

FamilyConnect & FamilyVisit Automated Appointment System

Allowing You to connect with your loved ones seamlessly

李亞妹安老院
LEE AH MOOI OLD AGE HOME

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1. Context

During the COVID-10 pandemic, whilst trying to balance medical safety of our residents and their social needs, Lee Ah Mooi Old Age Home (LAMH) decided to employ the use of technology to enable Next-Of-Kins (NOKs) to connect with their loved ones via Zoom video-conferencing (VT).

2. Brief Outline of Issue

Original process of manually handling appointments for VT was laborious and placed stress on our staff as they also had other duties, including conducting the VTs.

Poor availability of assistance from staff also caused some frustration with NOKs who tried to phone in during the evening hours or weekend to make VT appointments.

3. Implementation

We planned to create an interface that helps automate and collate all booking details. The system should also help send reminders to visitors for upcoming appointments and will provide some baseline information that visitors can read before making an appointment. Most importantly, we needed the system to integrate with Zoom so that it may generate a unique meeting ID automatically for every booking to ensure the security and privacy of the residents' and their NOKs.

Calendly was picked for its clean interface and easy-to-configure system. It also integrated well with Zoom and our Microsoft 365 account which enabled us to share the Outlook calendar with various teams for collaboration.

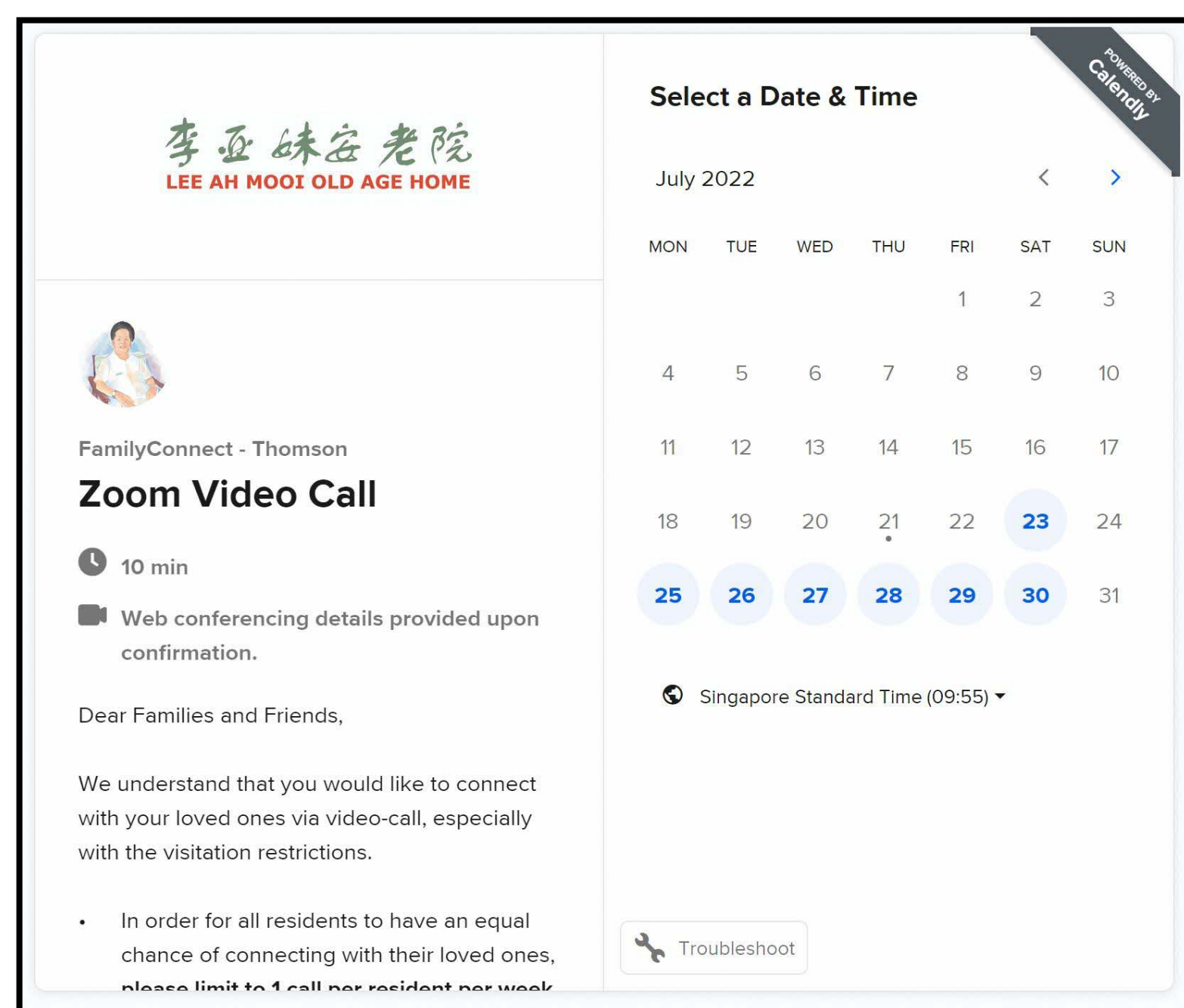


Fig 1. FamilyConnect Appointment Calendar powered by Calendly

4. Effect of Changes

Post-implementation, various tasks were made redundant, such as reminders for VT, handling of most VT appointment changes or cancellation, or the manual documentation of VT. Technical issues and “no-shows” were also markedly reduced due to auto-issuing of simplified one-click Zoom links and automated reminders, respectively.

As part of our strategic pillars of ‘Smart Workforce’ and ‘Learning Organisation’, we redeployed the VT task from our Therapy Aides (TAs) to our Senior Care Aides (SCAs), who are aged above 65 on average. This allowed our TAs to focus their time on clinical care or other important tasks.

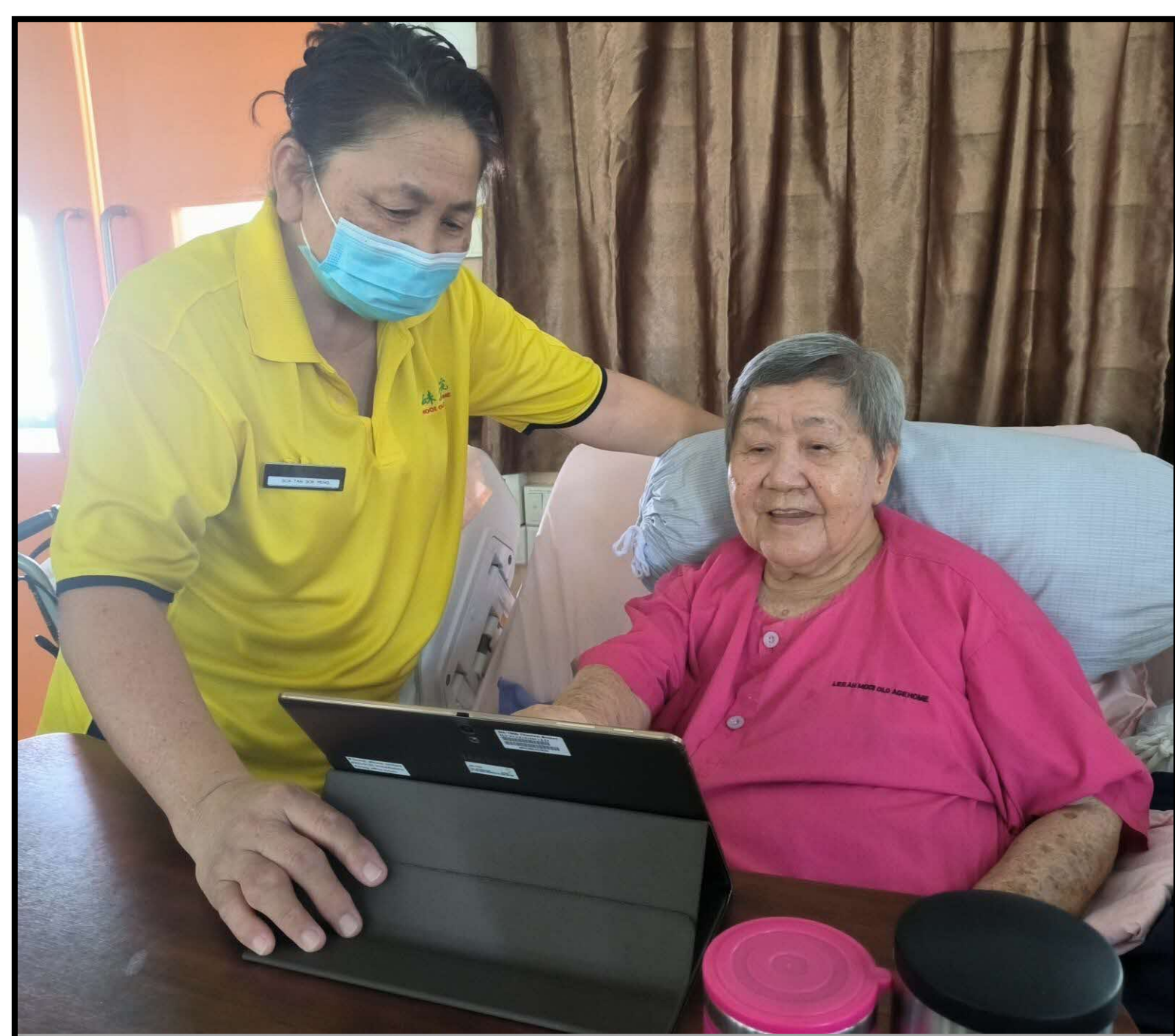


Fig 2. Our SCAs helping residents connect with their loved ones

5. Adoption and Scaling-up

The initial scale up was from our Silat branch to the main Thomson branch. Eventually when visitation measures were less restrictive, we adopted the FamilyConnect system to FamilyVisit. This enabled us to cope with the resources required to handle the high demand of visits from NOKs without compromising in other aspects of care or customer service.

Although additional staff and customer training was required, the adoption to FamilyVisit was relatively easy, as most of our key stakeholders already have experience with FamilyConnect, and both systems share many similarities.

With both systems in place, we utilised the Routing Form feature to easily consolidate multiple digital forms and URLs.

This also helped eliminate the issue of NOKs making visitation appointments at the wrong branch.

Fig 3. With a single URL, Routing Forms helps consolidate multiple appointment calendars

6. Sector Sharing & Succession Planning

The philosophy of our founder, the late Madam Lee Ah Mooi, was “helping as much as possible.” With that in mind, LAMH created and shared a setup guide to AIC with the intention of disseminating this to other community care organisations during the early days of the pandemic. A similar FamilyVisit picture guide was also made as part of succession planning.

To facilitate team trainings for both experienced and fresh staff, a concise ‘Best Practices’ document was also created that outlined basic principles on conducting VT. Such trainings also help enable two-way channel for feedback and issue-reporting.

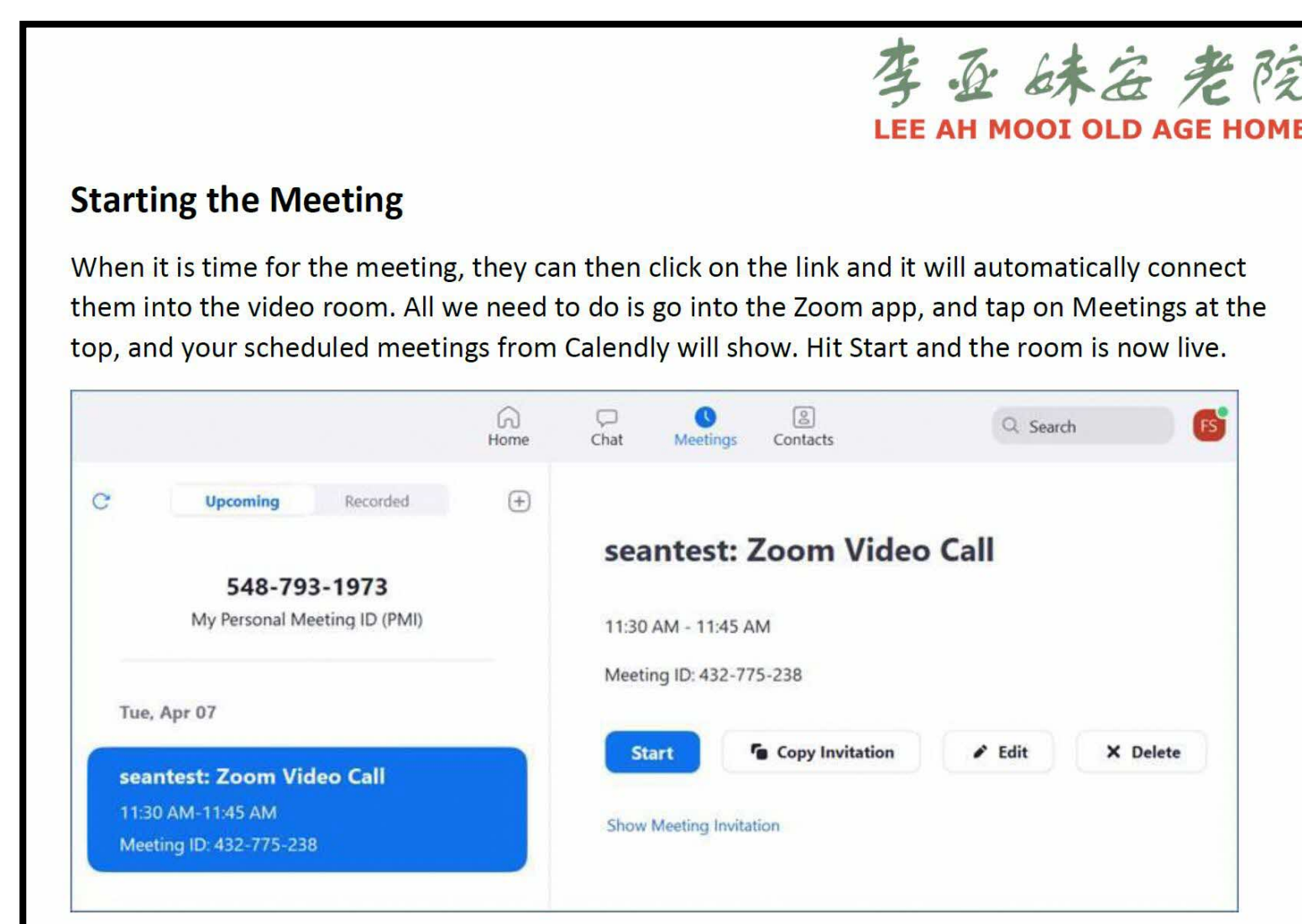


Fig 4. Picture guide for setting up a FamilyConnect system

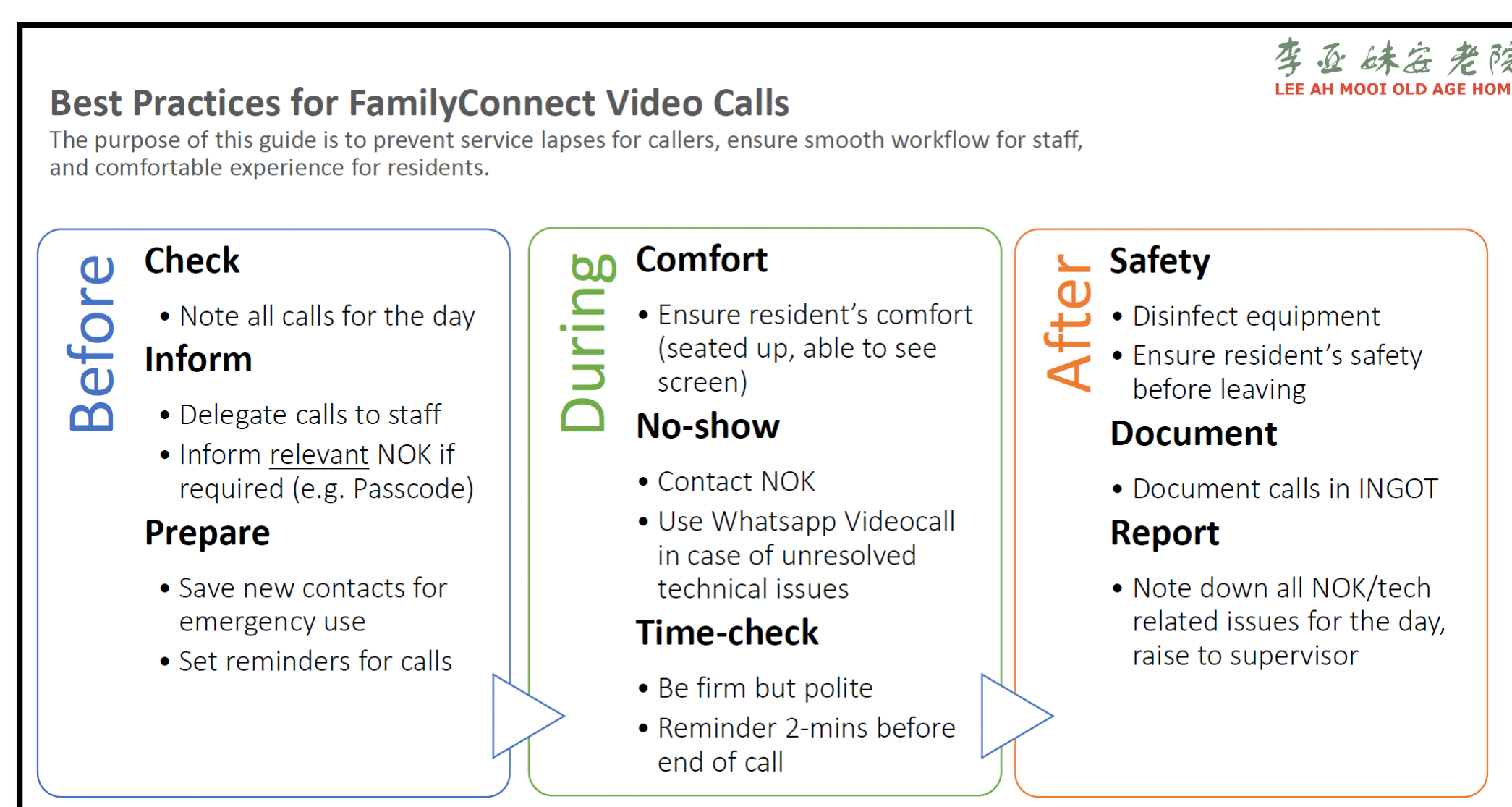


Fig 5. Concise one-pager that outlines Best Practices for VT

7. Conclusion

Overall both systems were able to maximise our resources efficiently and our workflows were far less error-prone. Through in-person interviews, staff have reported the ease-of-use as compared to traditional methods of documentation, and applaud the reduction of hotline calls for appointment-related enquiries.

NOKs also expressed satisfaction at the increased convenience and ease-of-use of this system, and they were also able to change or cancel existing appointments via the same channel, with no need for staff intervention.

