

## Enhancing Inpatient Empowerment through Co-developing Personalised Schedule Routines

### Tan Tock Seng Hospital Integrated Care Hub

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#### Introduction/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), all patients will have access to MyChart@Bedside app which will allow patients and caregivers to view their individualised therapy schedules and other health related information.

#### Goal/Objective

- To increase patients' and caregivers' engagement during their rehabilitation stay.
- To enhance clinician workload management.

#### Problem Analysis

##### Phase 1:

- Conducted a survey on 50 cognitively intact inpatients to understand their priorities on scheduled activities.
- Engagement session with clinicians and EPIC builder to align our needs and system capability.

##### Phase 2:

- Application of COM-B model of behavioural change to understand behavioural change challenges

##### Capability:

- Training is provided to all clinicians on how to schedule patients into their individual schedule templates.
- Training utilises the "playground" environment to provide hands-on opportunities for familiarity.
- Educating and reinforcing to clinicians on the importance of why "scheduling" will help to increase their efficiency.

##### Motivation:

- Department HOD is supportive of this new model of care.
- Open communication with clinicians to customize the cadence template to meet their scheduling needs.
- During the first month, time is given to clinicians to be familiar with the scheduling system.

##### Opportunity:

- Regular meeting with EPIC cadence builder and clinicians to align EPIC infrastructure with clinicians' needs.
- Replacement of manual scheduling to electronic scheduling to assist with autonomic workload tracking.
- Timely update of patients' schedules to other clinicians and patients

##### Capability:

- Provide regular demonstrations to patients on how to utilise MyChart@Bedside app to view their daily schedules and lab tests results.
- Tip sheet is available for patients/caregivers for easy reference when needed.

##### Motivation:

- Daily engagement of patients by clinicians (allied health staff and nurses) to view their MyChart@Bedside app for their daily schedules.
- Clinicians can incentivize patients by providing verbal encouragement.
- Educate caregivers on the use of MyChart@Bedside app whenever they visit patients.

##### Opportunity:

- Support given from volunteer and clinicians to have encourage patients to have regular check in on patient's understanding of MyChart@Bedside app.
- Engage family members/caregivers to encourage patients to check in their MyChart@Bedside app daily,

**Behaviour:** Providers to use cadence to schedule patients' therapy sessions

**Behaviour:** Patients will use MyChart@Bedside app to view their therapy schedules, medication regime and to know about their lab tests results.

#### Implementation Plan

##### Phase 1A (Jan – Mar 23)

**Aim:** Understanding patient priorities on scheduled activities.

**Method:** A survey was conducted to identify key activities and preferred modes of engagement.

**Outcome:** 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:** Getting Buy-Ins from the various departments.

**Method:**

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

**Outcome:** Staff agreeable that the scheduling system will compliment Rehab care model.

##### Phase 2A (Jun – Sep 23)

**Aim:** Development of training materials, snapboard configuration and technical setup, scheduling workflow, and implementation strategies.

**Method:**

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

**Outcome:** Training of all staff and TTSH rehab and TTSH Ren Ci trial ward at Level 8 have completed their trainings completed by early September 23.

##### Phase 2B (Jun – Sep 23)

**Aim:** Implementation strategies of activities scheduling at ICH.

**Method:**

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

**Outcome:**

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

##### Phase 3A (Jul – Aug 24)

**Aim:** Gathering of patients' overall experiences in using the "What's Happening Soon" feature in MyChart@Bedside.

**Method:** 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:**

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

##### Phase 3B (Sep – Dec 24)

**Aim:** Enhancing clinicians' and patients' experience on the use of MyChart@Bedside application.

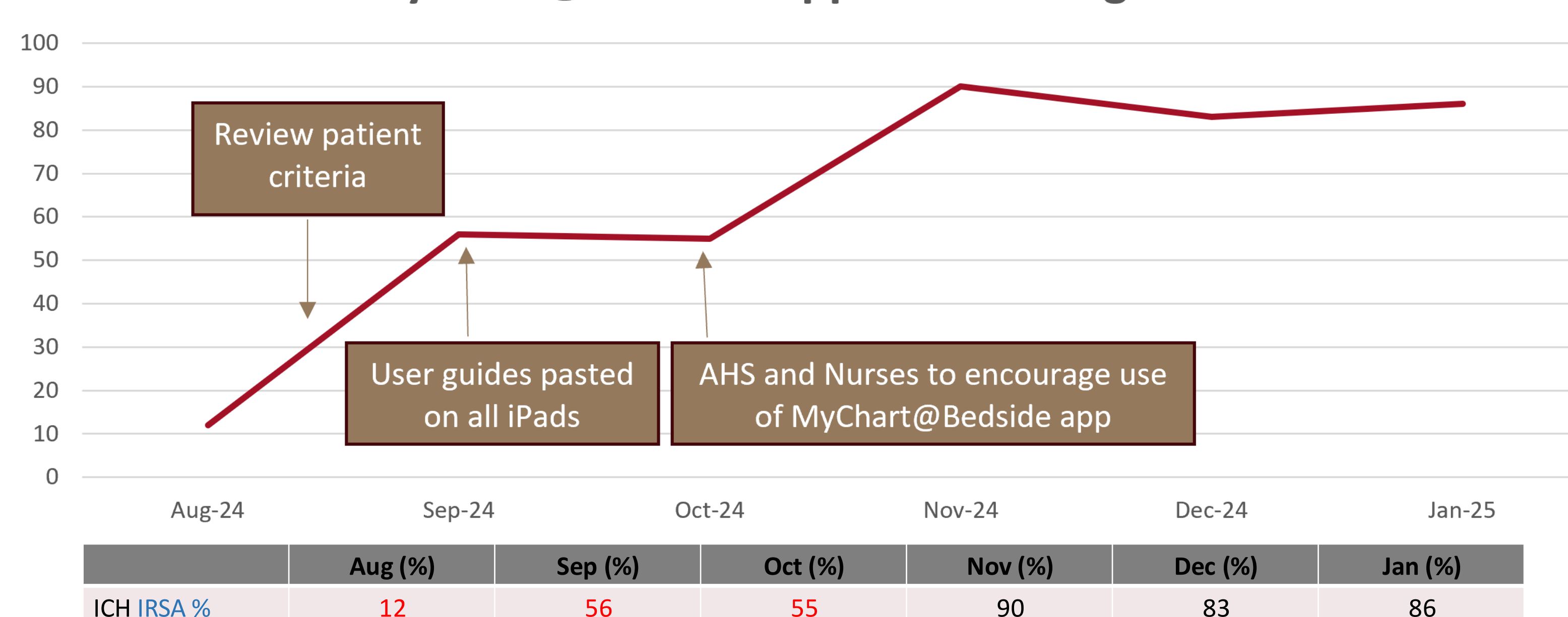
**Method:**

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

**Outcome:** A significant increase in MyChart@Bedside application usage rate.

#### Benefits/Results

##### MyChart@Bedside Application Usage Rate



- The survey demonstrated that 75% had positive experience in using MyChart@Bedside app to check information related to their rehabilitation program or medical condition.
- 85% of them will recommend the use of MyChart@Bedside app.

#### Sustainability & Reflection

##### 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 allow timely adjustments and improvements.