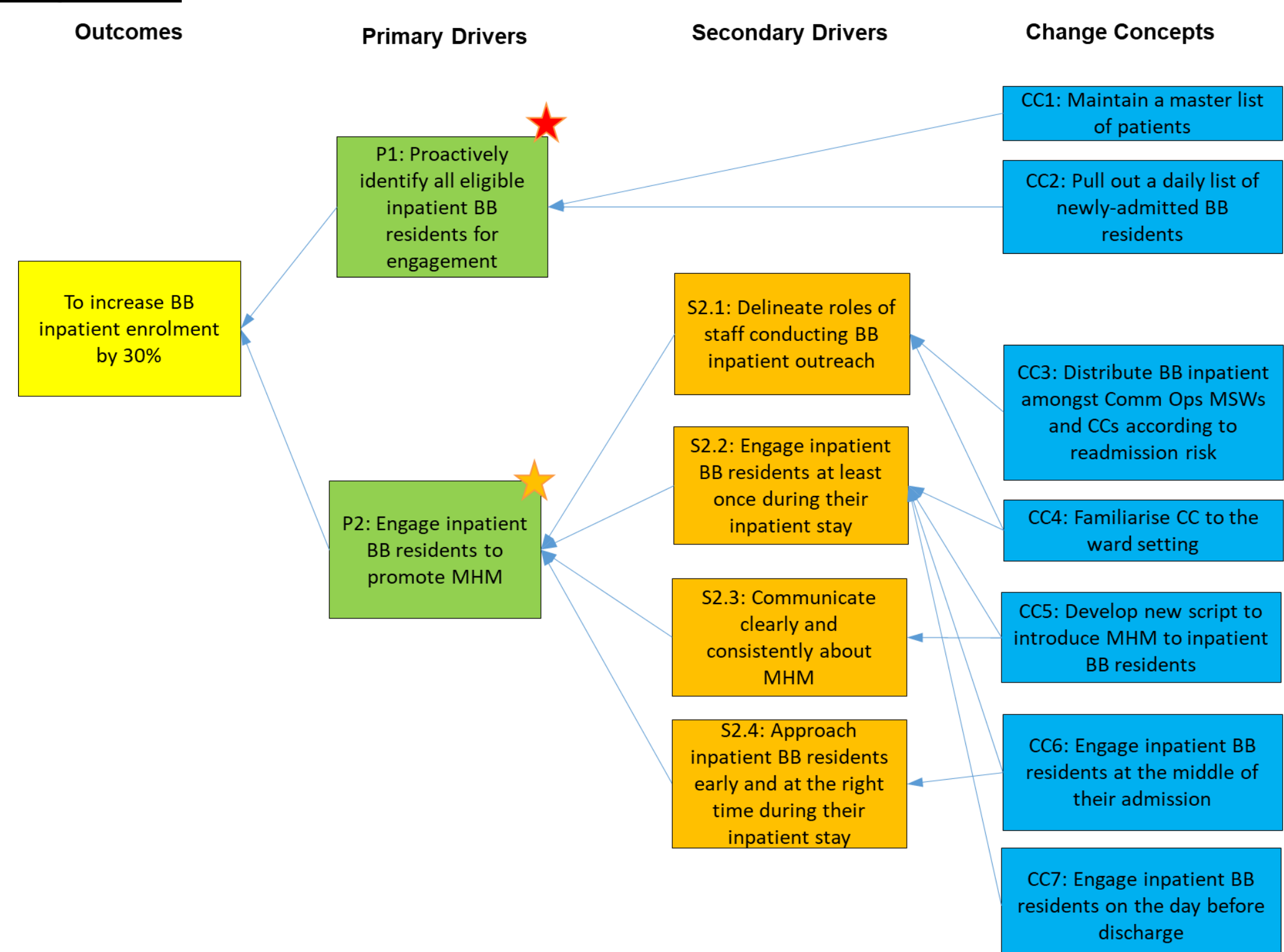


Analyse Problem

Process before interventions



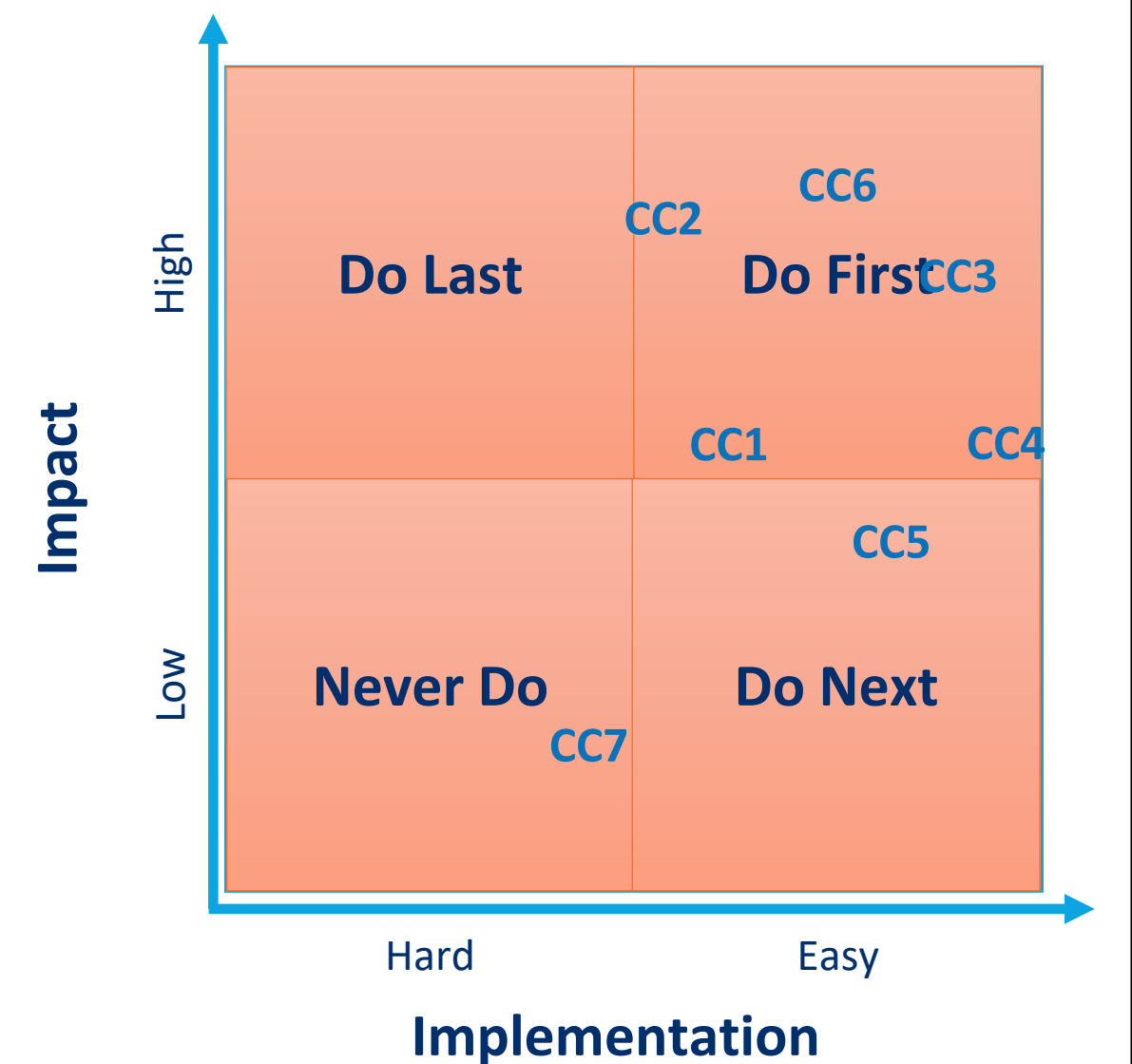
Driver diagram



- ☐ SAFETY
 ☒ QUALITY
 ☐ PATIENT EXPERIENCE
- ☒ PRODUCTIVITY
 ☐ COST

Select Changes

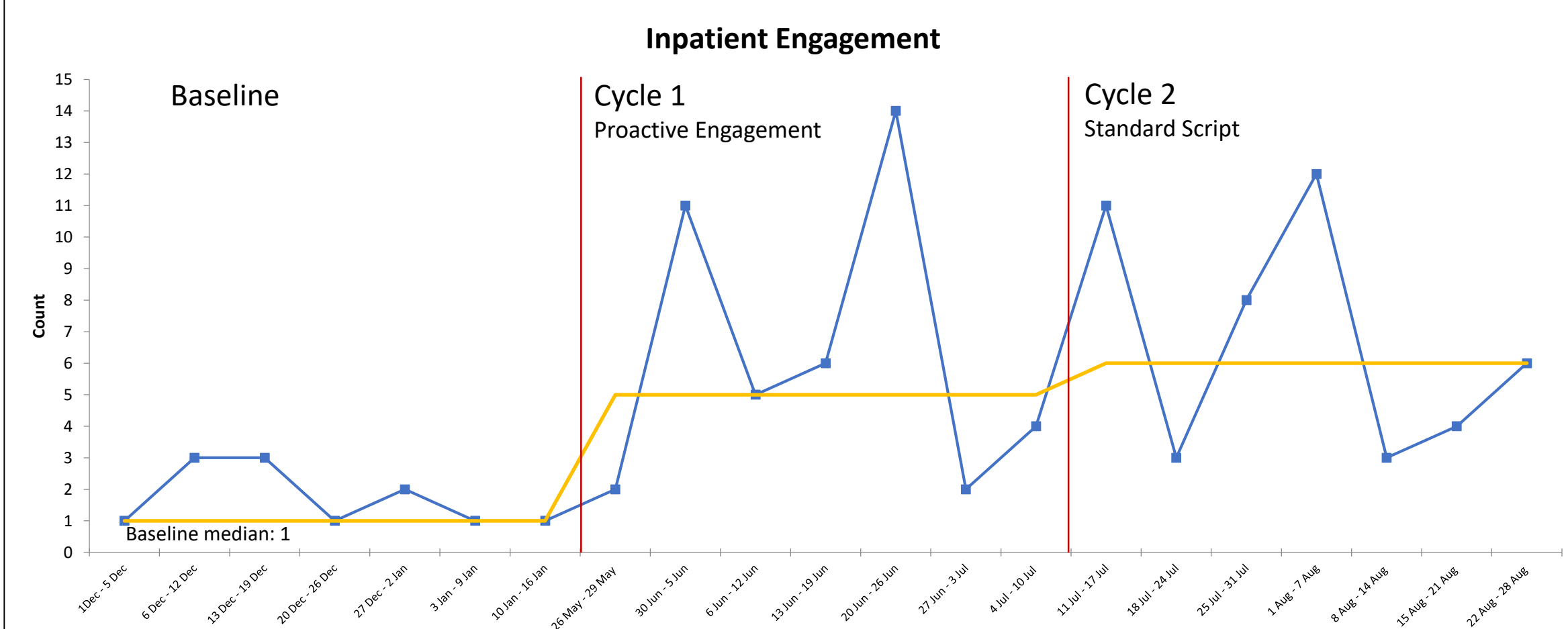
Primary Drivers	Change Concepts	
P1: Proactively identify BB residents	CC1	Maintain a master list of patients
	CC2	Pull out a daily list of newly-admitted BB residents
P2: Engage inpatient BB residents to promote MHM	CC3	Distribute BB inpatient amongst Comm Ops MSWs and CCs according to readmission risk
	CC4	Familiarise CC to the ward setting
	CC5	Develop new script to introduce MHM to inpatient BB residents
	CC6	Engage inpatient BB residents at the middle of their admission
	CC7	Engage inpatient BB residents on the day before discharge



Test & Implement Changes

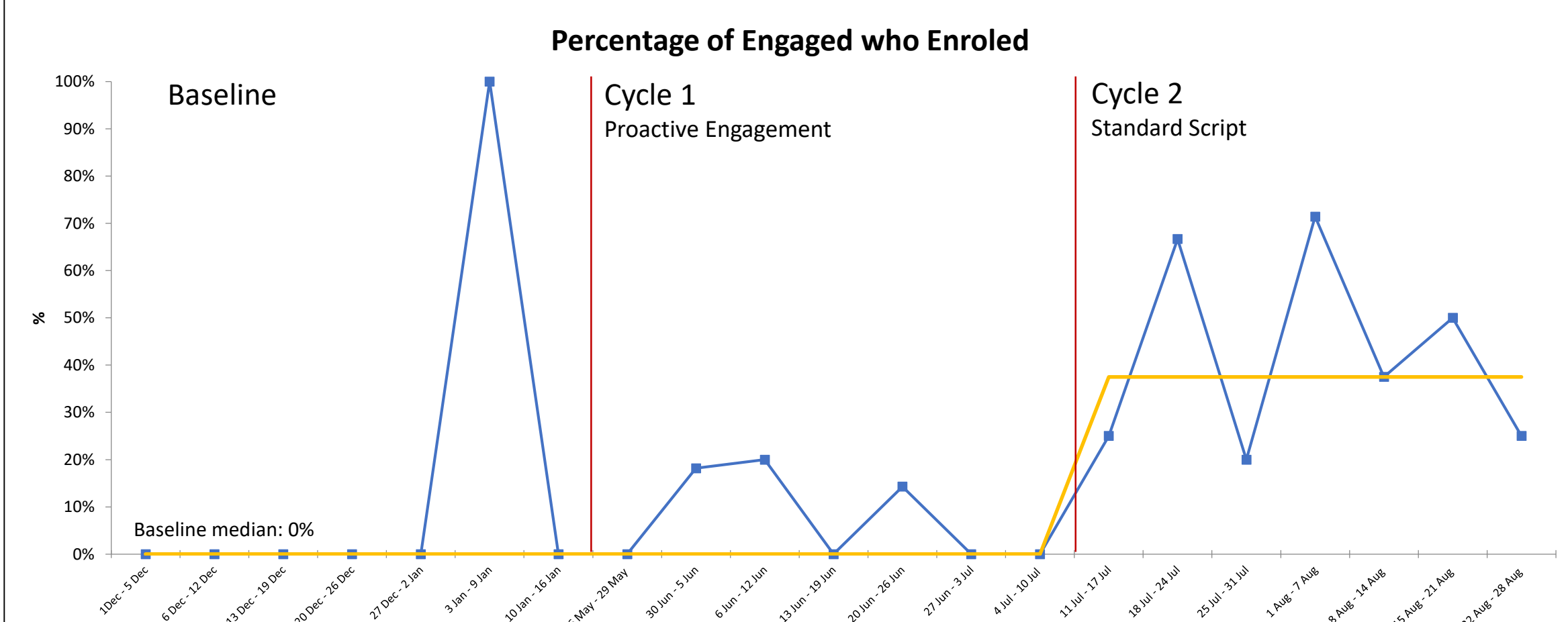
CYCLE	PLAN	DO	STUDY	ACT
1	Proactive engagement of residents by MSWs and CCs in the wards.	MSWs and CCs engage residents based on the risk of readmission in the master list. CCs were also familiarised with the ward setting.	Increase in percentage of residents enrolled in MHM.	Adopted change. To look into next change concept.
2	CCs and MSWs collaborated to craft a standard script to encourage enrolment.	Conducted roll calls for briefing on the script with situational examples.	Increase in percentage of residents enrolled in MHM.	Adopted change.

Process Measure: Number of Inpatient Bukit Batok Residents Engaged



Number of inpatient BB residents engaged increased from 1 to 5 after proactive engagement. The implementation of a standard script did not affect engagement.

Outcome Measure: Percentage of Engaged Residents who Enrolled in MHM



The implementation of proactive engagement did not affect percentage of engaged residents who enrolled in MHM. This percentage increased from 0% to 37.5% after the use of the standard script.

Spread Changes, Learning Points

Strategies to spread change

- CCs and MSWs agreed to continue the new work process as it was effective in increasing enrolment rates (from 0% to 37.5%).
- Look into extending this work process for the residents admitted in JCH.

Key learnings

- Openness to try new ways of working (e.g. engaging residents in the wards instead of in the community) was crucial in success of project.
- Teamwork between the CCs and MSWs helped during the PDSA cycles.
- To take into consideration system limitations (lack of estimated discharge date in NGEMR) and legal implications (PDPA and consent taking) when planning interventions.