

IMPROVING ED PATIENT EXPERIENCE

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Define Problem, Set Aim

Problem Statement

In 2021, ED's Patient Experience Score (PES) was 76.1%, and this score declined to 68.9% in 2022, highlighting significant challenges that need to be addressed to improve the quality of care and overall patient experience.

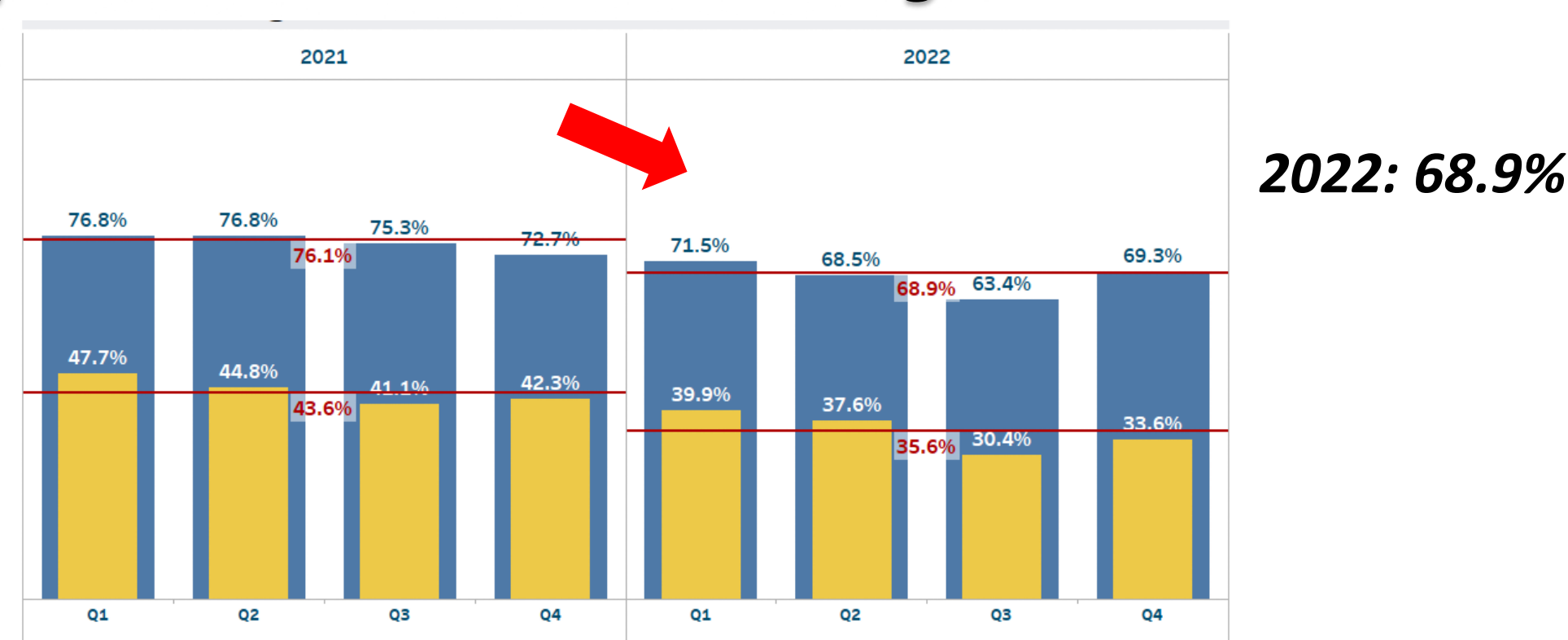
Staff focus group sessions have also identified issues with workflows, culture and teamwork, exacerbated by COVID-19 and post-COVID stressors. These factors may have impacted staff sentiments, operational efficiency and patient experience on ground.

Aim Statement

To enhance patient experience in ED, the ED Patient Experience Workgroup aims to improve our PES score from 68.9% in 2022 to at least 75% by the end of 2024. This will be achieved through the collective efforts of all stakeholders and staff in ED, with progress tracked through specific measures corresponding to each initiative and intervention implemented.

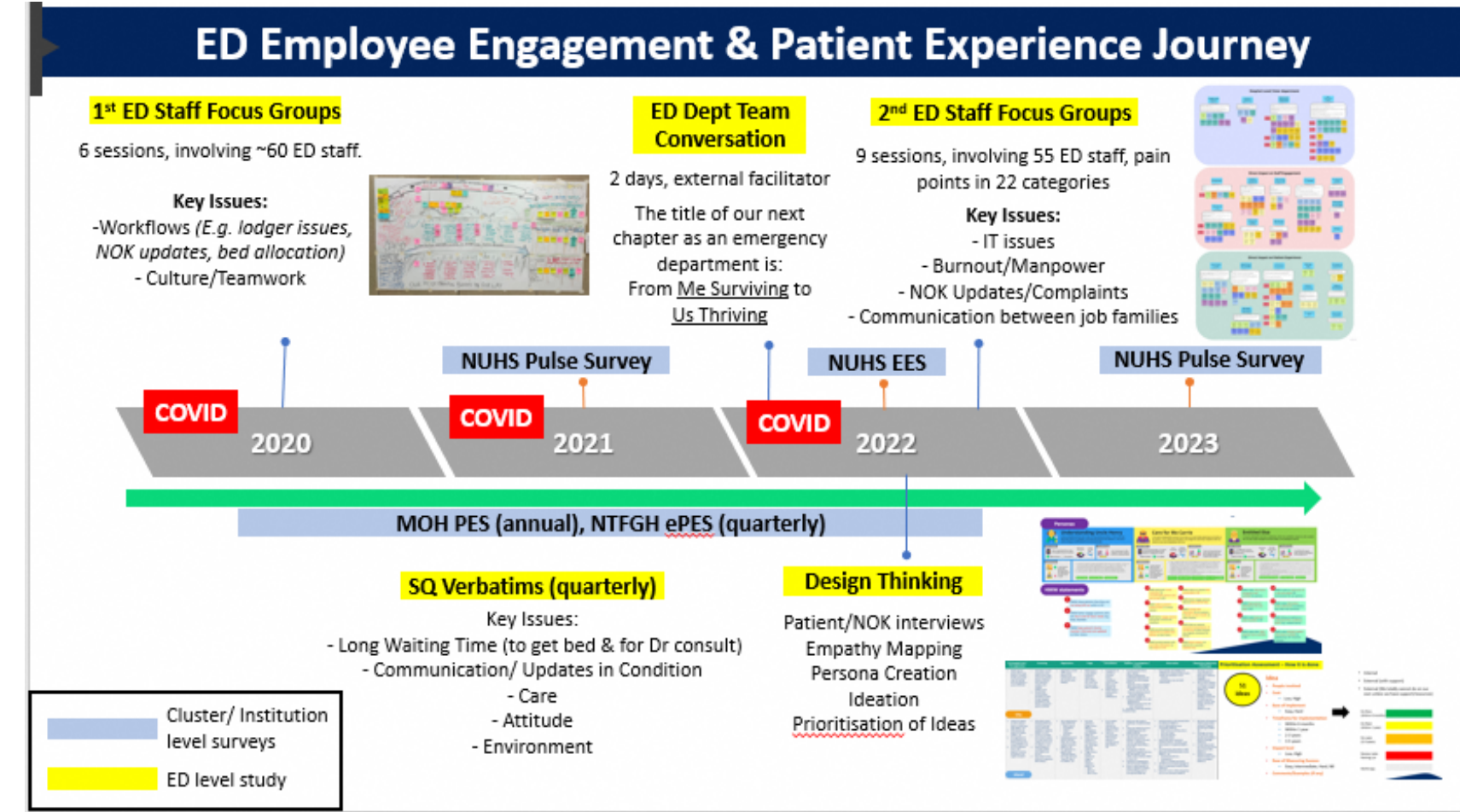
Establish Measures

ED Patient Experience Score Overall Rating



Analyse Problem

To address the decline in our ED PES, we undertook an analysis that focused on both our staff and our patients, guided by our belief that if our staff are cared for, they will also care for our patients.



1. Engaging Our People: ED Staff Focus Group Sessions

Staff were engaged through a series of staff focus group sessions. We also leveraged on existing NUHS pulse surveys and EES findings.

Identifying pain points: Staff identified several key issues impacting their work and patient care, including IT issues, staff burnout, lack of manpower, insufficient updates to next of kin leading to complaints, workflow issues and communication gaps between different job families.

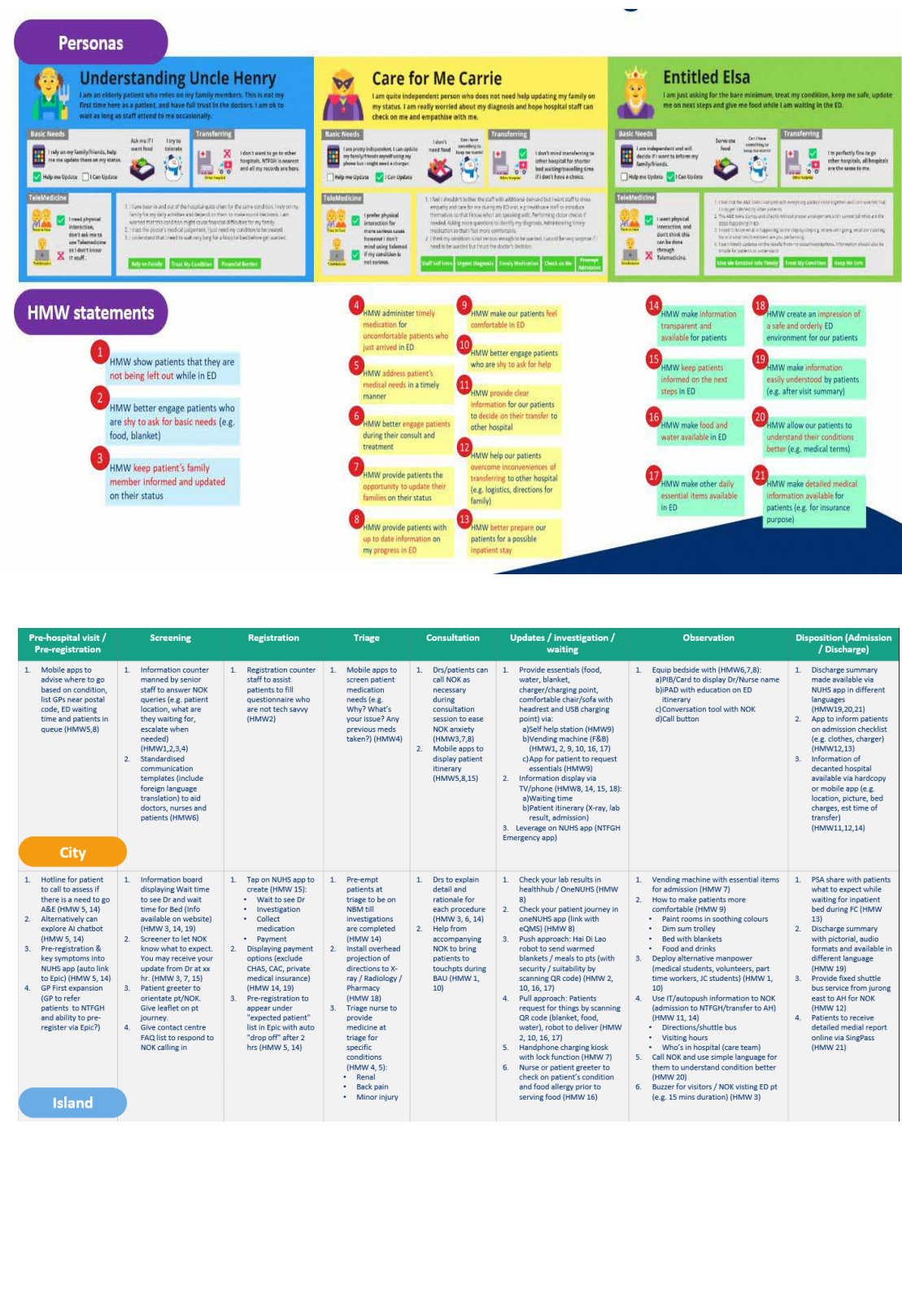
2. Understanding Patient Needs: Design Thinking Approach

ED Patient Experience Workgroup, together with QII team, used Design Thinking methodology to gain a deeper understanding of our patients/NOKs spoken and unspoken needs.

Patient and NOK Interviews: Interviews were conducted with patients and NOKs to hear directly about their experiences in the ED. This allowed us to identify specific areas where patient expectations were not being met and to understand the emotions and concerns that may not be immediately expressed.

Empathy Mapping and Persona Creation: Using the data from interviews, empathy maps and personas that represented 3 different types of ED patients were developed.

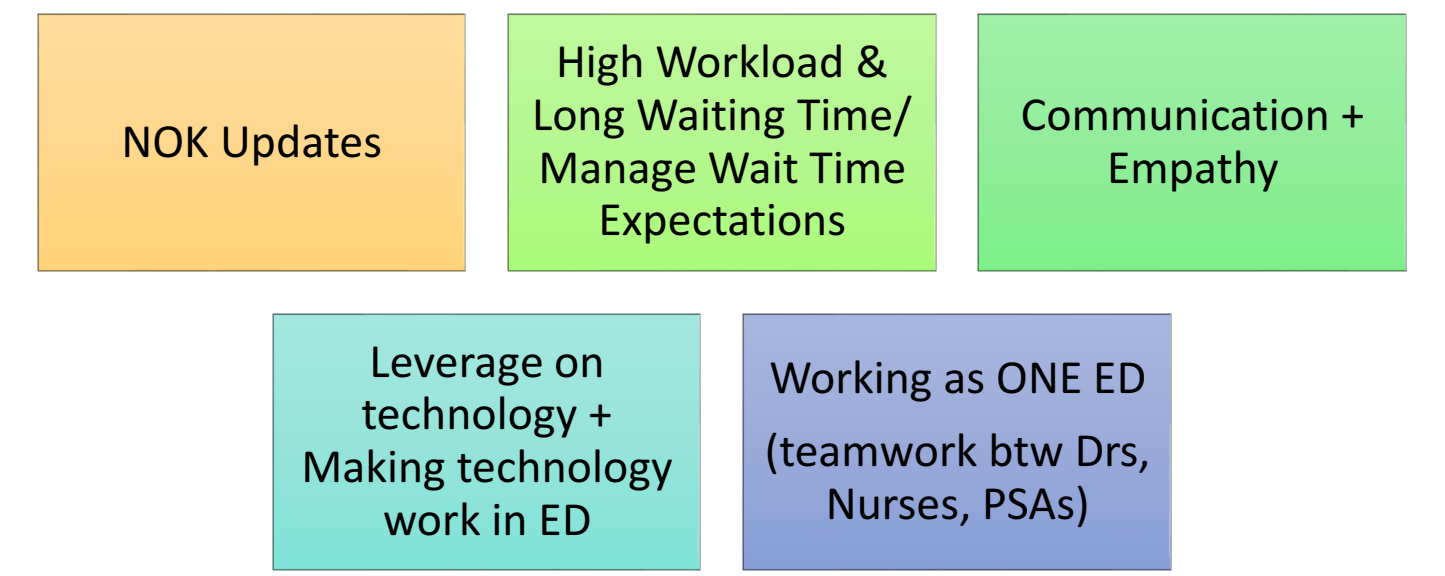
Ideation: An ideation session was conducted, involving ED staff from all job families/functions, to brainstorm ideas and solutions to improve patient experience based on the personas. By involving our ground staff in this process, we wanted the solution to be both practical and aligned with the realities of the ED environment.



Select Changes

A prioritization of ideas was done in the following manner:

Prioritisation Assessment - How it is done



- To ensure focus and sustainability, it is crucial to group ideas into realistic timeframes- "Within 6 months", "Within 1 year", "2-3 years", "Parking Lot".
- Ideas were assigned to leads for accountability.
- Most of the issues revolved around these themes and change ideas largely addressed these key themes.

Test & Implement Changes

ED embarked on various initiatives and workflow changes to address the key themes identified, and in line with our timeframes set. We prioritised ideas based on the timeframes established above and ensured alignment with existing ED projects to avoid duplicative efforts.

A. Continuous improvement with PDSA cycle Iterative testing & refinement + Diverse solutions

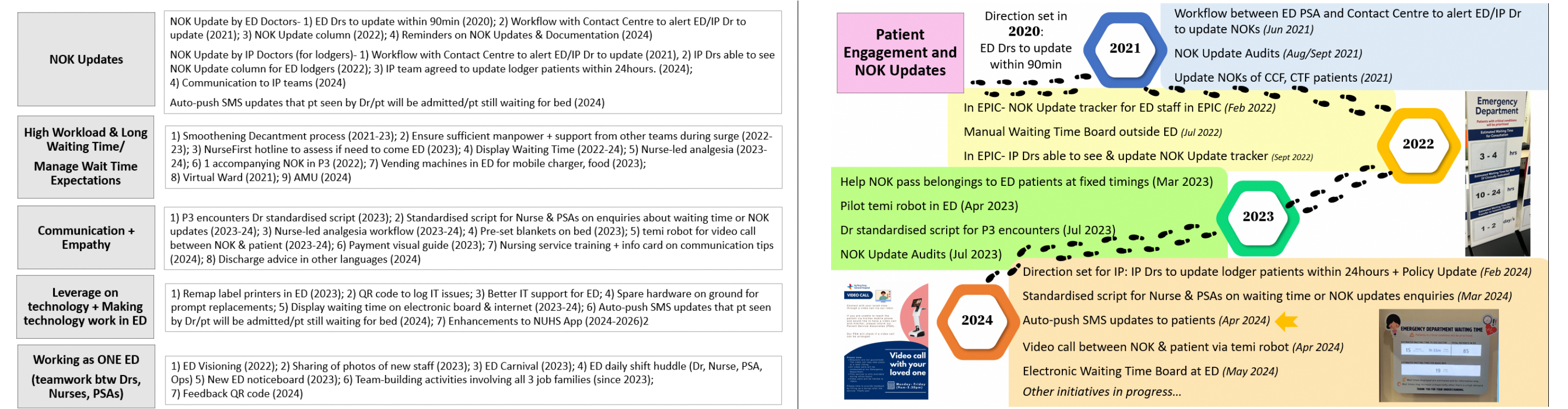
The table below outlines different initiatives introduced over time as complex issues often require multiple adjustments and no single solution is sufficient. Some initiatives may also require collaboration with non-ED stakeholders.

Examples:

As building an ED waiting time dashboard requires time, we started with a manual standee first in 2022 and implemented the electronic waiting time dashboard in 2024.

temi robot was piloted in 2023 for 1 month first to test the concept before procuring in end 2023.

Besides improving workflows, triggering reminders and setting expectations on updating NOKs timely, auto-push SMS updates was also introduced to patients in 2024 to help keep NOKs updated on patient's status.

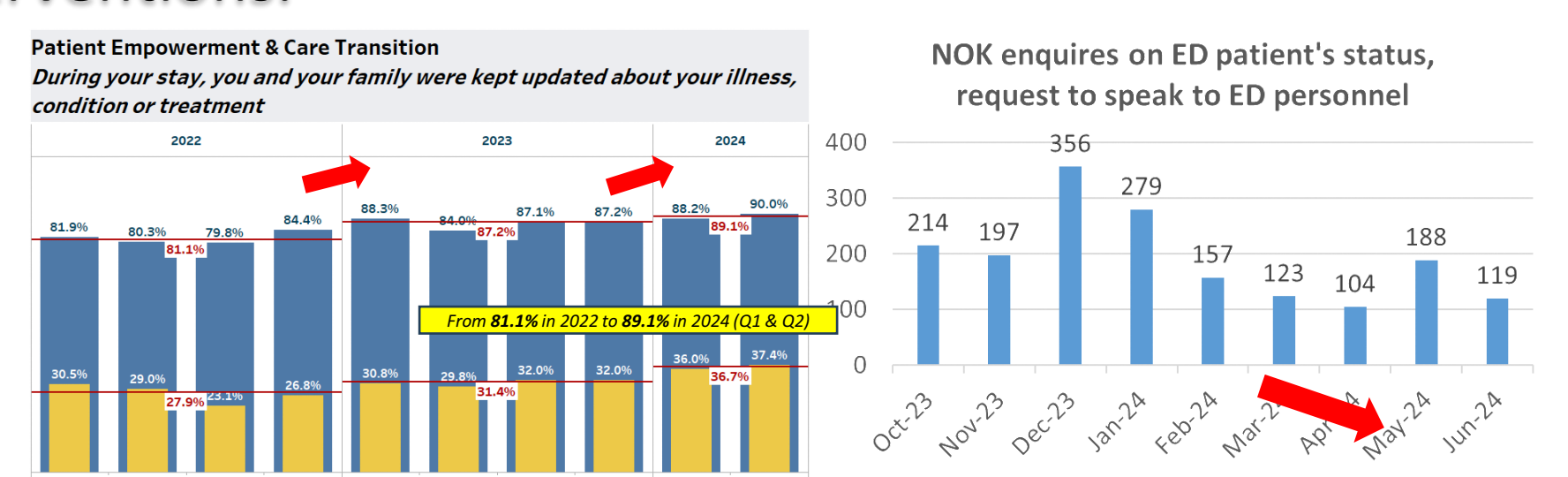


B. Monitoring Specific Indicators

While our focus was on improving our overall PES score, we also tracked specific indicators to assess the impact of targeted interventions.

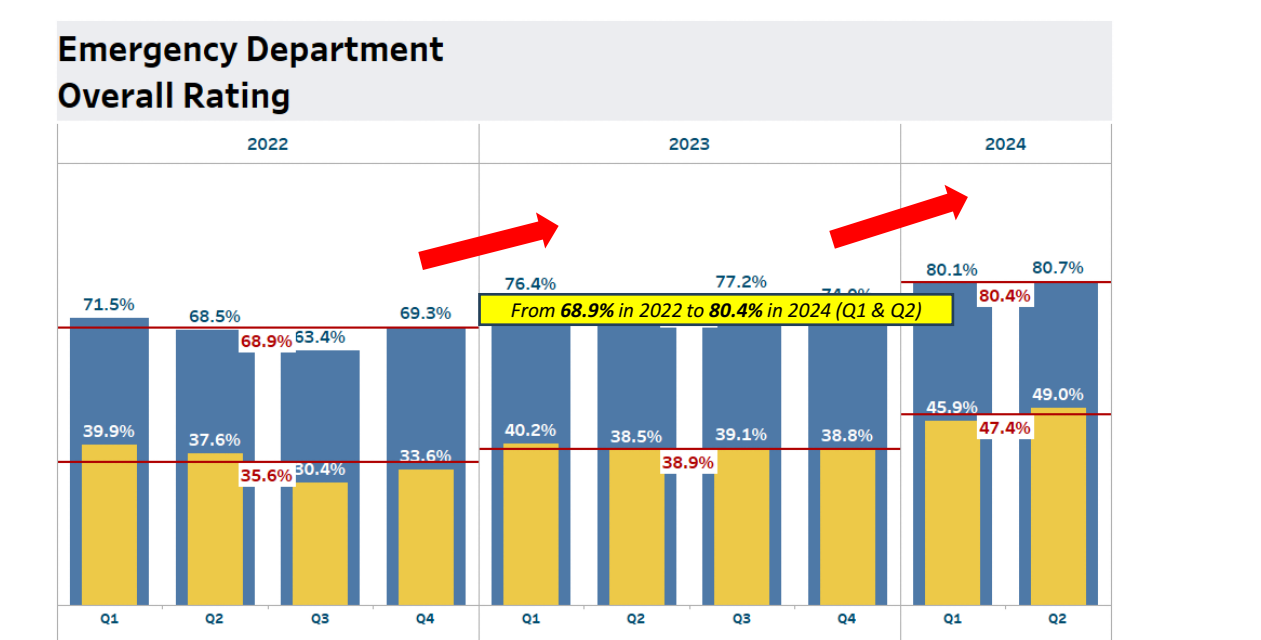
Example:

To review if our initiatives to improve NOK updates are working, we also monitored the care transition question in PES as well as tracked the no. of calls received by our Contact Centre regarding NOK queries on ED patient status. (See charts to the right)



C. Monitoring Overall Performance

ED PES score improved from 68.9% in 2022 to 74.9% in 2023 to 80.4% in 2024 (Q1 & Q2). Our team is conscious that many factors can affect patient experience. We need to continue to monitor the trending.



Spread Changes, Learning Points

Strategies to spread change

Our key initiatives were shared at the PECSC platform, for PE representatives from inpatient and SOC setting to cross-learn and apply in other patient care areas if relevant. Our team has also shared our approach in managing PE with inpatient PE team.

Key Learnings

1. Accountability is key

ED HOD, ED Nursing ADON and ED Ops Head discussed all the ideas and assigned team leads for each change idea. If more than 1 job family (ops, nursing, doctor) is involved, leads from each job family was identified. Leads could focus on the delivery and improvement of the initiative, while ensuring accountability. As there are many initiatives ongoing, assigning different team leads also ensure we do not overburden any single individual.

2. Build the momentum

In 2023, we are on a momentum to roll-out the ideas, we held monthly ED Patient Experience Workgroup meetings with our leads which was helpful to track progress of all the ideas that are "Within 6 months" and "Within 1 year".

3. Remember staff experience while we work on patient experience

It is important to remain understanding if there are months where progress might be slow. Seek to understand always. Patient experience is a continuous journey. While we want improvement, we must always remember if our staff are cared for, they will also care for our patients. Improvements should help our staff too so that it is a win-win.

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