

Project Title

A Palliative Care Unit in a Subacute Ward of a General Hospital

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Jan 2014

Project Category

Care Redesign, Process Improvement, Process Redesign, Quality Improvement

Keywords

Care & Process Redesign, Quality Improvement, End-of-Life Care, Palliative Care, Cohorting Patient, Specialised Palliative Care Unit, Specially-trained Staff, Direct Admission, Seamless Care Transition, Multi-disciplinary Team, Inter-professional Team, Patient Value, Integrated System, Person-centred Care, Patient-centric Care, Inpatient Palliative Care, Tan Tock Seng Hospital, Palliative Medicine

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Asian Hospital Management Awards

*Required Fields

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PHYSICIAN LEADERSHIP PROGRAM (New!)

Physicians are at the heart of any hospital. They examine patients, diagnose and specify tests and procedures. The physician evaluates results and decide on what to do with outcomes and prescribe treatment. This award recognizes the central and major role of physicians. The award is for a project or program that improves the patient experience because of the increased, improved or innovative involvement of physicians. Were the physicians involved in the planning of the improvement? Did they participate in the brainstorming of the improvements? Did they agree to make changes that would help the hospital serve the patients better?

Complete All Information Below:

Project Title (Maximum 256 Characters):

A Palliative Care Unit in a Subacute Ward of a General Hospital

Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015):

Jan 13, 2014

Department Name (Maximum 256 Characters):

Palliative Medicine

Names of Key Staff Involved in this Project (Maximum 512 Characters) (Separate names with comma):

Adj A/Prof Mervyn Koh, UNM Magdalene Lim (Unit Nurse Manager), APN Ang Ching Ching (Advanced Practice Nurse – Palliative Medicine), Ms Hayley Chau (Director, Operations), Ms Teo Kaiting (Manager, Operations), Dr Chau Mo Yee and Dr Ang Shih-Ling (Co-Chairpersons of Palliative Care Ward Improvement Committee)

1. Please give some background to the project or program including how it originated. Give details of the extent to which the project improves the efficiency or effectiveness of overall service because of physician involvement. Outline any specific goals or targets you had in mind prior to the project being put together. Maximum Number of WORDS – 350

Previously, Palliative Care inpatients were all cared for in different wards in the acute hospital and subacute wards. The lack of specialised palliative care ward nursing as well as therapy at times led to disjointed care, especially in wards where there was lack of familiarity with end-of-life care.

The Palliative Care team had, at the same time, also wanted to set up its own specialised Palliative Care Unit within Tan Tock Seng Hospital (TTSH) to cater to the unique needs of this group of especially frail and symptomatic patients near the end of their lives.

The opportunity to implement this improvement came up, after consultation and discussions with senior management, when the Palliative Care team were entrusted with running a 13-Single Bed Ward in the CDC2 building, specifically for Palliative Care patients. This ward started operations on 13 Jan 2014, and is a specialised ward with specially-trained palliative care nurses and therapists who could provide the symptoms management and support needed near the end of life. It also allowed families with privacy to spend time with their loved ones.

Over the past two years, many activities were organised for patients and their loved ones on the initiative of the nurses, social workers and medical student volunteers — including Mother's Day Dinner, Christmas and Chinese New Year sing-along, and painting sessions.

In addition, the team also started engaging Corporate Partners like Udders Ice Cream and Mr Bean in providing treats for our patients, to bring joy to the patients and help stimulate their appetite (Annex 1, Picture 1).

2. Please give details how the project was beneficial from the patient's perspective and experience and how it improved patient care, patient safety or service? Preferably please present quantifiable information such as "before and after" measurements if any. Maximum Number of WORDS – 250

Through collaborations and enabling workflows, the team have worked with partners like home hospice care and inpatient hospice services for appropriate patients to directly admit to the Palliative Care Ward, rather than through Emergency Department (ED) and the acute wards. This provides patients and family a more seamless transition of care, linking them up to the inpatient care that they need in a more efficient manner. These direct admissions into the Palliative Care Ward from home care and hospice services accounted for 60 (15%) of total inflow in 2015, an increase from the 46 (13%) in 2014 (Annex 1, Picture 2 & 3).

3. Please give some background to the project team or involved physicians who originated, studied and developed the project or program. Maximum Number of WORDS – 200

Dr Mervyn Koh shared this original idea of a Palliative Care Unit within the hospital with his senior colleagues about the need to care for Palliative Care patients in a specialised ward where patients' and families' needs are looked into.

With strong support from the department, this idea was shared with Senior Management — Chairman Medical Board and Division Chairmen of Division of Integrative and Community Care — who were supportive.

Subsequent engagements included UNM Magdalene Lim. APN Ang Ching Ching provided training and has been leading the nursing initiative and practice in the ward. Nurses in the Ward have also embraced palliative care: SSN Moreno Jennilyn Repulda and SN Judy Goh Wen Yi have received the Healthcare Humanity Award in 2015 and 2016 respectively for their exemplary care to patients (Annex 1, Picture 4).

Our Operations Team led by Ms Hayley Chau and Ms Teo Kaiting help with various tasks, e.g. engaging community partners like Mr Bean etc. to bring their wares to patients and families.

Drs Chau Mo Yee and Ang Shih-Ling were appointed as Co-chairpersons of the Palliative Care Unit (Ward 83), together with other ward team members to look at issues and continual improvement of the ward.

4. Please demonstrate if and how the project produced sustainable results? Maximum Number of WORDS – 150

Now into its second year of operation, the team has been mindful in continuing to track and monitor operational indicators to ensure appropriate and high utilisation of these inpatient resources allocated for Inpatient Palliative Care. In 2015, we have cared for 408 patients (a 17% increase from 2014), with average BOR of 91%.

Currently into its 3rd year of operations, the team is continuously encouraged that specialised inpatient palliative care has touched the lives of patients and their loved ones. The number of compliments received have increased about 55% from the first year to second year of operations, from 153 (2014) to 231 (2015) (Annex 1, Picture 5).

5. Was the process and means by which the project was conducted adequate to meet its goals? Was the composition of the team about right? Did physicians participate fully? Were appropriate analysis tools used? Explain why it was not just a matter of throwing money at the problem? Maximum Number of WORDS – 200

The project definitely met the aims of providing palliative care in a designated ward. With Palliative Care Specialists and Advanced Practice Nurses seeing patients daily, we were able to provide the standard of care which patients near the end of life deserve.

The multi-disciplinary team consists of a Palliative Care Consultant, Registrar or Resident Physician and Residents or Medical Officers, Advance Practice Nurse, Ward Nurses (Palliative Care trained), Physiotherapists and Occupational Therapists, Medical Social Workers and Dieticians who meet regularly once a week together for a multi-disciplinary team meeting.

The Palliative Care Unit cared for 408 patients in 2015 with a good BOR of 91%. In a study of palliative care inpatients done in 2014, 93.3% of families felt the Palliative Care Team was helpful compared to 71.7% ($p = 0.01$) in non-palliative care teams and 90.0% would recommend the team to others facing a similar situation compared to non-palliative care teams (73.3%) ($p = 0.02$).

The project was also more an administrative intervention at cohorting of palliative care patients and did not require the hospital to spend extra money to start it.

6. Please give any other information, including third party testimonial regarding your project which you think would help convince the judges that this project (or program) should win this category. **Maximum Number of WORDS – 300**

“Our palliative care team is truly special. It is an inter-professional team with strong clinical leadership that is focused on what patients value during their end of life. Their care exemplifies the role of palliative medicine: to bring comfort, peace, and dignity to our patients and their loved ones.

Our hospital offered Singapore's first hospital-based palliative consultative service in 1996, before being established formally as a department in 2008. In 2014, we started Ward 83, a 13-bed unit designated solely to palliative care. The hospital-based team allows us to better transit our inpatients during their acute phase of illness to one that addresses their persons. The ward offers a restful environment with staff trained to provide both clinical and emotional support to the patients. It also gives them confidence to return home with good palliative care to die well.

Although this branch of medicine is still developing in Singapore, our team is very much in step with international trends to extend palliative care to non-cancer patients, introducing palliative care much earlier in the course of a life-limiting illness, and developing integrated systems to deliver care that is person-centred.

I would highly recommend the palliative care team for the AHMA awards.”

Dr Eugene Fidelis Soh, Chief Executive Officer, TTSH