Project Title

Partnering the Community to Anchor Care for Bukit Batok Residents

Project Lead and Members

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Project Members: Chee Thong Gan, Chin Chi Hsien, Poh Sijie, Nur Suaibah, Phaedra Lee, Lim Sue Fern, Zeng Hui Hui, Esther Tan

Organisation(s) Involved

Ng Teng Fong General Hospital (NTFGH)

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

General Practice, Medical Social Worker

Project Period

Start date: Sep 2019

Completed date: Apr 2021

Aim(s)

The project adopted the BioPsychoSocial (BPS) risk screener to identify at-risk residents and established an InterDisciplinary Group (IDG) to support them to age well in the community. Cognisant of Bukit Batok's mature social service landscape and formal care networks, the IDG was a collaborative platform for the Bukit Batok community.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

See poster appended/ below

Conclusion

See poster appended/ below

Additional Information

See poster appended/ below

Project Category

Care Continuum, Population Health, Physical Health, Preventive Care

Community Health, Public Awareness

Keywords

BioPsychoSocial (BPS) Risk Screener, Biopsychosocial Wellbeing, Population Health, My Health Map (MHM), Inter-Disciplinary Group (IDG), General Practitioner (GP)

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PARTNERING THE COMMUNITY TO ANCHOR CARE FOR BUKIT BATOK RESIDENTS

- ☑ CARE REDESIGN
- ☐ WORKFORCE TRANSFORMATION
- ☐ AUTOMATION, IT, ROBOTICS INNOVATION

MEMBERS: LEE HEE HOON, CHEE THONG GAN, CHIN CHI HSIEN, POH SIJIE, NUR SUAIBAH, PHAEDRA LEE, LIM SUE FERN, ZENG HUI HUI, ESTHER TAN XI XIANG

1. Defining Problem and Aim

Background

- We identified Bukit Batok SMC as a testbed for population health intervention and care integration as it was one of the Western regions with a larger proportion of individuals aged 40 years old and above.
- Through community engagement and expert knowledge, we found that there exists a group of community-dwelling Bukit Batok Residents who require more support in managing their biopsychosocial wellbeing.

Problem

- During our engagement with the residents, we identified 2 key issues that were faced:
  a) Difficulty in identifying residents who require more help as the lay persons conducting the engagement (i.e. Care Connectors) may lack specialised knowledge and skills in holistic needs assessment
  b) Lack of care coordination for residents with complex needs as case workers typically hold ad-hoc dyadic communications with multiple agencies about a particular resident

Aim

- Hence, we aim to better integrate care by improving the needs screening process of residents and enhance the communication among various agencies (e.g., grassroots leaders, Active Ageing Centres, Family Service Centres, Cluster Support operators, and General Practitioners) in the Bukit Batok community.

2. Select Changes

***Supporting Internal Change**

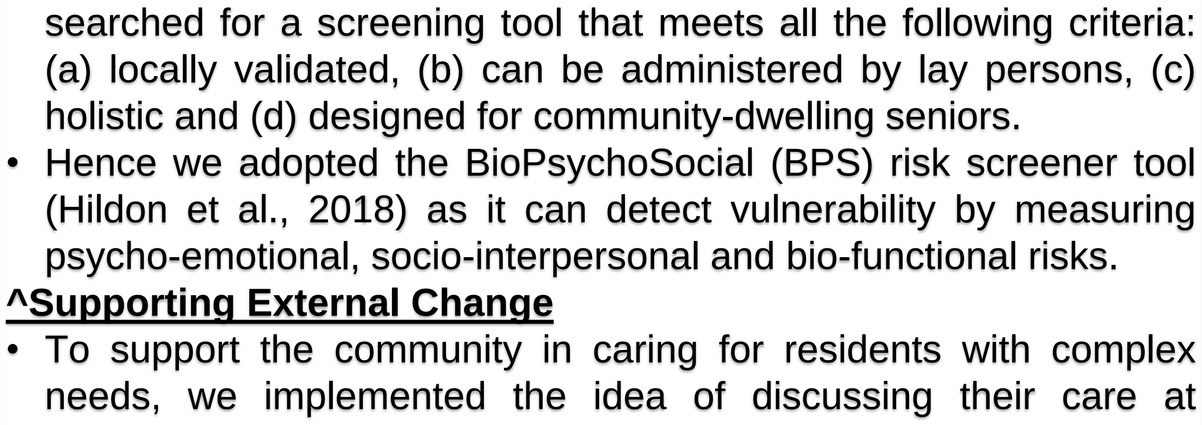
- To empower the Care Connectors with needs-screening, we searched for a screening tool that meets all the following criteria: (a) locally validated, (b) can be administered by lay persons, (c) holistic and (d) designed for community-dwelling seniors.
- Hence we adopted the BioPsychoSocial (BPS) risk screener tool (Hildon et al., 2018) as it can detect vulnerability by measuring psycho-emotional, socio-interpersonal and bio-functional risks.

^Supporting External Change

- To support the community in caring for residents with complex needs, we implemented the idea of discussing their care at InterDisciplinary Group (IDG) meetings. This platform comprises hospital staff and community partners who hold discussions to co-develop care foci and individualised care plans.
- Residents are reviewed at subsequent IDG meetings until action plans are completed and their care foci met.

3. Implement Changes

- Based on the changes selected, we inserted two additional steps in our workflow as shown below (* and ^):



- The implementation of IDG went through the different stages of group development:

Phases	Time period	Description
Forming	Jan 2020 – Jul 2020	Members are new to the platform. The group facilitators spent time highlighting the goals of the IDG and setting ground rules. They also took an active role in facilitating introductions and taking the lead during the discussion.
Storming	Jul 2020 – Mar 2021	The community partners had limited participation in the IDG sessions. Hence the facilitators encouraged feedback from the members during the session. The facilitators also sought to build trust by demonstrating respect to the members' contributions (instead of adopting the expert stance of know-it-all).
Norming	Apr 2021 – Now	The group members are clearer about the purpose and goals of the IDG, and there is improved commitment. Members are engaged and speaking up more frequently during the discussion, such as sharing of their knowledge of services that may benefit the resident.
Performing	Future	We aim to identify motivated stakeholders to play a more leading role, so that the group can self-manage eventually.

4. Results

As it is an ongoing project, we present our preliminary results:

Community Partner Feedback

- Partners shared that they valued the medical information shared at IDG as they have a better appreciation of the resident's needs.
- They recognised that IDG allows for more holistic support of the resident and saw IDG as a learning platform, as it is a unique platform that was previously absent in the Bukit Batok community.
- They also shared that there was support from their organisations to join the IDG sessions, which is another indicator that the value of the IDG discussion is recognised by the management of the different organisations.

Addressing care foci

- The IDG has facilitated 90% of the care foci (36 out of total of 40) to be met since the group was first started. The remaining 10% of the care foci was unmet as the residents had unfortunately passed away before action plan could be carried out.
- On average, the IDG helped to implement interventions to assist residents in meeting the care foci within 2.7 IDG sessions. This goes to show that these residents with complex needs had continual follow-up for 6 to 9 months to stabilise them in the community.

5. Learning Points

- As fragmentation hinders care integration and optimization of resources, successful collaborations involving all key stakeholder was key to the successful implementation and sustainability of any interventions.
- We also learnt the importance of listening to the voices of our stakeholders (both internal and external) so that we can build better trust and relationship. This also helped align everyone to the common goal of serving the residents in Bukit Batok.
- We found that this approach, coupled with the asset-based community development model (Kretzmann & McKnight, 1993), helped to increase the buy-in of the stakeholders and reduced any potential resistance.

Ng Teng Fong General Hospital

Jurong Community Hospital

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