

Project Title

Programme Dignity – Making a Difference for Advanced Dementia Patients through Palliative Care

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: 10-2014

Project Category

Care Redesign, Clinical Improvement

Keywords

Care Redesign, Clinical Improvement, Quality Improvement, End-of-Life Care, Palliative Care, Advanced Dementia, Programme Dignity, Tan Tock Seng Hospital, Palliative Medicine, , Dover Park Hospice, Agency for Integrated Care, Symptoms Anticipation & Management, Proactive Patient & Caregiver Engagement, Preferred Plan of Care, Continuity of Care, Timely Medical Intervention, Multidisciplinary Team, 24/7 On-call Home Service, Complementary Psychosocial Support, Advocacy and Education, Community Partnership, Functional Assessment Staging Scale, Preferred Place of Death, Routine Assessment of Care, Pain Assessment, Neuropsychiatric Inventory–Questionnaire, Caregiver Satisfaction, Reduce Emergency Department Visits, Reduce Hospital Admission, Reduce Length of Stay

Name and Email of Project Contact Person(s)

Name: Allyn Hum, Senior Consultant and Programme Director (Programme Dignity), Palliative Medicine, TTSH

Email: allyn_hum@ttsh.com.sg



Asian Hospital Management Awards 2017

***Required Fields**

First Name: Allyn

Last Name: Hum

Job Title: Senior Consultant and Programme Director (Programme Dignity)

Department: Palliative Medicine

Hospital: Tan Tock Seng Hospital

Address: 11 Jalan Tan Tock Seng

City / State: Singapore

Post Code: 308433

Country: Singapore

Landline: 63596261

Mobile: 81263205

Email: allyn_hum@ttsh.com.sg

Physician Leadership

Physicians are at the heart of any hospital. They examine patients, diagnose and specify tests and procedures. They decide when to admit and when to discharge the patient. 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. More weight is given 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):

Programme Dignity – Making a Difference for Advanced Dementia Patients through Palliative Care

Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015): Oct 20, 2014

Department Name (Maximum 256 Characters):

Department of Palliative Medicine, Tan Tock Seng Hospital

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

Adj A/Prof Allyn Hum, A/Prof Chin Jing Jih, Adj A/Prof Mervyn Koh, Dr Angel Lee, Adj A/Prof Ian Leong, Adj A/Prof Wu Huei Yaw, Dr Noorhazlina Bte Ali

1. Provide some background as to how the project originated e.g. what problem/opportunity were you faced with. Give details of the extent to which the project improves the efficiency or effectiveness of overall service because of physician involvement (Maximum number of words – 350)

Every 4 seconds, a new case of dementia is diagnosed in the world. In Singapore, it is estimated that 1 in 10 people over the age of 60 years old has dementia. This figure is projected to grow to 80,000 in 2030 and 180,000 by 2050. It is estimated that there would be an 85% increase in the cost required to support these patients by 2030[1]¹.

Dementia has far-reaching adverse impact on both patients and their families/caregivers. Patients suffer from diminishing mental capacity, loss of personhood, and sub-optimally managed symptoms. Additionally, families and caregivers are burdened with decision-making, emotional support and suffer from grief and bereavement (*Mean Zarit Burden Interview score of 26.2*).

Despite the prevalence of dementia, the measures taken to provide quality care and support for this group of patients pale in comparison. Recognising the needs of the patients and the gap in the healthcare system, Adj A/Prof Allyn Hum established **Programme Dignity** with a team of like-minded physicians. Driven by her aspiration to help these needy patients, A/Prof Hum wrote a proposal and successfully secured a \$2 million fund from Temasek Foundation.

Programme Dignity is a collaborative effort between Tan Tock Seng Hospital (TTSH), Dover Park Hospice and the Agency for Integrated Care which aims to deliver quality Palliative Home Care Services for elderly patients with Advanced Dementia. The programme has benefitted more than 300 Advanced Dementia patients and their families over the course of 2.5 years.

A/Prof Hum provides direction and guidance for the multi-disciplinary team in the management of these dementia patients. The multimodal intervention (Figure 1) with the objective of respecting patient's dignity and personhood seeks to:

1. Anticipate and manage symptoms effectively;
2. Address complications at the end-of-life;
3. Proactively engage patients and families to develop preferred plan of care;
4. Continue support for families and caregivers;
5. Provide continuity of care for patients, traversing home, hospital and hospice.

[1]Alzheimer's Disease International (ADI), international federation of Alzheimer associations around the world, in official relations with the World Health Organization.

¹ Alzheimer's Disease International (ADI), international federation of Alzheimer associations around the world, in official relations with the World Health Organization.

2. Describe what was required to address the aforementioned problem/opportunity. Outline what your targets/goals were and whether any approach was outlined to correlate this program with better service. Also, provide an overview of the team that was put together to undertake this and the percentage of staff this represented. (Maximum number of words – 350)

Cancer and end-stage organ failure had been recognised by many to be terminal illnesses. Unfortunately, little are cognizant that Advanced Dementia is a terminal illness which causes similar distress to patients. With the lack of awareness and healthcare intervention at an early stage, the team decided on a multi-pronged approach to plug the gap.

Timely Medical Intervention

The team believes that early medical intervention for Advanced Dementia patients is crucial and it is necessary to avoid overly aggressive, burdensome and futile treatment. The multi-disciplinary team provides a 24/7 on-call home service to address the needs of patients. The team has been able to anticipate, and hence, better manage patients' conditions in the comfort of their homes, consequentially improving the quality of life of these patients.

Complementary Psychosocial Support

Due to the nature of the disease, psychosocial support for patients and their families is crucial. The team engages the families proactively to ensure that caregivers are not emotionally fatigued and are coping well. The team also provides grief and post-bereavement support for these families upon the demise of their loved ones.

Advocacy and Education

Advanced Dementia is a complex medical condition with long-lasting impact on patients and their carers (Figure 2). This gradation of decline affects all aspects of living, thereby resulting in significant suffering. The team had been instrumental in creating awareness of this condition and call for patients and their families to seek early intervention. In addition, the team had been actively building up the capabilities of community partners, such as Dover Park Hospice, to be equipped with the skills to manage patients of this profile.

Programme Dignity is a solution conceived by A/Prof Hum, with support from clinicians and nurses from Palliative Medicine and Geriatric Medicine, complemented by Dover Park Hospice and the Agency for Integrated Care. The success of this programme is attributed to the team's vast expanse of knowledge in care for Advanced Dementia patients, and more importantly, a shared belief and common understanding of better model of care for these patients.

3. Outline the steps or stages of the project and how these were executed by the team. (Maximum number of words – 300)

Conceptual Phase

Programme Dignity is an integrated, geriatric, palliative homecare service established in Dover Park Hospice for patients with advanced dementia. It addresses the physical, emotional and psychosocial needs of patients and supports caregivers as they fulfil their loved ones' wishes. It ensures patient needs could be addressed along the trajectory of their decline, and healthcare providers could communicate between care sites. Advanced dementia-specific assessment tools were used by the homecare team to identify distress and measure benefit after intervention. Caregiver distress was identified and addressed. Two months post bereavement, family members were followed up to assess care satisfaction.

Programme Development Phase

Patients are referred from the geriatric and palliative inpatient and outpatient clinics of TTSH based on: FAST (Functional Assessment Staging Scale) Stage 7A and beyond, with at least one of the following – albumin level <35g/L, feeding tube, and/or pneumonia.

Team Engagement Phase

Patients are supported through scheduled home visits, emergency home visits and phone reviews. A multidisciplinary team comprising doctors, nurses and medical social workers visits patients regularly. An on-call team provides 24/7 support. Visit frequency is based on the complexity of the patient's needs. Dementia-specific assessment tools assess patients' symptoms and caregivers' burden so that appropriate and timely interventions are provided. Families are actively engaged to ensure care plans are aligned with patient's goals and values.

Community Partnership

Patients requiring care in TTSH can be directly admitted through their physicians in communication with the homecare team, thereby eliminating long waiting periods at emergency rooms. Patients can also transit directly from home to hospice, eliminating the need for tertiary hospital admissions. The coordination of care between the community and TTSH through the homecare team ensures patients have faster access to advice and support, with better siting of care, and ultimately a more judicious use of healthcare resources.

4. **Demonstrate the results of the project and how this improved the patient experience because of the increased, improved or innovative involvement of physicians. Present quantifiable information such as before and after measurements and percentage improvement. (Maximum number of words – 200)**

Under A/Prof Hum's leadership, Programme Dignity has brought about benefits for patients and their families.

Patients

(a) Place of Death

According to previous studies, the preferred place of death is often patients' home^[2]. The programme had achieved success by fulfilling patients' wishes to pass away in a place of choice and familiarity [Chart 1].

(b) Routine Assessment of Care

With a fixed home palliative care team, patients, who often may not be able to vocalise their thoughts coherently, were routinely assessed for pain, behaviour, quality of life and end-of-life symptoms. Both the Pain Assessment and Neuropsychiatric Inventory–Questionnaire (NPI-Q) were performed for an average of 98.39% and 97.74% of the patients respectively.

Families/Caregivers

(a) Improvement in Caregiver Satisfaction

As the programme developed further to provide all encompassing care to patients and their caregivers, the team noted an improvement in caregiver satisfaction from 75% from the programme's conception to approximately 85% a year after the

² Lien Foundation's "Death Attitudes Survey" in 2014 revealed that 77% of Singaporeans wish to die at home.

programme's implementation [Chart 2]. Caregivers have also expressed their gratitude towards the team as they are now better aware of how to assist their loved ones.

[2]Lien Foundation's "Death Attitudes Survey" in 2014 revealed that 77% of Singaporeans wish to die at home.

- 5. Please outline how sustainable the improvements are, and 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)**

The outcomes of Programme Dignity have been far-reaching, benefiting patients as supported by the improvement in results shown in Section 4 and the positive feedback which the team had received from the patients and their families. At the same time, the project had demonstrated its sustainability through tangible improvement in healthcare system resource utilisation.

Through Programme Dignity, the team had successfully managed the patients' symptoms, thereby reducing the need for them to visit the acute hospital for conditions that can be managed in their homes.

(a) Reduction in Emergency Department Visits

As patients and families have more ready access to the home care team, they were better assured that their conditions did not necessitate an ED visit. This has reduced the number of ED visits from 2.65 to 0.26 [Chart 3].

(b) Reduction in Hospital Admission

Hospital admission had also reduced from 2.44 to 0.27, as many of the conditions were well-managed in patients' homes [Chart 4].

(c) Reduction in Length of Stay

With better controlled symptoms, patients enrolled in the programme have a shorter length of stay (13.25 prior to enrolment compared to 2.6 after enrolment); therefore alleviating stress placed on limited hospital resources [Chart 5].

With the success of the programme, A/Prof Hum has been in conversation with Ministry of Health to look into the feasibility of expanding Programme Dignity and making it a mainstream programme throughout Singapore.