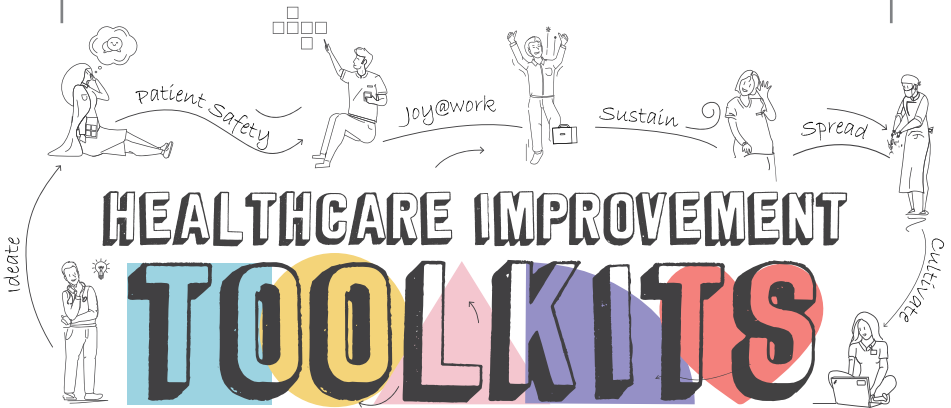


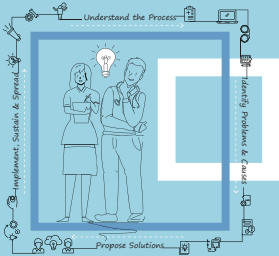
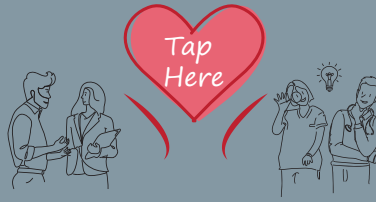
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Quality Improvement | Design Thinking | Resilience | Engagement
Toolkit For Patients & Families in Healthcare Improvement Projects |
For Healthcare

This is an interactive PDF toolkit. Open with Adobe Acrobat Reader to access this function.

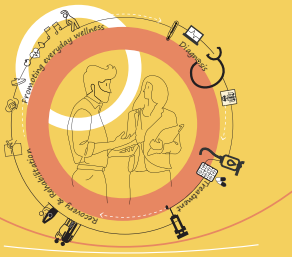
For more information of our AM-EPIC Framework



Quality Improvement Toolkit

For Healthcare
Pages 08 - 22

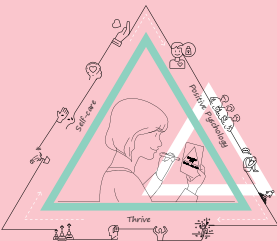
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Design Thinking Toolkit

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Resilience Toolkit

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Engagement Toolkit with Patients & Families

For Healthcare Improvement Projects
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Engagement Toolkit with Patients & Families For Healthcare Improvement
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Preface

The SingHealth Duke-NUS Institute for Patient Safety and Quality (IPSQ) is established to integrate cluster-wide efforts in patient safety and quality within the SingHealth Duke-NUS Academic Medical Centre (AMC). IPSQ aims to develop both healthcare professionals and patients to become advocates and leaders in patient safety and quality improvement to enhance capacity in improving patient safety.

IPSQ has developed a suite of programs aimed at upskilling and uplifting the Patient Safety, Quality and Innovation capabilities of staff under its Academic Medicine – Enhancing Performance, Improving Care (AM-EPIC) Framework (see next page). The AM-EPIC Framework is an education and professional development framework that comprises a portfolio of programs in 6 identified competency domains namely Improvement Sciences, Patient Safety, Innovation & System Design, Clinical Governance & Risk, Patient Centeredness & Advocacy, and Staff Resilience & Care Support.

To further enhance the learning experience of our learners beyond the classroom-based teachings, IPSQ is always seeking new innovative approaches outside of the classroom. This Improvement Compendium of Toolkits is designed and intended to serve as a handy guide for you to gain quick access to bite-sized learning content as well as tools on Quality Improvement, Design Thinking and Resilience that you can refer anywhere and anytime.

In this 2nd Edition, you can also get valuable tips on How to Engage Patients & Families for Healthcare Improvement Projects. Each symbolized by a geometrical shape to signify the basic foundations of each domain.

This Compendium serves as an enabler and also as a reminder on the importance of healthcare quality and innovation. Through inspiring, educating and upskilling our workforce, we can contribute to the optimal design and delivery of safe care systems for our staff and patients.

Start your journey with openness and make improvement, including creating joy at work a part of your work. Remember to engage patients and families in your healthcare improvement projects!



Academic Medicine – Enhancing Performance, Improving Care (AM-EPIC)

The AM-EPIC Framework is an education and professional development framework that comprises a portfolio of programmes aimed at upskilling and uplifting the Patient Safety, Quality, Innovation and patient engagement capabilities of our staff.

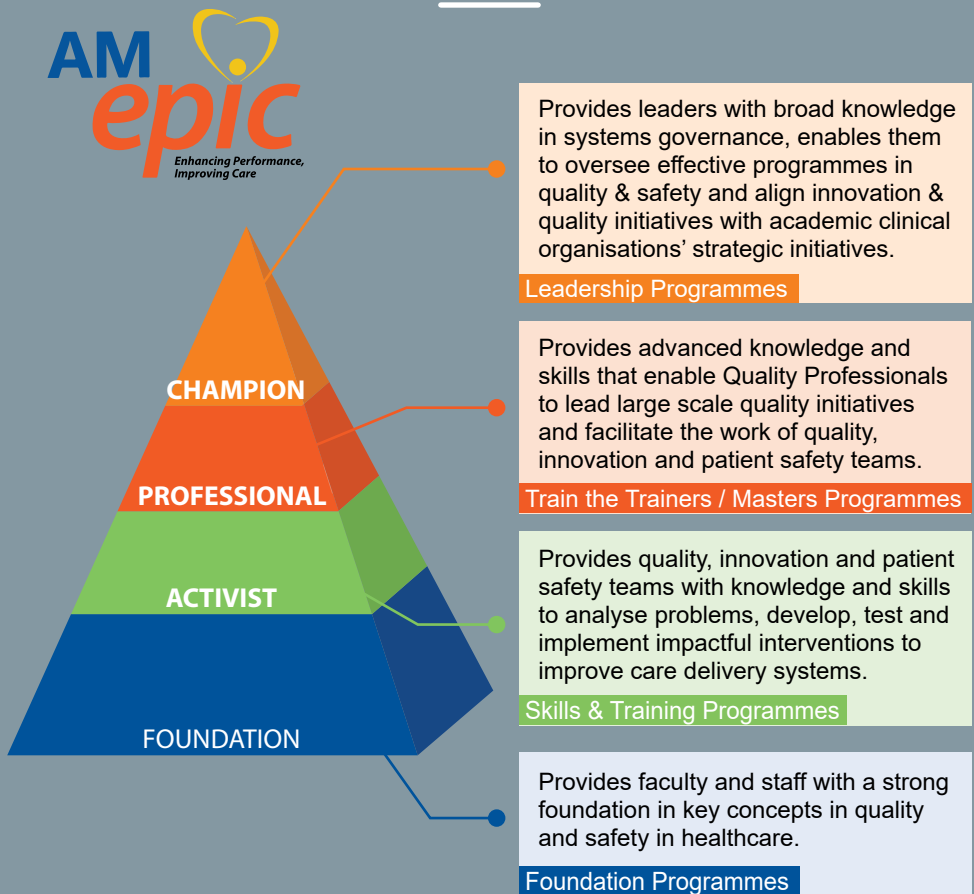
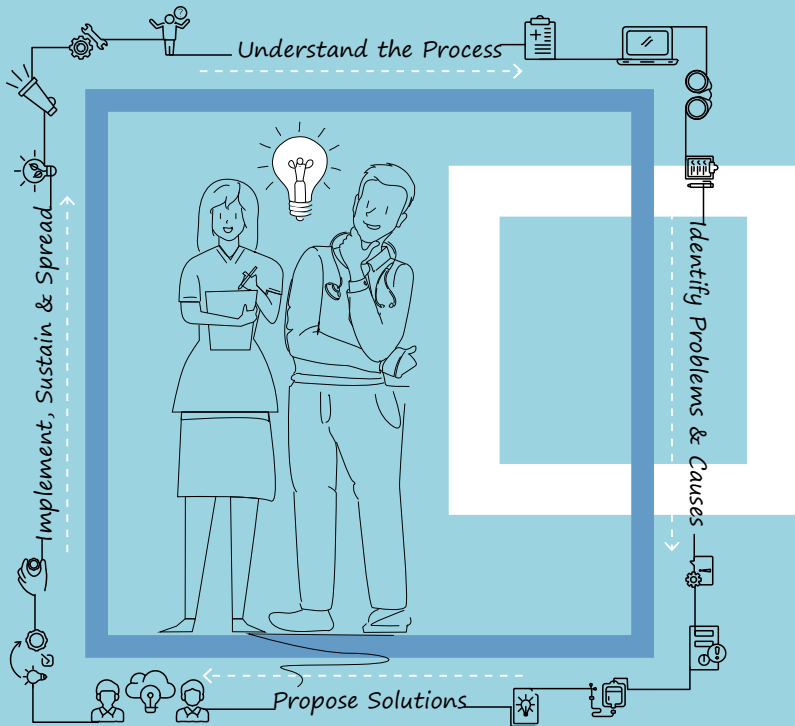


Figure 1: Education and Professional Development Framework for Academic Medicine – Enhancing Performance, Improving Care (AM-EPIC)



Quality Improvement Toolkit

For Healthcare

Contributors:

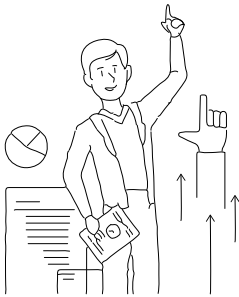
Teo Shao Chu, Seow Yee Ting & William Yap

Quality Improvement

01

Quality Improvement in Healthcare

Quality Improvement (QI) in Healthcare is a systematic approach in making processes safe, efficient, patient-centred, timely, effective and equitable.

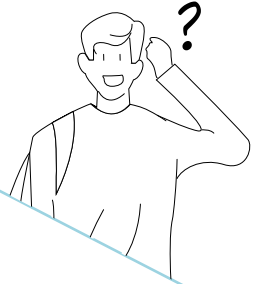


Six Aims for Improvement

To Improve Healthcare Quality

- Safe** Ensure no additional harm is introduced when delivering care to patients
- Timely** Reduce waiting and delays, which may cause potential harm to patients
- Equitable** Provide same quality of care regardless of patient's socioeconomic status, geographical locations, race and religion
- Efficient** Avoid non-value added activities (Wastes), maximising resources
- Effective** Provide care based on professional knowledge, which produces clear evidence-based benefits to patients
- Patient-Centred** Ensure services and care provided are based on patient's preferences and needs

Source: *Crossing The Quality Chasm: A New Health System for the 21st Century*, IOM, 2001



02

Myths or Facts of Quality Improvement

MYTH

A huge amount of data is required to start a Quality Improvement project

Most often Quality Improvement is a top down directive

Quality Improvement is only for patient-facing departments where we get the complaints

Quality Improvement takes years to complete

FACT

A set of baseline data indicating that the process requires improvement (e.g. rising trend/shift in waiting time in a SOC clinic) is sufficient to start a Quality Improvement project

Quality Improvement is often ground up and driven by staff who are part of the work processes

Quality Improvement can involve any department as it is a continuous effort to improve outcome, productivity, and/or reduce errors

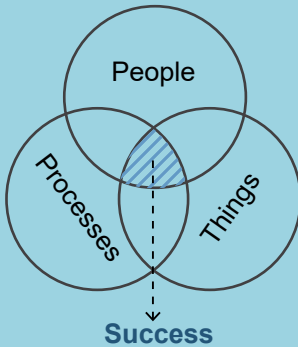
A typical Quality Improvement project takes 6-9 months to complete. It is advisable to scope down and address the project in phases if it is a huge project

Getting Ready

03

Before you start

System



Understand System

System consists of People, Things and Processes. These are interdependent elements that influence one another directly and/or indirectly to maintain their activities and the existence of the system, in order to achieve the goal of the system. Appreciating system and its elements allows us to tap on this knowledge to make changes that will result in improvement.

Identify Problem Worth Solving

- A systemic problem that is inherent, affecting stakeholders involved in the process
- Use baseline data to identify your problem
- Examples of problem worth solving: long waiting time, increase in number of complaints

A Systematic Approach to Quality Improvement

04

Quality Improvement step-by-step approach

A. Understand the process

- Form a team and identify mission statement
- Map out the process flow
- Collect baseline data

B. Identify problems and causes

- Identify problems, drill down to the root causes
- Prioritise root causes to focus on

C. Propose solutions

- Focus on process streamlining without compromising patient safety and quality of care using relevant QI tools

D. Implement, sustain and spread

- Change management
- Implement, monitor and refine
- Sustain and spread improvement efforts
- Celebrate success

3 Basic Questions to Drive Quality Improvement

Goal

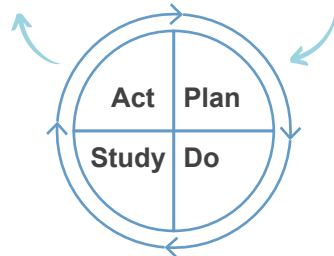
What are we trying to accomplish?

Measurement

How will we know that a change is an improvement?

Intervention

What change can we make that will result in improvement?



Source: Model for Improvement - Institute for Healthcare Improvement (IHI)

05

Construct Mission Statement

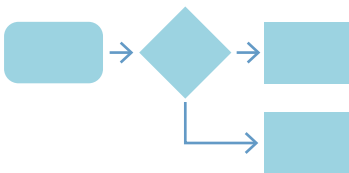
- State the project goal clearly with a measurable outcome
- Use numerical value to set stretch goal
- State the timeline to achieve the goal
- Do not work backwards from a solution

Form the team

- Involve the process owner and stakeholders
- Ensure the team consists of members from multi-disciplines to avoid biased viewpoints of the problem
- Define roles and responsibilities

Phase 1 : Understand the Process

Flow Chart



Map Process Flow

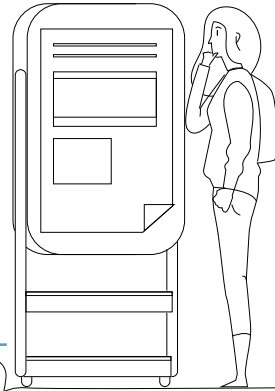
- Create a common understanding of the process in a visual manner
- Clarify steps in the process
- Identify improvement opportunities in the process (error-prone areas, inefficiencies, bottlenecks, etc.)

Phase 2 : Identify Problems and Causes

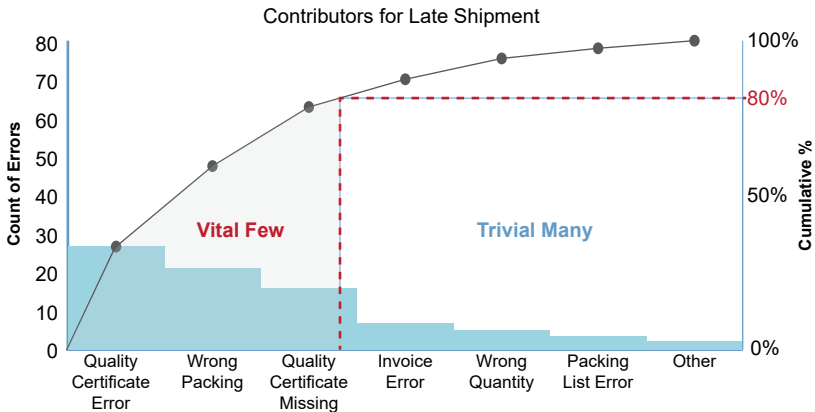
07

Prioritise Root Causes

- Useful to prioritise root causes to work on when there are limited resources
- The Pareto Principle states that 80% of the problems are caused by 20% of the causes
- Using the Pareto Principle, the Pareto Chart helps to prioritise the root causes to focus on (To make improvements to the 'Vital Few')



Pareto Chart



08 Phase 2 : Identify Problems and Causes

Look Out for Wastes

- Identify and eliminate wastes in your process to maximise resources
- Wastes are process steps that require resources but customer is not willing to pay for

8 Wastes: DOWNTIME (Acronym)

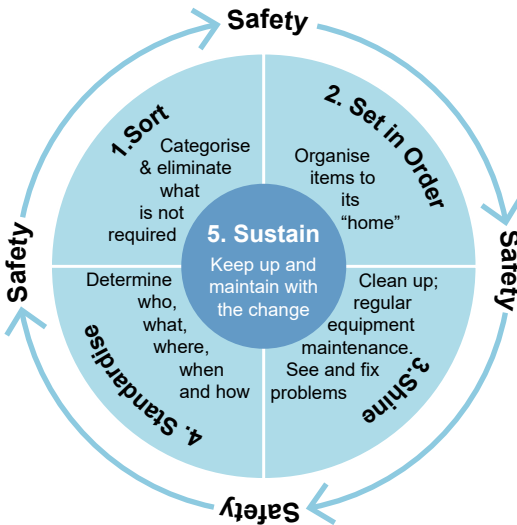
Waste	Description
D efects	Errors compromising safety, quality and time, often causing rework
O verproduction	Produce more than required or faster than the demand
W aiting	Time spent on non-value added activities in the process
N on-utilised Talent	Not utilising or underutilising staff's potential, skillset and knowledge
T ransportation	Unnecessary movement of items
I nventory	Accumulation of work in progress
M otion	Unnecessary movement of people
E xtra-processing	Excessively processing things, requiring more work or higher quality which is not required by the customer

Brainstorm for Solutions

- Use idea generation techniques to trigger new ways of thinking

09

Phase 3 : Propose Solutions

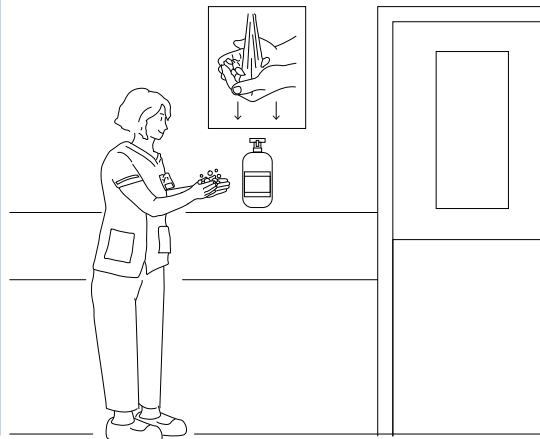


5S + Safety

- A waste-eliminating tool to improve workplace safety and organisation

Visual Management

- Use visual management tool to create a visual workplace where anyone who walks into the work area could understand the current situation immediately without having to check with anyone or against anything
- Example: directional signage, hand hygiene poster as a reminder on the moments of hand hygiene



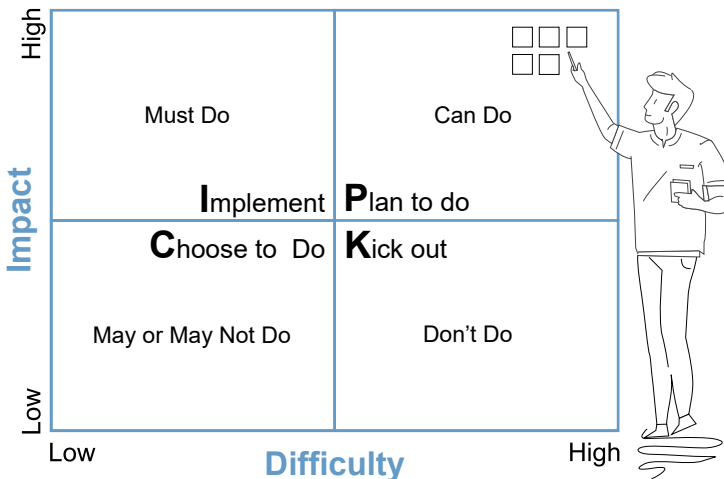
10

Phase 3 : Propose Solutions

Prioritise Ideas Generated

- A 2x2 matrix to guide the project team in prioritising the ideas
- Write the ideas generated into the respective quadrant based on the level of impact on the goal and difficulty of the tasks
- Useful for focusing discussion & achieving consensus

PICK Chart



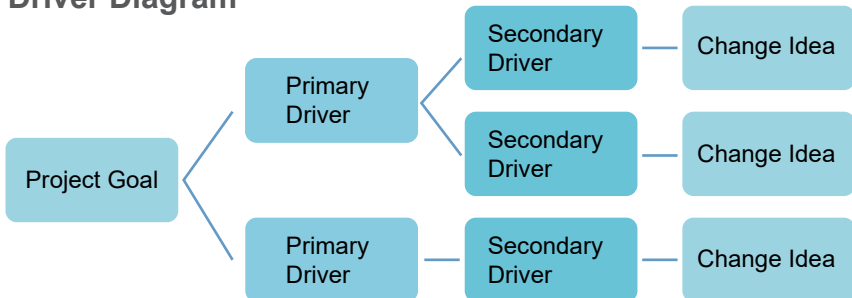


11 Phase 3 : Propose Solutions

Communicate to Stakeholders

Illustrate how the factors and ideas lead to the achievement of the goal

Driver Diagram



- Primary drivers focus on the key areas and influences that need to change to achieve the project goal
- Secondary drivers break primary areas down into sub-sections or processes
- Change ideas are specific ideas that the team can test and see if they influence the secondary drivers and ultimately the goal

12

Phase 3 : Propose Solutions

Test Solutions

4 Stages of the PDSA

- **PLAN** what you are going to do with the ideas, how to complete the test, who, when and where to do it
- **DO** it, preferably on a small scale first
- **STUDY** the results (Does the plan work?)
- **ACT** on the results. If the plan was successful, test on a bigger scale and eventually standardise on this new way of working. If it does not work, conduct another PDSA cycle on another idea

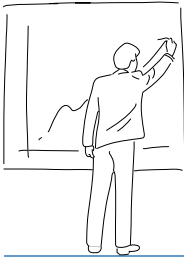


Plan,
Do,
Study,
Act
(PDSA)

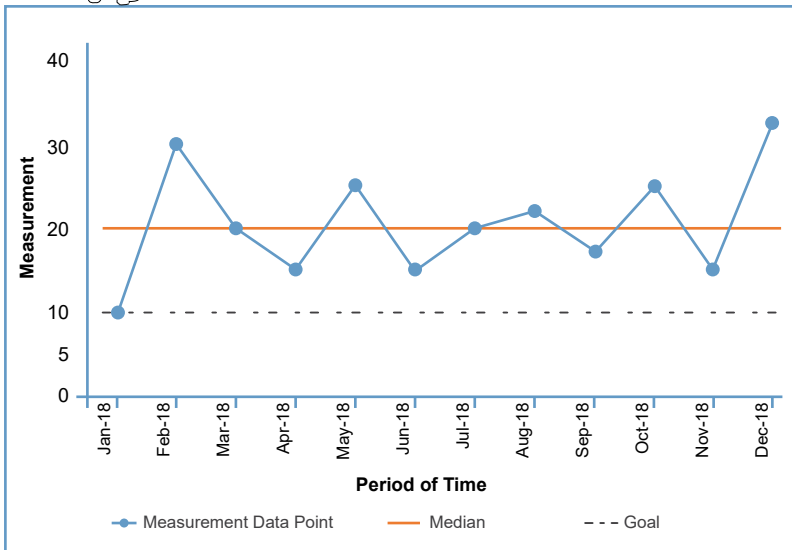


13

Phase 4 : Implement, Sustain and Spread Run Chart



- A graph that displays data over time. It allows the team to verify if the changes result in real improvement by observing the pattern displayed in the data collected
- Annotate interventions / PDSAs on the run chart
- Add median line on the run chart
- Freeze baseline data as median if there are at least 12 data points



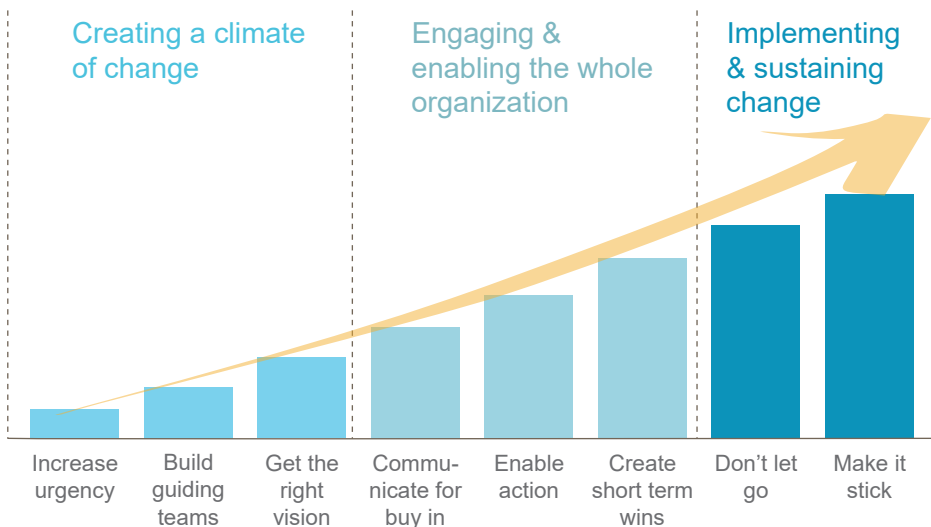
Phase 4 : Implement, Sustain and Spread

Change Management Concept:

8 sequential steps aimed at thoroughly preparing the organisation for change and implementing it successfully



14



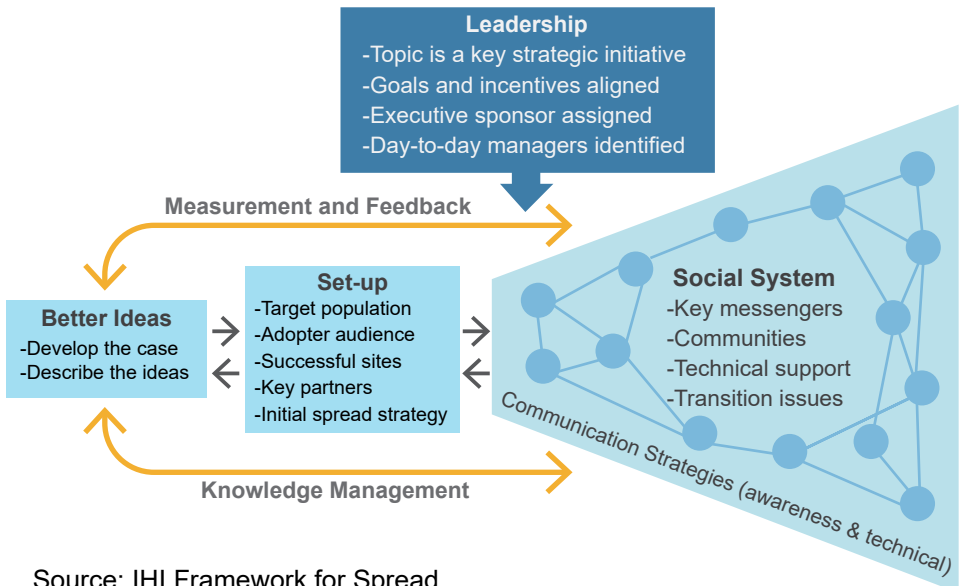
Source: Kotter's 8-step change model

15

Phase 4 : Implement, Sustain and Spread

Sustain Improvement & Spread Change

- Standardise and document best practices and knowledge
- Require measurement, continuous monitoring and ongoing communication with stakeholders
- Change must be easy to understand and implement
- Ensure current and new staff are aware and comply with the new practices.



Source: IHI Framework for Spread

16

Kaizen, Our Way of Life Japanese word in Kanji

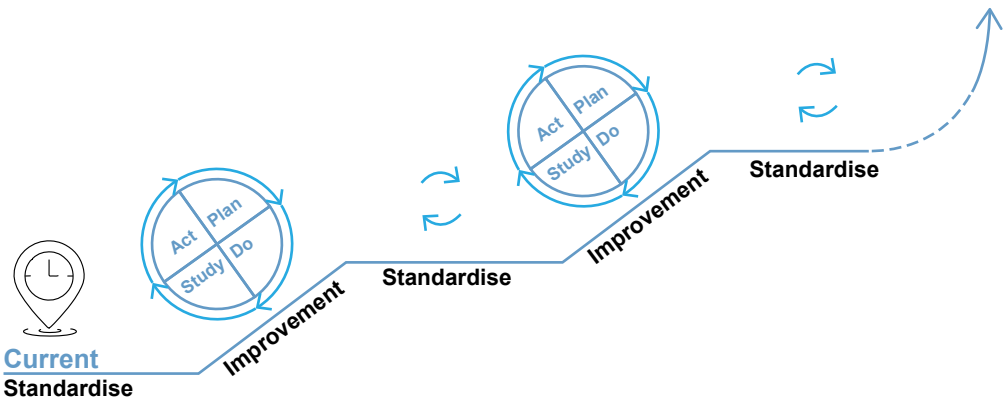
改善

Kai Zen

“Change for the better”

Adopt a continuous improvement attitude in daily life

- **Long-term:** Eliminate wastes in the system strategically and continuously
- **Mindset:** Encourage staff to start on small, simple improvement that benefits the team, operations or organisation. Small improvement can be beneficial
- **Standardise:** Ensure current practices are standardised before embarking on the next improvement
- **Improve:** Encourage ideas from the ground and develop action plans



Showcase Quality Improvements

- Showcase successful projects internally, locally or internationally

Examples: SingHealth Duke-NUS Quality & Innovation Day, Singapore Healthcare Management Congress, Patient Safety Summit, IHI Congress, etc.

- Establish new network
- Share and learn best practices from participating healthcare organisations and professionals

Sources

- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP(2009) The Improvement Guide: A Practical Approach to Enhancing Organisational Performance (2nd Edition). San Francisco: Jossey-Bass
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Design Thinking Toolkit

For Healthcare

Contributors:

Keith Heng, Ivan Foo,

Lim Yong Kang & Pearlyn Lim

Design Thinking

01 Design Thinking in Healthcare

Design thinking is a human-centered approach that prioritises developing empathy for users when gaining insights, exploring ideas and testing prototypes to improve healthcare system and experience.

Design thinking integrates various improvement methodologies where we see a combination of system-based and empathy-based approach in healthcare improvement. In fact, Design Thinking and Quality Improvement methodologies can work hand in hand to complement each other.

Benefits of Applying Design Thinking in Healthcare?

- Supports shift from volume to value based care
- Encourages creativity when exploring ideas
- Allows for prototyping where valuable feedback can be gathered, and mistakes can be made. It lets you experiment and take risks that you would otherwise avoid when the cost of failure is too high

Getting Ready

02

Basic Principles of Design Thinking

Get to know your users and the context so that it can help you understand the perspectives of the people you are designing for.

(Re)Frame

By looking at things differently, you can develop products and services that are meaningful to all users.

Collaborate

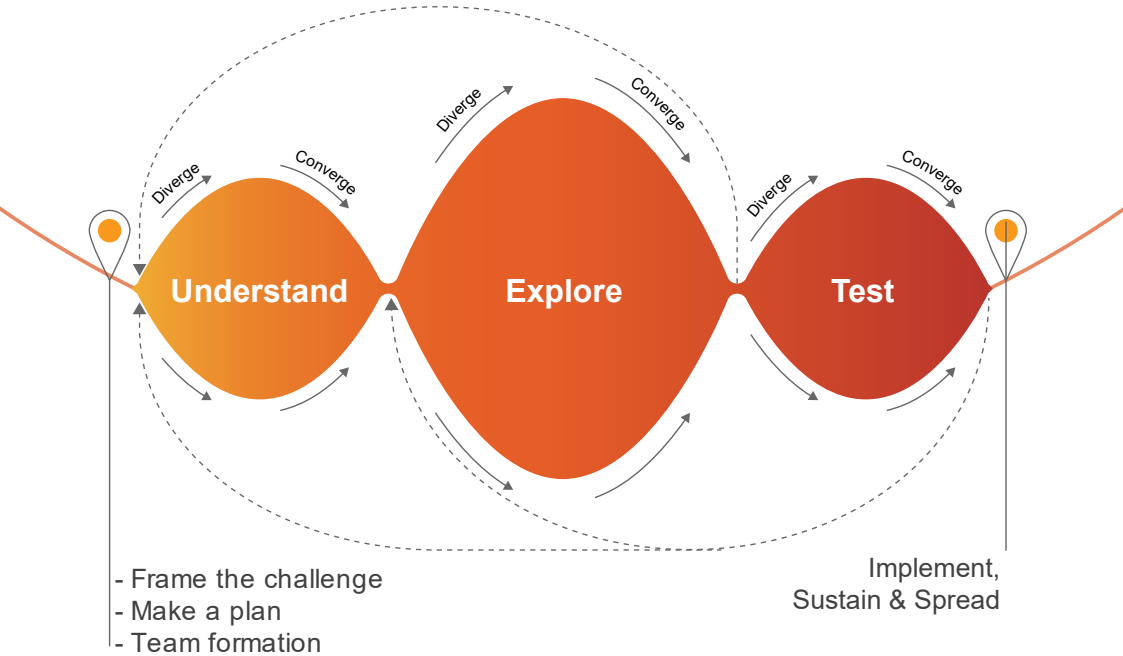
Collaborate and leverage on each other's strengths.

Embrace Experimentation

Stay curious. Do not fall in love with your first idea. Experiment, test, try and learn from experience.

03

An Overview of Design Thinking Methodology



Overview of tools used in each phase:

Understand



- Stakeholder mapping
- Secondary research
- Empathy interviews
- User observations
- Context immersion
- Make sense of data
- Identify opportunities
- Craft "How Might We" statements

Explore

- Brain writing + Round robin
- Analogies
- Trigger cards
- Idea selection



Test

- Prototyping
- Test & learn
- Iterate & refine

04

Three Phases of Design Thinking

Understand

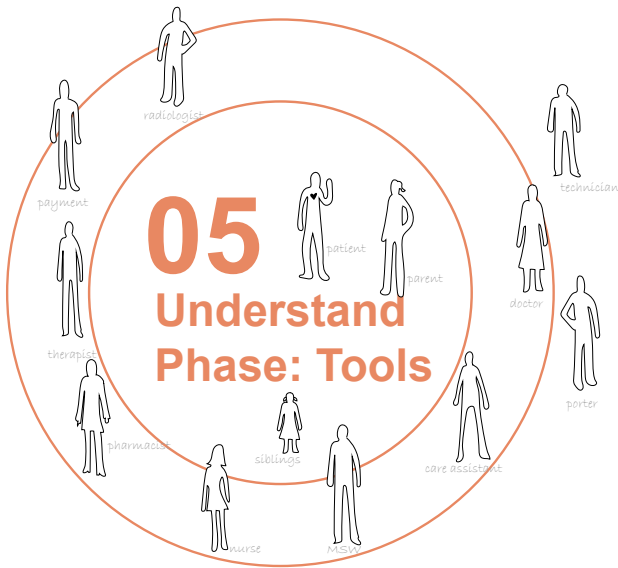
This first phase lays the foundation for innovation. It frames your challenge statement, conducts user research to understand a particular healthcare experience, and how people feel about it.

Test

This phase allows your ideas to be enriched and refined for development towards implementation through iterative testing with stakeholders. Building prototypes allows you to elicit feedback in the context of use and also help you understand what works and what can be improved. With these information, you can assess the value, impact and potential implementation plan for your ideas.

Explore

In this phase, you will translate your insights into ideas for new products, services, processes and spaces. Exploring concepts visually, through sketching and storytelling, is a tangible way to develop ideas towards testing.



1. Stakeholder Mapping

Stakeholder maps are used to document key stakeholders and their relationships involved within the problem statement. Mapping all of the different people that surround the patient can reveal important relationships and social dynamics that can influence people's experiences of care.

HOW: Discuss and identify a list of social relationships within a user group and map the network of their interactions.

2. Secondary Research (Desk Research)

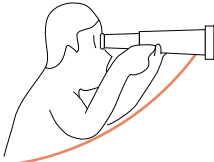
Secondary research will help you build your base of knowledge and complements the information from empathy interviews and other qualitative research methods to help you gain a better understanding of the situation.

HOW: Review published articles and other relevant documents to develop an informed point of view on the challenge statement.



06

Understand Phase: Tools



3. User Observation

Observing what people do and how they interact with their environment gives you clues about what they think, feel and why they act the way they do. It also helps you learn about what they need. By observing people, you can capture physical manifestation of their experiences – what they do and say.

HOW: Observe and record behavior within its context, without interfering with people's activities. Use the **POEMS** observation framework to guide and provide a structure to your research during user observations.

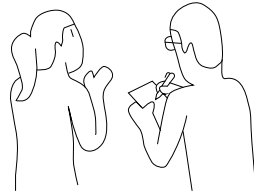
POEMS stands for:

- P** - People
- O** - Objects
- E** - Environments
- M** - Messages
- S** - Services

If possible, take photos. A photo tells a thousand words.

07

Understand Phase: Tools



4. Empathy Interviews

Begin by understanding the hopes, motivations and needs of users by interviewing them.

HOW: Conduct the interviews in the interviewees' point of view. During these interviews:

- **Probe** to uncover the truths behind their stories
- **Observe** their non-verbal cues, as well as pick out observations of their natural setting
- **Record** all interview data for analysis (word for word)

08

Understand Phase: Tools

5. Context Immersion

There is no better way to understand the people you are designing for than to immerse yourself into their lives and communities.

HOW: Identify stakeholders involved in the challenge statement and enact the activities within a real or imagined context to trigger empathy for actual users and raise other relevant issues.

6. Craft “How Might We....?” Statements

“How Might We” (HMW) is a process to reframe challenge statement into actionable problem statements. HMW defines the design intents and will be used as a basis for the Explore phase.

HOW: Discuss and define the users, their needs that will be the subject of the project and the insights that will be the basis for brainstorming in the Explore phase.

Who does **What** because of **Why?**
(User) (Action/Problem) (Insights)

09

Explore Phase: Tools



Set the stage for a successful brainstorming session by sharing these rules with the team.

Rules for Brainstorming

1. Defer judgement
2. Encourage wild ideas
3. Go for quantity, not quality
4. Build on the ideas of others
5. Stay focused on topic
6. Be visual



10

Explore Phase: Tools

Brain-writing + Round robin

Brain-writing is recommended as a first tool to start off ideation session. It equalises the contribution of the resource group and allows for more introverted people to communicate their ideas. Round robin allows participants to build on each other's ideas.

Analogies

Useful to help one move away from the obvious and encourage out-of-the box thinking.

Trigger Cards

Provide diverse thought-provoking stimuli with the intention to act as trigger for discussion, further research and reflection for the future.

11

Explore Phase: Tools



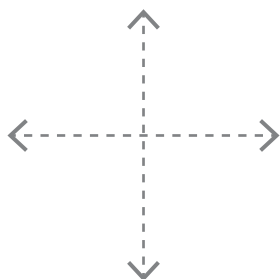
Idea Selection

This is a necessary convergence step once you have generated a volume of potential ideas. The idea selection process uses either the Venn diagram or 2 x 2 Matrix as a decision tool to evaluate, shortlist and prioritise ideas.

2x2 Evaluation Matrix

The 2x2 Evaluation Matrix creates a systematic way to analyse multiple solutions and helps build consensus within the team to select and evaluate a variety of promising solutions against selected criteria.

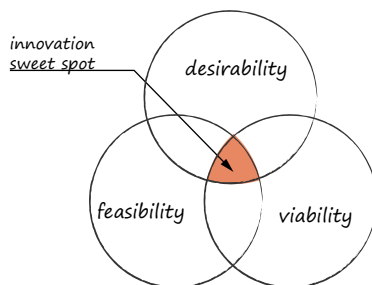
How: Define criterion for each axis that the team has agreed to use to evaluate the generated concepts.



Venn Diagram

A Venn diagram allows the team to visualise how different parameters share overlapping impacts.

How: Define at least two criteria for each of the domains that the team agreed to use for evaluating the generated concepts.



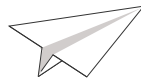
12 Test Phase: Tools

Why test with users ?

Testing with users is a fundamental part of a human-centered design approach. You test with users to refine your solution and also to refine your understanding of the people for whom you are designing for.

Objectives of Testing:

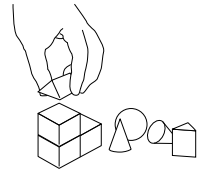
- Communicate idea (Visualise and contextualise)
- Gather feedback
- Fail cheaply and learn quickly



Paper Prototyping

Paper prototyping is a quick and cheap way of gaining insights and inform decision-making without the need for costly investment. It is a good way to quickly organise, articulate, and visualise interaction design concepts.

HOW: Using any materials available, rapidly sketch and assemble possible forms or interaction for evaluation.



3D Prototype

3D prototypes allow user to interact more effectively than a sketch and will lead to more useful insights gathered during testing.

HOW: Depending on the level of fidelity, team may need to outsource to external prototyping services.

13

Test Phase: Tools



Storyboarding

Storyboarding is a series of drawings or pictures put together in a narrative sequence. It shows the interactions between user and the design at every touchpoint.

HOW: Illustrate a user-centered story line describing different contexts when the product or service is used.

Role-playing

Role-playing helps teams to imagine and explore new ideas or communicate design intentions, which allows users to understand other points of views. It allows user to explore pain points and potential user scenarios.

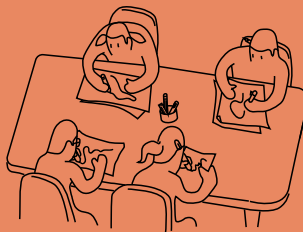
HOW: Using any materials available, rapidly sketch and assemble possible forms or interaction for evaluation.

Design Thinking Collaboration

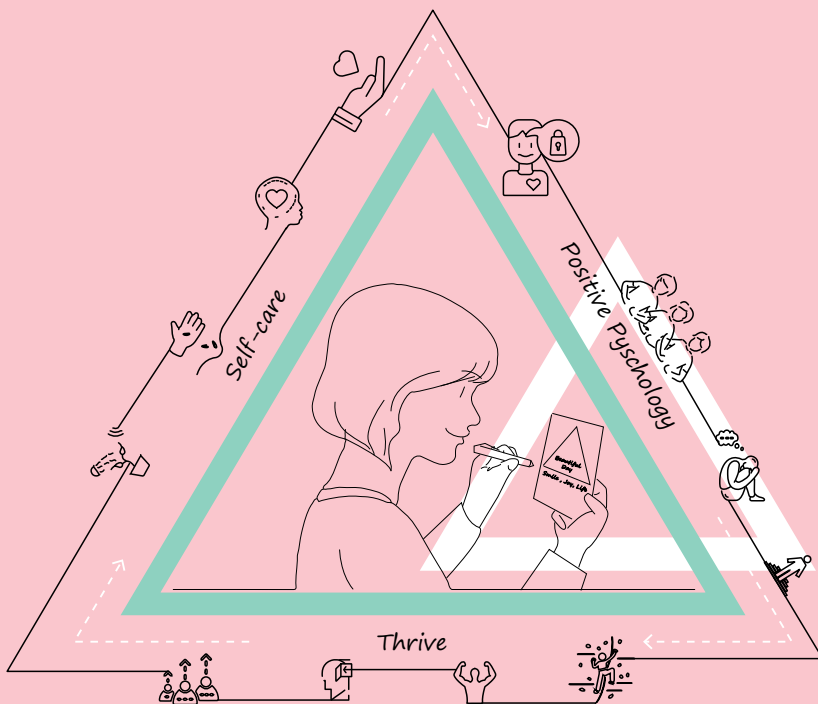
The IPSQ Design Team provides project consultation and facilitation to enhance patient safety.

Our expertise are:

- Project Consultation & Facilitation
- Product Design
- UI/UX Design
- Systems/ Service Design
- Spatial Proposal



Please email ipsq@singhealth.com.sg for more information



Resilience Toolkit

For Healthcare

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Build Your Resilience

01

3 Good Things Cultivate Positive Emotions

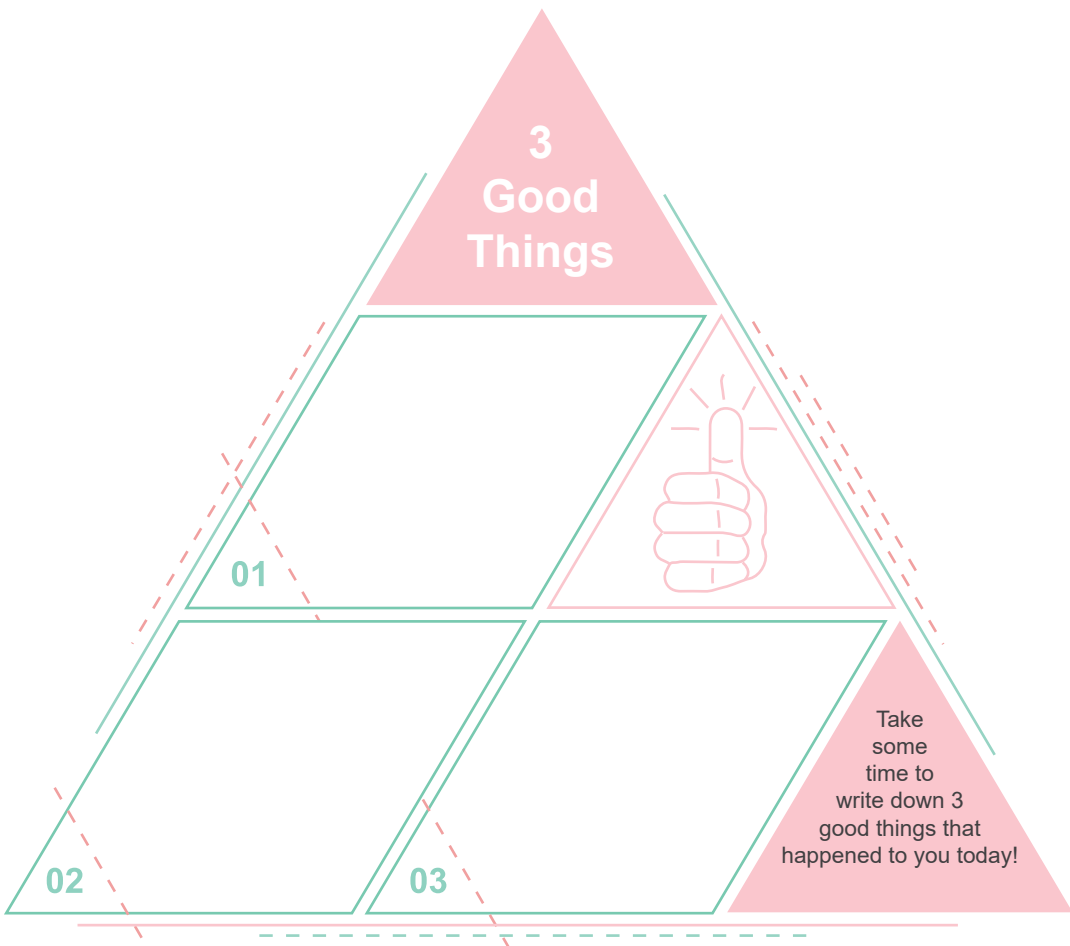
Humans are naturally hard-wired in remembering the negative aspects of our day, but flipping around this inclination can be simple.

Promoting positive thoughts and building resilience can be as easy as taking notes each night before bed. Think of three things that happened during the day that went well and your role in the positive outcome, then jot them down.

The key is to savour those positive emotions to train your brain to remember good things.

Source: Dr Bryan Sexton, Associate Professor in Psychiatry and Behavioral Sciences at Duke's School of Medicine and an expert in the field of resilience.





Each day for at least one week, write down three things that went well for you today.

It is important to create a physical record of the good things that happened. By taking time to notice the good things around us, we will be more appreciative and grateful in our lives.



For softcopy of this graphic, scan or tap the QR code here





02



Gratitude Letter

**Be Genuine, Kind,
and Appreciative**

Showing Gratitude is the ability to be thankful, appreciative and kind. Gratitude can be cultivated with simple tools.

Think of someone who has done something amazing for you, or contributed to your well-being in any way; this person can be alive or no longer with you.

Spend the next few minutes to write a brief note, telling this person what they did, how it impacted you and what this says about them.

Source: Dr Bryan Sexton, Associate Professor in Psychiatry and Behavioral Sciences at Duke's School of Medicine and an expert in the field of resilience.



[Bit.ly/grattool](https://bit.ly/grattool)

03

1 Good Chat

Cultivate Relationship Resilience

Positive and strong social relationships enhance emotional well-being. You can start building and improving social connection through good chats.

As you start noticing the good chats you have with others, you will notice and appreciate what makes it good. It enhances your ability to notice small moments of connection with people, even those you do not know well.

Take a moment to reflect on a conversation over the past 24 hours that made you feel relatively warm and uplifted. The nature and duration of the conversation do not matter; it can be with your loved one, co-worker or even a stranger. The point is that it left you feeling more replenished and not drained.



Source: Dr Bryan Sexton, Associate Professor in Psychiatry and Behavioral Sciences at Duke's School of Medicine and an expert in the field of resilience.



[Bit.ly/1goodchat](https://bit.ly/1goodchat)



Engagement Toolkit with Patients & Families

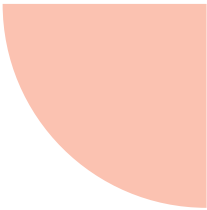
*For Healthcare
Improvement Projects*

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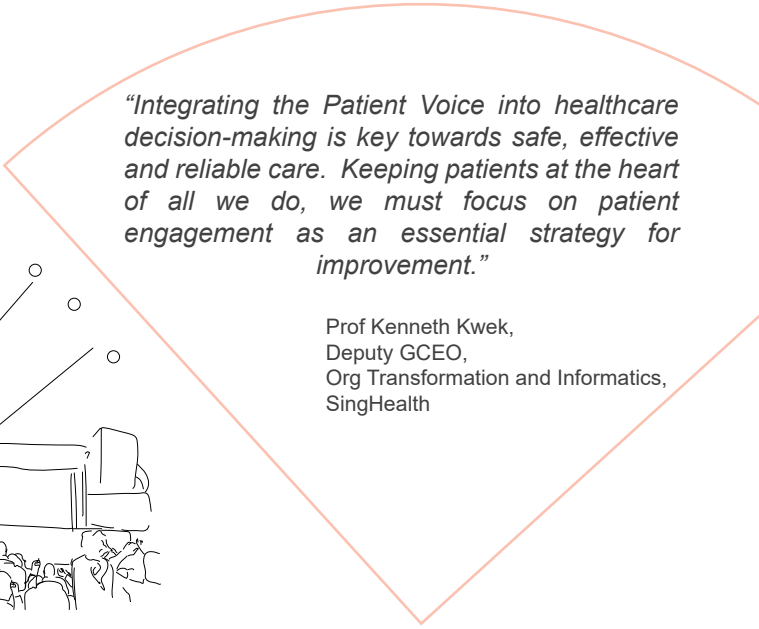
A Simple Guide to Engaging Patients and Families for Healthcare Improvement Projects

How to bring the Power of the Patients' Voices into Your Project

As a healthcare professional who works with patients and families all the time, you may feel that you will be able to work out what patients and families need. You may be accurate at times, but you may not know fully what they need until you have walked in their shoes. That is why the patients' perspectives are very different from that of a healthcare professional. It can point out real gaps in the system.

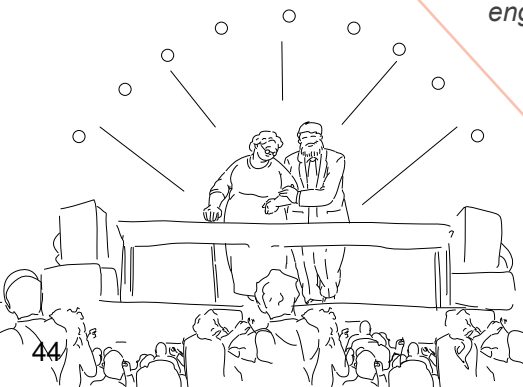


Engaging patients and families in your project is the first step in transforming healthcare.



“Integrating the Patient Voice into healthcare decision-making is key towards safe, effective and reliable care. Keeping patients at the heart of all we do, we must focus on patient engagement as an essential strategy for improvement.”

Prof Kenneth Kwek,
Deputy GCEO,
Org Transformation and Informatics,
SingHealth



3 Reasons why patients and families need to be part of your healthcare improvement project

1 : Patient/family perspective is very different

Many patients and families experience healthcare from a vulnerable state because of their fears, anxieties and worries about their health, its impact on their life and their loved ones. The patients/ families lens are layered with emotions.

Whereas healthcare professionals tend to view healthcare in a more rational and functional perspective.

2 : End-user engagement is vital

For any project where the end users are the patients or families, it is valuable to have patients and families onboard to provide input from the user perspective and serve as a sounding board.

3 : Spot blind spots

Patients and families provide different perspectives which can help you to address any blind spots in your project. This can help to create more value in your project making it more user-friendly and ultimately improve care delivery.



7 Steps to Great Patient Engagement in Your Project

Step 1 : START

Start when your project is still on the drawing board.

If your end users are patients and families, start considering how you can engage them in your project design.

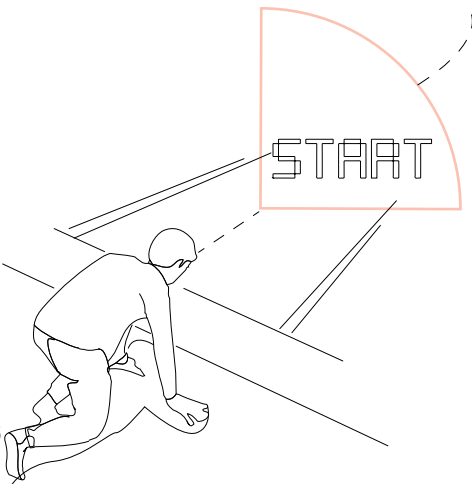
There are many approaches you can consider for your project. Whether you are using Design Thinking or one of the QI methodologies (eg. Lean, 6-Sigma, Kaizen), you can always include patient engagement in your project design.

There are many ways patients and families can be part of your project. They can be:

- Sounding board
- Ideation partner
- Product tester
- Contributor on patient insights and feedback
- Project team member

For advice on how to involve patients and families, you can contact:

- Your Institution's Office of Patient Experience
- SPAN Secretariat and IPSQ
partnersincare@singhealth.com.sg



Step 2 : RECRUIT

When you are ready to start the project, recruit wisely. Decide on your project objective and the role you will like the patients/families to play in the project. This will help work out the patient profile and qualities you need.

You can recruit from:

- Patient Advocates from SingHealth Patient Advocacy Network (SPAN)
- Patients/caregivers from your clinic/ward



Step 3 : EMPATHISE

Empathise with patients and families by understanding their perspectives and experience through insight gathering methods, such as:

- Interviews
- Focus Groups
- User Observations / Shadowing
- Journey Mapping
- Journaling

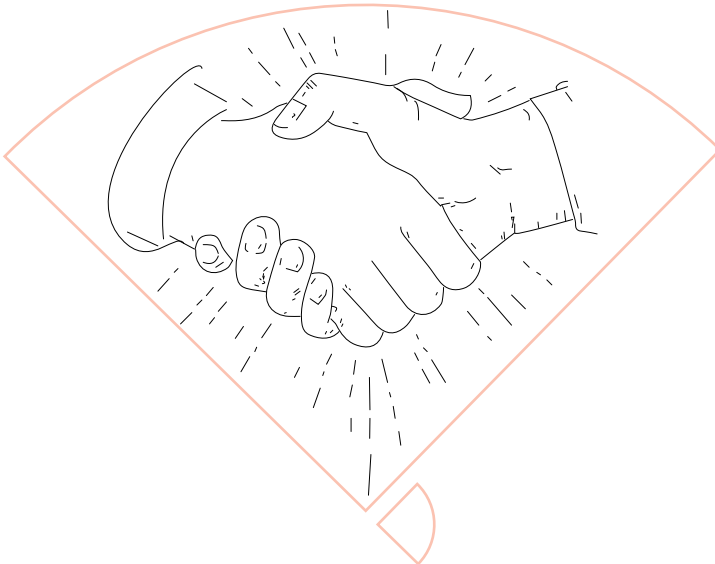


Step 4 : RESPECT

When you have patients and families onboard for any engagements, show your respect for their contribution by creating an open and conducive environment for open discussions. Building trust is important!

To help patients and families participate with confidence:

- Welcome them to your project. Building rapport will make the engagement more rewarding
- Encourage them to share their perspectives openly
- Provide clear goals of the project to the patients/ families
- Provide them with supporting information pack to consider/review before the session. Do take note of the healthcare terms used in your information pack that may sound like jargon to them and ensure that they can understand what is shared
- Respect their time



Step 5 : ASK

What you ask is what you get. So asking the right questions is very important.

Consider what is your project objective, and do your questions need to address “What is the matter?” or “What matters to the patients?”

If your project aims to transform care delivery and patient experience, include open questions on “What matters to the patients.”

Example

i) For a project that aims to improve on breaking bad news to a patient, instead of asking “Was sufficient information provided to you when you were informed of your diagnosis?”

TRY THIS : “Tell me more about what went through your mind when you were told of the diagnosis. How did you feel?”

ii) For a project that aims to transform care delivery in the A&E, instead of asking “How long did you have to wait for your consultation at the A&E?” or “Was the nurse/doctor able to address your concerns?”

TRY THIS : “What causes you anxiety at the A&E? What will help?”



Step 6 : ENGAGE

Just let the magic happen. Listen, discuss and have honest conversations.

Conversations are very valuable. Just as it is important for the patients and families to share their perspectives, it is equally valuable for patients and families to hear the healthcare professional's perspective. Conversations can bring forth new insights for all parties and solutions.



Step 7 : CO-PRODUCE

Developing and testing solutions collaboratively is rewarding for all. Be open to make changes.

Patients and families can provide valuable user input and do user testing before your new initiative goes “live”.

And finally, just like any of your team members, patients and families are proud to be part of the team and will like to be kept updated on the progress. Patients and families do not ask that all their feedback be implemented, but at least given some consideration. Do provide updates on the progress of the project, and share reasons if their feedback cannot be implemented.

Patients and families are partners in this healthcare improvement journey and appreciate your openness and working with you.

At SingHealth, we have set up the SingHealth Patient Advocacy Network (SPAN).

If you like to engage SPAN in your improvement journey, please email partnersincare@singhealth.com.sg

By:
SingHealth Patient Advocacy Network (SPAN)
SingHealth Office of Patient Experience (OPE)
Institute for Patient Safety and Quality (IPSQ)

Quality Improvement & Design Thinking Methodology

Quality Improvement

Tap Here

Understand

Form Team
Construct Mission Statement
Map Process Flow

Identify Problems & Causes

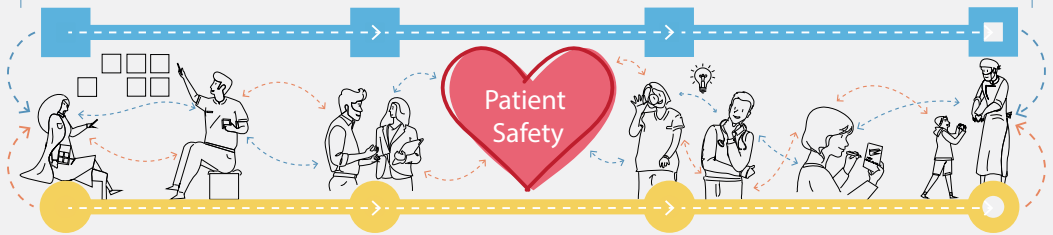
Identify & Prioritise Root Causes
Identifying Wastes of the Process

Propose Solution

Brainstorm
5S + Safety
Visual Management
PICK Chart
Communicate to Stakeholders
PDSA

Implement, Sustain & Spread

Implement
Run Chart
Change Management
Sustain & Spread



Understand

Stakeholder Mapping
Secondary Research
Empathy Interviews
User Observations
Context Immersion
Make Sense of Data
Identify Opportunities
Craft "HMW" Statements

Explore

Brain-Writing & Round Robins
Analogies
Trigger Cards
Ideas Selection

Test

Prototyping
Test & Learn
Refine & Iterate

Implement, Sustain & Spread

Implement
Sustain & Spread

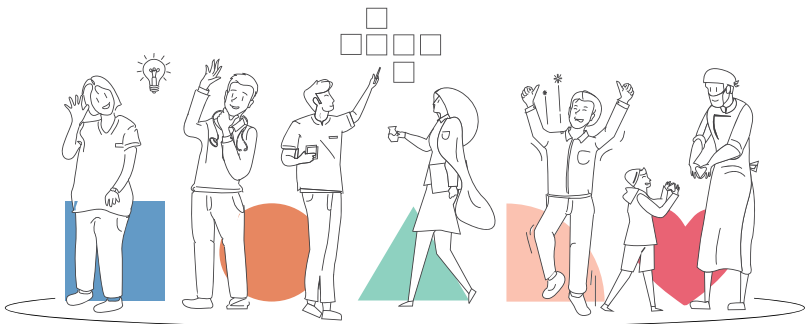
Design Thinking

Tap Here



Do remember to engage patients and families in healthcare improvement projects

Tap Here



Quality Improvement | Design Thinking | Resilience | Engage Patients & Families in Healthcare Improvement Projects | For Healthcare