



Engagement and Empowerment of Caregiver

Singapore Healthcare Management 2025



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Background

Aging population in Singapore is putting increasing pressure on the healthcare system. One crucial factor influencing this pressure is the level of caregiver involvement. Inactive caregiver is a complex national healthcare issue.

Overcoming inactive caregiver involvement require multi-faceted approach beyond hospitals' control such as government, communities and families joining in to create harmonies healthcare future for all. However, hospital can still play a part tackle internal hurdles. Hospital holds responsibility for creating environment that fosters caregiver participation. This project is aimed to focus on controllable factors within the hospital setting.

Mission

To increase caregiver involvement in the acute hospital setting by increasing the average number of tasks performed per trained caregiver from 4 to 5 tasks within three months in Ward 63C.

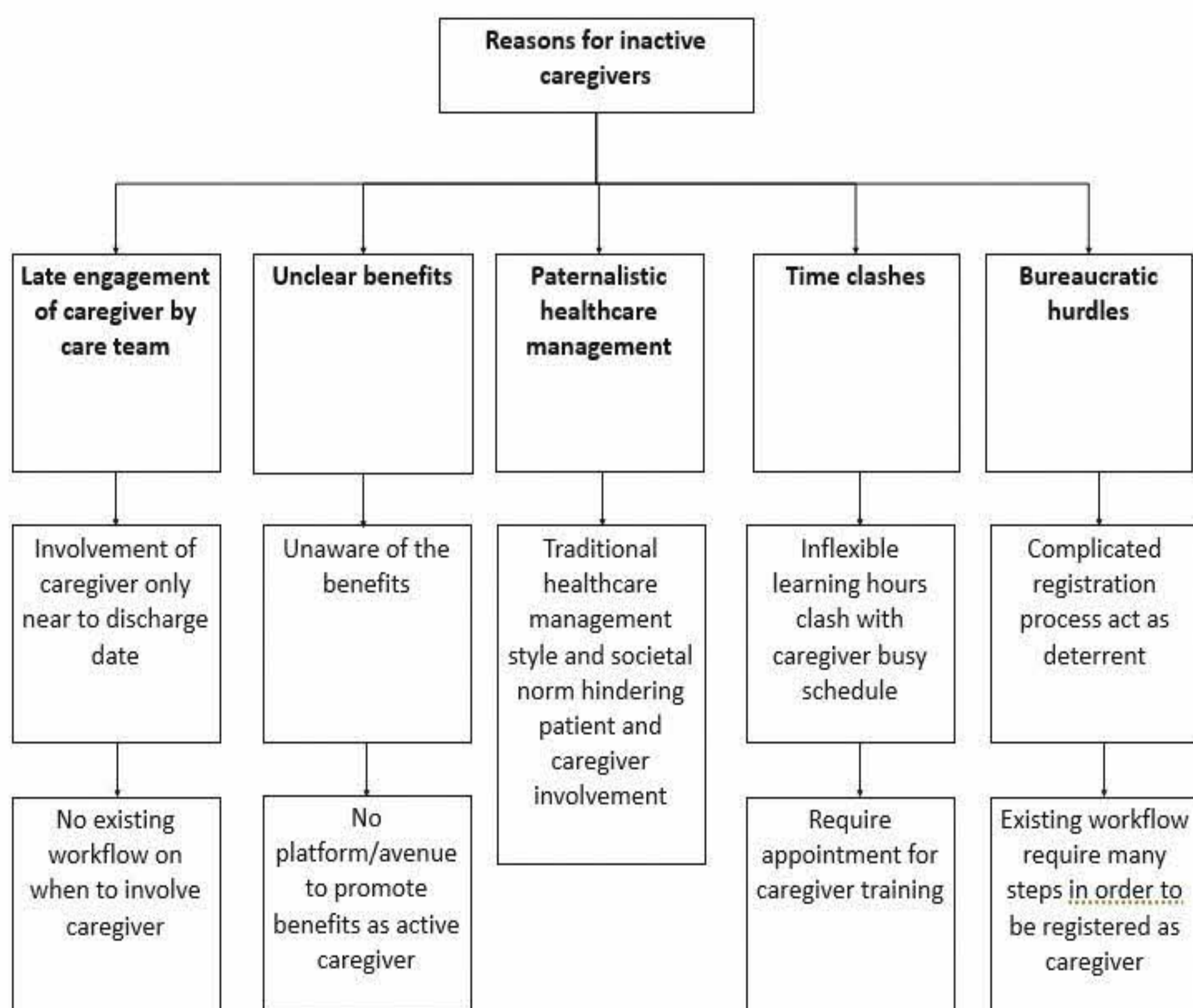
Through education, clear roles and supportive infrastructure, caregivers can provide basic care, emotional support which ultimately improving patient experience and freeing up resources.

The project aims to achieve two goals:

- Increase family members' willingness as registered caregiver during patient's hospitalisation
- Increase registered caregivers' willingness to stay as active partner in the healthcare system

By leveraging the potential of empowered caregivers, this project seeks to enhance patient experience with caregiver multi-faceted contributions, optimise resources and deliver better healthcare for Singapore's aging population. Activated caregiver is also able to continue quality care at home, easing pressure on hospital.

Analysis of problem

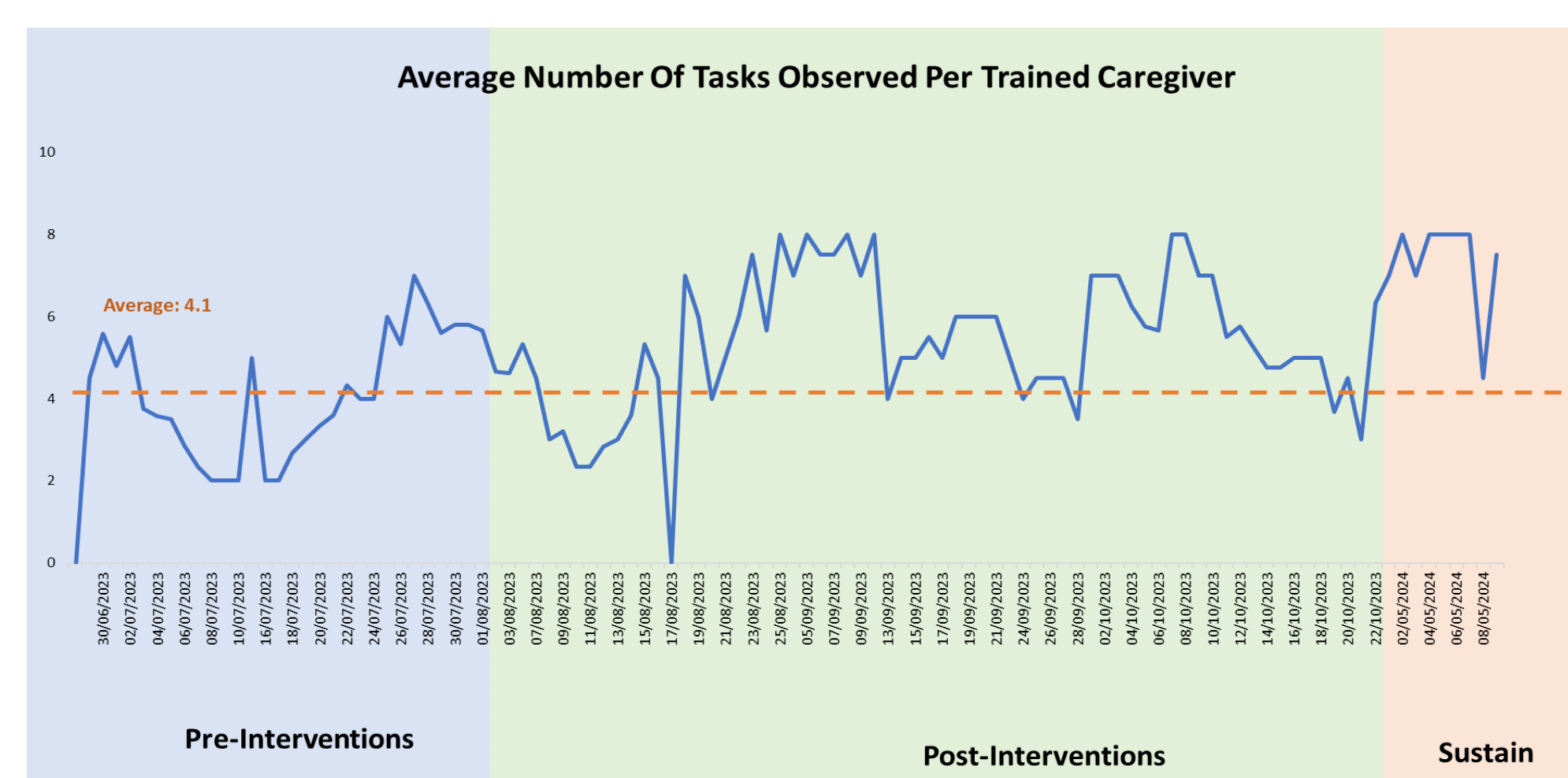


Interventions / Initiatives

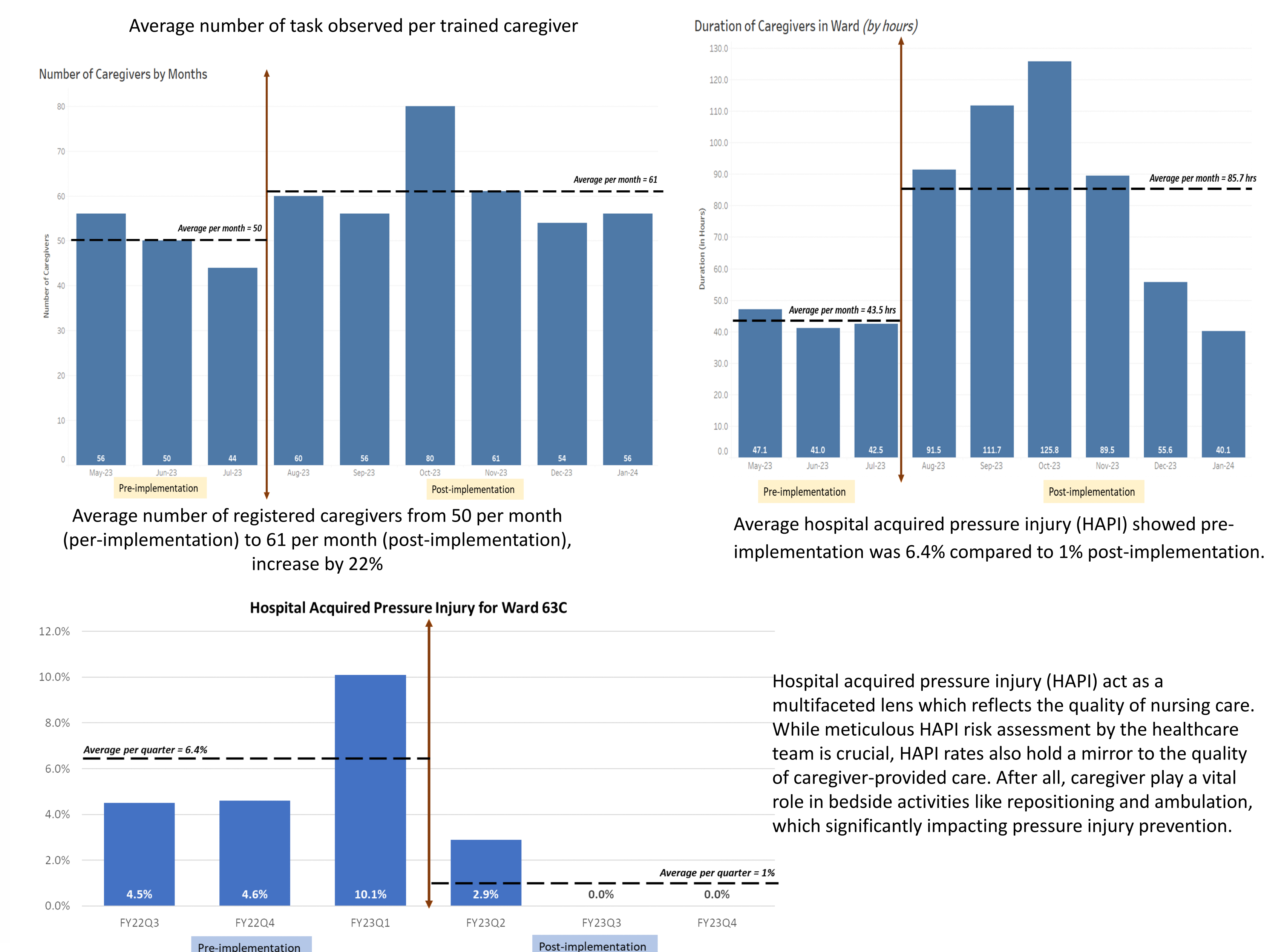
Early involvement	Promote benefits	Promote patient centered care	Define roles	Provide Flexibility	Simplify processes
Embrace early caregiver involvement as part of admission orientation.	Promote public awareness on the benefits as active caregiver.	Cultivating patient-centered care. Open dialogs with healthcare team to understand and address their challenges.	Define caregiver roles and responsibilities.	Provide flexible teaching and learning.	Simplify caregiver registration.
 Nurse promote benefits as active caregiver as part of admission orientation.	 Self-help pantry empower caregiver participate in patient's nutrition needs.	 Rounds of surveys and open dialog sessions, to gain insights into staff challenges and concerns.	 Brochure and nomination form with clear roles and responsibilities.	 Education materials available at the bedside device.	 Seamlessly transit existing visitors to caregiver using the new visitor management system.

Results

Total of 33 caregivers (over 138 days) were observed during the pre-intervention period and 43 caregivers (over 183 days) were observed post-interventions. Caregiver performed 599 tasks during the pre-interventions period and 888 task post-interventions over a



hospitalisation period of up to 7 days. The average number of task observed per trained caregiver increased from 4.1 during the pre-intervention period to 5.4 post intervention. This improvement is supported by statistical signals of improvement (SSOI).



Future plans

Recognising the potential impact, project team is embarking journey to test the feasibility and refine workflow in more diverse setting. The project will be extended to acute medical ward, Ward 73 and Emergency Department. This allowed the team further strengthen the approach to ensure smooth integration and maximum effectiveness across the entire institution.