

Project Title

Improving Resuscitation and Extent of Care Status Plan in Outram Community Hospital

Project Lead and Members

Author: Lai Wei Na

Team member:

- Ong Chong Yau
- Aw JunJie
- Foo Jong Yi
- Edmund Chan
- Ong Peng Shen

Organisation(s) Involved

Outram Community Hospital

Healthcare Family Group Involved in this Project

Healthcare Administration, Medical

Applicable Specialty or Discipline

Post-Acute & Continuing Care

Project Period

Start date: March 2020

Completed date: May 2020

Aims

Our aim is to improve the uptake of RECSP documentation in Outram Community Hospital from 20% to 50% in three months (March to May 2020).

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Conclusion

See poster appended / below

Additional Information

Singapore Healthcare Management (SHM) Conference 2021 – Shortlisted Project
(Communications Category)

Project Category

Care Continuum, End-of-Life Care

Keywords

Communications, Resuscitation and Extent of Care Status Plan, RECSP Uptake,
Resuscitation, Treatment Escalation Plans

Name and Email of Project Contact Person(s)

Name: Lai Wei Na

Email: singaporehealthcaremanagement@singhealth.com.sg



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Singapore Healthcare Management 2021

Author: Lai Wei Na
Team member: Ong Chong Yau/ Aw JunJie/ Foo Jong Yi/ Edmund Chan/ Ong Peng Shen
Singhealth Outram Community Hospital

INTRODUCTION

- Resuscitation and Extent of Care Status Plan (RECSP) is a form of advanced directive aimed at encouraging advanced plan currently used in SingHealth Hospitals. It communicates ceiling of care and involves discussion about CPR and life sustaining efforts. It is similar to Treatment Escalation Plans (TEPs) in UK.
- Potential benefit of this project is to formal engagement of patients in discussion of their end-of-life care preferences (before acute deteriorating events take place).
- This will reduce resuscitation efforts on patients with poor clinical outcomes as well as patients who wish not to be on such measures.
- Collection of data showed that at baseline (operationalization of the hospital), only 5.9 to 14.6% of patients in OCH have had RECSP done.

OBJECTIVES

Our aim is to improve the uptake of RECSP documentation in Outram Community Hospital from 20% to 50% in three months (March to May 2020).

ANALYSIS AND METHODOLOGY

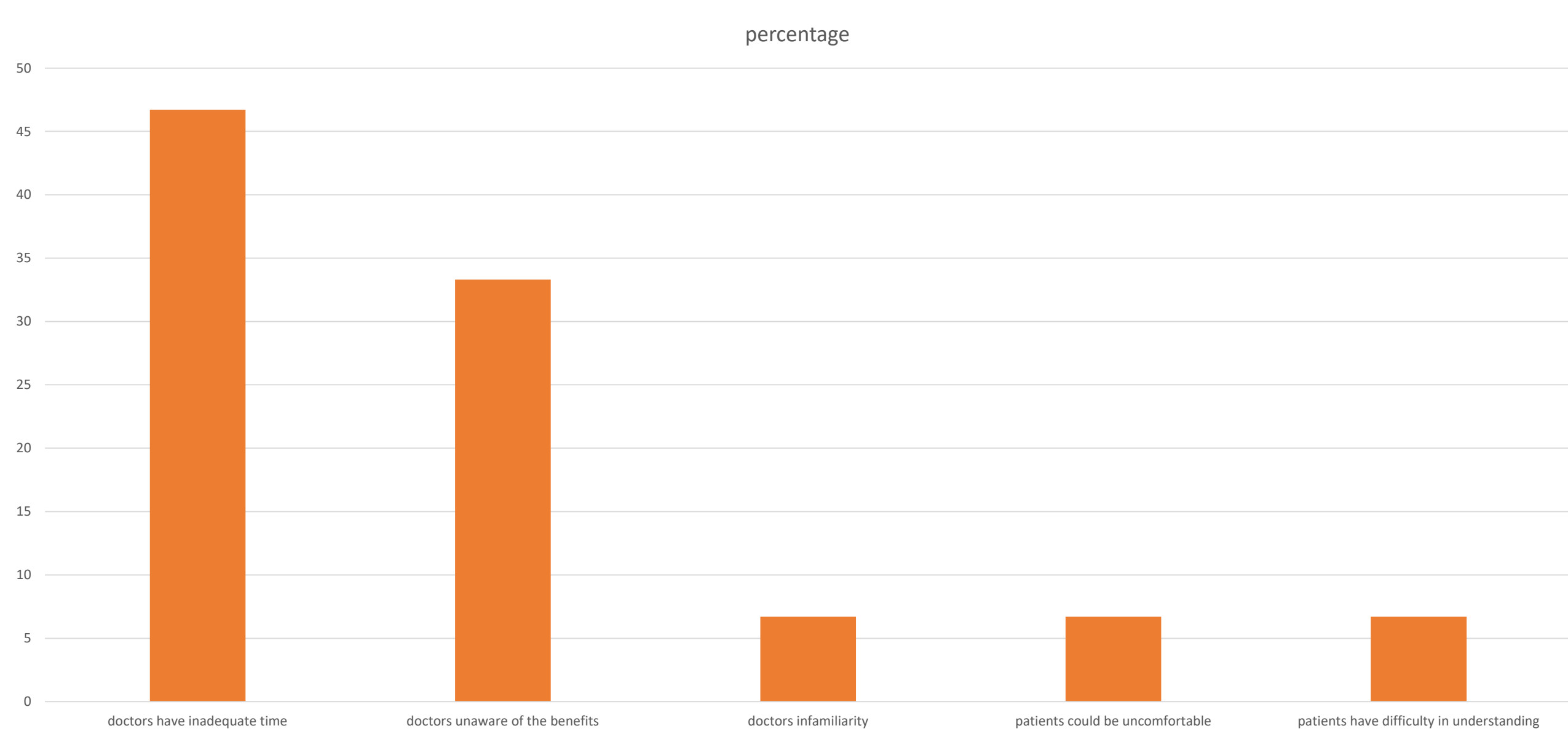


Figure 1. Causes of poor uptake of RECSP

- Root cause is identified to be human factor (lack of existing culture to discuss RECSP).
- The main cause of inadequate RECSP uptake was that doctors have inadequate time or are unaware of the benefits of RECSP discussion.
- The team generated the possible interventions through a brainstorm meeting.

INTERVENTION AND RESULTS

- First intervention was education to raise the awareness and new culture among doctors/physicians.
- A discussion was done on Feb 14, 2020 among doctors in Outram Community Hospital where they were being educated on the importance and benefits of RECSP, on how to put up the electronic documentation and to trace it.
- Doctors attending to patients on admission to bring up and discuss the resuscitation and end of life care with patients (and family if patient has no mental capacity) from 01 March 2020 for a period of three months.
- The team leader collects data every month; on the percentage of RECSP completed over the total number of admitted patients in the previous month.
- The uptake of RECSP increased to almost 100% and this was maintained throughout the period of project.

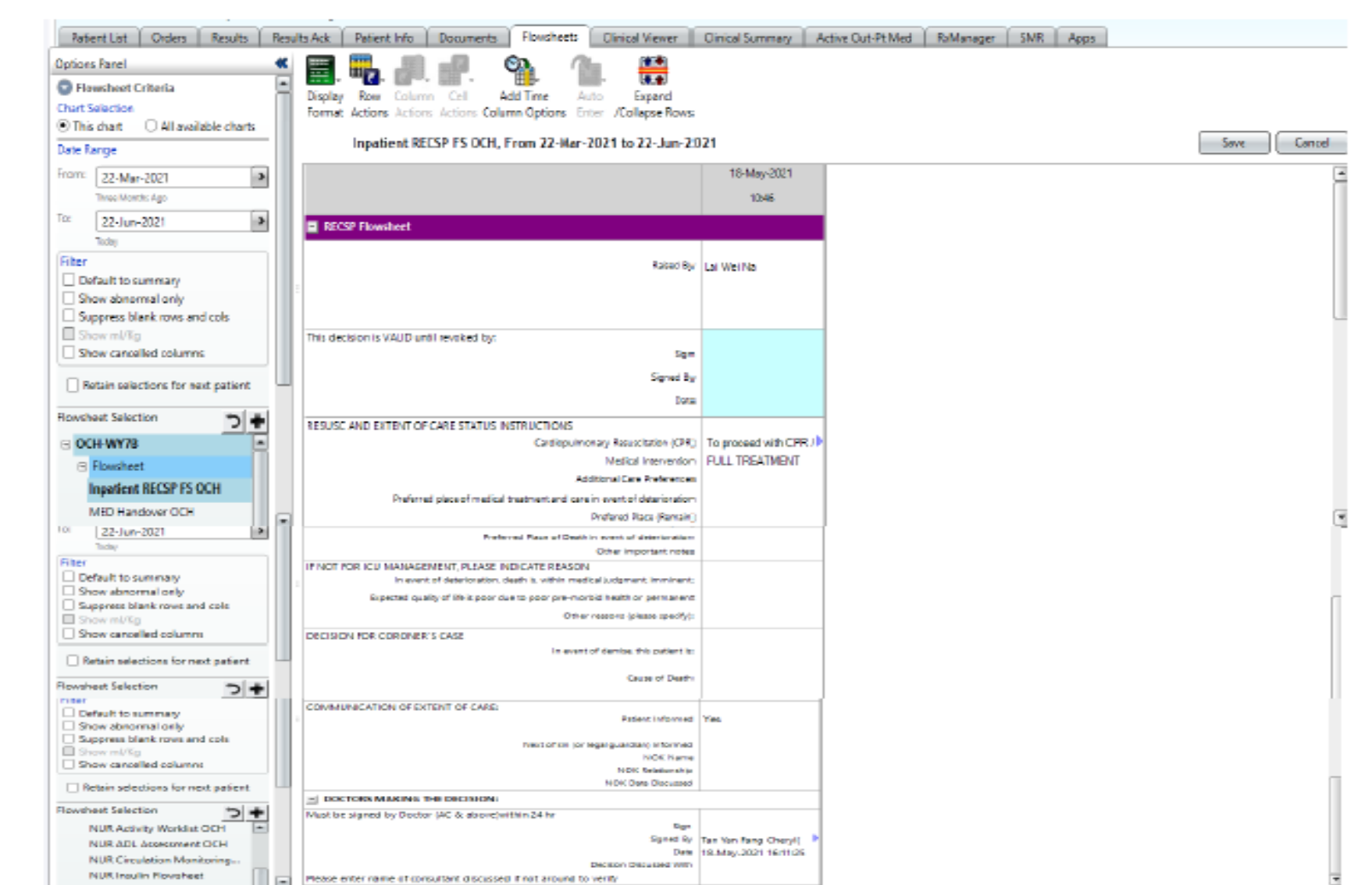


Figure 2. Electronic documentation of RECSP

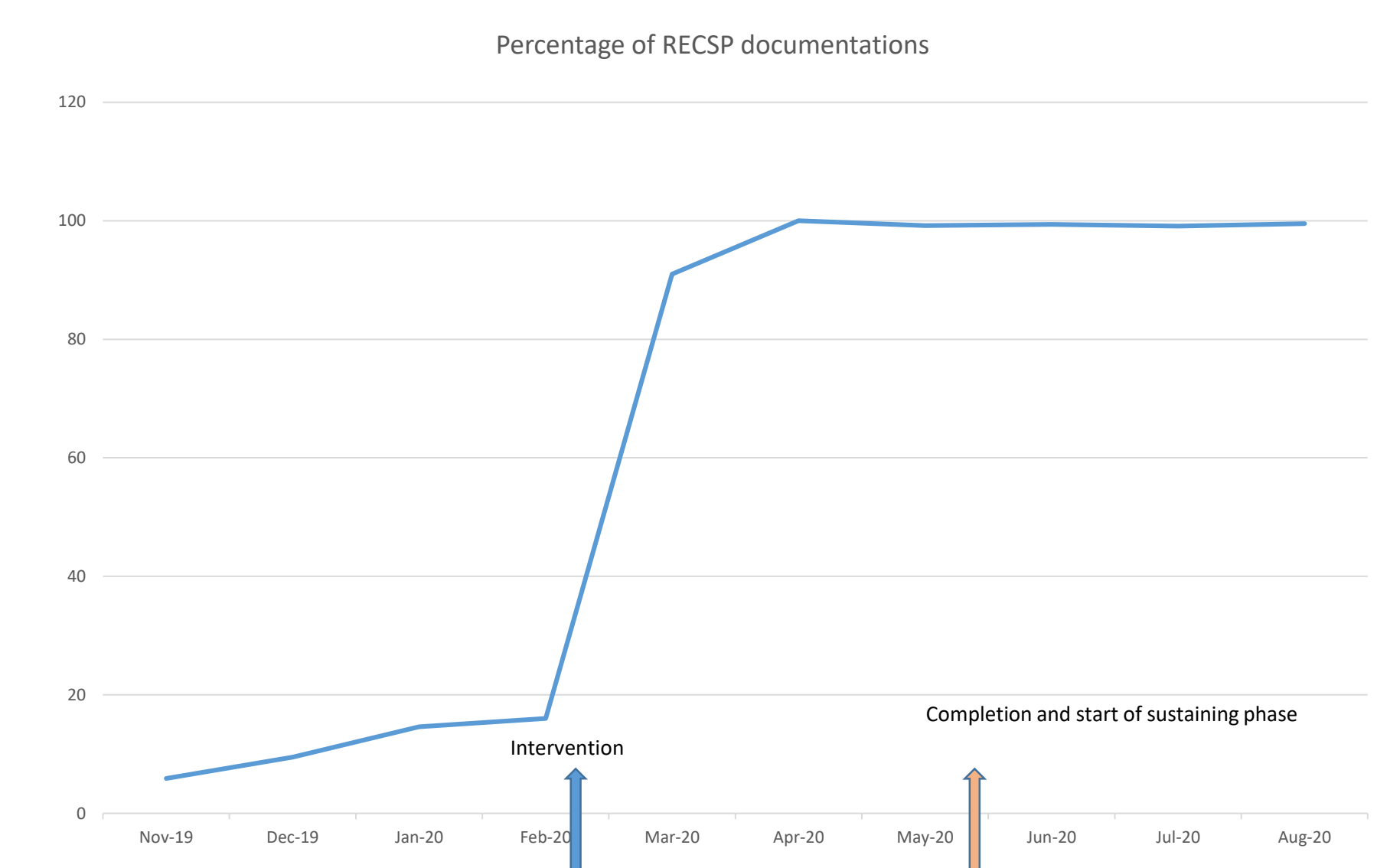


Figure 3. Uptake of RECSP documentation

CONCLUSION AND SUSTAINABILITY

- The percentage of RECSP documentation in Outram Community Hospital was noted to increase to above 99% over the six months upon initiation of the project/QI.
- We plan to share the findings and results within Singhealth community hospital and to other SingHealth Hospitals via platforms such as IPE and SingHealth Quality Improvement Day.
- The challenges faced were:
 - New initiatives that was not the 'norm' of usual daily work
 - Discussion of end-of-life care /resuscitation extent may be viewed awkward when patient are stable
 - Insufficient experience in initiating communication of this area with patients/family members
- We plan to evaluate qualitatively on patient and staffs view on the importance and their comfort levels as well as challenges in bringing up RECSP communications in hospital.
- We also plan to compare the rate of unnecessary code blue activation across institution where RECSP is not routinely discussed in acute hospital.