

# Improving ESTHER's Experience Transiting from Hospital to Assisi Hospice



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## BACKGROUND

Transfer of care between hospitals and inpatient hospices can be a distressing experience for patients with life-limiting illness and their caregivers. Assisi Hospice (AH) provides inpatient hospice stay for those who require specialist palliative care that cannot be provided at home. The purpose of this project is to improve ESTHERs' and/or their caregivers' experience in (1) care transition from Singapore General Hospital (SGH) to AH, as well as (2) their stay in AH.

## METHODOLOGY & DISCUSSION

**Recruitment and Journey Mapping** of 3 ESTHERs and their caregivers who allowed our team to observe their transition from SGH to AH, and subsequently interview them.

**Analysis** of the results, to understand ESTHERs' and their caregivers' experience(s) and identify what was important to them during the process (Table 1). The team decided to focus improvement efforts on item 3 as it was within the team's scope of influence.

**A Survey**, administered with 15 ESTHERs and/or their caregivers between 24/01/18 and 9/02/18, was developed to understand information most important (Table 2) and information not provided (Table 3) to ESTHERs and their caregivers.

Item.	Identified Issues	Ranking based on importance	Type of Information	No.	Lack of information prior to transfer	Frequency
1	Communication lapse between SGH/AH health care professionals (HCPs) and ESTHER	1	Purpose of care transfer to AH	1	Financial Matters	4
2	Short notice on date of transfer	2	Financial matters/documentation	2	AH Services	2
3	Lack of information, awareness of AH services and purpose for transfer	3	AH Services	3	Meals in AH	2
4	Bad experience transferring to AH via ambulance services	4	AH Accessibility	4	Things to bring to AH	1
5	Meal choices in AH	5	AH Physical Environment	5	Time needed for admission	1
		6	AH Facility	6	Purpose of care transfer to AH	1
		7	Meals in AH			
		8	Things to bring to AH			

Table 1: Issues Identified through the process mapping exercise.

Table 2: Ranking of desired information

Table 3: Frequency of information not provided

## PROPOSED INTERVENTION

Based on the team discussion with respective stakeholders in AH, we developed a **3-Pronged Approach** (Figure 1) to improve the dissemination of information of (1) AH services, (2) purpose of care transfer, and (3) items to prepare prior to their admission in AH. We aim to implement the intervention in SGH Ward 48, by April 2018 and evaluate its effectiveness over two months.

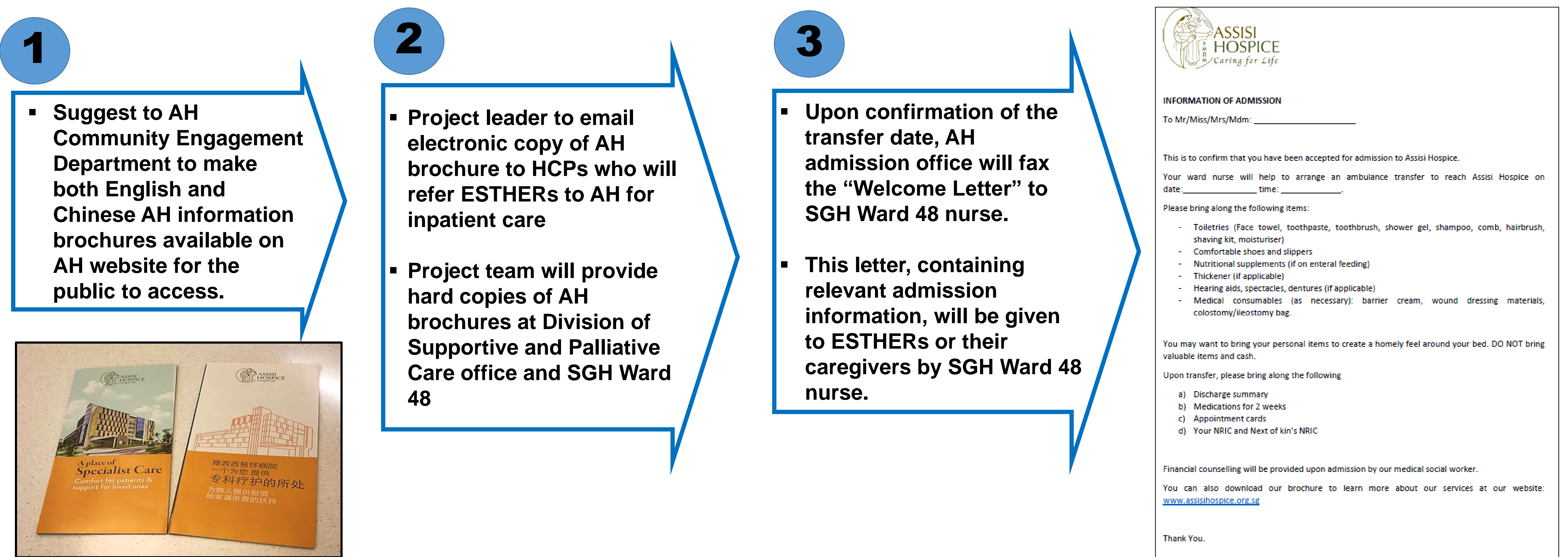


Figure 1: 3-Pronged Approach

## LEARNING POINTS

- Feedback and input from caregivers is particularly important to enable HCPs to understand and provide relevant palliative care services to ESTHERs at the end of life.
- Collection of feedback from ESTHERs and their caregivers is especially time-sensitive in a palliative care context.

## MOVING FORWARD

We aim for future ESTHERs and their caregivers to receive a copy of the AH information brochure prior to their admission to AH. The intervention will be evaluated with a survey of future ESTHERs in May and June 2018.