

Enhancing inpatient empowerment through co-developing personalised scheduled routine

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Background

- Hospital admissions often disrupt patients' routines, reducing autonomy and engagement in recovery.
- The causes of this issue stem from systemic factors such as rigid institutional schedules that prioritize healthcare provider availability over patient preferences, and no available scheduling tools for patients to access or co-develop their daily schedules with their healthcare providers.
- This initiative focuses on empowering patients by involving them in co-creating personalised daily schedules during their hospital stays via the MyChart @ Bedside application.
- At Integrated Care Hospital (ICH), patients will have access to MyChart@bedside app which will allow patients and caregiver to view their individualised therapy schedules and other health related information.

Methods

Phase 1A (Jan-Mar 23)

Aim:

- 1) Understanding patient priorities on scheduled activities.

Method:

- 1) A survey was conducted to identify key activities and preferred modes of engagement.

Outcome:

- 1) Patients highly value being informed of their scheduled routine such as medication schedules, specific nursing activities (such as NGT), meal timings, therapy sessions and doctor rounds.

Phase 1B (Apr – May 23)

Aim:

- 1) Getting Buy-Ins from the various departments.

Method:

- 1) Demonstration by NHGHQ FG7 team on EPIC Snapboard and Cadence System, presenting the benefits and various functionalities to rehab allied health staff.
- 2) Discussion on overarching principles for interdepartmental scheduling to avoid disagreements (e.g. medical procedures would take precedence in event of emergencies).

Outcome:

- 1) Staff agreeable that the scheduling system will compliment Rehab care model.

Phase 2A (Jun – Sep 23)

Aim:

- 1) Development of training materials, snapboard configuration and technical setup, scheduling workflow, and implementation strategies.

Method:

- 1) Training of 6–8 superusers and staff on Snapboard features and configuration.
- 2) Finalisation of Snapboard configuration and scheduling workflow.

Outcome:

- 1) Training of all staff and TTSH rehab and TTSH Renci trial ward at Level 8 have completed their trainings completed by early September 23.

Phase 2B (Jun – Sep 23)

Aim:

- 1) Implementation strategies of activities scheduling at ICH.

Method:

- 1) Scaling up of activities scheduling for all patients in Tertiary Rehab (TR) and gradually to all wards at Intermediate Rehab/Subacute Rehab (IR/SA).
- 2) Review and refinement of scheduling workflow to evaluate system usability for sustainability.
- 3) Engagement of other allied health professional to onboard activities scheduling using Snapboard.

Outcome:

- 1) Full implementation for all inpatient wards at ICH, scaling up based on bed opening.
- 2) Professional groups such as psychologists, dietitian and medical social workers were onboard for activities scheduling.

Phase 3A (Jul–Aug 24)

Aim:

- 1) Gathering of patients' overall experiences in using the "What's Happening Soon" feature in MyChart @ Bedside.

Method:

- 1) Patient Engagement Study: A survey of 50 inpatients shared their experiences on using the "What's Happening Soon" feature in MyChart @ Bedside to improve engagement.

Outcome:

- 1) 75% had positive experience in using MyChart@bedside application to check information related to their rehabilitation program or medical condition
- 2) 85% of them will recommend Mychart@bedside application to other patients.

Phase 3B (Sep-Dec 24)

Aim:

- 1) Enhancing clinicians' and patients' experience on the use of Mychart@bedside application.

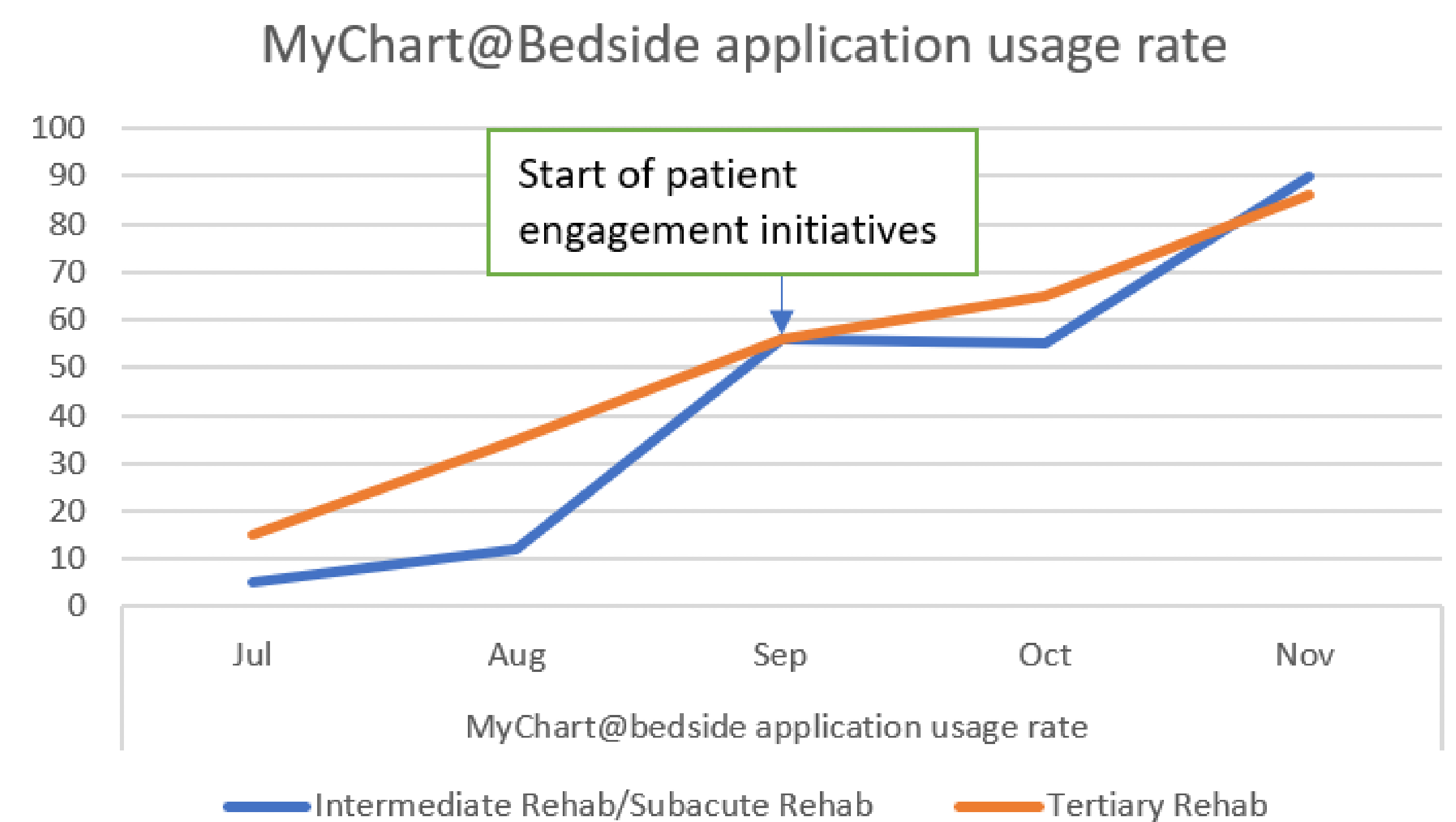
Method:

- 1) Development of clinician and patient engagement strategies such as staff to engage patient daily to view their MyChart@Bedside application.
- 2) Development of tipsheets and video on navigation of MyChart@bedside application for clinicians and patients.

Outcome:

- 1) A significant increase in MyChart@bedside application usage rate

Results



Key Strategy for Change

Detailed Description of Changes:

The key change was the introduction of an electronic scheduling system via EPIC Snapboard for staff and via MyChart @ Bedside application for patients, allowing patients to co-develop their schedules with providers, improving patient ownership and engagement. This includes:

- **Education and communication:** Communication on the new initiative to the clinicians and showing them how this new scheduling system will benefit our care model and findings from patients' interview. The education and training process involves contextualisation of the training materials.

- **Participation and involvement:** Discussion sessions were conducted to secure departmental adoption. Engagement sessions with different professional groups to understand their scheduling needs and important features/functions that are essential in the scheduling workflow. Discussions with EPIC and IT departments to assist in setting up the IT infrastructure with the required applications in the iPads at patient's bedside, as well as setting up of the ICH Snapboard scheduling system.

- **Facilitation and support:** Introduction of super-users to provide timely feedback to the IT/ admin team and ground support to clinicians who experienced any scheduling issues. Regular team meetings were held to brainstorm solutions to challenges faced by different teams during implementation.

- **Negotiation and agreement:** Allowing each team to have their own flexible scheduling work process such as what is the cutoff timing for that day schedule. Having mandatory outcomes that are agreeable for all stakeholders.

Lesson Learnt

Lessons Learnt:

- 1) **Importance of Stakeholder Engagement:** Early engagement of stakeholders to ensure buy-in is crucial for ensuring smooth implementation. Clear communication with staff can help address concerns and encourage active participation.

- 2) **Regular Feedback:** Ongoing feedback from staff and patient during implementation is crucial or timely adjustments and improvements.

What We Would Have Done Differently:

1. Greater resource allocation for IT/ Admin support during initial rollout would have helped resolve technical issues more efficiently and reduced delays.

2. More robust integration planning before implementation, could have streamlined the number of changes required after implementation.

3. Ready "live" platform during training period would allow staff to have early access to the system so as to reduce staff anxiety to the new scheduling system.

Conclusion

- Inpatients are receptive in using MyChart@Bedside application to have better understanding of their rehabilitation program. The ability to preview their daily routine (therapy/ medication regime) and having additional information about their health status have encouraged patients to adopt an active role in their care. This helps to scaffold patient's ability to have better ownership of their health when they are discharged.

- From the survey, patients also recommended regular refresher training on the use of iPads and to regularly ask if they need help during their inpatient stay. They also proposed to community related resources such as daycare centre information and entertainment app (such as MeWatch/MeListen) to be included.

- **Patient Satisfaction:** Based on patients' positive feedback, "I have better awareness of my daily timings", "I can prepare for the therapy session such as going to the toilet first" shows that patient is keen to be updated of their scheduled activities.

- **Staff Satisfaction:** We managed to resolve issue related to the system and the adoption of a flexible workflow had led to high utilisation of the Snapbord scheduling system by clinicians. Snapbord scheduling system has become part of ICH care model and it is at a sustainable phase with ongoing training for new hire.

- Moving forward, we would like to continue to empower more patients to check in on their schedules as part of their inpatient routines.