



Singapore Healthcare Management 2021

READY, SET & GO ! Patient Activity Board (PAB)



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Background

Achieving recommended therapy time for each and every patient in inpatient rehabilitation is crucial in their rehabilitation recovery. From literature review, there are various possibilities (patient, medical and system) which can limit the delivery of effective and efficient therapy. In our observational study over 4 weeks at ward 64, we noted there were 44 reported incidents that patients were not ready for therapy on designated time by therapists.

Aim

To increase the utilization of time for therapy in an inpatient Rehabilitation Ward attributed to non-medical and non-patient related causes by 30% (compared to baseline) through improving co-ordination among healthcare providers.

Problem Analysis

Observational study was conducted in inpatient rehabilitation ward (Ward 64) on the major factors limiting therapy time in month of April 2020. Findings suggest three major factors: Schedule clashes with other activities, medical instability and patient factors such as refusal, poor tolerance or low mood (Figure 1).

It was noted that the pre-existing individual bedside scheduling chart was under-utilized as it was difficult to access, poorly visible and unable to integrate plans for other patients within the same cubicle.

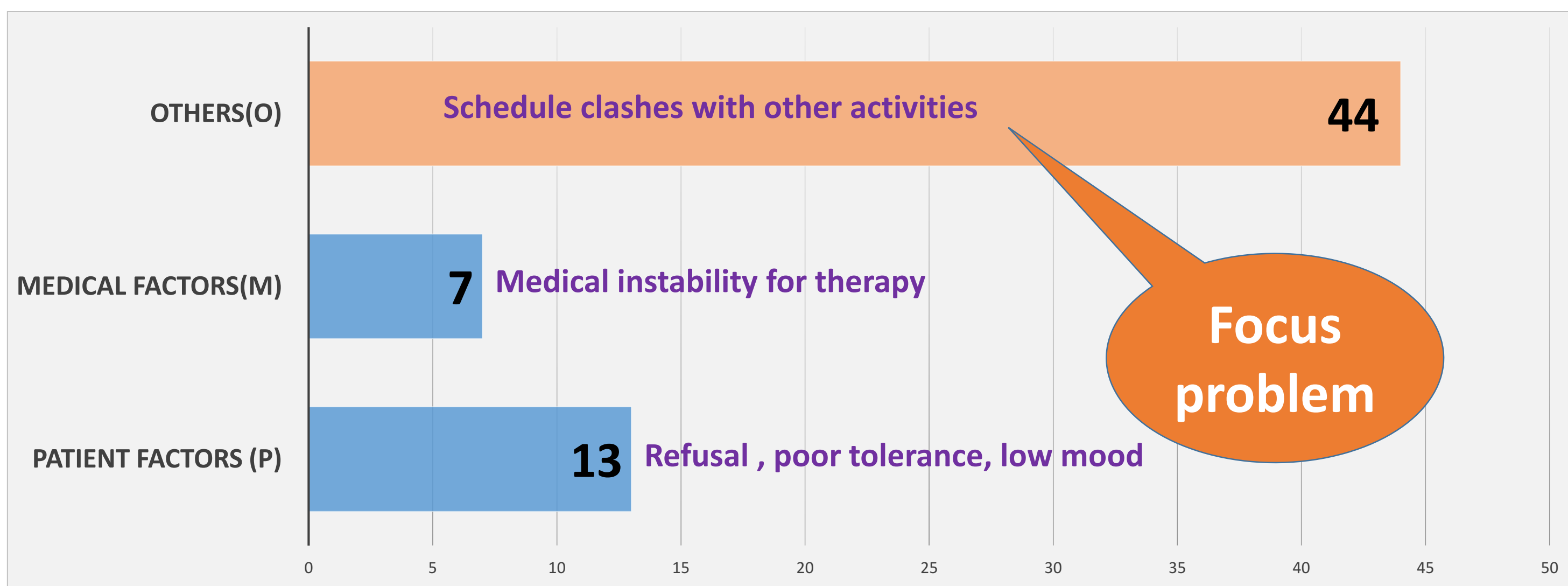
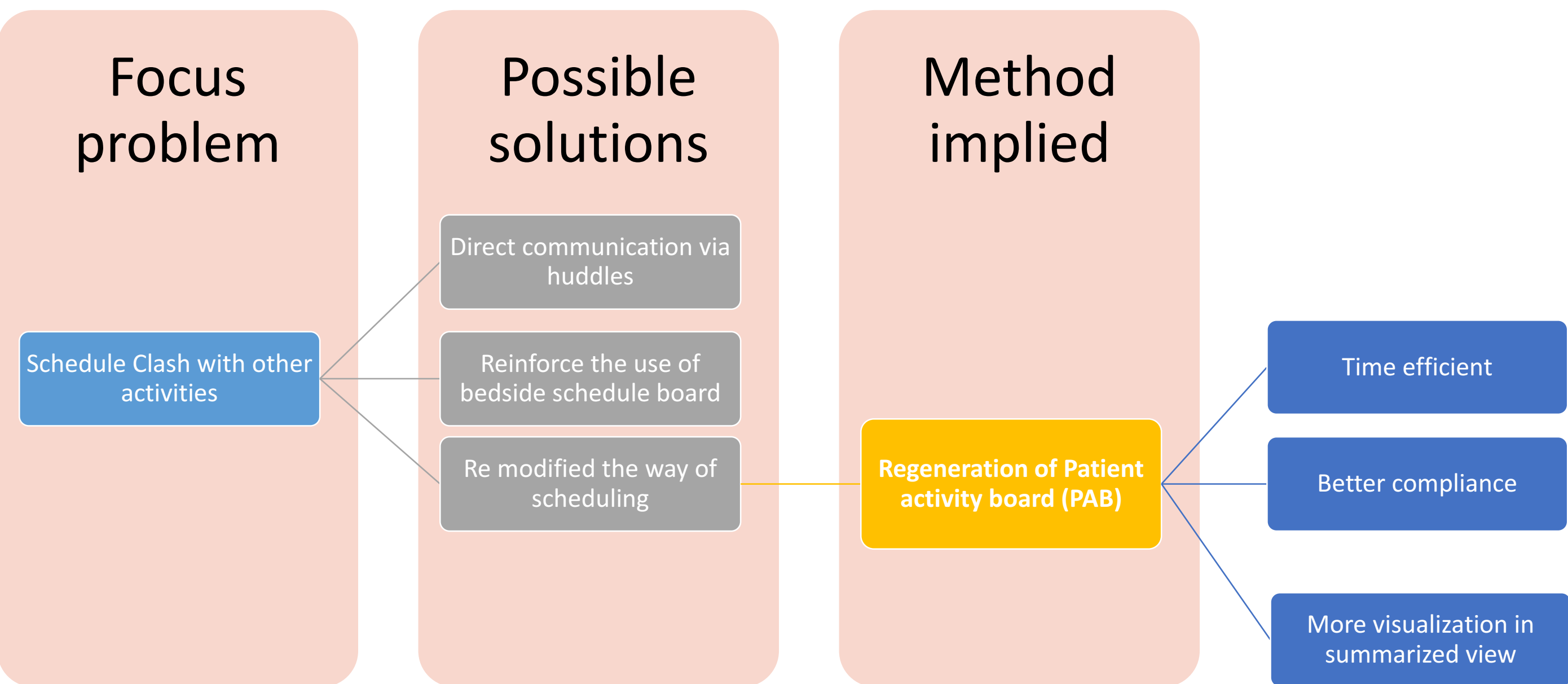


Figure 1: Reasons of not being ready when therapists approach to patients at the planned time

Methodology



Ward 64 - HOUSE 1 Patients' Activities Board

Timing	9-10am	10-11am	11am-12noon	12noon-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	Remarks
Bed 1		P	Armeo	ST			PT	Psy OT		
2	OT	PT			ST			Andago		
3		ERIGO	PT				Clinic review	O	OT	
4	ST		Andago			Echo	OT	PT		
5	PT	Psy OT				OT	ST	GEO		
6				OT		PT				
7	Andago	PT	OT	Plan discharge						CGT
8	PT	OT	ST							
9							M	PT	OT	
10		Andago	PT	OT		ST		Armeo		

P - Patient Factors O - Other Factors M - Medical Factors
 PT - Physiotherapy PT (S) - PT Session OT - Occupational Therapy OT (S) - Occupational therapy session ST - Speech Therapy ST (S) - Group therapy ST - Rehabilitation therapy Psy - Physiotherapy Andago - Occupational therapy Echo - Occupational therapy GEO - Occupational therapy M - Clinic assessment CGT - Clinic assessment

Paper Format

Magnetic Board



Results

Delays decreased after implementation of PAB from baseline of 44 per month to 21, 39, 18, 22 over consecutive months, achieving the target of 30% (less than 30.8 incidents per month) in 3 out of the 4 months during the project (Figure 3).

Responses from 41 healthcare personnel surveyed noted that PAB was easy to use (78%), facilitated nursing and therapy planning (71%), improved patient engagement with pre-arranged schedule (85%), maximized patient therapy time (81%) and improved coordination between therapy and nurses (83%). 34% felt that PAB increased their workload significantly. (Figure 4)

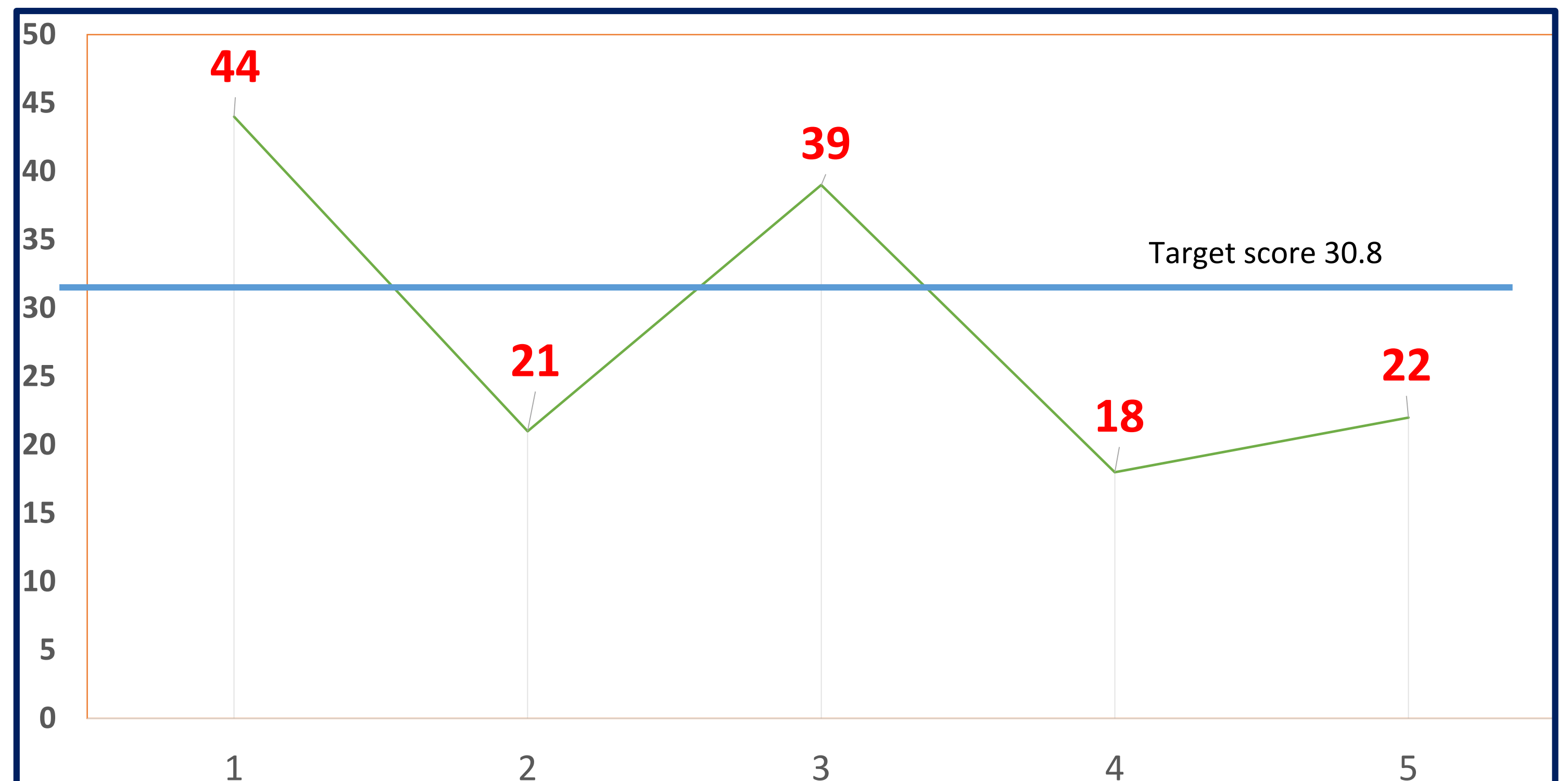


Figure 3: Total number of incidents showing therapy timeslot clash with the use of PAB

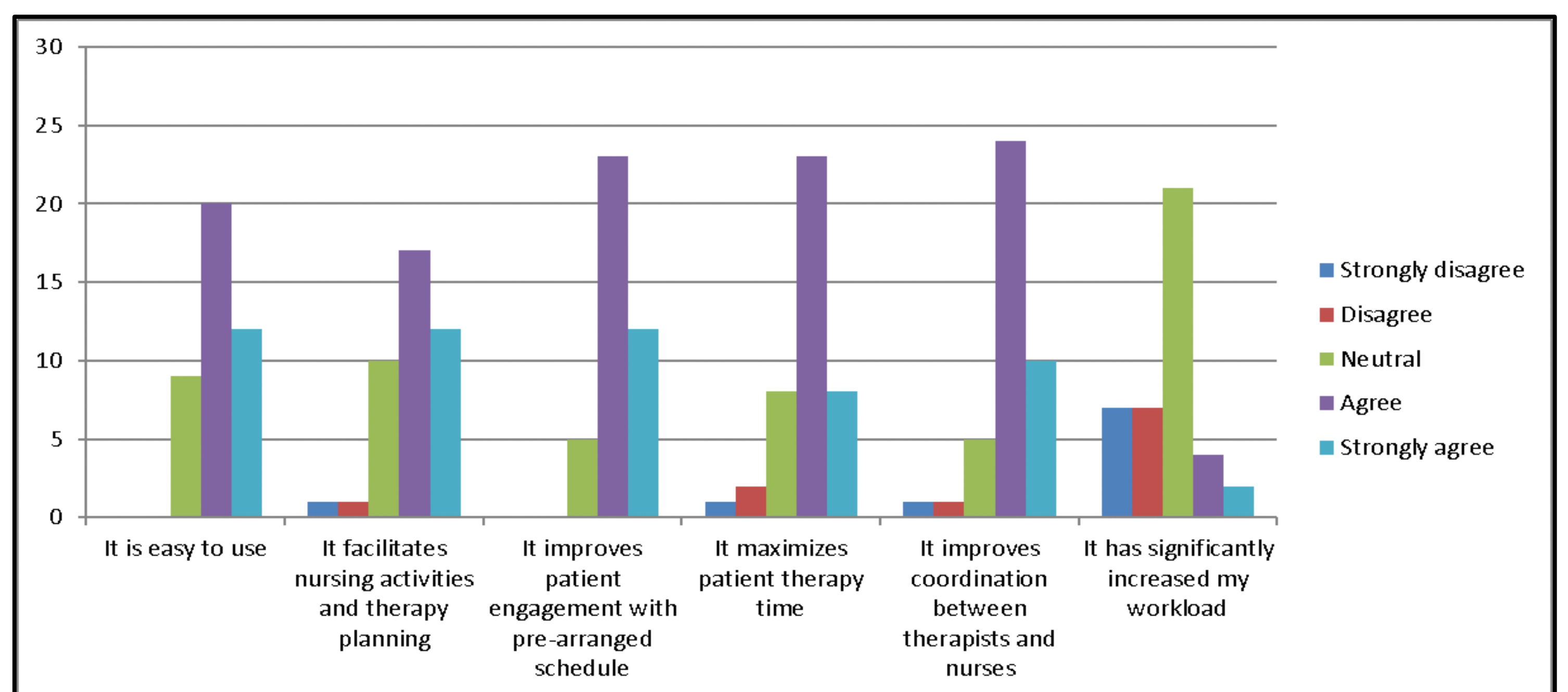


Figure 4: Feedback from Nurses and Therapists on use of PAB

Conclusion

Preliminary findings of our project suggests that PAB increases the utilization of time for therapy and facilitates planning among healthcare personnel, although there was a minority who felt it was an extra workload to the health care providers.

PAB has been upgraded paper form to a larger magnetic board displayed in 3 houses of Ward 64 which are more easily accessible and interpreted to schedule patients' activities effectively. In the future, we plan to enhance PAB to electronic display.

PAB is also adopted by other rehabilitation ward (ward 55). Moving forward, PAB will also be introduced to geriatric wards in Integrated Building. Feedback from healthcare personnel will be continuously gathered to improve workflow processes, reduce excess workload and optimize reception among the parties involved.