CENTRE FOR HEALTHCARE INNOVATION

FELLOWSHIP IN HEALTHCARE INNOVATION AND LEADERSHIP

Designing psycho-social care programs for moderately distress patients at Tan Tock Seng Hospital- Integrated Care Hub, Ward 8 and 15

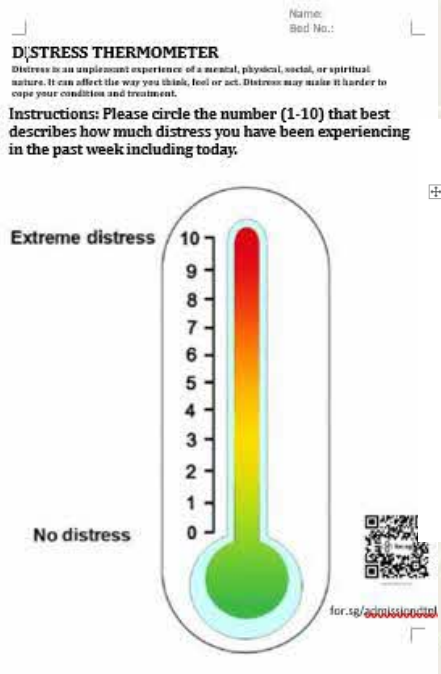
Ms Tess Hng Lijie
Principal Medical Social Worker, Care and Counselling
Tan Tock Seng Hospital – Integrated Care Hub

Background

Increasing evidence to show that social factors influence 80% of overall health outcome.

Reason for Action

Psycho-Social Care Package for All



Name:
Bed No.:

DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel or act. Distress may make it harder to cope your condition and treatment.

Instructions: Please circle the number (1-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

10 9 8 7 6 5 4 3 2 1 0

No distress

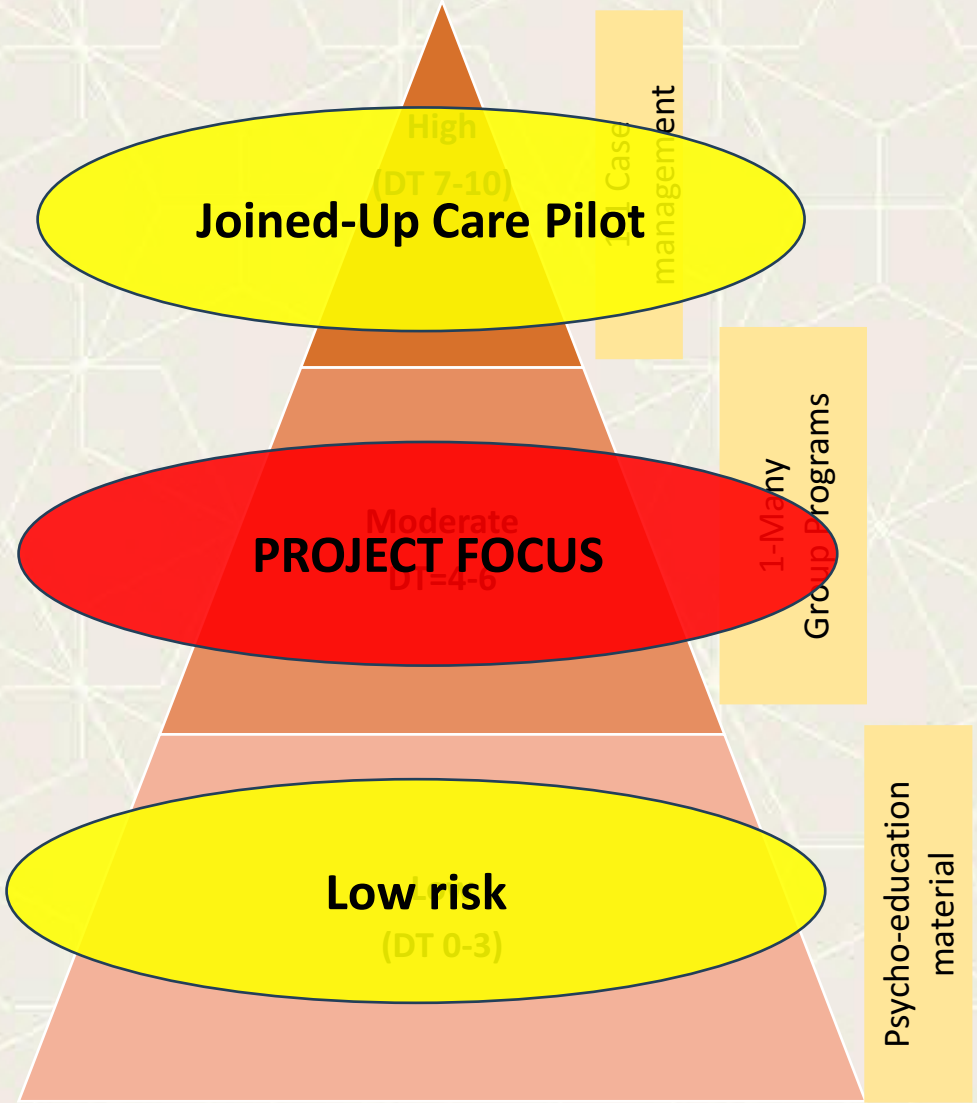
for.sg/admissionctel

PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today.
Be sure to check YES or NO for each.

Physical Problems	Yes	No	Social Problems	Yes	No
Pain			Relationship with family members		
Sleep			Relationship with friends or coworkers		
Fatigue			Communication with health care team		
Changes in eating			**Practical Problems**		
Loss or change in physical abilities			Taking care of myself		
Emotional Problems			Taking care of others		
Worry or Anxiety or Fear			Work or School		
Sadness or Depression			Finances or Insurance		
Loss of interest or enjoyment			Transportation		
Grief or loss			**Spiritual or Religious Concerns**		
Loneliness			Sense of meaning or purpose		
Anger			Spiritual or religious concerns		
Changes in appearance			Other problems: _____		
Feelings of worthlessness or being a burden					

Psycho-social screener



ICH Stepped Care Model

Current state

Low number of moderately distress patients who participated in social care program

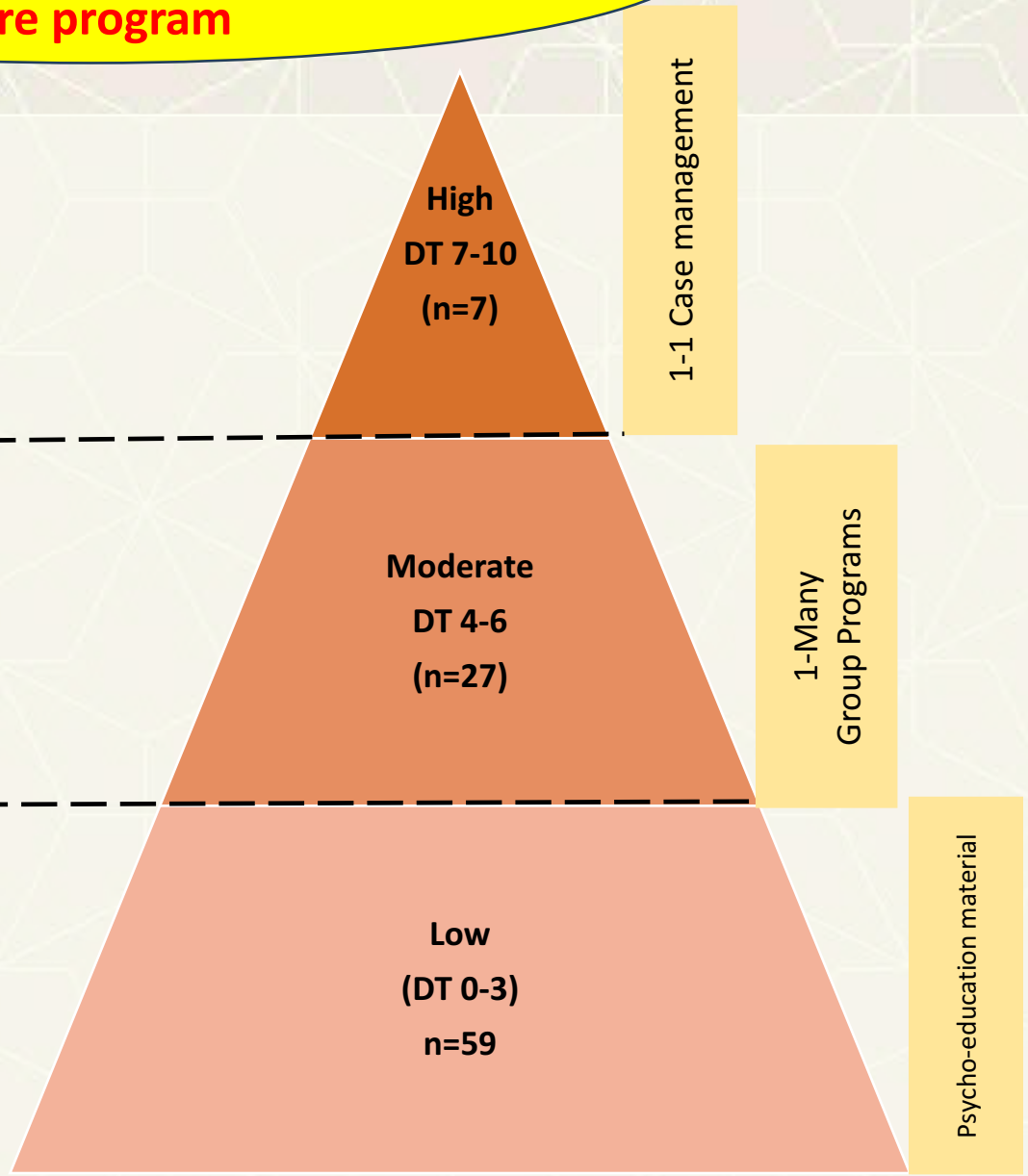
Sept to October 2024,

ICH wards 8G, 8H, 15G and 15H
All patients completed screened
N=93

Majority of the group program efforts are targeted for patients on Level 8 and Level 15

Received psycho-social care is defined as patients who attended the programs according to their stratified tier at least once.

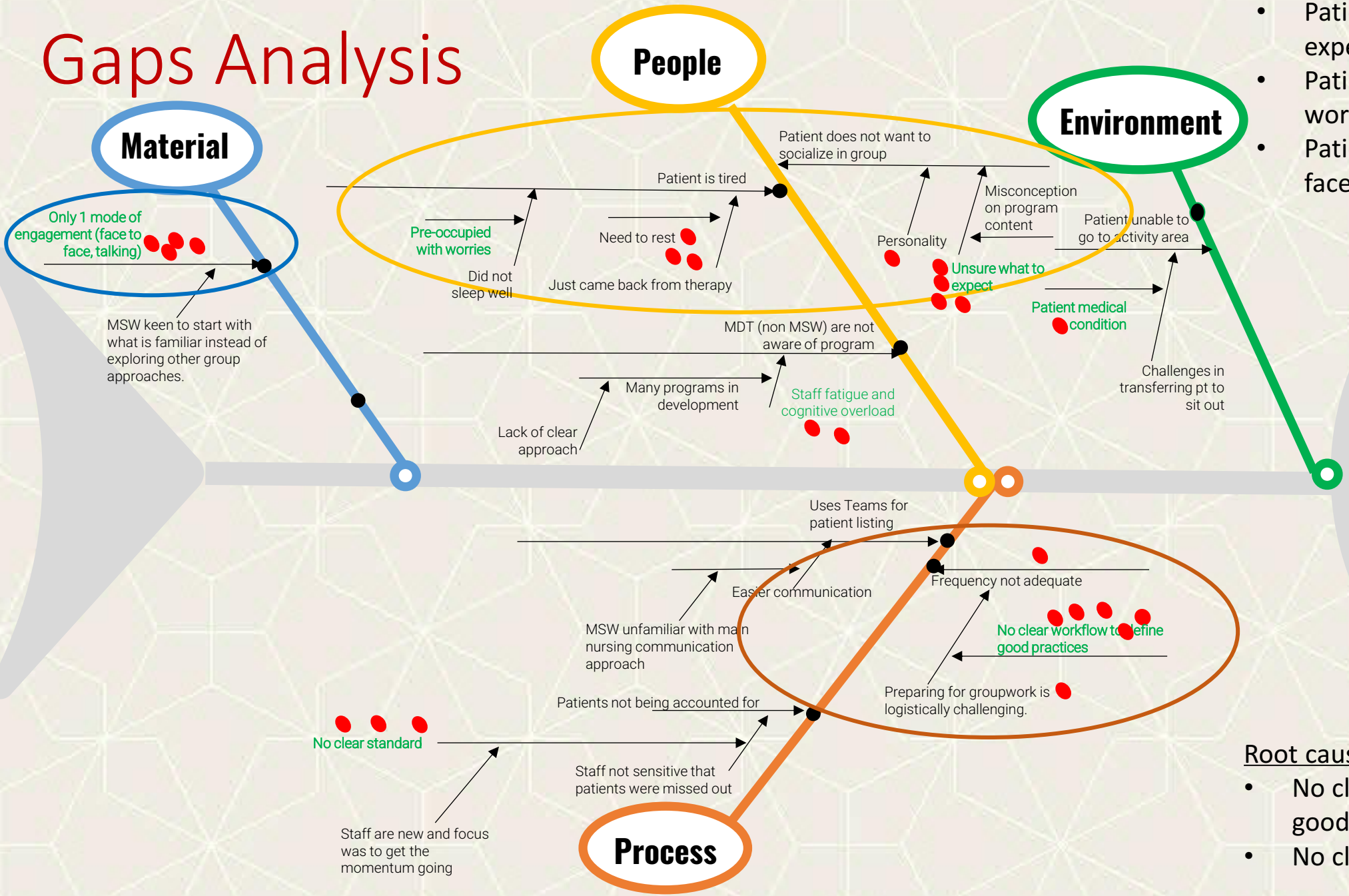
15% received group programs (4 out of 27)



Problem Statement

How might we redesign group programs to increase participation among moderately distressed inpatients at TTSH- Integrated Care Hub (ICH) Level 8 and 15 from 15% to 50%

Gaps Analysis



Root cause 1- Patient

- Patient are unsure what to expect
- Patients are pre-occupied with worries
- Patient does not enjoy face-to-face talking session

Root cause 2- Process

- No clear workflow to determine good practices
- No clear standard.

Gaps analysis through current state mapping- Intake Process for moderately distress patients

Admission Triage

Waiting Between 1 to 30 days

A+1 to A+30 Review

Program Day Recruit

Motion

Patients are triaged to risk level

Data Box	
Process start point	Download admission list
Process end point	Patients triaged data on masterlist
Flow Time	3-4 days
Touch time	10mins
% yield	100%
No. of interruptions	5
Quantity of item	
Flow stopper	EPIC downtime

Compile personal patient list from various sources

Extra process

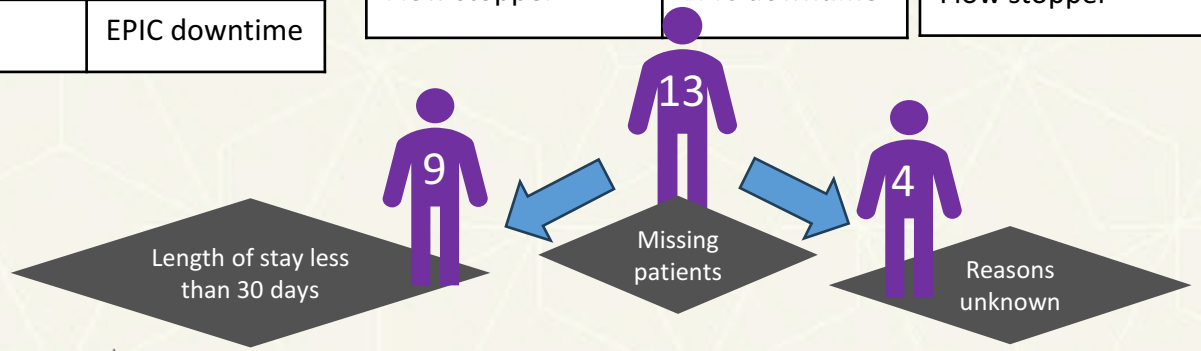
Data Box	
Process start point	Open Ward List
Process end point	Pt list transfer to notes
Flow Time	20mins
Touch time	0 mins
% yield	**53%**
No. of interruptions	1
Quantity of item	
Flow stopper	EPIC downtime

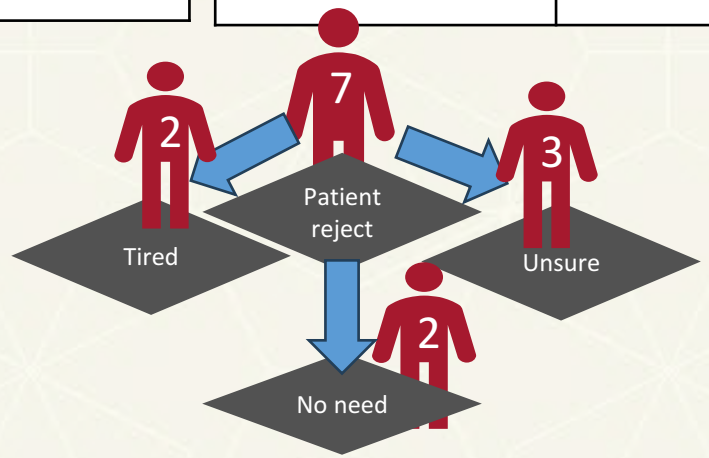
Review patients for suitability

Data Box	
Process start point	Pt list transfer to notes
Process end point	Complete pt status
Flow Time	20mins
Touch time	0 mins
% yield	92%
No. of interruptions	1
Quantity of item	
Flow stopper	EPIC downtime

Invite patient physically at bedside

Data Box	
Process start point	MSW invite patients
Process end point	MSW finished inviting all that patients
Flow Time	30mins
Touch time	15 mins
% yield	**35%**
No. of interruptions	2
Quantity of item	
Flow stopper	Pt not present





Personas

Willing Willy needs program to be **Attractive**

Profile:

- Middle to late adulthood
- English speaking
- Able to sit out of bed with ***little or no help***
- Concern about:
  - Interesting programs
  - Meaningfully occupied
  - Individuality

"Sometimes the program is repetitive"

"Different people have different interests"

Anxious Annie needs **Assurance**

Profile:

- Middle to late adulthood
- Chinese-speaking
- Able to sit out of bed with ***some help***
- Concern about:
  - Ability to perform the task
  - Offending others
  - Friendliness of group

"I don't know how to talk"

"I am old and I cannot do anything"

Listless Larry needs **Incentives**

Profile:

- Middle adulthood
- Can be English or Chinese speaking
- Able to sit out of bed with ***a lot of help*** or unable to sit out of bed
- Concern about:
  - Pre-occupied with recovery
  - Tired from therapy

"I just want to recover to go home"

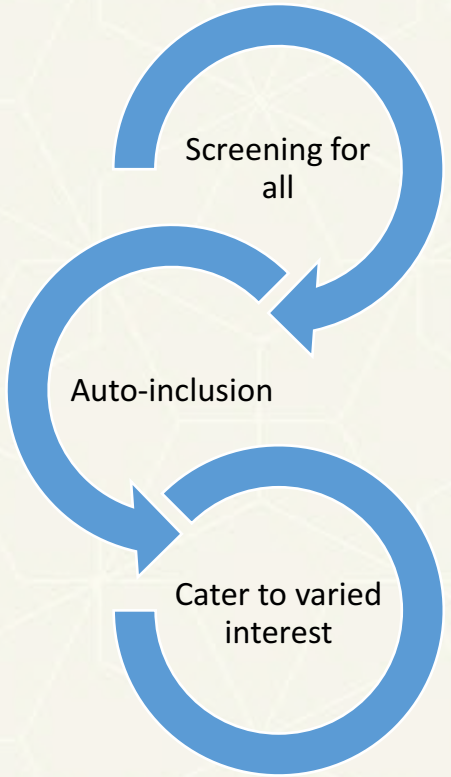
"I don't have time to do anything else"

Initial State and Target State

Outcome indicator	Initial state	Target State
Percentage of patients who are being screened for groupwork	50%	100%
Percentage of patients who attend psycho-social group programs	15%	50%

System Thinking

Ensuring adequate inflow at every step



Solutioning approach: Value Solutions Matrix

Issues	Gaps	Values		
		Attractive	Assurance	Incentives
Patients reject the program	Only 1 mode of engagement Patient unsure what to expect Patients are preoccupied with worries	**Adding other program modality** to engage patient.	**Early psycho-education on rehabilitation journey** laying expectations on what to look forward to in their rehabilitation journey, including group programs	**Design engagement approach** to motivate listless patients to join program
Patients are missing programs	Lack of clear workflow		Develop **standard workflow** Design **weekly group program schedule** to build normalcy	
	Inadequate program frequency	**Increase program frequency** through design of a weekly program schedule **Partner with multi-disciplinary team to** come onboard in delivering psycho-social care		

Themes:
Early education
Building channels and partners (True digital)

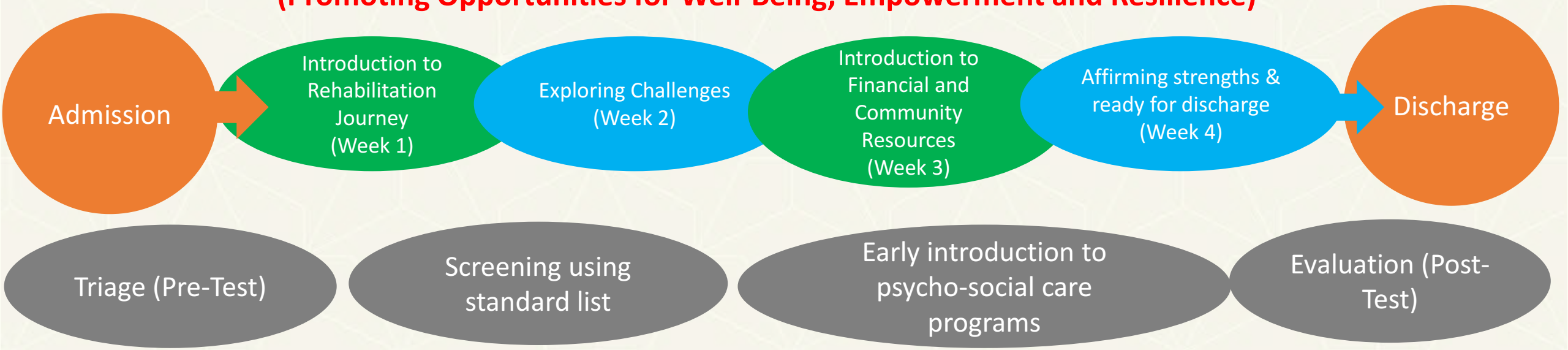
Best Practices:
1. **Behavioral insights**
2. **True Digital**

Solutioning approach: Future State

Increase participation by enhancing both the process (hardware) and approach (software)

"P.O.W.E.R Hour" Weekly Program

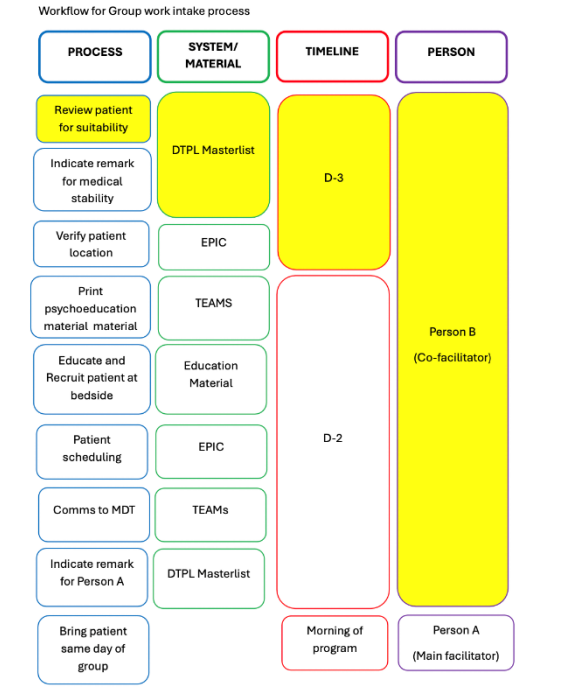
(Promoting Opportunities for Well-Being, Empowerment and Resilience)



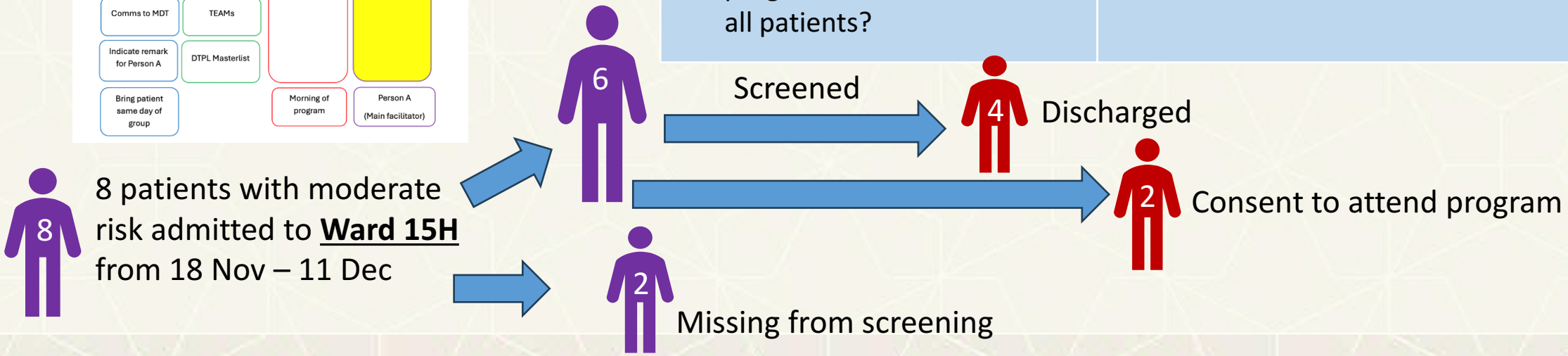
Standard Work . Structured Routine

Rapid Improvement Experiment

Develop standard workflow



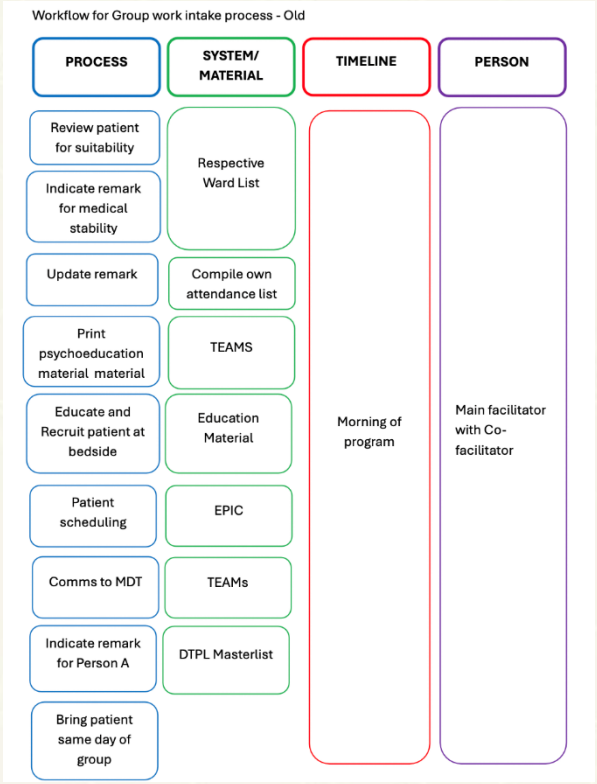
Process	
When:	**December 2024**
Who:	**Corine, Jia Ying and Jarelle, and Min Fang**
Status:	**On-going**
Phase 1 (Dec- 1 week and Jan-1 week)	**Method**
1. Is the use of a common masterlist helpful for program leaders to screen in all patients?	1. Compare admission list with screened in list.



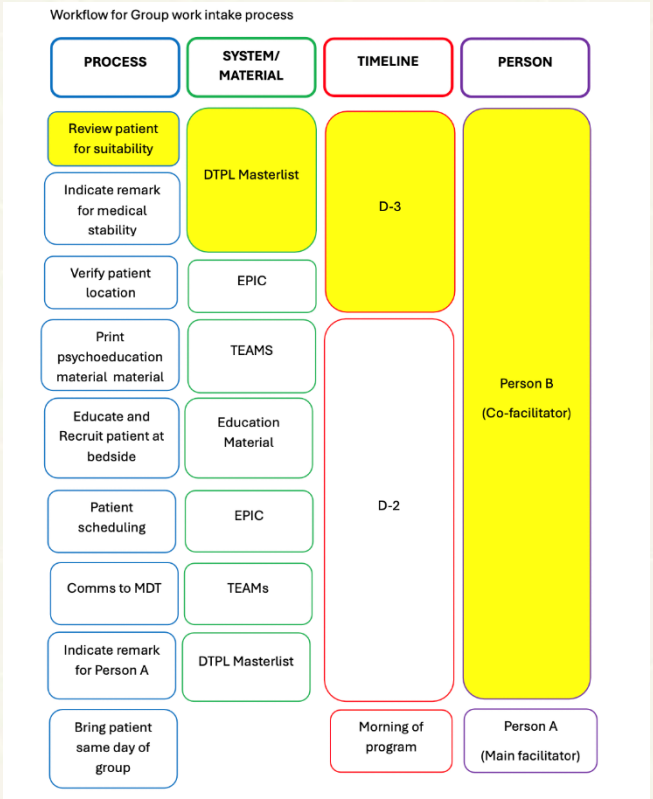
Post-RIE Follow Up

OLD WORKFLOW

Screened: 53%



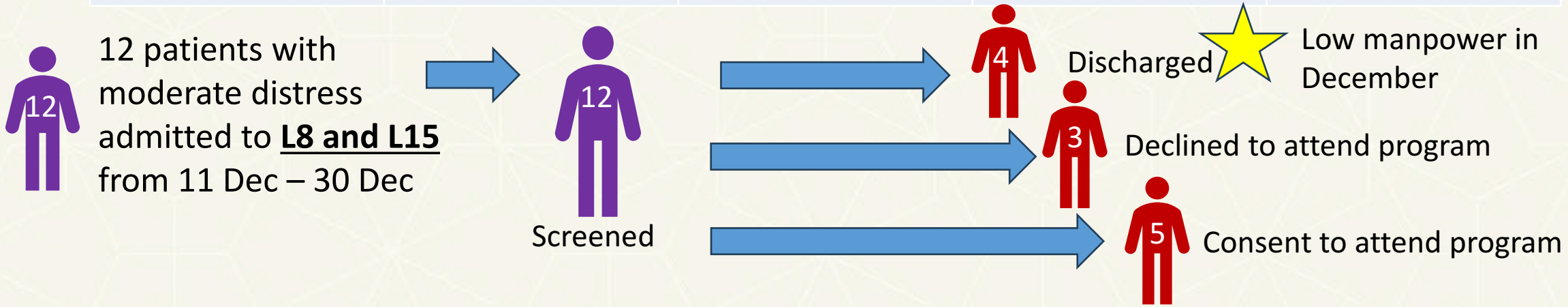
NEW WORKFLOW



Program date	Screening rate
16 Dec 2024	↑ 77%
6 Jan 2025	↑ 100%

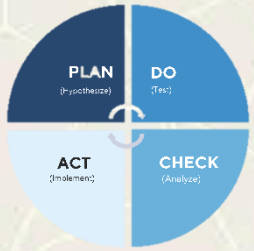
Rapid Improvement Experiment 2 (in progress)

Ward	Ward 15G	Ward 15H	Ward 16H	Ward 8G
Old	Once a month	Once a month	Once a month	3 times a week
New	Status quo	**Increase to 3 times a month**	Status quo	Status quo



Initial attendance	Current attendance
15%	41%

Completion Plans



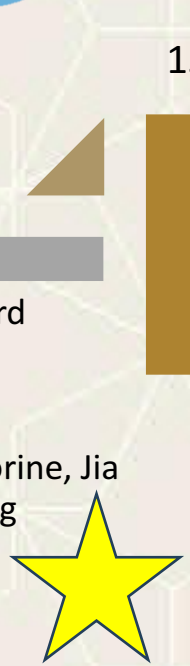
Now

a) Develop standard workflow

Action type: RIE

Who: Lee Yang, Corine, Jia Ying and Ming Fang

Status: Confirmed

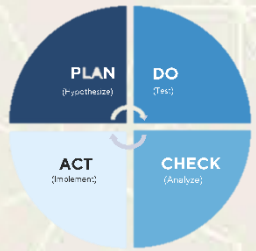


15 Dec to 30 Dec

b) Design 4-session Power Hour program.

Who: Janet, Tess

Status: Confirmed



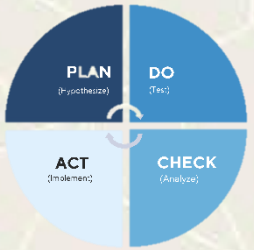
6 Jan to 15 March

c) Implement new psycho-education programs (2 months)

d) Consolidation of data and learning

Who: Janet, Tess and Corine

Status: In progress



15 March to 30 May

e) Engage stakeholders and sharing of outcome

f) Spread to new psycho-social program structure to other MSWs.

Who: Janet, Tess, Corine

Status: Pending

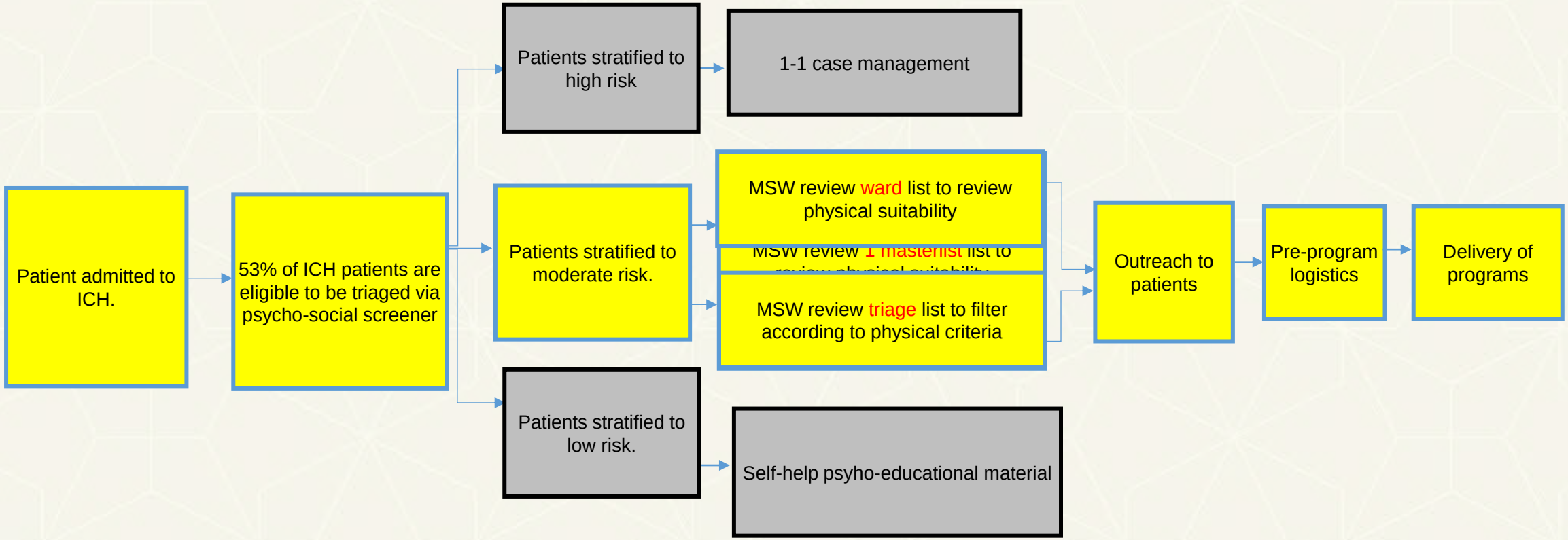
1 June to 31 July

g) Engage MDT members to onboard psycho-social care

Who: New team members (include MDT)

Status: Pending

Confirmed State - New Workflow



Insights

Went well

- Patients are willing to be engaged but we need the right approach

What did not go well

- Lack of time to team members to engage team members in depth
- Team members did not have time to interview patients

Insights

- Improvement and innovation tools
- Having key team members to onboard the process.

What helped

- Anxiety

What hindered


Spinal
Support
Group

Title: Low distress does not mean no distress: Redesigning psycho-social care to improve care delivery for inpatients with low-moderate distress at Tan Tock Seng Hospital-Integrated Care Hub (TTSH-ICH) 1 month post discharge by 50%

Process Owner(s): Tess Hng

Team Members: Janet Lim, Chua Lee Yang, Corine Tng

Facilitator:
Sponsors: Karen Kwa, HOD (C&C) and Sharon Sew, HOD (ICH AHS)

1 2 3 4 5 6 7 8 9

Start Date:
Current Date:
End Date:

1. Reason for Action

Go | No Go

Increasing evidence to show that social factors influence 80% of overall health outcome and are being increasingly recognised as a key factor in addressing tertiary health outcome.
In ICH, we aim provide a psycho-social care package to all patients as we support their integration to life

Psycho-social screening tool, Distress Thermometer and Problem List (DTPL), has been implemented to screen the needs of the patients systematically and implemented a Stepped Care Model where every patients are given care according to their needs.

Reflections:

2. Initial State

Go | No Go

In the Stepped Care Model (SCM), needs of high risk patients are currently being addressed via another project, while we are still designing materials for the low risk group.

Hence the focus for this project will be on the patients in the moderate risk. There is currently a low number of moderately distressed patients participated in psycho-social care.

Base on Sept to Oct 2024, drawing patients from ward 8G, 8H, 15G and 15H, only 4 out of 27 moderately distressed patients received psycho-social care. (15%)

3. Target State

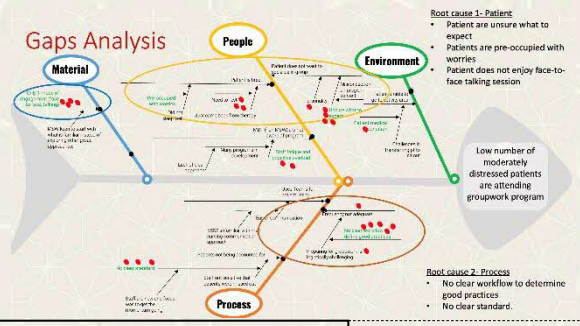
Go | No Go

Percentage of patients being **screened: 50% to 100%**

Percentage of patients who attend psycho-social programs: **15% to 50%**

4. Gap Analysis

Go | No Go



Root Causes: Patients unsure what to expect, pre-occupied with worries, does not enjoy face to face talking sessions. No clear workflow and standards

Reflections: There were leakages in both the process steps and patients related focus.

5. Solution Approach

Go | No Go

Solutioning approach: Value Solutions Matrix

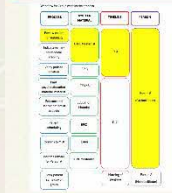
Issues	Gaps	Values: Attractive	Values: Assurance	Values: Incentives
Patients reject the program	Only 1 mode of engagement Patient unsure what to expect Patients are preoccupied with worries	Adding other program modality to engage patient.	Early psycho-education on rehabilitation journey laying expectations on what to look forward to in their rehabilitation journey, including group programs	Design engagement approach to motivate listless patients to join program
Patients are missing programs	Lack of clear workflow		Develop standard workflow Design weekly group program schedule to build normalcy	
	Inadequate program frequency	Increase program frequency through design of a weekly program schedule Partner with multi-disciplinary team to come onboard in delivering psycho-social care		
Themes: Early education Building channels and partners (True digital)			Best Practices: 1. Behavioral insights 2. True Digital	

Reflections: Innovation is when the team is able to string up all the suggestions into a coherent solution.

6. Rapid Experiments

Go | No Go

Develop standard workflow



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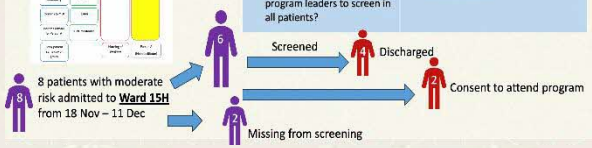


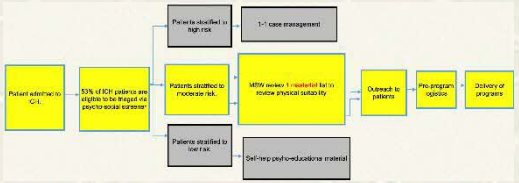
Reflections: What seems to be a straightforward step still require a trial run to ensure that the process is accurate

7. Completion Plan

Go | No Go

8. Confirmed State

Go | No Go



Reflections: Ensuring adequate inflow to flow to every subsequent step. System thinking

9. Insights

What are the fundamental lessons of the event and the improvement cycle?

Go | No Go

Actions

SIPOC

Suppliers

- MSW
- HR
- Gig worker
- NICH Allied Health

Inputs

- **Manpower:**
  - MSWs
- **Systems:**
  - TEAMs
  - NGEMR
- **Clinical Equipment:**
  - iPads
- **Other Equipment:**
  - Inpatient admission report
  - Screening tool

Material:
- Group programs

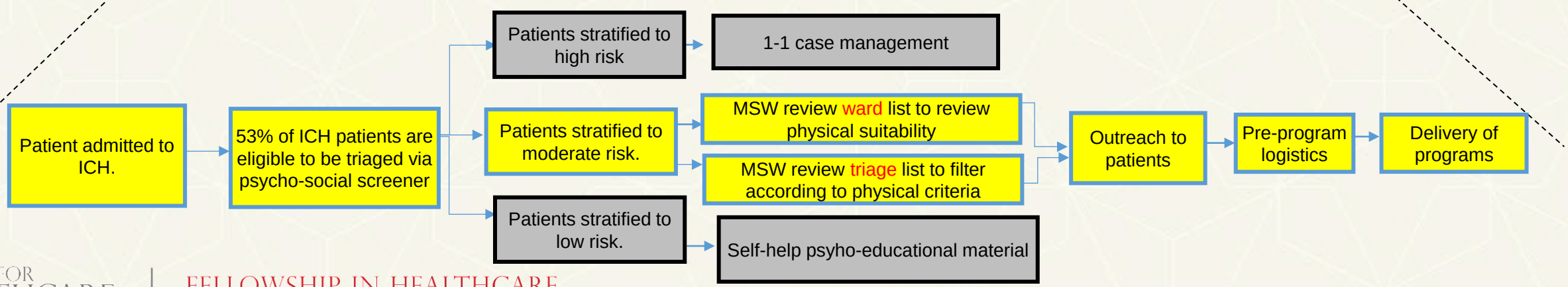
Process

Title: Designing psychosocial care package for moderately distressed patients at Tan Tock Seng Hospital- Integrated Care Hub, Ward 8 and Ward 15

Start point: Patient admit to ICH
End point: Patient attend the program

Sponsors: HOD, Ms Karen Kwa, C&C
Co-sponsors: HOD, Ms Sharon Sew, ICH AHS

Process Owners: Tess Hng (MSW)



Outputs

- Accessibility to care
- Assurance on what to expect
- Incentives along the way

Customers

- Patients

References

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  - Ms Camelia Soh, Manager, CHI, Kaizen Office
- Project Team
  - Ms Janet Lim, Principal MSW
  - Mr Chua Lee Yang, Senior MSW
  - Ms Corine Tng, Senior MSW
  - Ms Low Jia Ying, Senior MSW
  - Ms Ho Min Fang, MSW
  - Ms Jarelle Chow, MSW

Everyone in the CHI Fellowship Program!