

Creating an Age-friendly Patient Experience in Clinic 5 Takes Collaborative Team Effort

1 BACKGROUND & AIM



Back when Clinic 5 was located at Level 1, it was often congested due to the small clinic space and the increasing patient volume. 2 slit lamps were packed into each Consultation Rooms so 2 doctors/ patients had to share a room. There were inadequate seats at the waiting area outside the Evaluation Room, so patients and caregivers had to stand while waiting for their turn. The Visual Field room manned by the Ophthalmic Investigation Technologists had 3 small cubicles which doesn't allow the wheelchair-bound patients to maneuver freely in the room.

We aim to provide a well-rounded, comfortable, user-friendly and age-friendly environment for our patients in their Outpatient clinic experience.

2 COLLABORATIVE WORK



To ensure the new clinic space and rooms created were age friendly and wheelchair friendly, the Facilities Development team have been working closely with the various stakeholders, including Clinicians and the Ophthalmic Investigation Team during the planning and design development stage



3 AGE-FRIENDLY EXPERIENCE



- Mirror on the rear of lifts to allow wheelchair users to see what is behind them as they exit the lift in reverse.



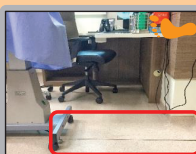
- Prominent placement of self-registration kiosk reduces registration counter queue
- Accessible to wheelchair patients



- Sturdy permanent linked chair that has armrests for support for elderly patients.
- Link chairs with no protrusions/sled base to prevent tripping hazards.
- Strong color contrast between wall/floor and chair to improve visibility and reduce fall risks
- Wheelchair mark out area allows caregiver to sit beside patients



- Use of good warm white light in Clinic 5.
- Sufficient light fittings to provide even brightness and glare-free lighting.



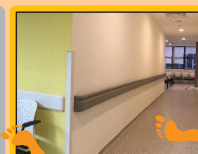
- Biomedical equipment cables were strategically positioned and concealed in floor tracks to minimize the patients and staff from tripping.



- Specially designed cubicles/lanes for patients on wheelchairs near the entrances of service stations such as Evaluation Room and Visual Field Room.



- Cantilever sign for room number to ensure visibility from all angles.
- Matt and non-reflective material to prevent glare.
- Strong color contrast



- Handrail/grab bars along corridors to allow the frail/elderly to hold on for better balance to prevent falls.



- Accessible toilet with auto-sliding door to provide easy access.
- Lighted sign display for better visibility.

4 RESULTS & CONCLUSION

The clinic renovation was completed in Dec 2015.

- Patients are now seen in individual consult rooms and no longer have to share a Consultation Room
- Introduction of new facilities such as Optometry Room and Counselling Room in Clinic 5
- Visual Field room's capacity was doubled and accessibility for wheelchair-bound patients within the room was improved.
- More waiting seats are now provided for patients and caregivers.

The increase in clinic space allows modification of space to suit the work flow and for better way-finding and age-friendliness. The joint participation and efforts from the cross-functional team of clinicians, nurses, allied health and operations (facility) members results in inputs from different perspective in 'identifying patients' needs which helps in the planning and designing of the clinic.

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Participating Institutions



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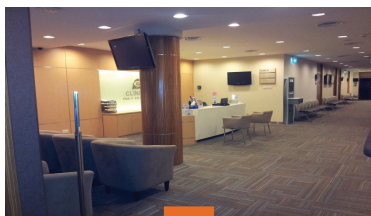
Color Yellow in Prevention of Falls for the Visually Impaired Elderly

Introduction

All elderly patients have degenerative changes in the human visual system; the vision is at worst when they are diagnosed with chronic eye diseases. Among these visually impaired elderly, contrast sensitivity is often considered to be the earliest functional loss. Preventive measures are imperative to ensure the visually impaired elderly do not fall during their visitations to SNEC. Yet the profound effect of contrast sensitivity among the visually impaired elderly function is rarely acknowledged.

Human Visual System

The neuroretinal cells in the human visual system are rods and cones cells, the cones perceive the color vision. Cones are specialized to permit extremely rapid signaling of visual stimuli to the brain. There are 3 types of cones are, red, green and blue and each cone has a different range of light sensitivity. Stimulation of the cones in different combinations enables the perception of colors, such as the perception of yellow results from a combination of inputs from green and red cones. Gauging from this physiology perspective, our nursing team will propose that visually impaired patients are likely to be sensitive to the color –yellow.



Wall Painted in Yellow

In 2015 The nursing team suggested to the Operations team to paint the pillars newly renovated clinic 5 in yellow. Even the wall of day surgery area at Podium Block was intentionally painted yellow during the renovation in 2016.

The aim of the project is to determine if patients' falls can be reduced with increasing the visual contrast sensitivity by painting the pillars in yellow color.

Results

In year 2014, the number of patients' falls in clinic and day ward was 9 and 2 respectively and in year 2015 the falls increased to 23 and 4 respectively. The new clinic 5 was renovated and the pillar wall was painted yellow by December 2015 as suggested by Nursing Team. During the renovation for Podium Block of Day Surgery in February 2016, the Nursing and Operations Workgroups painted the pillars in yellow.

Since then, there is no incident of falls reported at these two clinical areas. This project therefore suggests yellow might have a profound effect on the vision perception of the visually impaired elderly.



A simple colour – yellow probably plays a significant role for visually impaired elderly to navigate in the clinical areas. Even though it is not scientifically proven theory but it is still worth doing so as prevention of falls is upmost priority in every health care institution.

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AD MS CHERYL ONG LAY KHIM (OPERATIONS), DDON MARGARET TAN SWEE LIN (SUBSPECIALTY)

Participating Institutions



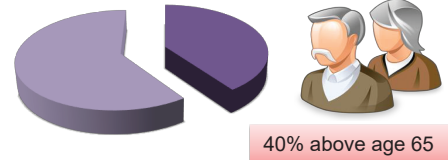
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A Better Care Experience – Marine Parade Polyclinic
 Dr Agnes Koong, Luis Low, Gladys Yap, Ang Soo Pei, Norashidah Binte Taha

Introduction & Aim

40% of patients who visits Marine Parade Polyclinic are aged 65 years and above. With the clinic having to undergo major renovations from May 2015 to February 2016, the team aims to create a safe environment for the elderly and to improve on their care experience in the clinic.



Methodology

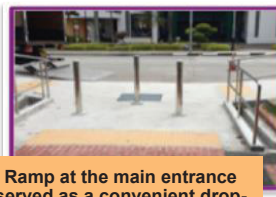
We have adopted a holistic approach, focusing on **Safety, Design and Experience**. The facility was designed with reference to SingHealth Age-friendly Infrastructure Design Guide, and with full compliance to requirements of BCA to ensure “hassle-free” entry to / and leaving the clinic for patients, e.g. ramp at main entrance to improve on accessibility. Suggestions from staff and patients raised were also incorporated where feasible. In addition, Design – Thinking methodology was adopted to improve patients’ way-finding experience. Last but not least, patient ambassador program was launched to assist the elderly in navigating around the newly renovated clinic.

Results

Safety



Increase Circulation Space improved safety for elderly using assistive mobility devices within the clinic

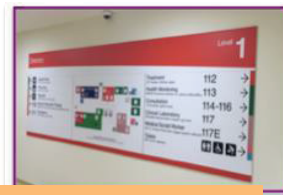


Ramp at the main entrance served as a convenient drop-off and Improved accessibility to the clinic

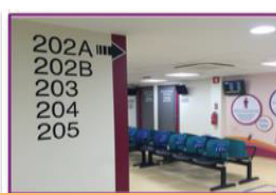


Call bells for Individual toilet cubicles improved safety for the elderly in the event of falls

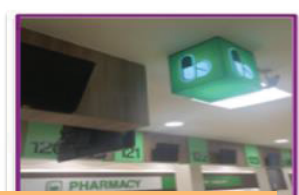
Design



Signage with large fonts, colour codes and pictograms improved way-finding experience



Colour zones and large fonts indicating the room numbers made it easy for the elderly to navigate their way



3-Dimensional, lighted signs were utilized in key areas to guide the elderly to the pharmacy, payment and appointment counters

Experience



Some of our Helping Hands volunteers

The Helping Hands Program @ SingHealth Polyclinics Patient Ambassador Volunteers assisted the elderly in finding their way and Understanding new workflows in the clinic

Conclusion

Marine Parade Polyclinic was renovated with a focus to improve the care experience for the elderly. With the renovation, the elderly patients have been observed to move with ease within the clinic. Increase in circulation space have enhanced their safety. Elderly patients have commented that they are able to navigate their way within the clinic easily as the signs are highly visible due to the large fonts. The Helping Hands Program provides the opportunity for volunteerism and to promote active aging. Their presence have added the extra touch to a better care experience in the clinic.

CONTRIBUTED BY DR AGNES KOONG (SHP-MARINE PARADE)

Participating Institutions



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Improve Patient Navigation in Short Day Admission (SDA) Centre

Background



SDA Centre is located at SGH Block 5 Level 1. SDA Centre receives patients who are going for surgery on the same day. At SDA Centre, patient is seen by the doctor in the consultation room and thereafter wait at the Lobby area. Later, patient is brought to change into OT gown at the Waiting Lounge through a door that is only accessible by staff. Patients and relatives, especially those who are elderly, find it difficult to find their way around and feedback that the place is like a maze. They always enquired about how to exit from SDA Centre's Waiting Lounge. SDA Nurse has to constantly direct patient/NOK out of SDA Centre. Therefore, much time is wasted.

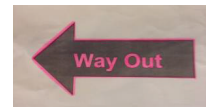


Goals / Targets

1. Reduce confusion of direction for patient /NOK and provide clear signage.
2. Nurse's time saving

Proposed Countermeasures (Future State)

1. Create arrow signage on the wall which indicating "Way Out".
2. Create signage using bright color
3. Create signage for hidden door



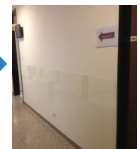
Before



After

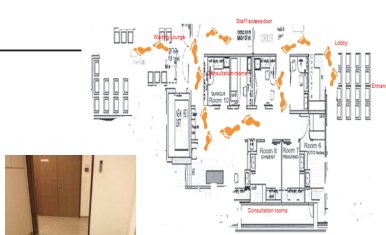
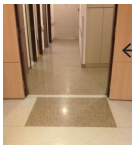


Before

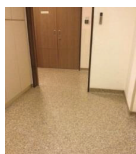


After

Current Conditions



Patient / NOK enquires on how to exit
SDA Nurse has to direct patient / NOK, much time is wasted.



No 'Way out' signage

Implementation Plan

Implementation Plan	Responsible	Date
To collect data on number of NOK/Pt asking for direction and time taken to orientate Pt/NOK out of SDA	Guixiang/ Lay Choon	6/5/2014
To collect post implementation data	Thurga	12/05/14
Complete RIE report A3 template	Lay Choon/Guixiang	11/07/14

Current Conditions

Patient / NOK have problem way finding the exit from Waiting Lounge

One week survey:
1. Number of patient enquiry on way out per day
2. Time taken to direct patient out of Waiting Lounge

Direction is confusing for patients / NOK
No signage to guide
Not planned during building of place

Too many doors
Was built to ensure privacy of patient after they are changed

Too many information given by staff
Staff need to inform patient /NOK about teaching, direction and bed information

Monitoring Factors	Pre-implementation
Average patient / NOK per day	21 people
Average time taken per day	32 mins
Total time taken/week	32 mins x 5 days = 2 hrs 40 mins

Results / Follow up

Monitoring Factors	Pre implementation	Post implementation
Average patient / NOK per day	21 people	2 people
Average time taken per day	32 mins	1 min
Time spent / week	2 hours 40 mins	5 mins

Feedback from patients/ relatives
Patients / NOK found that the signage placed is clear and able to exit from waiting Lounge.

Results:
- Increased patient satisfaction
- Increased staff satisfaction

Sustainability
Better signages were installed



CONTRIBUTED BY YEO LAY CHOON, CHEN GUIXIANG, THURGATHAVI D/O P VELLASAMY (SDA)

Participating Institutions



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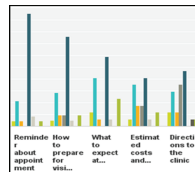


Orientating of Services (Within & Outside SGH-ARC)

Problem & Challenge

Q: What information would you like to receive BEFORE your visit and how Top 5 (SGH)

1. Appointment reminder (96%)
2. How to prepare for the visit (62%)
3. What to expect during the visit (71%)
4. Estimated costs and charges (71%)
5. Directions to the clinic (71%)



AN EXPRESSED RISE IN ELDERLY PATIENTS' EXPECTATIONS

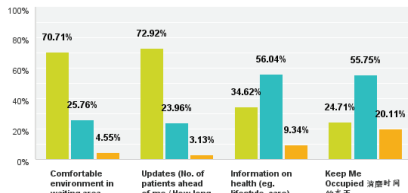
- Aided orientation to move around campus
- 67% of our patients come to hospital alone.
- 75% range from Active Adults to Elderly and Elderly Passive
- Lost in the maze of corridors whilst seeking other clinical services or food outlets

91.6 important
52.8 satisfied
-38.8

According to MOH PSS, there is disparity between the importance of "Waiting time for doctor", and satisfaction level of patients

Embracing & Tackling the Issue

SGH



At SGH, here's what they commonly sought

Before	During	After
1. Appointment Reminder	1. Update - no. of patients ahead of me, est. waiting time	1. A copy of my test results.
2. How to prepare for a visit and what to bring?	2. Comfortable environment in Waiting Area.	2. Information on my medical condition and what to do?
3. Information about my medical condition	3. Keep me occupied	3. How to prepare for next visit?

Pilot Clinic



SGH-ARC participated as part of SingHealth Specialist Outpatient Clinic (SOC) Task Force (survey of 618 patients, Apr-2015) and submitted 220 respondent feedbacks. A concurrent survey was also done with staff to calibrate perceptions.

- Patients were asked:
 - > What matters to you whilst waiting?
 - > What can we do to make your waiting experience better?
 - > What channels of communications and content do you prefer?

Together with clinic staff, a cross-institutional working group from the SOC Task Force, collaboratively worked together and developed targeted initiatives based on the results from the clinic survey → to facilitate a practicality of solutions.

Solutions & Provisions

1 Customised Hand-outs

- A directional cum service map was designed to reflect accurately the various services facilities for patients and NOKs to move around via the various corridors.
- From the exit of SGH-ARC, guide routes are clearly featured in the hand-out to guide patients to key clinical services, food services and taxi stands.

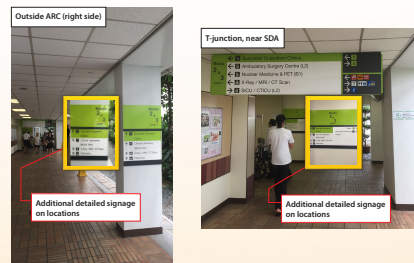
2 Posters Featuring Approximate Timed Movements



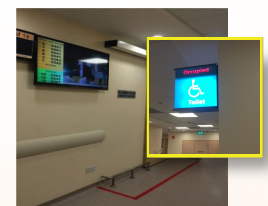
Signages for amenities and wall posters featuring approximate timed movements from clinic to various service stops. Informs patients of surrounding facilities and help Elderly make informed choices.

3 Intersection Signages

- Additional intersection signage reduces patient likelihood of taking wrong turns and walking 'unnecessary' routes.
- This is especially so for the Elderly as it reduces wearing off their limited energy.



4 3-D Toilet Signage



- Toilet entrances affixed with 3-D light-up boxes; indicate occupancy. Patients make informed decisions about probable seat movements.
- Elderly patients reduce unhealthy practice of bladder holding. Such patients are reluctance to use toilet; when needed, as he/she might loses a strategic seat (in patient's view), especially if they move and discover toilet is in use and strategic seat is taken.

Conclusion

- Targeted patient survey highlight needs, seeks out patient desires; whilst prioritising efforts to make targeted deliverables.
- Patients feedback indicated a recognition and appreciation of improvements to make hospital visit more accommodating.
- Cooperating to provide common icon visuals reduces confusion for the Elderly in recognizing activities. I.e. promote elderly to cognitively recognise icons and easily get around the campus. It also reduces a sense of loss for them.
- Staff are encouraged by a positive cognisant factor of having done something positive for their patients and helping to allay fears.
- Simple cost-effective steps, leveraging existing platforms; and augmented content, when appropriately applied helps mitigates service dissatisfaction due to workflow waits.

CONTRIBUTED BY KENICE TAY, CHARINA KHOO, ZHUO WEICHAO

Participating Institutions



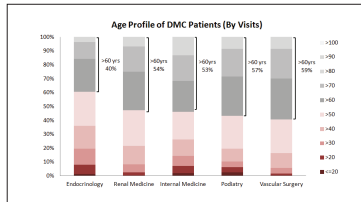
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Setting up an Integrated, Age-Friendly and Patient-Centric Diabetes & Metabolism Centre (DMC)

Introduction

Starting operations in May 2015, the Diabetes & Metabolism Centre (DMC) is a multi-disciplinary, multi-institutional centre that provides a one-stop service for patients with diabetes and metabolic conditions. It brings together experts from multiple disciplines and domains across SingHealth institutions to provide patients, more than 50% of whom are aged 60 years and above, with integrated care under one roof.



Aim

One-Stop Patient-Centric Multi-Disciplinary Centre
To create a one-stop multi-disciplinary ambulatory centre that provides patient-centric care and seamless service for patients with diabetes & metabolic conditions

Age-Friendly Facilities
To incorporate age-friendly features into the facilities design to cater to a growing population of elderly patients

Improve Patients' Experience
To streamline processes/ workflows to enhance efficiency in clinic operations and improve patients' experience

Methodology

Involve Key Stakeholders

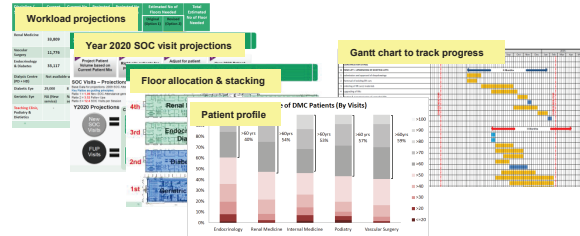
Involve key stakeholders to bring together expertise from across SingHealth institutions – endocrinologists, nephrologists, internists, vascular surgeons, ophthalmologists, podiatrists, dieticians and specialist nurses – to focus on the disease and improve outcomes for our patients

Planning and Analysis

Data driven analysis to support planning of clinic processes, infrastructure and facilities

Engage Domain Experts

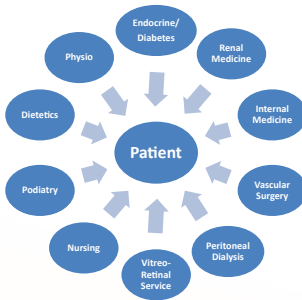
Engage design consultant, facilities and communications department to brainstorm age-friendly design elements to cater to an increasingly ageing population of patients



Results

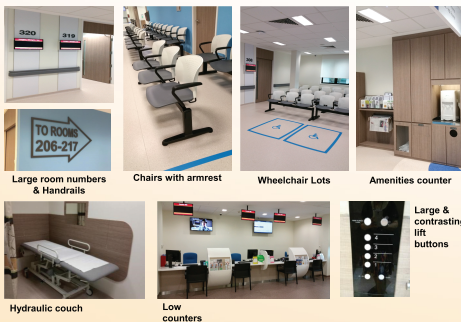
One-Stop Multi-Disciplinary Centre

After one-and-a-half years of planning, design and construction, the result is a one-stop multi-disciplinary centre that delivers seamless and coordinated care, with services organized around the needs of patients with diabetes and metabolic conditions

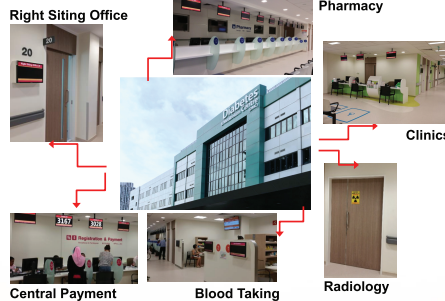


Age-Friendly Features

Age-friendly features to cater to a growing ageing population

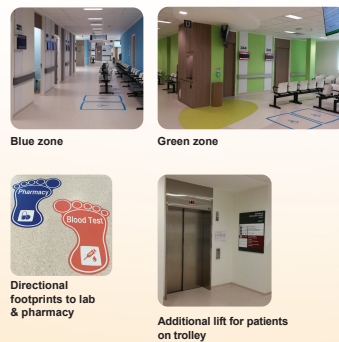


Integrated Facilities for One-Stop Service



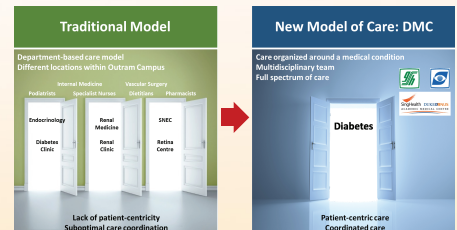
1 Queue 1 Payment (1Q1P)

A single queue number and detailed patient journey to bring patients through the various service stations before they make a single payment at the end of their visit, eliminating multiple queues and reducing overall waiting time



Patient-Centric Care

There is a shift in the model of care from being institution-centric to person-centric by bringing expertise across SingHealth institutions together



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Participating Institutions



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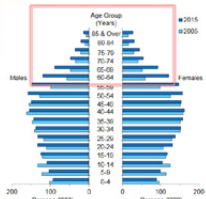


Expansion of ENT Services at Newly Refurbished Age-Friendly Clinic

Background

In line with SGH's commitment in providing the "Best Outcome, Best Experience" for our patients, Specialist Outpatient Clinics (SOC) strive to seek improvements continuously to meet the demands of our current ageing landscape in Singapore. 41% of the patients at ENT Centre are elderly patients above age 60 and they are experiencing long waiting time for ENT appointment. The expansion plan for ENT services was identified as one of the improvement plan to cater to the needs of ENT elderly patients.

Age Pyramid for Resident Population in Singapore



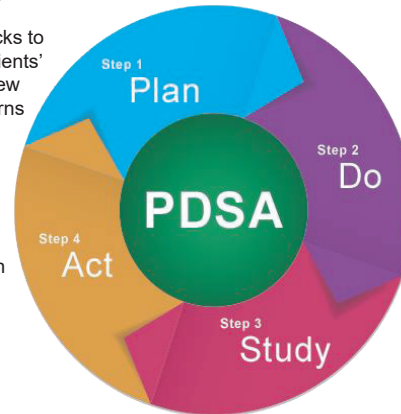
Aim

- Expand ENT services for elderly patients
- Leverage on process change to deliver seamless care for patient safety and satisfaction
- Improvement in clinic design to suit the needs of the elderly patients
- Enhance elderly patient's experience at SOC

- Review existing SOC setups
- Collate feedbacks to understand patients' needs and review patients' concerns

- Improve on the current age-friendly features
- Continuous engagement with patients/staff to streamline work processes to facilitate elderly patients

Methodology



- Incorporate patients' suggestions in the renovation
- Implement age-friendly features in the clinic

- Analyse their feedbacks to seek continuous improvements

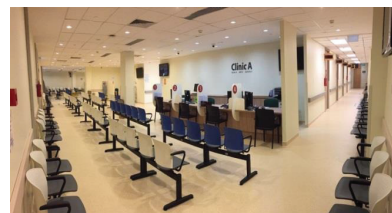
Results



Before: Non-conductive environment for elderly, dim lighting and dull ambience



manoeuvring



After: Enhanced facilities and new features to improve elderly patients' experience

New Age-Friendly Features Implemented at Refresh Clinic A

1) Designated Wheelchair Lots		4) Spacious Walkway for Easy Access and Manoeuvring	
2) 4 Consult Rooms for ENT Services	Room 16, 17, 18 & 19	5) Reserved Seats for Elderly and Patients with Special Needs	
3) Prominent Queue Number Display		6) Spacious Seating Arrangement to facilitate movement of patients	

Conclusion

This initiative was in line with the SGH 2016 priorities under "Capacity, Patient Safety & Quality". Feedbacks from both internal and external stakeholders provide important context in infrastructure development. Continuous engagement with the internal and external stakeholders proved to be a viable option to provide sustainable solutions to improve our clinic facilities and operation to meet the needs of our ageing landscape.

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Participating Institutions



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**Singhealth Duke-NUS Lung Centre
– One-Stop Centre for Thoracic Diseases at SOC B**

Background

1. Longer and Healthier Lives



Life Expectancy at Birth:
1990: 75.3; 2003: 79.1;
2015: 82.7¹



80.4 years in 2015
up from 65.3 in 1990¹



84.9 years in 2015
up from 68.5 in 1990¹

Our Healthcare Landscape Today

2. Ageing Population



1 in 5
Singaporeans ≥ 65 by 2030²



4 times
more likely to be hospitalized than younger Singaporeans²

Existing Structure may not be sufficient to meet this demand in the 5 to 10 years to come, thus driving the need to reshape our care delivery & existing infrastructure. Process, people and infrastructure needs to change to meet this evolving needs.

Method

Plan:

- Start in Jul'15, before renovation
- Informal interviews with staff & patient & feedback forms were used to identify areas of concern

Do:

- Reviewed patient's feedback and implemented during renovation (Oct'15 to Jan'16)

Action:

- To improve on the areas identified in "Study" phase
- Ensure all staffs to attend "Age Friendly Initiative for Front-liners"

Study:

- Analyze the effect of changes through engagement with staffs & patients

Outcome

2. Increase in Age Friendly Features



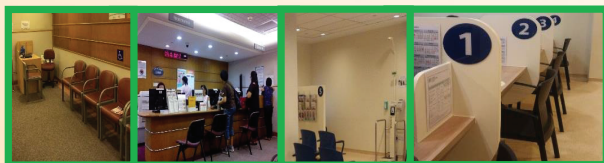
Before

After

- More wheelchair slots and priority chairs were provided at both main waiting area and outside consultations rooms.
- The new layout which has wider passageways and greater manoeuvring space allows patients on wheelchair to move at ease.
- Each service point are labelled with unique numbers for easy identification. With this setup, healthcare workers are able to direct patients to specific service points with ease.

Outcome

1. Visible Signage for Elderly Patients



Before

After

Larger signage & brighter clinic area to improve visibility for elderly patients.

3. Age Friendly Training for Clinic Staffs

- Majority of the clinic staffs were registered for the "Age Friendly Initiative for Front-liners" training which is taking place in 2017.

Future Plans

In order to meet up with this increasing demand of the ageing populations, all these features and initiatives listed will be in-cooperated in subsequent refurbishment plans.

Reference:
1. Department of Statistics Singapore (2016). Accessed from <http://www.singstat.gov.sg/>
2. Ministry of Health Singapore (2016). MOH 2012 Committee of Supply Speech Healthcare 2020: Improving Accessibility, Quality and Affordability for Tomorrow's Challenges (Part 1 of 2). Accessed from https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2012/moh_2012_committeeofsupplyspeechhealthcare2020improvingaccessibi.html

CONTRIBUTED BY YANG HUI, LAU JIAYI, JOSEPHINE NG, CHIEW PEI PEI, TINA PHUA (SGH, SOC OPS)

Participating Institutions



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